



OPERATING PLAN

Table of Contents

Overview	3
Philosophy	4
Guiding Principles	5
Architecture – Floor Plan	6
Administration – Time and Attendance	7
Administration – Security/Visiting.....	8
Administration – Mail	8
Administration – Resident Accounts	8
Administration – Communication.....	9
Administration – Committees and Work Groups.....	9
Administration – Offices	9
Human Resources Hiring	11
Job Description – Medical Director	11
Job Description – Licensed Nursing Home Administrator (Guide)	16
Job Description – Director of Nursing	19
Job Description – Nurse	22
Job Description – Care Partner (CNA).....	24
Job Description – Dining Leader.....	26
Job Description – Administrative Nurse	27
Job Description – Social Worker	29
Job Description – Dietitian.....	30
Job Description – Life Enrichment Worker	31
The Care Partner Empowered Work Team.....	32
Beauty Salon/Barber	37
Information Technology.....	37
Communication Plan.....	38
Dietary – Philosophy	41
Dietary – Dining Plan	42
Dietary – House Kitchens	43
Dietary – Utensil and Dishware Management.....	43

Dietary – Infection Control	43
Dietary – Resident Safety in the Kitchen	45
Dietary – Food Delivery and Storage	45
Dietary – Food Preparation	49
Dietary – Kitchen Workflow Maps.....	58
Housekeeping	63
Laundry	64
Clinical – Reporting and Communication.....	66
Clinical – Care planning.....	67
Clinical – Medication Administration.....	68
Clinical – Treatments.....	69
Clinical – Emergency	69
Clinical – Nursing Rounds.....	69
Clinical – MDS.....	70
Clinical – Personal Care	71
Clinical – Nursing Care	71
Clinical – Responsibilities by Shift.....	72
Therapy – OT/PT/Speech.....	73
Engagement/Enrichment	73
Medical Records.....	73
Family/Visitors	73
Equipment.....	74
Training Plan	75
Waivers.....	77
Appendix A – Housekeeping Schedules & Procedures	78

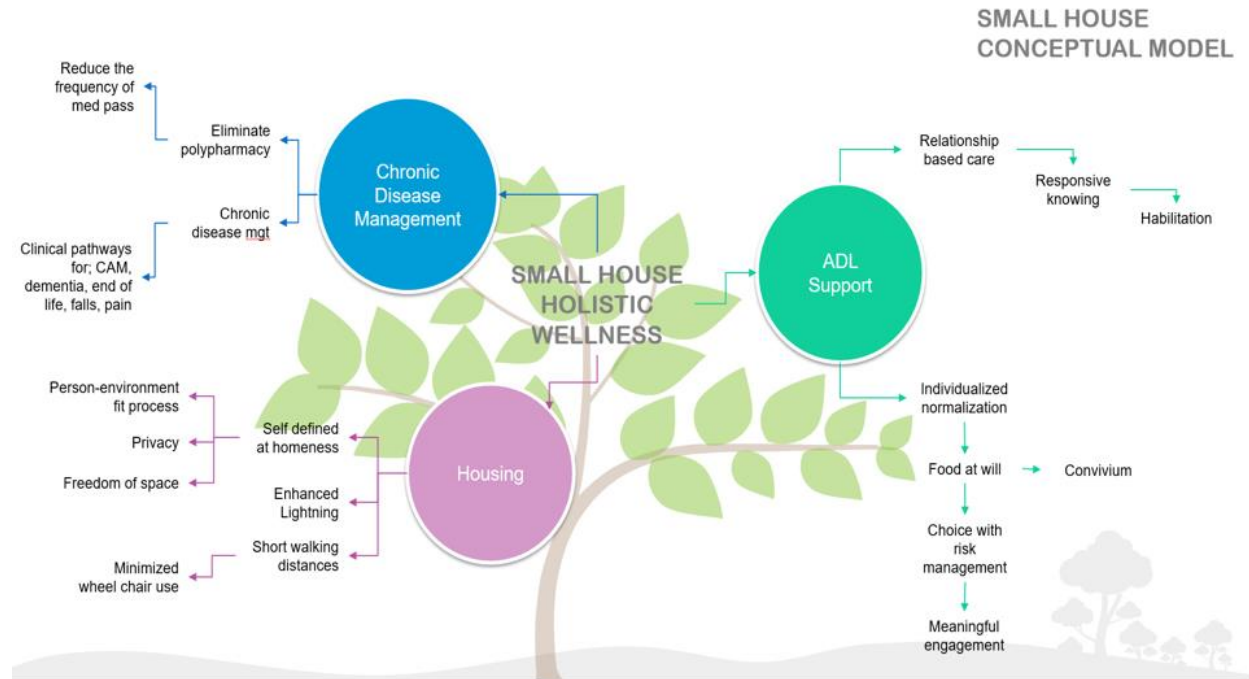
Overview

The purpose of the operating plan is to outline the interface between the operational processes and the architecture, and to assist all staff to understand the way a small house is intended to run. This plan is meant to act as a resource and it is used during orientation to assist staff in understanding the operation. A copy of the operating plan is kept online so that staff may easily access needed information. The plan is updated by the administrator whenever an element of the operation changes. This guide should allow individuals who have never worked in a small house environment to understand the intended operation of the Our Island Home Small Houses.

The Our Island Home operating plan as submitted is subject to review and revision by the Our Island Home implementation team. The architectural team that is assigned to create construction drawings should fully review the operating plan to assure the incorporation of necessary architectural elements. This document is provided for internal use only and any circulation external to the town of Nantucket in written or electronic form is limited to the architectural team.

Philosophy

The small house is a home for 10 residents that provides support with activities of daily living, and good chronic disease management. The approach is meant to give equal weight to all aspects of the holistic person, not to uphold physical/medical needs as the major need of the individual. The resident's choices are important and honored.



Guiding Principles

Small house person-centered care is a holistic approach which honors:

Care Partnership

Together with residents we agree on the care that is provided to ensure a high quality of life.

Individuality

Individuals are honored for their culture, history, beliefs, values, and unique preferences. This may mean serving each person in a different way.

Choice

People should direct their own lives and have control of their personal space. Decisions are not directive, but rather discussed in partnership.

Privacy & Dignity

Private information is protected, private space honored, and everyone in the house is treated with respect at all times.

Security

Residents, staff, and families will feel safe and secure.

Community

We build community with residents, staff, family, and neighbors. We engage through traditions, spontaneity, friendship, spirituality, celebration, recreation, creativity, and humor.

Enjoyment

Life should be fun. Together we strive to make every day meaningful and enjoyable.

Architecture – Floor Plan



Administration – Time and Attendance

The administration will create a master schedule for each house. Every two weeks, the house team will review the upcoming master schedule and will adjust the schedule based on the known needs of individual staff. The scheduling coordinator in the house will enter the adjustments into the schedule. Special house scheduling meetings will be held in September to discuss holiday schedules and in March to discuss vacation schedules.

Timekeeping

Staff members will report to their house sign into the house computer and access the time and attendance program using their password and record their arrival time. When leaving, staff will again sign into the house computer access the time and attendance program and record their departure time.

Callouts

As soon as an individual is aware of the need to miss work, they will utilize the scheduling software to alert their colleagues to their intended absence and arrange for coverage, and they will also call their assigned house to advise them of their absence. If this staff member is dealing with a true emergency they will call their assigned house and the house will notify the Director of Nursing. If the absence is less than four hours before the beginning of the shift, they will also call their assigned house to notify them of their potential absence. The scheduling software alert will be managed by the Director of Nursing, or designee.

Breaks

If a team member works six or more hours in a shift, they are entitled to an uninterrupted 30-minute break and one 15-minute break. Break times are determined by the needs of the residents and current workflow in the house. One team member must always be present in the house. Care partners on the day and evening shift will notify their house coworker before leaving for break. Nurses will notify house teams that they are on break or place their phones on call forward to another nurse. On the 11 to 7 shift the nurse will cover break times in each house. All breaks must be taken outside of the house and staff will log into the time and attendance system at the beginning and end of their breaks.

PTO

Paid time off must be requested as far as possible in advance of desired date. The duration and timing of scheduled time off is based on the needs of the house and how many other staff members have requested time off during the same time period. PTO is approved based on established criteria and should be submitted through the electronic scheduling program.

Administration – Security/Visiting

The lobby door of Our Island Home will be secured from 6 PM to 6 AM. A remote monitoring video system will allow staff to be alerted by the doorbell to identify the visitor and remotely unlock the door. The front door of each house will be locked with key card access. All visitors must knock or ring the doorbell and a staff member or resident will answer the door and determine if it's a known person. Visitors for business purposes should contact the Guide who will arrange visits to the houses.

Administration – Mail

Change of address cards will be completed for each resident listing the building street address and the house number where the resident lives. The building central reception area will house one mailbox for each small house and an outgoing mail slot. A mail key (e.g. Mail House 1) with a labeled bulky keychain will be in the pantry of the kitchen. After the lunch meal on Monday through Saturday, one care partner from each house locates the key and picks up the mail and distributes it to each resident in their room. The administrator will retain copies of the mailbox key.

Administration – Resident Accounts

Resident accounts are managed by the administrator or their designee in accordance with the facility policy.

Administration – Communication

Staff

The administration will communicate with staff via email and electronic messaging board. No memos will be posted.

Families

The administration will communicate with families in the most effective method as designated by the family. Before transition to the houses, family members will indicate their preference of either email or letter. An electronic messaging board for families may also be implemented if the families would like to participate.

Administration – Committees/Work Groups

The administration will include care partners and staff nurses in all committees as appointed members for the usual terms and to all work groups.

Administration – Offices

The small house leadership model is embedded leadership, that is the leaders are committed to 80% of their time spent in the work arena with residents and staff than 20% of their time or less on paperwork and office responsibilities. This is accompanied by primarily electronic workflow which allows leaders to house their work on their laptops. A hoteling office is provided along with the conference room. The hoteling office contains a shredder, printer, fax, copier, and charging stations as well as individual lockers for all the leadership team members. Leaders are free to use office space at their convenience. And electronic calendar will be maintained for the use of the conference room. Leadership staff are also free to use any space within the houses to complete work. The dance in the houses are available for small group meetings as well as meetings with families.

Human Resources Hiring

The Human Resource Director will follow all the organizational policies and procedures and other pertinent agreements including the union contract.

A collaborative process is followed for interviewing. Candidates who have met the requirements for hire visit the house where the vacancy exists and spend time with residents and staff of the house usually over coffee and snacks. The meeting is established for time that the household can accommodate. All staff who participate must have received interview skills training and guidelines for legal interview before meeting with candidates. It is made clear to the candidates that the purpose of the visit is to meet the residents and staff in the house where they may be working, and that the human resource leader/hiring manager will be seeking feedback from the house and residents.

After the visit a brief discussion is held with the staff and the hiring manager. The decision to hire is made by considering all information presented about all potential candidates and includes but is not limited to the information provided by the house team. The final decision is made by the hiring manager.

Job Description – Medical Director¹

The Medical Director is responsible for serving as the physician leader who works in collaboration with the administrator, DON and other professionals to assure the provision of excellent medical care in the small houses.

The Medical Director:

- Serves as the physician responsible for the overall care and clinical practice carried out at the facility.
- Applies clinical and administrative skills to guide the facility in providing care.
- Helps the facility develop and manage both quality and safety initiatives, including risk management.
- Provides information that helps others (including facility staff, practitioners, and those in the community) understand and provide care.
- Participates in administrative decision-making and recommends and approves relevant policies and procedures.
- Organizes and coordinates physician services and the services provided by other professionals as they relate to patient care.
- Participates in the process to ensure the quality of medical care and medically related care, including whether it is effective, efficient, safe, timely, patient-centered, and equitable.
- Participates in developing and disseminating key information and education.
- Participates in the surveillance and promotion of employee health, safety, and welfare.
- Helps articulate the long-term care facility's mission to the community.
- Participates in establishing policies and procedures for assuring that the rights of individuals (patients, staff, practitioners, and community) are respected.
- Acquires and applies knowledge of social, regulatory, political, and economic factors that relate to patient care and related services.
- Supports and promotes person-directed care.
- Communicates regularly with the administrator, the director of nursing, and other key decision makers in the nursing home and provides leadership needed to achieve medical care goals.
- Participates in the development and periodic evaluation of care-related policies and procedures.
- Guides and advises the facility's committees related to quality assurance/performance improvement, pharmacy, infection control, safety, and medical care.

¹ The Nursing Home Medical Director: Leader & Manager, White Paper, AMDA March 1, 2011

- Participates in licensure and compliance surveys and interacts with outside regulatory agencies.
- Informs medical staff about relevant policies and procedures, including updates.
- Collaborates with the administrator to identify a job description that clearly defines roles and functions in the facility.
- Stays informed about factors that affect long-term care and incorporates relevant information about social, medical, and fiscal issues into policies and procedures.
- Helps the facility develop or incorporate policies and procedures and utilize pertinent strategies to effect and manage change.
- Organizes, coordinates, and monitors the activities of the medical staff and helps ensure that the quality and appropriateness of services meets community standards.
- Helps the facility arrange for the availability of qualified medical consultative staff and oversees their performance.
- Assures coverage for medical emergencies and participates in decisions about the facility's emergency equipment, medications, and supplies.
- Collaborates with the DON and other clinical managers to help ensure that practitioners in the facility have adequate support from staff to assess and manage the patients (e.g. when they are making patient rounds or responding to calls about changes in condition).
- Develops and periodically reviews and revises, as indicated, policies that govern practitioners in the facility other than physicians, including physician assistants and nurse practitioners; and guides the facility regarding the professional qualifications of other staff related to clinical decision making and the provision of direct care.
- Guides the administrator in documenting the credentials of the facility's practitioners.
- Collaborates with the facility to hold practitioners accountable for their performance and practice, including corrective actions as needed.
- Develops and periodically reviews and updates, as needed, key documents governing physician services, such as by-laws or rules and regulations.
- Helps the facility establish affiliation agreements with other health care organizations and helps the facility establish effective outside relationships; for example, with regulatory agencies, various professional groups, insurers, ambulance companies, and emergency medical systems.
- Helps support the care-related activities of the interdisciplinary team.
- Helps the facility ensure that its medical records systems meet the needs of patients and practitioners.
- Helps the facility ensure adequate documentation of patient care and related information.
- Advises the facility on interacting with utilization review organizations.
- Develops policies and procedures related to activities of health care trainees within the facility (e.g. physicians in residency programs, medical students).
- Advises the facility about the appropriateness of admissions and transfers, including related orders and the facility's case mix.
- Advises and supports the practitioners and the facility regarding family issues; for example, concerns about the appropriateness and timeliness of the care.

