



Indiana State
Department of Health

LONG TERM CARE NEWSLETTER

ISDH Long Term Care Newsletter
Issue 2020-01
January 30, 2020

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Education Information

Abuse & Neglect Prevention

The University of Indianapolis Center for Aging & Community and the Indiana State Department of Health is offering this educational workshop. The workshop is geared toward long term care professional interested in the prevention of abuse and neglect in nursing homes. Topics will include human dignity, identifying signs of abuse and neglect, defining, reporting, and responding to situations involving abuse and neglect, recognizing and counteracting stress triggers, conflict resolution and de-escalation techniques.

Date: March 18, 2020

Cost: \$50.00 + \$3.00 registration fee

Location: Hilton Garden Inn – Evansville
220 Eagle Crest Drive
Evansville, IN 47715

Important: Refunds will not be granted for cancellations or no shows.

To Register: [Click here](#)

For More Information:

Contact Lidia Dubicki, Project Director, University of Indianapolis Center Aging & Community at ldubicki@uindy.edu or 317.791.5926

Long Term Care Update

Resident Elopement

As an agency, the Division of Long Term Care tracks and trends Immediate Jeopardy (IJ) situations. There has been a rise in the incidents of elopement. Between October 1, 2018 – January 16, 2019 there was one IJ cited for elopement. Between October 1, 2019 and January 16, 2020, there have been ten IJ citations for elopement. In many of these instances, the facility failed to have behavior plans in place for residents with exit seeking behaviors, staff failed to respond to sounding alarms, and failed to ensure doors and windows were secured in a way to prevent elopement. F 655 indicates a resident must have a baseline care plan to meet the immediate needs, such as elopement risks.

F 656 indicates a care plan must address the needs of a resident. F 689 indicates “...

Wandering and Elopement - *Wandering is random or repetitive locomotion. This movement may be goal-directed (e.g., the person appears to be searching for something such as an exit) or may be non-goal-directed or aimless. Non-goal-directed wandering requires a response in a manner that addresses both safety issues and an evaluation to identify root causes to the degree possible. Moving about the facility aimlessly may indicate that the resident is frustrated, anxious, bored, hungry, or depressed. Goal-directed wandering may fulfill a resident’s need for exercise or provide sensory stimulation. This goal directed wandering should also require staff supervision and a facility response to address safety issues.*

Wandering may become unsafe when a resident becomes overly tired or enters an area that is physically hazardous or that contains potential safety hazards (e.g., chemicals, tools, and equipment, etc.). Entering into another resident’s room may lead to an altercation or contact with hazardous items.

Unsafe wandering can be associated with an increased risk for falls and injuries.

While wander, door, or building alarms can help to monitor a resident’s activities, staff must be vigilant in order to respond to them in a timely manner. Alarms do not replace necessary supervision, and require scheduled maintenance and testing to ensure proper functioning.

Elopement occurs when a resident leaves the premises or a safe area without authorization (i.e., an order for discharge or leave of absence) and/or any necessary supervision to do so. A resident who leaves a safe area may be at risk of (or has the potential to experience) heat or cold exposure, dehydration and/or other medical complications, drowning, or being struck by a motor vehicle. Facility policies that clearly define the mechanisms and procedures for assessing or identifying, monitoring and managing residents at risk for elopement can help to minimize the risk of a resident leaving a safe area without authorization and/or appropriate supervision. In addition, the resident at risk should have interventions in their comprehensive plan of care to address the potential for elopement. Furthermore, a facility’s disaster and emergency preparedness plan should include a plan to locate a missing resident.....”

Please work to ensure residents are safe and staff are properly educated on elopement prevention and action when it occurs.

Questions please contact Tammy Alley, Deputy Director Long Term Care at talley@isdh.in.gov or Brenda Buroker, Director Long Term Care at bburoker@isdh.in.gov.

CNA / QMA Update

Nurse Aide Competency Evaluation Application Update

To provide better service to Indiana Nurse Aide applicants, the CNA Competency

Evaluation Application was recently updated. Now included on the application are fields for the applicant's e-mail address and phone number, as well as the training facilities e-mail address and phone number.

The new application can be found on the [Nurse Aide Registry](#) website.

QMA Insulin Administration – Update

The QMA Insulin Administration – Education Module is available at the [QMA Insulin Administration](#) website. The ISDH updates this website with information related to the training and education module. Training programs are encouraged to check this site.

Education Module - Clarification:

The QMA Insulin Administration – Education Module refers to the approved training programs' "Program Director" to provide the instruction. RNs that have been approved to provide the training for QMA programs are also identified as a "QMA Instructor".

Currently for QMA training programs, these titles are interchangeable. The ISDH will be working on correcting the terms. Any questions please contact Nancy Adams at nadams1@isdh.in.gov or 317-233-7119.

Forms:

[QMA - Insulin Administration Education Module Certification Application](#)

[Qualified Medication Aide \(QMA\) – Insulin Administration Education Module Classroom, Clinical/Practicum and Competency Verification Form](#)

Qualified Medicaton Aide (QMA) Recertification Update

As QMA you are an invaluable member of the clinical team and work hard to obtain your certification. It is important to remember some of the following information in order to keep your certification up-to-date:

1. Complete 6 hours of annual QMA inservices (January – December).
2. QMA inservice hours should cover QMA Scope of Practice, including medications and medication procedures in QMA Scope of Practice.
3. QMAs with the insulin administration certification, need to complete 1 additional hour annually of inservice related to insulin administration.
4. It is the QMA's responsibility to keep copies of their completed annual inservices.
5. The Indiana State Department of Health (ISDH) conducts an annual random sample of QMA coursework.
6. In order to alleviate concerns regarding annual inservice requests or other important information from the ISDH, it is vital that you keep your name and contact information current on the Nurse Aide Registry.
7. Changes in home address, e-mail and/or phone number need to updated on the Nurse Aide Registry. Updates are done on the [MyLicense](#) website that is available 24/7.
8. Name changes require the submission of a written request that include the following:
 - a. Official name change document such as a court order, marriage certificate, or divorce decree. Social security cards are not acceptable;
 - b. Nurse aide, home health aide, and/or qualified medication aide certification number; and
 - c. Current telephone number, email address, and home address
 - d. Send information:

- Fax: (317) 233-7750;
- Email: aides@isdh.in.gov ; or
- Postal: Indiana State Department of Health
2 N. Meridian St., 4B
Indianapolis, IN 46204