- Participates in monitoring and improving the facility's care through a quality assurance and performance improvement program that encourages self-evaluation, anticipates and plans for change, and meets regulatory requirements.
- Applies knowledge of state and national standards for nursing home care to help the facility meet applicable standards of care.
- Monitors physician performance and practice.
- Helps ensure that the facility's quality assurance and performance improvement program and addresses issues that are applicable to the quality of patient care and facility services.
- Helps the facility use the results of its quality assurance and performance improvement program findings, as appropriate, to update and improve its policies, procedures, and practices.
- Participates in quality review of care, including (but not limited to) areas covered by regulation (e.g. monitoring medications, laboratory monitoring).
- Helps the facility interpret and disseminate information gained from the quality assurance and performance improvement program in a form that is useful to patients, family members, staff members, attending physicians, and others as appropriate.
- Helps the facility consider the feasibility and appropriateness of any proposed research projects and helps ensure that they meet pertinent standards and contain appropriate safeguards.
- Periodically reviews admission, transfers, and discharges of patients.
- Helps the facility identify private and public funding for research activities.
- Provides medical leadership for research and development activities in long-term care.
- Includes physician input in identifying and applying quality assurance standards. Sustains his or her professional development through self-directed and continuing education.
- Helps the facility educate and train its staff in areas that are relevant to providing high quality patient care.
- Serves as a resource regarding geriatric medicine and other care-related topics, and helps the staff and practitioner identify and access relevant educational resources (e.g. books, periodicals, articles).
- Informs attending physicians about policies and procedures and state and federal regulations, including updates.
- Participates in the development, organization, and delivery of education programs for patients and patients' families, board members, and the community at-large.
- Encourages the facility to support staff membership in professional organizations.
- Contributes to facility publications, as appropriate.
- Supports educational opportunities within the nursing home for trainees in the health care professions.
- Helps the facility foster a sense of self-worth and professionalism among employees.
- Advises the facility about infectious disease issues related to employees.
- Helps the facility identify, evaluate, and address situations that increase the risk of employee injury and illness.
- Helps the facility implement a program to identify job requirements and assess employee capabilities relative to those requirements.
- Advises the facility's safety committee, in areas where medical expertise is helpful.

- Advises the facility on establishing and implementing employee wellness programs (e.g. weight reduction, stress reduction, cholesterol reduction, blood pressure reduction, nutrition, exercise).
- Guides the facility in developing and implementing programs for employees experiencing physical, social, or psychological problems.
- Advises the facility on policies related to the health and safety of staff, visitors, and volunteers.
- Advises the facility on preventing and managing employee injuries.
- Helps the facility identify and utilize collaborative approaches to health care, including integration with community resources and services.
- Acts as an advocate for the facility, encourages and facilitates community involvement in the activities of the facility, and helps the facility educate the community about its capabilities and services.
- Participates in the activities of geriatrics and long-term care committees of medical organizations and identifies issues and seeks solutions to problems that involve other institutions and programs.
- Participates in health care planning in the community, including innovative cost-effective alternative health care programs for long-term care.
- Serves as a mentor to physicians-in-training within the facility.
- Helps the facility address and communicate regarding situations that have brought the facility to the attention of the public and/or the media.
- Meets with other long-term care professionals in the community as appropriate.
- Helps the facility ensure that its policies and practices reflect and respect resident rights, including the opportunity for self-determination; e.g. via tools such as living wills and durable powers of attorney.
- Helps the facility ensure that the ethical and legal rights of residents (including those who lack decision-making capacity, regardless of whether they have been deemed legally incompetent) are respected. This includes the right of residents to request practitioners to limit, withhold, or withdraw treatment(s).
- Helps the facility accommodate patients' choice of an attending physician.
- Participates in the activities of the institutional biomedical ethics committee and identifies community resources that can assist in resolving ethical and legal issues.
- Helps the facility establish a system for identifying and reporting abuse, as well as criteria for identifying potential abuse among both residents and staff.
- Helps the facility identify and use available community resources to help address ethical issues (e.g. ombudsman, health department, ministerial association).
- Participates, when necessary, in family meetings and similar activities to help the facility and attending physicians promote and protect resident rights.
- Helps the facility identify and provide care that is consistent with applicable social, regulatory, political, and economic policies and expectations.
- Helps the facility identify, interpret, and comply with relevant State and Federal laws and regulations.
- Seeks and disseminates information about aging, long-term care, and geriatric medicine to the facility's practitioners, staff and residents.

- Helps the facility make decisions about resource allocation including financial considerations that affect medical care (e.g. use of formularies, contracts, appropriate use of lab tests).
- Participates in the facility budget process to help the facility allocate sufficient resources for essential medical functions and patient care activities.
- Provides feedback, as appropriate, to legislators and public policy makers about existing and proposed laws and regulations.
- Oversees clinical and administrative staff, to help maintain and improve the quality of care including the success of person-directed care and patient and family satisfaction with all aspects of the care.
- Guides the physicians and other health care professionals and staff to provide person-directed care that meets relevant clinical standards.
- Collaborates with facility leadership to create a person-directed care environment while maintaining standards of care.
- Helps the facility encourage active resident participation in, and promotes the incorporation of resident preferences and goals into development of, a person-directed plan of care.
- Helps the facility develop, implement, and review policies and procedures that ensure residents are offered choices that promote comfort and dignity (e.g. choices regarding awakening, sleep, and medication administration times, discussions of risks/benefits regarding therapeutic diets, medications and treatments).
- Collaborates with the interdisciplinary team (IDT), families, and allied services within and outside of the organization to encourage planning, implementing, and evaluating clinical services to maximize resident choice, quality of life, and quality of care.

Job Description – Licensed Nursing Home Administrator (Guide)

The Guide is responsible for oversight on all aspects of the creation of a home for people who live in the small houses.

The Guide will ensure excellence in care and services by:

- Leading all staff to consistently incorporate resident autonomy, dignity and choice as core values in their service delivery.
- Holding staff accountable to providing and promoting services that support independence and holistic wellness.
- Ensuring that residents are involved in decision making at all levels of care; “nothing about me without me” approach.
- Ensuring that decisions are made using the “at-home” principles.
- Establishing and leading a collaborative quality assurance and compliance monitoring program.
- Establishing and maintaining positive productive relationships with families and community members.
- Conducting regular resident satisfaction rounds and listening sessions to evaluate effectiveness.
- Promoting, expecting and role modeling an “all hands on deck” approach to meeting resident needs.

The Guide will ensure organizational excellence by;

- Maintaining high standards of business and ethical conduct in accordance with applicable federal, state and local laws and regulations including fraud, waste and abuse.
- Collaborating with his/her team to develop, administer and monitor facility budget.
- Meeting or exceeding established financial targets, including census levels, without compromising resident care.
- Collaborating with his/her team to develop, implement and monitor evidence-based facility policies, procedures and programs to provide quality service to all stakeholders.
- Complying with D.P.H., JCAHO, OSHA and other local, state and federal regulations and monitors that other personnel do the same.
- Gathers robust data to measure outcome effectiveness.

The Guide will ensure excellence in staffing by:

- Creating a participatory democratic organization by ensuring that staff, residents and families are members of all committees and work groups.
- Effectively articulating and demonstrating the organizational vision, mission, and values.
- Collaboratively with others hiring and developing staff who are qualified, aligned with the person-centered vision of the organization and willing to accept empowerment and opportunities for growth.
- Interacting with all staff members in a manner that is respectful and collaborative.
- Mentoring nurturing and fostering growth in all staff.
- Inspiring high performance through words and actions.
- Providing tools and resources to empower staff members to deliver excellent holistic care.
- Collaborates with the staff development team and other staff members to assure that the program meets organizational and personal development needs.
- Maintain conditions that foster high levels of staff satisfaction and low turnover
- Collaboratively problem solving issues which obstruct any of the desired outcomes.
- Conducting regular listening sessions with staff to hear their opinions about the effectiveness of programs and his/her leadership.
- Holding all staff to high performance standards, maintaining strong processes to identify sub-performers and following the coach them up or coach them out performance coaching model.

The Guide will ensure that the environment is safe for all stakeholders by:

- Keeping staff informed on OSHA, CDC and other environmental agency guidelines and updates.
- Ensuring that policies and practices are updated to reflect new regulations.
- Monitoring staff to validate that all safety, security, infection control and hazardous materials policies and procedures and being followed.
- Verifying that all required emergency management plans are current and that staff have the knowledge and understanding of these plans.
- Actively participates in drills, reviews, safety initiatives, and provides education as needed.
- Conducting routine interdisciplinary safety rounds.
- Monitoring compliance with all food safety requirements.
- Ensuring that all staff have access to an adequate supply of safety equipment and is using it as required including lifts, gait belts, and PPE.

Skills & Knowledge:

- Administrative experience and expertise.
- Robust fiscal planning and management skills.
- An advanced understanding of organizational development.
- A collaborative work style which rejects bureaucracy.
- A focus on embedded and participatory leadership – working alongside the team.
- An understanding of how the ‘change process’ affects people.
- Excellent observational skills.
- Excellent time management skills.
- Advanced computer skills.
- A passionate commitment to achieving excellence.
- Tact and humor.
- A passion for continuous improvement.

Job Description – Director of Nursing

The Director of Nursing (DON) is responsible for all aspects of the clinical care of residents who live in the houses.

The DON will ensure excellence in care and services by:

- Leading all clinical staff to consistently incorporate resident autonomy, dignity, and choice as core values in their service delivery.
- Holding clinical staff accountable to providing and promoting services that support independence and holistic wellness.
- Ensuring that residents are involved in clinical decision; “nothing about me without me” approach.
- Ensuring that clinical decisions are made using the “at-home” principles.
- Participating in a collaborative quality assurance and compliance monitoring program.
- Establishing and maintaining positive productive relationships with families and community members.
- Conducting regular clinical rounds to evaluate compliance with care plan, resident preferences and effectiveness of outcomes.
- Promoting, expecting and role modeling an “all hands on deck” approach to meeting resident needs.

The DON will ensure organizational excellence by:

- Maintaining high standards of business and ethical conduct in accordance with applicable federal, state and local laws and regulations including fraud, waste and abuse
- Collaboratively with his/her team developing, administering and monitoring the clinical budget.
- Meeting or exceeding established financial targets, including census levels without compromising resident care.
- Collaboratively with his/her team develops, implements and monitors evidence based clinical policies, procedures and programs to provide quality service residents
- Complying with D.P.H., JCAHO, OSHA and other local, state and federal regulations.
- Gathers robust data to measure outcome effectiveness.

The DON will ensure excellence in staffing by:

- Effectively articulating and demonstrating the organizational vision, mission, and values.
- Collaboratively, with others, hiring and developing clinical staff who are qualified, aligned with the person-centered vision of the organization and willing to accept empowerment and opportunities for growth.
- Interacting with all staff members in a manner that is respectful and collaborative.
- Mentoring nurturing and fostering growth in all clinical staff.
- Inspiring high performance through words and actions.
- Providing tools and resources to empower staff members to deliver excellent holistic clinical care.
- Collaborates with the staff development team and other staff members to assure that the program meets organizational and personal development needs.
- Directly providing staff development to clinical staff.
- Maintain conditions that foster high levels of staff satisfaction and low turnover
- Collaboratively problem solving issues which obstruct any of the desired outcomes.
- Conducting regular listening sessions with clinical staff to hear their opinions about the effectiveness of programs and his/her leadership.
- Holding all clinical staff to high performance standards, maintaining strong processes to identify sub-performers and following the coach them up or coach them out performance coaching model.

The DON will ensure excellence in clinical care by:

- Promoting a clinical philosophy that focuses on the residents (not the regulatory agencies) as the customer.
- Maintaining current clinical knowledge and skills.
- Ensuring that all practices are evidence based.
- Ensuring that clinical services comply with all OSHA, CDC and other CMS and Department of Health guidelines.
- Ensuring that policies and practices are updated to reflect new regulations.
- Monitoring staff to validate that all safety, security, infection control and hazardous materials policies and procedures and being followed.
- Ensuring that there are adequate numbers of well-trained, consistently assigned clinical staff.
- Ensuring that staff have an adequate supply of the materials and equipment required to meet the need of the residents.
- Monitoring admissions to ensure that residents are placed in the level of care which meets their clinical needs.
- Oversees the effectiveness of the care planning process including the MDS, and care planning meetings which include the resident and care partner.
- Validating that the care plan is

Skills & Knowledge:

- Current Commonwealth of Massachusetts license as a registered nurse.
- Gerontological nursing skills.
- Understanding of current nursing theory and research including evidence-based practice.
- Advanced computer skills.
- A collaborative work style which rejects bureaucracy.
- A focus on embedded and participatory leadership – working alongside the team.
- An understanding of how the change process affects people.
- Excellent observational skills.
- Excellent time management skills.
- Advanced computer skills.
- A passionate commitment to achieving excellence.
- Tact and humor.
- A passion for continuous improvement.

Job Description – Nurse

The small house nurse provides person-centered, rehabilitative, holistic care and chronic disease management to residents in small houses. Each nurse serves all residents needs in the assigned houses with an in depth focused responsibility on a small group of assigned residents. The nurse provides clinical leadership in their assigned houses and assures that staff are providing care per the care plan.

The Nurse will assure excellence in staffing by:

- Interacting with all staff members in a manner that is respectful and collaborative.
- Mentoring nurturing and fostering growth in all clinical staff.
- Inspiring high performance through words and actions.
- Providing tools and resources to empower staff members to deliver excellent holistic clinical care.

The Nurse will ensure excellence in care and services by:

- Leading all clinical staff to consistently incorporate resident autonomy, dignity, and choice as core values in their service delivery.
- Holding clinical staff accountable to providing and promoting services that support independence and holistic wellness.
- Ensuring that residents are involved in clinical decision making
- Ensuring that clinical decisions are made using the “at-home” principles.
- Participating in a collaborative quality assurance and compliance monitoring program.
- Establishing and maintaining positive productive relationships with families and community members.
- Conducting regular clinical rounds to evaluate compliance with care plan, resident preferences and effectiveness of outcomes.
- Promoting, expecting and role modeling an “all hands on deck” approach to meeting resident needs.

Duties:

- Willing to promote standards
- Collaborates with the care partners in planning resident care.
- Conducts clinical rounds on every assigned resident every day.
- Based on outcome of rounds adjusts care
- Plans and provides feedback and guidance to care partners.
- Leads quality assurance and infection control in the houses as assigned.
- Provide care to meet resident needs including direct care, medication administration, and treatments.
- Participates in house work, including cooking cleaning and laundry as needed to meet resident needs.
- Participates in the Clinical Team meetings.
- Collaborates with all members of the interdisciplinary team to assure holistic wellness.
- Collaborates with the physician and pharmacist to manage resident medications.
- Contributes to the community's education and growth by providing teaching as needed.
- Acts as a care manager - conducts assessments, leads care planning and manages family expectations for the residents who are assigned to them as their residents.
- Contacts the primary family member as needed and change
- Participates as needed in house resident listening sessions.

Skills and Knowledge:

- Current Commonwealth of Massachusetts license as a registered nurse or licensed practical nurse.
- Experience in geriatric nursing.
- Willing to promote standards of person-centered care
- Strong computer skills.
- Good organizational and multitasking ability.
- Critical thinking.

Job Description – Care Partner (CNA)

Care Partners are responsible for the delivery of holistic resident centered, resident-directed care that promotes maximization of function, resident autonomy, and choice. The responsibilities of the Care Partner also include care of the elder and the residents' environment, including cooking, laundry, and housekeeping.

The Care Partner will ensure excellence in care and services by:

- Recognizing the autonomy and dignity of all residents.
- Communicating a sense of caring, concern, and dignity for residents.
- Placing decision-making in the hands of the residents whenever possible and appropriate.
- Making prompt and accurate judgments about elder care and emergencies.
- Following the care plan and the direction of the clinical support team in all matters related to nursing care and services.

The Care Partner will ensure organizational excellence by:

- Complying with all policies and procedures of the organization.
- Participating in the quality assurance program.
- Serving on committees and workgroups.

The Care Partner will ensure excellence in staffing by:

- Excellent attendance.
- Reporting to work on time.
- Attending weekly team meetings.
- Following the organizational Code of Ethics.
- Working collaboratively with all staff members in the house.
- Communicating with all in a respectful manner.

The Care Partner will ensure that the environment is safe for all stakeholders by:

- Knowing and following all emergency procedures.
- Maintaining a lift free care environment.
- Following safe chemical handling practices.
- Following all infection control guidelines.
- Using Personal Protective Equipment as required.
- Reporting any safety concerns immediately.

Duties:

1. Listening to and giving reports.
2. Providing care to residents accordingly by assisting with ADLs as needed.
3. And outlined in the resident's care plan. Personal care may include shower/bath, shampoo, perineal care, oral hygiene, positioning, nails short and clean, dressing, range of motion, ambulation and insure adaptive devices are worn (i.e. dentures, hearing aids, glasses, etc.).
4. Observing residents and reporting any reactions or changes in condition to the nurse.
5. Conduct menu planning meetings with residents using menu planning software.
6. Preparing and serving meals, and snacks between meals, bedtime and other nutritional snacks per the stated preferences of the elder.
7. Cleaning up after meals and snacks.
8. Laundering resident's personal clothing.
9. Cleaning and maintaining the environment of the home following housekeeping schedules.
10. Documenting care as required in the electronic medical record.
11. Performing other related duties as required by the elder.
12. Participates in the collaborative care planning meeting with the clinical support team and the elder.
13. Identifies and honors resident choices in activities of daily living while maintaining resident safety.
14. Attends and participates in team meetings.
15. Provides engagement and activities for residents.
16. Reporting accidents and incidents when they occur.
17. Maintaining a lift free environment.
18. Annually attends all required educational programs per administrative policies and procedures.
19. Maintains required certification.

Skills and Knowledge:

1. Maintain Certified Nurse Assistant (C.N.A.) certification as required by the State of Massachusetts.
2. ServSafe® certification as required by the State of Massachusetts.
3. C.P.R.
4. First aid training.
5. Participates in Dementia care training.
6. Computer skills-MS word, Internet, e-mail, electronic medical records.
7. Culinary skills.

Job Description – Dining Leader

The dining leader is responsible for the management of all aspects of food service in the houses, including elder satisfaction with meals and food, compliance with all practices that promote food safety and prevent food-borne illnesses and they ensure that all dining policies and procedures, D.P.H. regulations and ServSafe® standards are met in the house kitchen including house kitchen sanitation; food and equipment temperature logs.

1. Conducting and recording outcomes of rounds in each kitchen 3-5x per week to ensure that:
 - a. All food is stored, dated and maintained properly
 - b. All equipment is clean, and operating correctly
 - c. All temperature logs are being accurately maintained
 - d. Par-cooked food levels are on hand
 - e. Menus are being followed
 - f. Substitution records are being maintained
2. Providing education and remediation to staff in the houses.
3. Engage residents in discussions regarding food satisfaction at least weekly.
4. Monitor the kitchen during food preparation for compliance with standards of safe practice.
5. Complete the Food Service observation checklist weekly and discuss outcomes with the guide.
6. Review temperature logs daily.
7. Review substitution logs daily.
8. Present food service observation/compliance report at the team meeting.
9. Review resident satisfaction with food weekly.
10. Conduct the weekly menu planning meeting with the residents and forward the proposed menu to the dietician for review, discussion and approval.
11. Order food supplies based on the menu.
12. Monitor compliance with food storage including dating, and disposal of expired product.
13. Report any staff performance issues to the administrator for intervention.

Skills and Knowledge:

- Experience successfully managing a food service program.
- Certification as a dining manager.
- Knowledge of all local state and federal regulations regarding dining and food safety.

Job Description – Administrative Nurse

The small house Administrative Nurse provides person-centered, rehabilitative, holistic care and chronic disease management to residents in small houses. The nurse provides clinical leadership the houses and ensures that staff are providing care per the care plan.

The Administrative Nurse will ensure excellence in staffing by:

- Interacting with all staff members in a manner that is respectful and collaborative.
- Mentoring nurturing and fostering growth in all clinical staff.
- Inspiring high performance through words and actions.
- Providing tools and resources to empower staff members to deliver excellent holistic clinical care.

The Administrative Nurse will ensure excellence in care and services by:

- Leading all clinical staff to consistently incorporate resident autonomy, dignity and choice as core values in their service delivery.
- Holding clinical staff accountable to providing and promoting services that support independence and holistic wellness.
- Ensuring that residents are involved in clinical decision making; “nothing about me without me” approach.
- Ensuring that clinical decisions are made using the “at-home” principles.
- Participating in a collaborative quality assurance and compliance monitoring program.
- Establishing and maintaining positive productive relationships with families and community members.
- Conducting regular clinical rounds to evaluate compliance with care plan, resident preferences and specific clinical outcomes including skin management, infection control compliance, and falls management.
- Completes resident assessment using the MDS.
- Coordinates the care planning meetings and assures that care plans meet resident needs.
- Promoting, expecting and role modeling an “all hands on deck” approach to meeting resident needs.

- Collaborates with the clinical team in planning resident care.
- Conducts clinical rounds daily.
- Based on outcome of rounds collaborates with team to adjust care plans and provides feedback and guidance to care partners.
- Leads quality assurance process and committee
- Participates in house work, including cooking cleaning and laundry as needed to meet resident needs.
- Collaborates with all members of the interdisciplinary team to assure holistic wellness.
- Evaluates the educational needs of staff.
- Coordinates the community's education and growth by providing teaching to groups and individual coaching as needed.
- Assures staff compliance with mandatory educational requirements
- Participates as needed in house resident listening sessions.

Skills and Knowledge:

- Current Commonwealth of Massachusetts license as a registered nurse or licensed practical nurse.
- Experience in geriatric nursing.
- Willing to promote standards of person-centered care.
- Strong computer skills.
- An understanding of the adult learning process.
- Excellent organizational and multitasking ability.
- Critical thinking.

Job Description – Social Worker

The social worker is responsible for assessment and planning to meet the psychosocial needs of the small house residents.

The Social Worker will ensure excellence in care and services by:

- Leading all staff to consistently incorporate resident autonomy, dignity and choice as core values in their service delivery.
- Coaching staff to assist them in providing and promoting services that support independence and holistic wellness.
- Facilitating resident involvement in decision making at all levels of care; “nothing about me without me” approach.
- Ensuring that decisions regarding psychosocial needs are made using the “at-home” principles.
- Establishing and maintaining positive productive relationships with families and community members.
- Promoting, expecting and role modeling an “all hands on deck” approach to meeting resident needs.

Duties:

- Serve as a champion for the resident voice in all matters; “nothing about me without me” approach.
- Understand and support implementation of policies and procedures regarding resident choice.
- Manage admission and discharge coordination.
- Complete psychosocial assessments on new residents and has needed on existing residents.
- Provide at transition support program for new residents.
- Gather resident life history’s and discuss and role model for staff they use in resident interactions.
- Provide individualized psychosocial support for residents with psychosocial needs including depression, and mental health diagnoses.
- Provide family support individually or in support groups.

Skills and Knowledge:

- An educational degree in social work.
- Experience in geriatric social work.
- Understanding of and support for person-centered holistic care.
- Strong computer skills.

Job Description – Dietitian

The Dietitian will insure excellence and safety in food services by:

- Assisting in planning organizing implementing and evaluating food service.
- Completes routine and problems centered nutritional assessments.
- Reviews menus that residents in the houses have created and suggests changes that might improve the choices as they relate to a balanced diet.
- Provides nutritional education to residents as needed.
- Respects the decisions of residents regarding all aspects of their dietary choices.

Skills and Knowledge:

- Bachelor's degree in food and nutrition from an accredited institution.
- Registration with the American dietetic Association and licensure in the Commonwealth of Massachusetts.
- Experience in a skilled nursing facility.
- Understanding and support for person-centered holistic care.
- Strong computer skills.

Job Description – Life Enrichment Worker

The Life Enrichment Worker will ensure excellence in engagement and socialization opportunities by:

- Consistently incorporating resident autonomy, dignity and choice as core values in their programs and services.
- Coaching staff to assist them in providing and promoting engagement and socialization opportunities that support independence and holistic wellness.
- Facilitating resident involvement in decision making regarding calendars and programming; “nothing about me without me” approach.

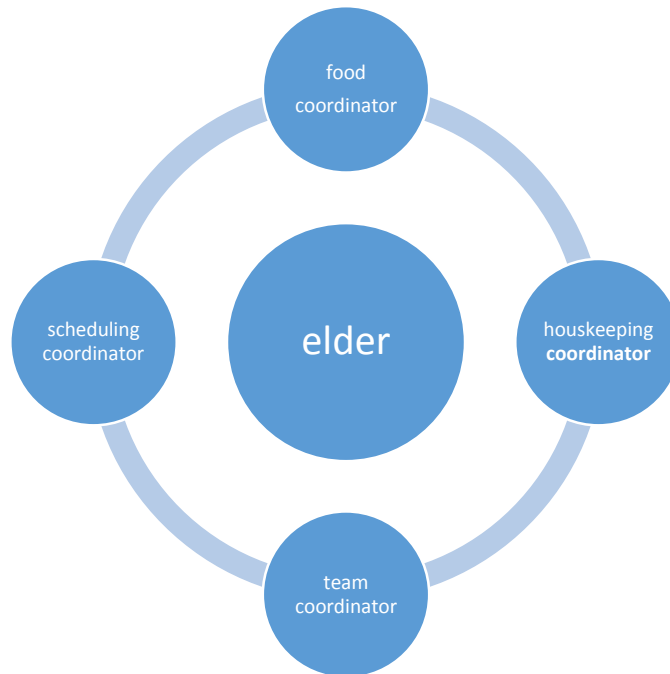
Duties:

- Conduct individualized assessments on each resident to understand known recreational preferences and life patterns of engagement and socialization.
- Enrich the house environment with specific opportunities for engagement.
- Create socialization programs and opportunities for the individual houses which can be regularly delivered by care partners.
- Create large group programs for entertainments, education or socialization which are open to all houses.
- Create individual engagement plans based on resident assessment.
- Obtain the necessary materials and supplies for the individual resident.

Skills and Knowledge:

- Understanding and support of person-centered care and resident choice.
- Education and experience per Commonwealth of Massachusetts requirements.
- Strong computer skills.

The Care Partner Empowered Work Team



Life in the house is organized around the needs and lives of the residents who live there. The constant companion of the elder is the care partner. It is the duty of the care partner to protect, to nurture and to sustain the elder. Care partner are responsible for maintaining the safety and cleanliness of the environment and for providing high quality of care.

Each care partner in the house is an equal member of the empowered team. The team meets weekly to plan and discuss their work. The meeting is held in the house. Each house will have a bulletin board where both an agenda and a reminder about the date and time of the meeting will be posted.

Members of the Clinical Support Team and the Guide may attend the team meeting at the invitation of the care partners only, but they may post agenda item, which they would like to have the Care partner discuss. Agenda items added by individuals must be signed so that the team can provide appropriate feedback after the meeting.

At the first meeting each month, the following positions are filled by mutual agreements of the care partners. These positions must rotate among house members and no one can serve in a role for more than two consecutive months.

Team Coordinator

The role of the Team Coordinator is to monitor the team's compliance with care plans, and their effectiveness at meeting the care needs of the residents.

The Care Coordinator will be responsible for checking that care and documentation has been completed as outlined in the care plans of the residents. They act as liaison between the team, all other members of the staff, including the clinical support team and the guide. They conduct all the team meetings, and communicate team decisions to team members and to others as needed. They will arrange House Council meetings – resident listening sessions.

Food Coordinator

The role of the Food Coordinator is to organize and conduct the weekly menu planning meeting, coordinate the ordering of the food, monitor the freshness and adequacy of the food supply, oversee the needed kitchen compliance issues including kitchen cleanliness and refrigerator and food temperatures.

The Food Coordinator will also oversee compliance with record-keeping regarding food and be responsible for monitoring appetites and food intake of residents and for obtaining and recording weights as outlined by the clinical support team, or as identified as necessary by the care partner. They will also be responsible for having meetings with the dietician to review the menus and will need to communicate weight losses/food concerns to the appropriate members of the Clinical Support Team.

Housekeeping Coordinator

The role of the Housekeeping Coordinator is to coordinate housekeeping activities and to monitor the cleanliness of the house.

The Housekeeping Coordinator will order necessary supplies, observe and record information about the overall cleanliness of the house. They will also coordinate and monitor the laundering of household items and personal items of the residents.

Scheduling Coordinator

The role of the Scheduling Coordinator is to create a schedule in collaboration with the team that provides adequate staff coverage, while meeting the requests for needed time off.

The Scheduling Coordinator will be contacted if the team member is sick or will be unable to work as scheduled. It will be the responsibility of the individual care partner to attempt to find their replacement. If they are unable to do so they will notify the Scheduling Coordinator. If the Scheduling Coordinator is unable to find replacement they will notify the Guide. This Scheduling Coordinator will also be responsible for submitting appropriate time records to administration as requested.

NOTE

Each coordinator will have time on the agenda of each weekly team meeting to complete their work. They will communicate with other members of the team and problem solve with the Guide whenever they feel it is necessary.

The team may choose to create other temporary or permanent coordinator rolls if they feel this would be necessary. All Coordinators reports each day to the guide and the care and clinical coordinators also report to the clinical support Team Coordinator.

MEETING GUIDELINES

Team Meetings

Team meetings will be held weekly at a time that is convenient for all members of the team. A standard agenda will include our reports and necessary discussion from each of the coordinators. Decisions will be made, whenever possible by consensus, that is, all members of the team can buy into and support the decision.

Additional agenda items may be submitted by family, residents', Clinical Support Team members, the Guide, or other members of the organization. A log book to record the attendance, topics, and decisions of team meetings should be kept in each house. The purpose of all meetings is collaboration, problem solving, and team building.

Meeting Leader: The team coordinator chairs the meeting.

Participants

Only team members and guide participate. Any non-team members attend if invited or if they request permission to attend and it is approved by the team. If the guide or member of the CST attends they attend as coaches and do not participate in decision making.

Meeting Organization: Meeting times, dates, and places are agreed upon by all participants.

Agenda

Agendas for all meetings are posted in a consistent and public place by the team coordinator at least 5 days in advance.

- Meetings may not last more than one half hour.
- Attending meetings by phone should be an option for off duty staff.
- Anyone may add an item for discussion to an agenda but it must be signed.
- The agenda is prioritized by the team coordinator before the meeting. Each agenda item is given time assignments based on the length the meeting and the amount of time the coordinator feels is needed for an item.
- Any unresolved items are placed on the agenda for the next meeting.
- After the meeting the agenda is placed in a Team Communications notebook with the decisions reached.

The Meeting

- Meeting begins and ends on time.
- The first agenda item is always the reading of the team's code of ethics.
- Agenda is followed with careful attention to the rules of discussion.
- Leader must end discussion of each item after the time allotted is reached – unfinished business goes to the next meeting agenda.

Rules of Discussion

1. Agenda item is read and explained.
2. Each person in turn around the circle weighs in on the item
 - A person may pass if they have no comment.
 - No one speaks except the person whose turn it is.
 - No one speaks in between people's turns.
3. Leader summarizes opinions expressed.
4. Each idea is presented for consensus.
5. Each person weighs in using.
 - Thumbs up - *I agree.*
 - Thumbs down - *No.*
 - Thumbs sideways – *It is not my favorite idea but I can accept it, live with it and promise to support it in all ways verbally and non-verbally.*
6. If consensus is reached on several options or choices a simple vote may be taken to determine the most popular of the ideas that received consensus.
7. When a decision is reached, it is recorded on the agenda sheet.
8. The code of ethics is used to correct any behavior that is negative, e.g. "Mary, our code of ethics says we will be courteous and you are not being courteous to Jane."
9. The leader may table an item and place it on the next agenda if the discussion goes overtime, is bogged down or people become too emotional and begin to argue.

Post-Meeting Work

After the meeting, the team coordinator is responsible for contacting the individual who posted the agenda item and giving them feedback about the discussion and decisions reached.

Beauty Salon/Barber

The Beauty Salon is in the core of the building. Stylist and barbers will collaborate with residents and house staff to create a weekly schedule which will be placed on the house Outlook Calendar. The stylist will supply needed products and will maintain their material data safety sheets in collaboration with the small house guide.

Information Technology

Hardware

- Laptops for each leadership team member.
- 1 house desktop “all in one”.
- 2 tablets or laptops (based on EMR selected) for care partners.

Software

- E-mail for all staff.
- Electronic Medical Record with scan filing or add on scan filing program.
- Scheduling software with Staff interface (On shift or similar).
- Electronic messaging board.
- House Calendars (Outlook or similar).
- Menu planning software (Living Cookbook or similar) which provides recipes with automatic calculation of ingredient quantities based on number of individuals to be served, automatic calculation of nutritional value of the meals, ability to create and print a weekly menu, and the ability to generate a shopping list based on the weekly menu.

Communication Plan

Communication System

The telephone system should have an umbrella phone number for Our Island Home with a recording that asks the caller to select their desired party. The call is forwarded by the system to the desired party. The central telephone system umbrella phone number should not accept messages. Voice message capacity is needed on all telephones within the system. All voice messages must give a return call time window. Leadership members should include their business hours and an alternate contact person's name and number for urgent callers.

Leadership Team

All members of the leadership team needed non-fixed telephones with voicemail capacity.

Each House Will Have:

2 House Portable Telephones

To be carried by Care Partners. These are the public telephone numbers for the houses which will allow families and outside individuals to call the houses. These phones should have messaging capacity which allows staff to ignore a call when they are engaged in providing resident care. A schedule of responding to messages should be created. The suggested window is no longer than two hours. The phones should have key staff phone numbers programmed into the phones including: the Administrator, the Director of Nursing, the House Nurse, the Activities Coordinator, the Social Worker, and Dietary Leader.

2 House Nurse Telephones

Each house nurse will carry a phone. The telephone number of this phone is not given to families or outside individuals. It is restricted to clinical use to prevent the nurse from receiving constant interruptions while providing clinical care. The laboratory, physicians, x-ray providers, and house staff, and other nurses are the intended incoming callers. The nurse phone voice message should indicate a callback window of 30 minutes or less.

Residents' Telephones

Residents have the option of having individual telephones in their rooms. The house will need one telephone designated for resident use. This is a portable phone separate from the house phone.

Resident Call System

A wireless system is utilized. It needs to have a variety of triggering options including, pendants (bracelet & necklace), wireless wall mount, the waiver will be required by the Department of Health for wireless system. If pendants with GPS locators are available and affordable these assist staff in locating residents. The resident call needs to trigger on the house staff portable telephones and should include resident and room.

Wander Guard System

The minimum system requirements for the containment of individuals who have cognitive impairment and require a secured environment. Typically, the security is at the building level and not the house level. This allows residents to participate throughout the building by securing all exit doors.

Administrative Report

Census, hospital transfers, admissions, changes in condition, falls, staff injuries and other pertinent information will be reported by staff at the time of occurrence in the Daily Electronic Administrative Report. The administrative team will consult the electronic report upon arrival. Follow up to any concerns is conducted in the house with the staff in the house. The Electronic Administrative Report replaces morning meeting.

Clinical Updates

In place of morning meeting the director of nursing or designee after reading the electronic administrative report conducts rounds in each house to follow up on items in the administrative report.

Daily Happenings

Physician appointments, beauty salon appointments, special resident activities, and other important happenings will be entered into the house electronic calendar. House staff review the calendar as part of morning report. Administration, leadership, maintenance, laundry and housekeeping also have access to the house calendars and enter scheduled activities for the information of the house staff.

Helpdesk/IT Support

- Non-urgent matters: staff will have a helpdesk icon on their device for submission of the ticket to IT.
- Urgent matters: staff will call the help desk directly at _____.
- Electronic medical record issues: call _____.

Resident Emergency

Staff will deploy their emergency pendants which are programmed to notify the nurse responsible for the house.

Resident Non-emergency

Staff will send a text message to the covering nurse and when the nurse is available at care huddle will be held which brings together the necessary team members to communicate and brainstorm to play and meet the new needs of the resident. The nurse is responsible for documentation of the care huddle in the clinical record and the care plan.

House communication to maintenance/housekeeping

Telephone to preprogrammed phone number.

Resident to Staff

Listening sessions are used to share information, elicit opinions, or have general discussion around issues or operations. Listening sessions are typically house based and include the house team and residents. They can be led by any team member or by a resident. They occur weekly.

Dietary – Philosophy

The meals will be prepared in the house by the care partners in the open kitchen. This is purposeful and is focused on achieving the following outcomes:

- To restore residents to the normal adult privilege of having food available at will.
- To reduce unexplained weight loss. The open design provides access to foods of choice, as well as an increase in appetite which is provoked by the stimulation created by the sounds, sights, and aromas of meal preparation, cooking and baking.
- To provide fresher food, better control of food temperatures, and easier access to alternative choices and additional food.
- To promote choice regarding meal timing, storage, and preparation of the foods preferred by those living in the house.
- To offer opportunities for resident participation in meal preparation.
- To restore the privileges of home – kitchens are a critical component of the construct of home.

Dietary – Dining Plan

The dietary dining plan is supported by the utilization of menu planning software. In preparation for the move the dietitian and dining leader will meet with residents several times to identify 100 main dinner items, 15 simple vegetable sides, six starch sides, 30 lunch items, soups, and comment breakfast items. These items and their recipes are entered into the dining software. Staff will utilize the software in their biweekly menu planning meetings with residents.

Menus

Care Partners with the assistance of the Dining Leader and the Registered Dietician meet with residents biweekly to create the house menu. In addition to the house menu each house will have always available food on hand which the residents may choose to select in lieu of the menu items. Always available items will be identified for each house based on resident preference interviews so that the preferred foods of residents will be included in the always available food on hand.

Breakfast

In line with the resident-centered philosophy, residents awake on their own schedule and are served their breakfast of choice from the menu in the location of their choice. Always available breakfast items include yogurt, pastries, hot and cold cereal. Residents' breakfasts are prepared by house staff. Only pasteurized eggs will be used and no cooking which produces grease laden vapors will occur in the house.

Lunch and Dinner

The main meal of the day will be served in the evening, with a lighter lunch meal at noon time. The menu will designate the preparation method for each meal.

Dietary – House Kitchens

Each house contains a fully operational kitchen and pantry available to the Care Partners, and other members of the care team. A Dining Leader (DL) who is ServSafe® certified will oversee the houses' dining operations. The DL will ensure that all dining policies and procedures, D.P.H. regulations and ServSafe® standards are met in the house kitchen including house kitchen sanitation; food and equipment temperature logs, pantry and refrigerator par levels. The dining leader will also monitor food storage in the refrigerator and the pantry to assure that food storage locations, temperatures, and packaging follow food safety standards.

The (DL) will also assure that the resident has a pleasant dining experience. Care partners with the assistance of other team members are responsible for food preparation, meal service and assurance of a pleasant dining experience. Any member of the care team may assist in meal functions such as serving, providing direct assistance to residents during the meal, and meal set up and clean up. All staff will be provided with training for their assigned roles as outlined in the appendix.

Dietary – Utensil and Dishware Management

All houses are equipped with all tableware, linens, placemats and napkins and small cooking utensils and serving dishes. These items will remain in the house and will be cleaned and sanitized in the house dishwasher, or laundered in the house laundry. House Care Partners are responsible for House kitchen sanitation and will follow a checklist to guide them in accomplishing this task. The house kitchen will be cleaned after every dining experience and will be completely sanitized once every 24 hours by the night shift care partner.

Dietary – Infection Control

Utilizing a Care Partner to provide elder care, participate in food preparation, housekeeping, and laundry creates the potential for cross contamination. This risk is mitigated using training as well as policies that introduce barrier precautions utilized to prevent cross contamination. The worker is always, from an infection control perspective considered contaminated and therefore in need of a barrier apron during food preparation activities.

BARRIER PRECAUTIONS POLICY

Purpose

Water impermeable apron barriers are used during food preparation to prevent transmission of disease.

Standard

Barriers will be used by all staff involved in food preparation or handling. Apron will be **impermeable to water**.

Process

1. Don apron.
2. Apply hairnet or cap.
3. Wash hands.
4. Use gloves for any direct food handling.
5. Remove apron.
6. Remove hair net.
7. Disinfect and dry apron.
8. Re-hang apron.
9. Wash hands.

Dietary – Resident Safety in the Kitchen

All residents and family are required to prepare food under the direct supervision of staff. Staff retains the responsibility for maintaining the safe practices and general compliance with all rules in the kitchen. Drawers are secured with magnetic safety locks and the stove is an induction stove which does not produce high levels of heat.

All chemicals are locked in a cabinet with staff maintaining the key in a safe location. Small appliances are returned to storage after use. Active coffee pots may not be left unattended in the kitchen. Coffee and other hot liquids are placed in carafes immediately upon completion of brewing.

Residents may not enter the kitchen during meal preparation. Kitchen gates are closed during meal preparation.

Dietary – Food Delivery and Storage

Receiving Deliveries

1. Confirm vendor name, day and time of delivery, as well as driver's identification before accepting delivery.
2. Check frozen foods to ensure that they are all frozen solid and show no signs of thawing and refreezing, such as the presence of large ice crystals or liquids on the bottom of cartons.
3. Check the temperature of refrigerated foods.
 - a. For fresh meat, fish, and poultry products, insert a clean and sanitized thermometer into the center of the product to ensure a temperature of 41 °F or below. The temperature of milk should be 45 °F or below.
 - b. For packaged products, insert a food thermometer between two packages being careful not to puncture the wrapper. If the temperature exceeds 41 °F, it may be necessary to take the internal temperature before accepting the product.
 - c. For eggs, the interior temperature of the truck should be 45 °F or below.
4. Check dates of milk, eggs, and other perishable goods to ensure safety and quality.
5. Check the integrity of food packaging.
6. Check the cleanliness of crates and other shipping containers before accepting products.
7. Reject foods that are shipped in dirty crates.
8. Reject the following:
 - Frozen foods with signs of previous thawing.
 - Cans that have signs of deterioration, such as swollen sides or ends, flawed seals or seams, dents, or rust.
 - Punctured packages.
 - Foods with outdated expiration dates.
 - Foods that are out of safe temperature zone or deemed unacceptable by the established rejection policy.

All products will be stored using the first in first out method:

- Label food receipt date and expiration date and food label sticker.



- Store the oldest product at the front of the stock.
- Store the newest product at the rear of the stock.
- Cold foods will be immediately placed in the refrigerator verifying that the internal refrigerator thermometer reading is 41° or lower.
- Before use all foods will be checked for expiration date, and discarded if expired.

Food Storage Temperature and Requirements

Food	Temperature	Requirements
Meat	41°F or lower (internal temperature)	Wrap meat in an airtight moisture proof material or in clean sanitized container
Poultry	41°F or lower (internal temperature)	Wrapped in an airtight moisture proof material or in clean sanitized container
Fish	41°F or lower (internal temperature)	Keep fillets and stakes in original packaging or tightly wrapped in moisture proof material store frozen fish in moisture proof wrapping
Eggs and egg products	Store fresh eggs at an air temperature of 45°F or lower	Examine for cracks or damage before storing Keep eggs in refrigerator until use
Dairy	Store for use at 41°F or lower.	Verify expiration date before use

Freezer Temperature Log

MONTH _____ HOUSE _____ REFRIGERATOR LOCATION _____

Date	AM				PM			
	Initials	Temp	Is temp between 10F & 0F?	If no was corrective action taken?	Initials	Temp	Is temp between 10F & 0 F?	If no was corrective action taken
1								
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Refrigerator Temperature Log

MONTH _____ HOUSE _____ REFRIGERATOR LOCATION _____

	AM				PM			
Date	Initials	Temp	Is temp between 33F & 41F?	If no was corrective action taken?	Initials	Temp	Is temp between 33F & 41F?	If no was corrective action taken
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Dietary – Food Preparation

Cooking Qualifications

All care partners will complete name ServSafe® course before preparing food for the people who live in the house.

All people who live in the house will receive a kitchen orientation that includes the basics of safe food handling before they have access to the kitchen.

All family members will have an orientation that includes the basics of safe food handling before they have access to the kitchen.

No person who lives in the house staff or family may access the kitchen if they show signs of any of the following:

- gastrointestinal illness
- infected lesion
- uncovered wound or a cut
- upper respiratory infection
- coughing sneezing runny nose

General Safety

- If unsafe conditions are seen in the kitchen or other areas of the house, correct them or report them immediately to the guide so they can be corrected.
- Promptly report to the guide all accidents that occur on the job, even if no serious injury is apparent.

During Food Preparation, the staff will:

- Use dry oven mitts when handling hot utensils.
- Wear aprons,
- Cook in a minimum amount of water to avoid boiling over. This also reduces the handling problem when pouring off hot liquids
- Lift lids cautiously from hot pots or steam table so that steam may escape without scalding hands or face.
- Turn the handles of pots away from the edge of the stove so that the pots will not be knocked off. But take care that the handle is not too near an open flame.
- When moving heavy containers of hot food, have adequate assistance and know where the container may be safely placed. Be sure that the work area is clear of fellow associates and residents before moving hot containers, etc. When drawing hot water or coffee from an urn, turn the spigot slowly to avoid splashing. Check carefully that all valves and spigots are in proper position before filling the urn.
- Keep oven doors closed when not in use.
- Do not use pan coating sprays near any flame; turn off range before using pan coating sprays near a range.

Knives and Food Preparation:

- Wear cut gloves when cleaning and using knives and equipment with blades. Wear disposable gloves over the cut resistant gloves.
- When using knives, pay attention
- Cut away from the body.
- When drying a knife, keep the sharp edge away from you.
- Keep all knives in their proper storage place when not in use. Do not leave knives in the sink, or where they cannot be easily seen.
- Staff in houses do not sharpen knives. Outside vendor will sharpen on a regular schedule
- If a knife falls, don't grab it. Get out of the way! The floor can take it better than a hand or foot
- Use the proper knife for the procedure, i.e., boning knives, carving knives, pairing knives, etc.
- Knives are not can openers and should not be used as such
- Use a cutting board. An anti-slip mat under the cutting board will keep it from slipping

Machines Used for Food Preparations

- Use machinery and tools, including knives and slicing equipment ONLY for purposes in which they were intended.
- Turn switch "off" AND UNPLUG before cleaning or adjusting any machine. Keep fingers, hands, utensils, etc., away from moving parts. Wait until machine stops before removing food/scraping bowl.
- All electrical appliances should be in the "OFF" position before being plugged into the outlet.
- Use "film wrap cutters" on film wrap boxes.
- At no time should you attempt to repair equipment. Notify your supervisor immediately of any equipment that is faulty or not functioning properly.

Broken China and Glassware

- Use care in handling glasses and dishes. Use dust pan and brush or broom to sweep up pieces of broken glass or china. Use a dampened paper towel for cleaning up slivers of glass or china. Use a special garbage container for broken pieces. This container must be labeled "Broken Glass / China" and have a secured lid. Do not place broken glass in waste paper baskets or garbage or refuse cans.
- Discard all food within the vicinity that may be received shards of broken glass or china.
- Glass and metal pots do not mix, so keep glass and china articles out of the pot sink.
- If you know or suspect that there is broken glass or dishware in soapy water, drain the water first. Then remove the broken pieces carefully.

Use of Chemicals

All chemicals must be maintained in a locked cabinet.

- Read and follow directions thoroughly before using any chemicals.
- Never mix chemicals with anything but water.
- Never allow chemicals to come into contact with food.
- Always wear chemical resistant goggles, gloves, aprons, etc., recommended by the manufacturer on the MSDS sheet.

Handwashing

Food handlers must wash their hands:

- As they enter and leave the kitchen.
- After using the restroom.
- Before and after handling raw meat, poultry, and fish.
- After touching the hair, face, or body.
- After sneezing, coughing, or using a tissue.
- After smoking, eating, drinking, or chewing gum.
- After handling chemicals that might affect the safety of the food.
- After taking out the garbage.
- After clearing tables.
- After touching clothing or aprons.
- After touching anything else that may contaminate hands such as sanitized equipment, work surfaces, or wash cloths.

Handwashing Procedure

No hand sanitizer is used in the kitchen

1. Wet hands with running water as hot as you can comfortably stand.
2. Apply soap.
3. Vigorously scrub hands and arms for 10 to 15 seconds.
4. Clean under fingernails and between fingers.
5. Rinse thoroughly under running water.
6. Dry hands and arms with a single use paper towel.
7. Turn off sink with a fresh paper towel.

Glove Use

A supply of NSF certified gloves will be kept on hand.

Gloves are never used in place of handwashing; hands must be washed before putting gloves on and when changing to a new pair.

Gloves should be used when directly handling food only.

Gloves should be changed:

- as soon as they become soiled or torn
- before beginning a different task
- at least every four hours during continual use
- after handling raw meat and before handling cooked or ready to eat food.

Gloves should be removed by grasping them at the cuff and peeling them off inside out over the fingers while avoiding contact with the palm and fingers.

Thawing Frozen Foods

Frozen foods will be thawed in a manner that prevents the growth of microorganisms. No food may ever be thawed at room temperature

The acceptable methods for thawing food are demonstrated in the chart below.

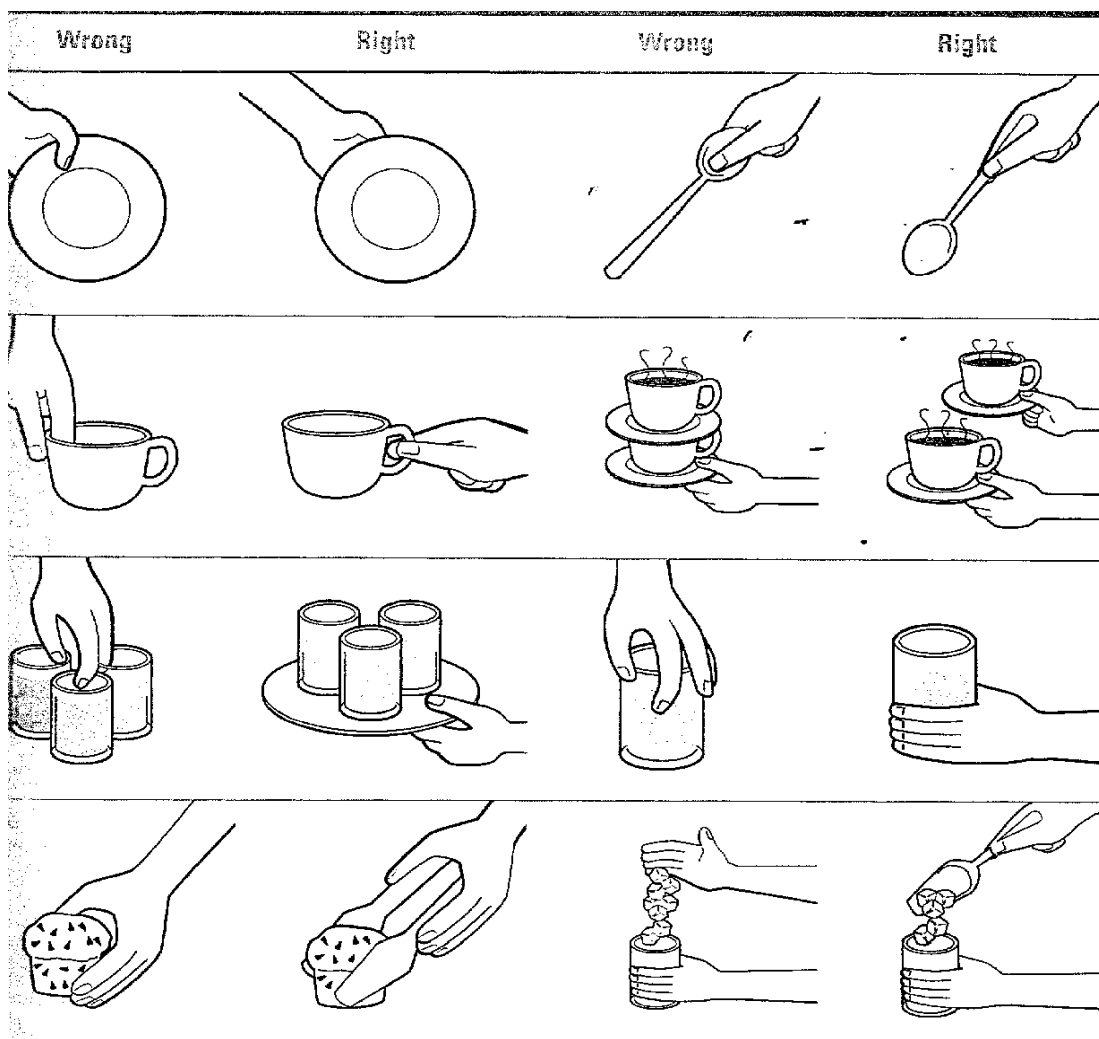
Method	Technique
In the refrigerator	Leave food in the refrigerator at 41°F or lower until thawed
Running water	Submerge food under running potable water at a temperature of 70°F or lower.
Microwave oven	Used thawing cycle. Food must be used immediately after thawing

Proper Handling of Glassware Dishes and Utensils

Proper handling will prevent contamination of food²

- The food contact area of plates bowls glasses or cups should not be touched.
- Glasses and dishes should not be stacked when serving.
- Flatware and utensil should be held at the handle.
- Minimize bare hand contact with food that is cooked or ready-to-eat.
- Use ice scoops or tong to get ice.

² Drawing: ServSafe® Essentials, 4th, Edition National Restaurant Association



Serving the Meal

1. The table will be set with care and in an attractive way using placemats or a tablecloth, cloth napkins, flatware, dishes and glassware that is residential in appearance and weight and provide excellent contrast with the table.
2. A centerpiece will be on the table.
3. Condiments will be provided in a home like/residential fashion. No individually wrapped items will be used except for artificial sweetener. Butter dishes, creamers, sugar bowls or shakers, jelly jars, will replace individually wrapped items.
4. All people who live in houses will be seated at or transferred to dining chairs if possible.
5. Quiet soothing music will be played in the dining room.
6. The meal will be served family style.
7. Hand sanitizing wipes are passed to each resident before serving begins.
8. Fluids will always be the first course. (aide to swallowing)

9. Meals will be served in courses.
10. Drinks will be served from pitchers.
11. Reasonably sized serving dishes with serving utensils will be placed on a table.
12. Serving dishes are passed around the table with staff assisting residents who have difficulty.
13. No clothing protectors are utilized- cloth napkins may be tucked at the chin for those residents who have difficulty.
14. At the end of the meal the table is cleared and old food from the table including food in serving dishes is discarded.
15. The care partner is present during the meal seated at the table to:
 - a. monitor intake
 - b. replenish serving dishes
 - c. offer alternatives if residents are not eating the meal
 - d. encourage fluid intake
 - e. observe for any contamination of food during the passing of the serving plates.

Dishwashing

1. All dishes and other items are machine washed no hand washing is permitted
2. Set all controls for operation for the machine.
3. Place detergent in the dispenser
4. Check rinse solution dispenser. Add rinse solution as necessary.
5. Pre-rinse dishes using warm water, removing all food matter and scraping it into garbage disposal, disposable gloves are to be worn. Difficult stains such as eggs and cereal can be pre-washed with warm detergent water. Change water as necessary.
6. Place dishes in dish rack. Avoid overloading and nesting.
7. Close door and start machine.
8. Upon completion of dishwashing, the dishwasher:
 - a. Empties the dishes and places in storage.
 - b. Cleans the dishwashing area.
 - c. Cleans and polishes the outside of the machine.

Dishwasher Temperatures

Temperatures will be taken once after each meal. Upon completion of a dishwashing cycle, a Care partner will record the temperatures displayed on the dishwasher panel: Wash, Rinse.

A sticker will be placed in the dishwasher once a week (Friday) to check for accuracy of dishwasher temp.

Corrective Action

When temperatures are out of the range listed on the temperature logs, a Care Partner should report it immediately to maintenance and record action taken on the temp log.

If temperatures are not adequate, Care Partner are to follow the policy and procedure including transferring to paper products until the problem is resolved

Dishwasher Temperature Chart

Month: _____

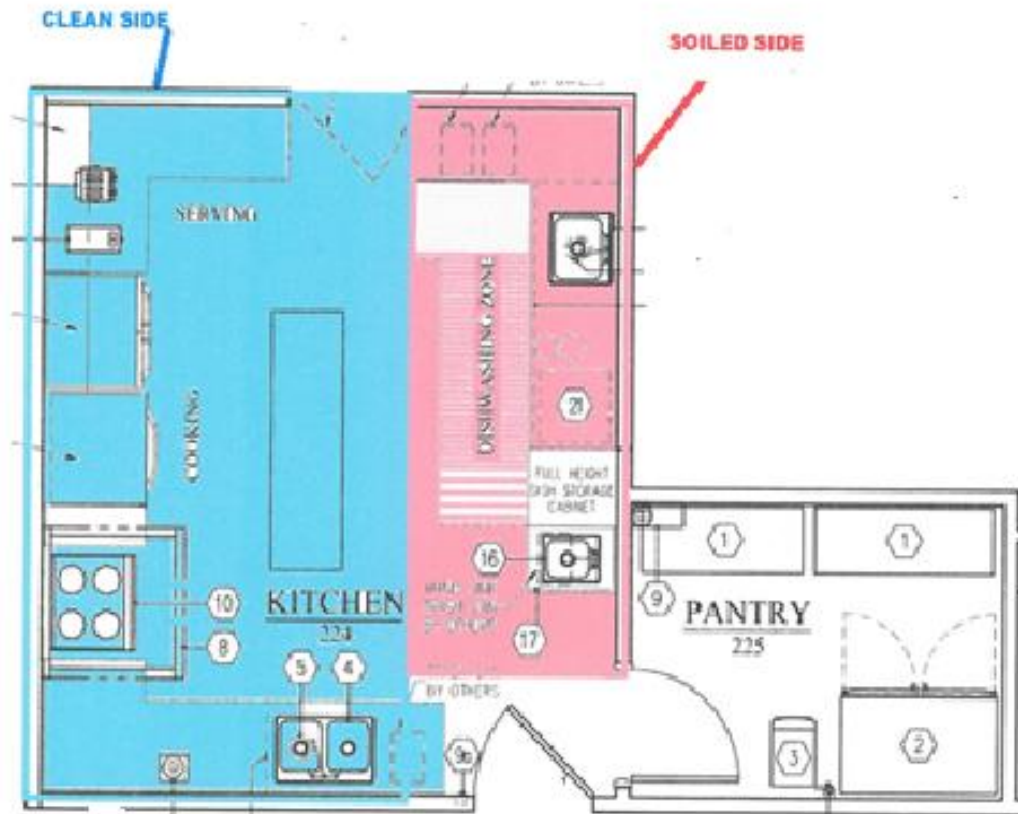
Month: _____

Month: _____

Wash/Rinse			Wash/Rinse			Wash/Rinse		
Date	Temp	Name	Date	Temp	Name	Date	Temp	Name
1	/		1	/		1	/	
2	/		2	/		2	/	
3	/		3	/		3	/	
4	/		4	/		4	/	
5	/		5	/		5	/	
6	/		6	/		6	/	
7	/		7	/		7	/	
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27	/		27	/		27	/	
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30	/		30	/		30	/	
31	/		31	/		31	/	

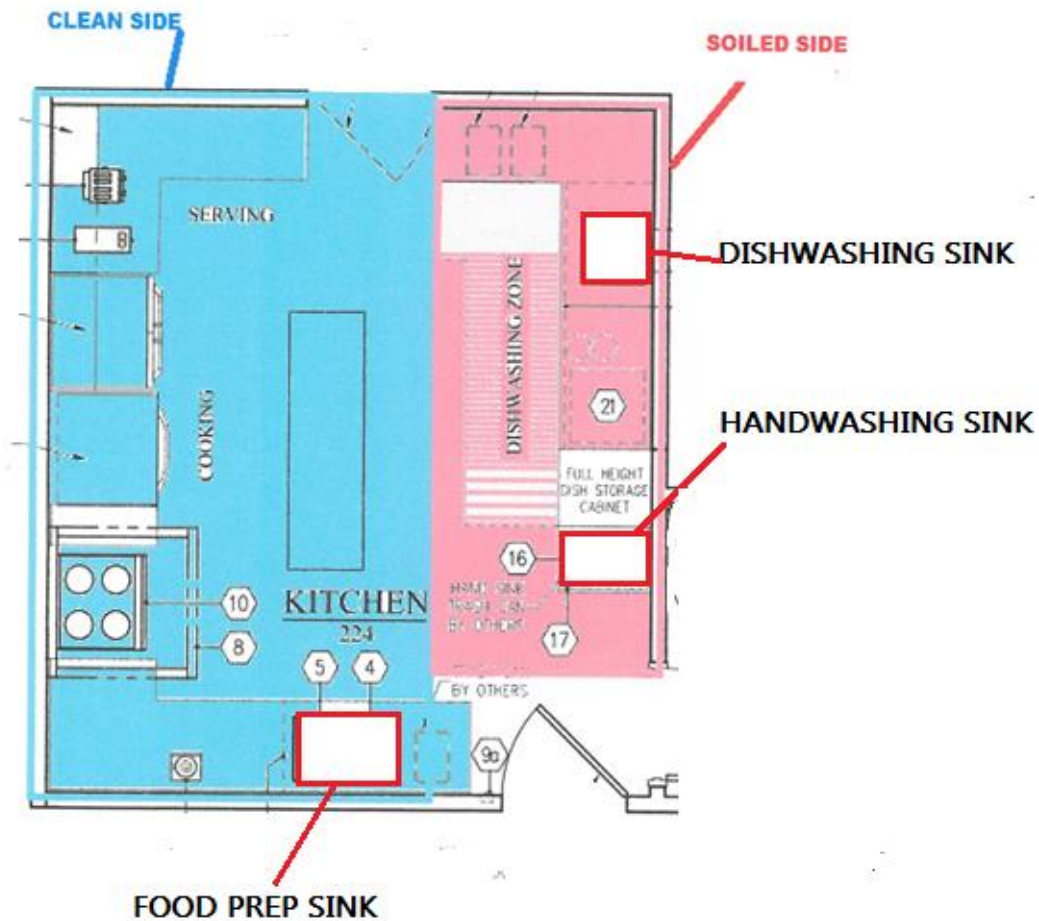
Dietary – Kitchen Workflow Maps³

Delineation of the Clean and Soiled Sides of the Kitchen



³ the kitchen workflow maps provided are samples. When construction drawings of OIH are completed these will need to be redone based on design.

Utilization of Sinks

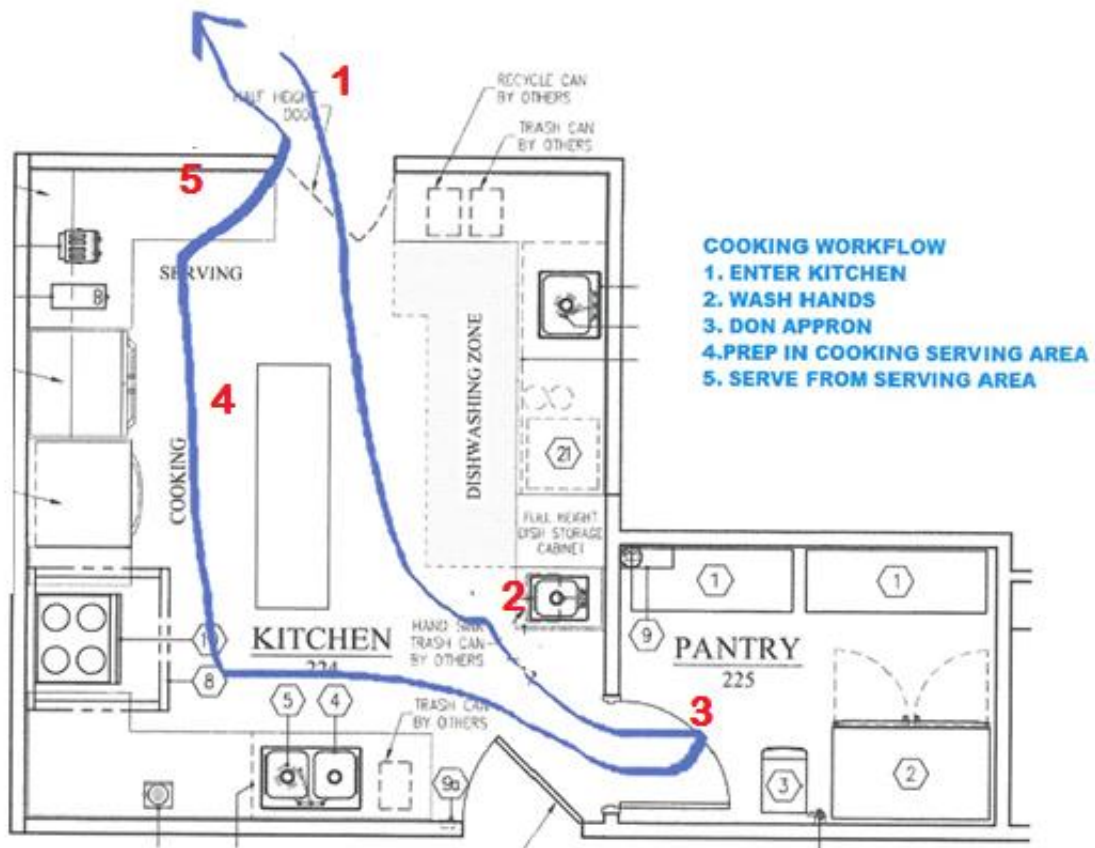


The kitchen is divided into 2 work zones – the soiled side and the clean side:

- The sinks on the soiled side are designated (see the diagram) for handwashing and dishwashing.
- The sink on the clean side is designated for food preparation.
- Each sink is to be used exclusively for the designated purpose.

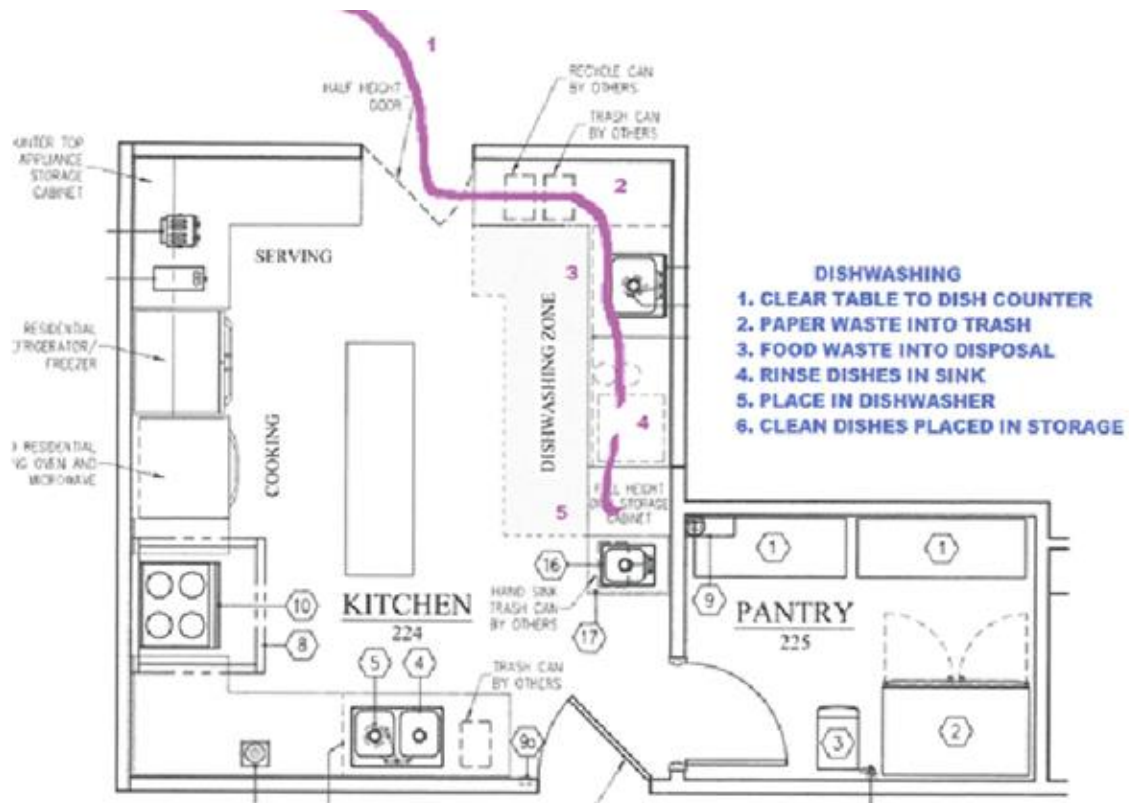
Cooking Workflow

All cooking activities are conducted on the clean side of the kitchen.



Dish Flow from Dining Room to Dishwasher

All flow remains on the soiled side of the kitchen.



After Meal or Snack Management of Food

All food that goes to the table will be thrown away. Foods that has remained in the kitchen may be saved if holding temperatures have been maintained.

Kitchen Cleaning Schedule

Breakfast Lunch and Dinner	Evening Care Partners	Kitchen Deep Clean
EVERY DAY	EVERY DAY	SUNDAY WEDNESDAY & FRIDAY
Wash dishes & Empty Dishwasher	Sanitize sinks	Clean Dry Storage shelving & check expiration dates and package security
Discard all food from table	Sanitize down all flat surfaces (counters, refrigerator door)	Clean Inside Refrigerator/Freezer
Sweep kitchen and dining room		Ice and Water Dispenser
Wipe down and store appliances	Mop Kitchen	Water Filter (Semi-monthly)
Store leftovers		Clean hood
Wipe and sanitize counters & table	Clean coffee pot	Outside of oven
Wipe off placemats	Clean table and chairs	Clean the oven on the first of every month
Check Refrigerator and Freezer Temperatures	Clean Microwave inside and out	Clean Toaster
Clean stovetop	Wash and fold kitchen linen	Clean walls
Discard expired foods		Clean under ice machine
Refrigerator & dishwasher temps		Ensure all food is labeled and in proper storage containers

Housekeeping

Housekeeping responsibilities are divided between the general housekeeper and the care partners on each shift. The schedules and checklists for the cleaning may be found in the appendix.

Management of Trash by Type

Type	Disposed of by placing where (how)
Food	In kitchen garbage disposal, large food items such as bones, stalks etc. are placed in the kitchen general trash
Paper	In recycle bin in soiled utility room
Foil cans and plastic	In kitchen recycle bin – then moved to soiled utility recycle bin
Cans	In kitchen recycle bin – then moved to soiled utility recycle bin
Plastic	In kitchen recycle bin – then moved to soiled utility recycle bin

1. All recyclable items, paper, newspapers, plastic, cans cardboard and glass can be co-mingled (placed into same container) plastic bottles cans and glass should be rinsed before disposing
2. When recycle bin (in kitchen) is full, Care Partner will seal the bag and place it in the soiled utility room.
3. Recyclable container should be damp wiped and new plastic liner changed as needed.
4. Recyclable items will be picked up by housekeeping staff from the soiled utility room once per day and transported to G1 trash chute room where items will be placed in a recycle cart.
 - a. Housekeeper will leave a small cart in the elevator lobby, walk in the small house, pick up the recyclable bags in soiled utility, walk back to lobby, and place it on the transportation cart to take to larger cart on G1.
5. When recycle cart is full, it will be pushed to large utility truck at the G2 loading dock and placed into 8 yard holding bin. (See attached map for route to be taken to G2)

All trash flows to the soiled utility room into large containers which are removed and cleaned and replaced on a regular basis by the maintenance staff.

Laundry

Personal Laundry

Each home has a laundry room that is equipped with a washer and dryer (see Equipment Section). Washing machine operating instructions including detergent types and amounts will be posted next to the washing machine and dryer operating directions will be posted next to the dryer. Each house will create a weekly laundry schedule based on individual resident's needs and utilization. The schedule will be posted in the laundry room. Each resident's personal laundry will be placed in a wheeled laundry hamper lined with a yellow plastic bag which is kept in the resident room.

Process

Each residents clothing will be laundered separately.

1. Staff will wheel the laundry container to the laundry area
2. Sort and pretreat any stains and placed clothing in the washer with detergent.
3. Wash the clothing in the washing machine per posted directions.
4. After clothing has been placed in the washer the sorting table shall be disinfected.
5. When washing is complete the lint trap of the dryer will be cleaned and clothes will be placed in the dryer.
6. The soiled yellow plastic bag in the hamper is discarded
7. The inside and outside of the laundry hamper is wiped down with disinfectant, and allowed to air dry.
8. A clean yellow plastic liner is placed into the hamper.
9. After laundry is dry and folded it is placed in the hamper and transferred to the resident's room where it is stored in closets or drawers.
10. At the completion of each resident's laundry the lint filter in the dryer will be checked and any lint removed and tops of the washer dryer and folding table are wiped down with disinfectant wipe.

Bed Linens

Bed linens sheets towels, washcloths and gowns is supplied by the facility will be laundered in the central laundry.

1. Staff will place soiled bed linen into blue plastic bags immediately after removing from the bed.
2. Bags will be tied closed and brought to the soiled utility room at the end of each care episode, they will be placed in the container labeled soiled linen.
3. Soiled linen containers will be removed twice a day by maintenance and replaced with a clean empty container
4. The containers will be cleaned and disinfected by maintenance before being returned to the soiled utility.
5. Clean linen will be transported in a covered cart once a day by maintenance Delivery will be based on replenishing par levels. Once delivered linen is stored linen closets

House Linens

Napkins, Table Cloths, Placemats, pot holders and kitchen wipes are washed each night by the night staff.

Clinical – Reporting and Communication

Shift to Shift Report

The oncoming and outgoing team (nurses and care partners) in each home will make walking rounds and discuss resident condition, needs, and state of the house.

Care Huddles

The care needs of the resident and resident changes in condition are addressed immediately. Any member of the team can call for a care huddle which will bring together the necessary team members to communicate and brainstorm a plan to meet the resident's needs. The nurse is responsible for documentation of the care huddle in the clinical record and updates care plan.

Clinical – Care planning

1. The goal of the care planning process is to create an individualized person-centered comprehensive plan of care. The process is interdisciplinary and includes the elder, the care partner and the interdisciplinary team members who are providing services to the elder. The primary nurse facilitates the meeting.
2. A Master Schedule of care planning dates is maintained by the MDS nurse and posted in the house.
3. Family is invited to the meeting if they are guardians/POAs; or with the permission of the elder.
4. The meeting location is determined by the elder's preferences and is usually held in the elder's room or in the study.
5. The MDS is completed prior to the meeting and results are shared at the meeting.
6. The care plan is created during the meeting with the input of the elder.
7. At the meeting the current care plan is read, discussed with the elder, and modified or left unchanged. If the elder is unable to present information regarding preferences the care partner or family may provide the information if it is known to them.
8. New issues/problems are discussed and a plan of interventions is created.
9. Additions/ changes are made to the care plan as agreed to by the elder.
10. If the elder expresses preferences that include risk or refusal of routine care standards the team discusses these with the elder following the Choice policy processes.
11. The primary nurse updates the care plan in the EMR, and enters a risk management progress note as outlined in the choice policy.

Clinical – Medication Administration

Nurses will collaborate with pharmacists and physicians to minimize the number of medications and to reduce pill burden on the resident and by minimizing the number of administration times per day.

Medication administration times will be customized to the resident's schedule and routines and will never be administered if the resident is engaged in a meal or activity unless it is medically necessary that the timing of administration is inflexible. Medications will only be crushed if the resident has documented difficulty swallowing or has a personal preference for crushed medications.

The administration of medications shall achieve the delivery of prescribed medications to the individual including delivery of the right medication dose at the right time to the right person via the right route. Medications are delivered to individual and administered from cabinets in each room. Narcotics are retained under double lock and on count in the nursing office in each house.

EQUIPMENT:

1. Hand sanitizer.
2. Picture of elder labeled with name.
3. Sharps container if elder is receiving injections.
4. Gloves, if elder receives injections.
5. Alcohol preps, if elder receives injections.
6. Syringes, if elder receives injections.

ORAL:

1. Nurse brings laptop on stand to meds cabinet in the elder's room, places it next to the cabinet and opens the laptop.
2. Washes hands at sink or with hand sanitizer.
3. Opens cabinet.
4. Pours medication into cup, checking each medication with the MAR for accuracy, (i.e. dose, time, route).
5. Identifies elder by asking them to state their name, or by verifying identity with photo posted in meds cabinet or in Electronic MAR
6. Remains with elder until medication has been consumed.
7. Documents administering the medication in the record.
8. Locks meds cabinet.

INJECTIONS FROM THE REFRIGERATOR:

1. Retrieves the medication from the refrigerator.
2. Follow Step 1 from administration of oral meds.
3. Follow Step 2 from administration of oral meds.
4. Follow steps listed under administering injections.

ADMINISTERING INJECTIONS:

1. Follow Step 1 from administration of oral meds.
2. Closes door.
3. Identifies elder as in Step 5 from administration of oral meds.
4. Positions the elder in the bed or chair; exposes the injection site and drapes.
5. Unlocks med cabinet.
6. Washes hands with hand sanitizer.
7. Draws up medication verifying dose, route, and time with MAR.
8. Puts on gloves.
9. Using standard procedure for injections administers the injection.
10. Places sharps in sharps container.
11. Removes and disposes of gloves.
12. Washes hands with hand sanitizer.
13. Documents the administration of injection in the MAR.
14. Assists elder out of bed or chair as indicated.

Clinical – Treatments

Treatment supplies are stored in the resident's room in the bottom section of the locked medication closet. Treatments are provided in the resident's room and documented immediately in the electronic medical record database.

Clinical – Emergency

Emergency medical supplies are stored on emergency carts which are centrally located in the clean utility room. An AED is hung on the wall next to the cart. In case of medical emergency, the nurse responsible for the house will respond. If additional assistance is needed the care partner will phone the second nurse on duty.

Clinical – Nursing Rounds

Comprehensive clinical rounds are conducted each day on each shift by the house nurse. Director of Nursing conducts clinical rounds into houses daily. The administrative nurse conducts clinical rounds into houses daily

Clinical – MDS

Schedule will be distributed to all primary nurses, life enrichment, Rehab, Dietary, social worker by email. The assigned staff member will complete all required scripted interviews. The staff member completing the interview will code those sections of the MDS.

A - MDS Coordinator
B - Life Enrichment
C - Nursing
D - interviewer or SW observation
E - SW
F - interviewer or LE observation
G - J Nursing
K - Dietitian
L-N - Nursing
O - Nursing and Rehab
P - Nursing
Q - SW
S - MDS Coordinator

For Comprehensive OBRA assessments, CAAs will be worked as follows:

1-6 - Nursing
7-9 - SW
10 - LE
11 - Nursing
12, 13 - Dietitian
14-19 - Nursing
20 -SW

Clinical – Personal Care

Personal care is provided per standards policies and procedures of the organization in accordance with the wishes and schedule presented by the resident. Individualized mornings are component of the person-centered model of care.

Individualized mornings are defined as getting up at a natural wake-up time, eating breakfast in the place and at the time the individual desires, and having care at the time the person desires. Our island home is a no lift environment electronic ceiling lifts which are certified as one person devices are used to transfer dependent residents.

Clinical – Nursing Care

Nursing care is conducted in accordance with the standards policies and procedures of the organization.

A few considerations apply to person-centered care. Weights, blood pressures and other vital signs:

- These are measured based on the needs of the individual, in consideration of their diagnoses and long-term patterns.
- Minimizing the crushing of medication.
- Careful monitoring and management of polypharmacy.
- To the extent possible when attaining medication administration to twice per day per resident.

Clinical – Responsibilities by Shift

	NURSES	CARE PARTNER
7-3	Provide clinical leadership and direction Medication and treatment administration Clinical Documentation Management of Physician Orders Clinical rounds Care huddles Care plan updates Participation in the lunch meal at the table provide support and assistance to the house	Care of residents based on the care plan Prepare, serve and clean up after breakfast Provide enrichment activities to residents Prepare, serve, participate in, and clean up after lunch Housecleaning as assigned from the house keeping plan Documentation
3-11	Provide clinical leadership and direction Medication and treatment administration Clinical Documentation Management of Physician Orders Clinical rounds Care huddles Care plan updates Participation in the dinner meal at the table provide support and assistance to the house team including meals and housekeeping	Care of residents based on the care plan Provide enrichment activities to residents Prepare, serve, participate in, and clean up after dinner Housecleaning as assigned from the house keeping plan Documentation Re-Stock supplies in individual rooms Individual resident's laundry per schedule
11-7	Provide clinical leadership and direction Medication and treatment administration Clinical Documentation Management of Physician Orders Order reconciliation Clinical rounds Care huddles Care plan updates Provide break coverage for care partners in each house	Care of residents based on the care plan House laundry (napkins, kitchen towels etc.) Deep cleaning of the kitchen including review of all items in the refrigerator to determine if they are stored in the correct location (shelf), if the item is properly labeled and dated. Discard items that have reached their expiration date. House cleaning as assigned from the house keeping plan Set the table for breakfast and set up nonperishable breakfast foods Prepare and refrigerate breakfast items based on the menu Check meal plan schedule and defrost any items as necessary Documentation

Therapy – OT/PT/Speech

All therapies are delivered in the individual house or in public spaces throughout the facility for ambulatory therapy. Kitchens are utilized for OT/ PT. Individual resident rooms are available for therapy.

Engagement/Enrichment

Calendars for planned engagement and socialization are created by the residents in the house with the recreation staff and care partners. Special emphasis is placed on in room and in-house activities.

Medical Records

Electronic medical records are utilized for all clinical documentation, including physician orders.

Family/Visitors

Families are welcome in the home at any time. They may use the kitchen however they may not bring in outside food to serve to any other resident except their family member or friend. Families are encouraged to hold in-house celebrations for birthdays and other special occasions and house parties and holidays are planned at meetings with residents and families together. Families are welcome to join in the dining experience.

Equipment

In-house equipment including the stove refrigerator dishwasher garbage disposal whirlpool tub, washer and dryer need to meet all local and state requirements. A routine maintenance schedule is created based on the manufacturer's recommended preventative maintenance schedule. This schedule is electronic and completed maintenance is logged.

Repair of warrantied appliances is the responsibility of the supplier/manufacturer and out of warranty repairs may be completed by maintenance or outside repair companies. (insert maintenance schedule here after purchase). The operating instructions for each appliance in each house should be posted in a plastic sleeve near the appliance. This assures that staff operate equipment properly.

Appliance malfunctions of most appliances are typically handled by sharing with another house. The most vulnerable appliance in the houses the dishwasher. Repairs to dishwashers are often delayed and lengthy. This is extremely disruptive to the house and it is recommended that an extra dishwasher is purchased at the time of construction and kept in storage on-site.

Training Plan

TOPIC	DESCRIPTION	TARGET AUDIENCE	LENGTH
Philosophy	An interpretation of the underlying principles as well as major visible differences between the current model and the intended new model.	All staff in the continuum of care Families Residents at all levels in the continuum	1 hour
Leadership	Leadership in an empowered work team setting including; <ul style="list-style-type: none"> • non-hierarchy leadership • moving from process to outcomes-based management • leading with questions • outcomes supervision in an empowered work team setting • root cause analysis • managing quality with house based data 	All who will assume a leadership role in the project.	6 hours
Communication	Communication skills required for good transition to empowered work team and learning circles for resident communication.	All nurses and Care Partners	1 hour
Choice	A discussion of the restoration of choice and the responsibilities of caregivers including discussion and documentation	All staff.	30 minutes for non-nursing 45 minutes for nursing and social worker
Habilitation	Philosophy of habilitation versus dependence examples of rehabilitative care therapist nurse Care Partner collaboration	Care Partners nurses therapists	45 minutes
Person-Centered Care	Philosophy, desired outcomes, the planning process, structure and organization of the person-centered care plan meeting.	Entire interdisciplinary team	4 hours
Clinical – Clinical Rounds	How to conduct rounds which maintain care plans compliance and monitor levels of holistic wellness	All nurses	1 hour

TOPIC	DESCRIPTION	TARGET AUDIENCE	LENGTH
Convivium	The elements of convivium role and responsibility of staff in convivium	All nurses and Care Partners, dietician and dietary staff.	30 minutes
Food Safety	Safe food handling, storage, kitchen sanitation and processes.	Care Partners nurses	2 to 4 hrs.
Culinary training	Menus, following recipes, basic cooking skills		
Clinical – Medication Reduction program	Logistics of medication reduction Reduction in crushing of meds Minimization of the number of med administration episodes.	Nurses will be participating in the actual reduction	One hour
Clinical – medication reduction maintenance	Logistics of maintaining low levels of medication.	All nurses	30 minutes
Clinical – Chronic Disease Management and Change in Condition Protocols	Implementing change in condition protocols	All nurses	30 minutes
Activities to Engagement Transition	Various types of instant connection engagement. small group engagement integrating engagement into workflow	Care Partners	One hour
The Empowered Work Team Structure and Operation	House government Empowerment supervision and direction within the empowered environment the team meeting	Nurses Care Partners other members of the interdisciplinary team	One hour for Care Partners 30 minutes for nurses
Food coordinator training	Supervising outcomes for kitchen sanitation, food service requirements and convivium, food ordering and menu planning	Food coordinators assigned to houses	2 hrs.
Care coordinator training	Supervising outcomes for care plans, supplies, and resident satisfaction including engagement	Care coordinators assigned to house	2 hrs.

TOPIC	DESCRIPTION	TARGET AUDIENCE	LENGTH
Housekeeping coordinator training	Supervising outcomes for housekeeping and laundry including supplies and resident satisfaction	Housekeeping coordinators assigned to house	2 hrs.
House Orientation	Review of all the equipment in the kitchen lift training review of the cleaning and use of the top	All	Full day for Care Partners half-day for nurses one hour for IDT
Workflow Reconfiguration	A review of the operating plan with workflow changes and a review of the new expectations	Nurses Care Partners	Nurses 30 minutes Care Partners 1 hour
Needs driven dementia compromised care	Needs driven dementia compromised approach to dementia care includes: <ul style="list-style-type: none"> • ABC Behavior mapping • Interventions that support the person • Identification of pain • Simple pleasures interventions • 	Nurses Care Partners	Nurses 2 hours Care Partners assigned to dementia units for full day Care Partners assigned to other units four hours
Small house differences – operation	Major differences individuals can expect to see in the small house operation	Residents Families Vendors other campus personnel	30 minutes
Safe kitchen utilization	Kitchen practices required including hand washing food storage and allowable foods	Family members Non-nursing staff and residents and-other campus staff	15 – 30 minutes

Waivers

Waivers should be added to the operating plan when they have been approved.

Appendix A – Housekeeping Schedules & Procedures

Date:	Date:	Date:	Date:	Date:	Date:	Date:
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY SHIFT						
	Clean Elder Rm. #1 /Partner #1 Initials: _____ <input type="checkbox"/> Clean Mirror <input type="checkbox"/> Clean/disinfect countertops around sink <input type="checkbox"/> Clean/disinfect sink and shower <input type="checkbox"/> Clean/disinfect outside/inside toilet <input type="checkbox"/> Refill supplies <input type="checkbox"/> Empty trash cans <input type="checkbox"/> Dust <input type="checkbox"/> Sweep/mop bathroom floor <input type="checkbox"/> Vacuum carpet <input type="checkbox"/> Inspect for electrical lead cords. Replace with electrical power strip <input type="checkbox"/> Ensure no supplies are stored directly on floor. <input type="checkbox"/> Ensure chemicals are stored correctly <input type="checkbox"/> Assist with/complete Elder's personal laundry as appropriate <input type="checkbox"/> Empty dryer lint trap. Ensure area is clean and ready for next use	Clean Elder Rm. #2 /Partner #1 Initials: _____ <input type="checkbox"/> Clean Mirror <input type="checkbox"/> Clean/disinfect countertops around sink <input type="checkbox"/> Clean/disinfect sink and shower <input type="checkbox"/> Clean/disinfect outside/inside toilet <input type="checkbox"/> Refill supplies <input type="checkbox"/> Empty trash cans <input type="checkbox"/> Dust <input type="checkbox"/> Sweep/mop bathroom floor <input type="checkbox"/> Vacuum carpet <input type="checkbox"/> Inspect for electrical lead cords. Replace with electrical power strip <input type="checkbox"/> Ensure no supplies are stored directly on floor. <input type="checkbox"/> Ensure chemicals are stored correctly <input type="checkbox"/> Assist with/complete Elder's personal laundry as appropriate <input type="checkbox"/> Empty dryer lint trap. Ensure area is clean and ready for next use.	Clean Elder Rm. #3 /Partner #1 Initials: _____ <input type="checkbox"/> Clean Mirror <input type="checkbox"/> Clean/disinfect countertops around sink <input type="checkbox"/> Clean/disinfect sink and shower <input type="checkbox"/> Clean/disinfect outside/inside toilet <input type="checkbox"/> Refill supplies <input type="checkbox"/> Empty trash cans <input type="checkbox"/> Dust <input type="checkbox"/> Sweep/mop bathroom floor <input type="checkbox"/> Vacuum carpet <input type="checkbox"/> Inspect for electrical lead cords. Replace with electrical power strip <input type="checkbox"/> Ensure no supplies are stored directly on floor. <input type="checkbox"/> Ensure chemicals are stored correctly <input type="checkbox"/> Assist with/complete Elder's laundry as appropriate <input type="checkbox"/> Empty dryer lint trap. Ensure area is clean and ready for next use.	Clean Elder Rm. #4/ Partner #1 Initials: _____ <input type="checkbox"/> Clean Mirror <input type="checkbox"/> Clean/disinfect countertops around sink <input type="checkbox"/> Clean/disinfect sink and shower <input type="checkbox"/> Clean/disinfect outside/inside toilet <input type="checkbox"/> Refill supplies <input type="checkbox"/> Empty trash cans <input type="checkbox"/> Sweep/mop bathroom floor <input type="checkbox"/> Vacuum carpet <input type="checkbox"/> Dust <input type="checkbox"/> Inspect for electrical lead cords. Replace with electrical power strip <input type="checkbox"/> Ensure no supplies are stored directly on floor. <input type="checkbox"/> Ensure chemicals are stored correctly <input type="checkbox"/> Assist with/complete Elder's personal laundry as appropriate <input type="checkbox"/> Empty dryer lint trap. Ensure area is clean and ready for next use.	Clean Elder Rm. #5/ Partner #1 Initials: _____ <input type="checkbox"/> Clean Mirror <input type="checkbox"/> Clean/disinfect countertops around sink <input type="checkbox"/> Clean/disinfect sink and shower <input type="checkbox"/> Clean/disinfect outside/inside toilet <input type="checkbox"/> Refill supplies <input type="checkbox"/> Empty trash cans <input type="checkbox"/> Sweep/mop bathroom floor <input type="checkbox"/> Vacuum carpet <input type="checkbox"/> Dust <input type="checkbox"/> Inspect for electrical lead cords. Replace with electrical power strip <input type="checkbox"/> Ensure no supplies are stored directly on floor. <input type="checkbox"/> Ensure chemicals are stored correctly <input type="checkbox"/> Assist with/complete Elder's personal laundry as appropriate <input type="checkbox"/> Empty dryer lint trap. Ensure area is clean and ready for next use.	
Clean Kitchen/ Partner #2 Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Remove salt/pepper/sugar/cream containers from the table <input type="checkbox"/> Clean/disinfect dining room chairs after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Wipe inside of microwave after meals <input type="checkbox"/> Empty trash can <input type="checkbox"/> Sweep kitchen/dining room floor/Wet mop spills <input type="checkbox"/> Wash dishes/stored properly <input type="checkbox"/> Return all chemicals to proper storage area	Clean Kitchen/ Partner #2 Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Remove salt/pepper/sugar/cream containers from the table <input type="checkbox"/> Clean/disinfect dining room chairs after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Wipe inside of microwave after meal <input type="checkbox"/> Empty trash can <input type="checkbox"/> Sweep kitchen/dining room floor/Wet mop spills <input type="checkbox"/> Wash dishes/stored properly <input type="checkbox"/> Return all chemicals to proper storage area	Clean Kitchen/ Partner #2 Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Remove salt/pepper/sugar/cream containers from the table <input type="checkbox"/> Clean/disinfect dining room chairs after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Wipe inside of microwave after meal <input type="checkbox"/> Empty trash can <input type="checkbox"/> Sweep kitchen/dining room floor/Wet mop spills <input type="checkbox"/> Wash dishes/stored properly <input type="checkbox"/> Return all chemicals to proper storage area	Clean Kitchen/ Partner #2 Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Remove salt/pepper/sugar/cream containers from the table <input type="checkbox"/> Clean/disinfect dining room chairs after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Wipe inside of microwave after meal <input type="checkbox"/> Empty trash can <input type="checkbox"/> Sweep kitchen/dining room floor/Wet mop spills <input type="checkbox"/> Wash dishes/stored properly <input type="checkbox"/> Return all chemicals to proper storage area	Clean Kitchen/ Partner #2 Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Remove salt/pepper/sugar/cream containers from the table <input type="checkbox"/> Clean/disinfect dining room chairs after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Wipe inside of microwave after meal <input type="checkbox"/> Empty trash can <input type="checkbox"/> Sweep kitchen/dining room floor/Wet mop spills <input type="checkbox"/> Wash dishes/stored properly <input type="checkbox"/> Return all chemicals to proper storage area	Clean Kitchen/ Partner #2 Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Remove salt/pepper/sugar/cream containers from the table <input type="checkbox"/> Clean/disinfect dining room chairs after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Wipe inside of microwave after meal <input type="checkbox"/> Empty trash can <input type="checkbox"/> Sweep kitchen/dining room floor/Wet mop spills <input type="checkbox"/> Wash dishes/stored properly <input type="checkbox"/> Return all chemicals to proper storage area	Clean Kitchen/ Partner #1 Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Remove salt/pepper/sugar/cream containers from the table <input type="checkbox"/> Clean/disinfect dining room chairs after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Wipe out microwave after meals <input type="checkbox"/> Empty trash can <input type="checkbox"/> Sweep kitchen/dining room floor/Wet mop spills <input type="checkbox"/> Wash dishes/stored properly <input type="checkbox"/> Return all chemicals to proper storage area

Weekly Housekeeping Schedule

House:

Date:	Date:	Date:	Date:	Date:	Date:	Date:
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AFTERNOON SHIFT						
Clean Public Restroom, Outside Front Entry, Outside Service Entry & Back Patio /Partner #3 Initials: _____ <input type="checkbox"/> Clean Mirror <input type="checkbox"/> Clean/disinfect countertops around sink <input type="checkbox"/> Clean/disinfect sink <input type="checkbox"/> Clean/disinfect outside/inside toilet <input type="checkbox"/> Refill supplies <input type="checkbox"/> Empty trash cans <input type="checkbox"/> Dust <input type="checkbox"/> Sweep/mop bathroom floor <input type="checkbox"/> Quickly straighten area as appropriate <input type="checkbox"/> Vacuum carpet <input type="checkbox"/> Empty ash trays <input type="checkbox"/> Sweep concrete area <input type="checkbox"/> Ensure chemicals are stored correctly	Clean Elder Rm. #6, Public Bathroom, Den, & Corridor /Partner #3 Initials: _____ <input type="checkbox"/> Clean Mirror <input type="checkbox"/> Clean/disinfect countertops around sink <input type="checkbox"/> Clean/disinfect sink and shower <input type="checkbox"/> Clean/disinfect outside/inside toilet <input type="checkbox"/> Refill supplies <input type="checkbox"/> Empty trash cans <input type="checkbox"/> Dust <input type="checkbox"/> Sweep/mop bathroom floor <input type="checkbox"/> Quickly straighten belongings as appropriate <input type="checkbox"/> Vacuum carpet <input type="checkbox"/> Inspect for electrical lead cords. Replace with electrical power strip <input type="checkbox"/> Ensure no supplies are stored directly on floor. <input type="checkbox"/> Ensure chemicals are stored correctly <input type="checkbox"/> Assist with/complete Elder's personal laundry as appropriate <input type="checkbox"/> Empty dryer lint trap. Ensure area is clean and ready for next use	Clean Elder Rm. #7, Public Restroom, & Hearth /Partner #3 Initials: _____ <input type="checkbox"/> Clean Mirror <input type="checkbox"/> Clean/disinfect countertops around sink <input type="checkbox"/> Clean/disinfect sink and shower <input type="checkbox"/> Clean/disinfect outside/inside toilet <input type="checkbox"/> Refill supplies <input type="checkbox"/> Empty trash cans <input type="checkbox"/> Dust <input type="checkbox"/> Sweep/mop bathroom floor <input type="checkbox"/> Quickly straighten belongings as appropriate <input type="checkbox"/> Vacuum carpet <input type="checkbox"/> Inspect for electrical lead cords. Replace with electrical power strip <input type="checkbox"/> Ensure no supplies are stored directly on floor. <input type="checkbox"/> Ensure chemicals are stored correctly <input type="checkbox"/> Assist with/complete Elder's personal laundry as appropriate <input type="checkbox"/> Empty dryer lint trap. Ensure area is clean and ready for next use	Clean Elder Rm. #8, Public Bathroom, Den, & Corridor /Partner #3 Initials: _____ <input type="checkbox"/> Clean Mirror <input type="checkbox"/> Clean/disinfect countertops around sink <input type="checkbox"/> Clean/disinfect sink and shower <input type="checkbox"/> Clean/disinfect outside/inside toilet <input type="checkbox"/> Refill supplies <input type="checkbox"/> Empty trash cans <input type="checkbox"/> Dust <input type="checkbox"/> Sweep/mop bathroom floor <input type="checkbox"/> Quickly straighten belongings as appropriate <input type="checkbox"/> Vacuum carpet <input type="checkbox"/> Inspect for electrical lead cords. Replace with electrical power strip <input type="checkbox"/> Ensure no supplies are stored directly on floor. <input type="checkbox"/> Ensure chemicals are stored correctly <input type="checkbox"/> Assist with/complete Elder's personal laundry as appropriate <input type="checkbox"/> Empty dryer lint trap. Ensure area is clean and ready for next use	Clean Elder Rm. #9, Public Restroom, & Hearth /Partner #3 Initials: _____ <input type="checkbox"/> Clean Mirror <input type="checkbox"/> Clean/disinfect countertops around sink <input type="checkbox"/> Clean/disinfect sink and shower <input type="checkbox"/> Clean/disinfect outside/inside toilet <input type="checkbox"/> Refill supplies <input type="checkbox"/> Empty trash cans <input type="checkbox"/> Dust <input type="checkbox"/> Sweep/mop bathroom floor <input type="checkbox"/> Quickly straighten belongings as appropriate <input type="checkbox"/> Vacuum carpet <input type="checkbox"/> Inspect for electrical lead cords. Replace with electrical power strip <input type="checkbox"/> Ensure no supplies are stored directly on floor. <input type="checkbox"/> Ensure chemicals are stored correctly <input type="checkbox"/> Assist with/complete Elder's personal laundry as appropriate <input type="checkbox"/> Empty dryer lint trap. Ensure area is clean and ready for next use	Clean Elder Rm. #10, Public Bathroom, Den, & Corridor /Partner #3 Initials: _____ <input type="checkbox"/> Clean Mirror <input type="checkbox"/> Clean/disinfect countertops around sink <input type="checkbox"/> Clean/disinfect sink and shower <input type="checkbox"/> Clean/disinfect outside/inside toilet <input type="checkbox"/> Refill supplies <input type="checkbox"/> Empty trash cans <input type="checkbox"/> Dust <input type="checkbox"/> Sweep/mop bathroom floor <input type="checkbox"/> Quickly straighten belongings as appropriate <input type="checkbox"/> Vacuum carpet <input type="checkbox"/> Inspect for electrical lead cords. Replace with electrical power strip <input type="checkbox"/> Ensure no supplies are stored directly on floor. <input type="checkbox"/> Ensure chemicals are stored correctly <input type="checkbox"/> Assist with/complete Elder's personal laundry as appropriate <input type="checkbox"/> Empty dryer lint trap. Ensure area is clean and ready for next use	Clean Public Restroom, & Hearth /Partner #3 Initials: _____ <input type="checkbox"/> Clean Mirror <input type="checkbox"/> Clean/disinfect countertops around sink <input type="checkbox"/> Clean/disinfect sink <input type="checkbox"/> Clean/disinfect outside/inside toilet <input type="checkbox"/> Refill supplies <input type="checkbox"/> Empty trash cans <input type="checkbox"/> Dust <input type="checkbox"/> Sweep/mop bathroom floor <input type="checkbox"/> Quickly straighten area as appropriate <input type="checkbox"/> Vacuum carpet <input type="checkbox"/> Ensure chemicals are stored correctly
Clean Kitchen/ Partner #4 Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Remove salt/pepper/sugar/cream containers from the table, empty creamer, run thru dishwasher, air dry <input type="checkbox"/> Clean/disinfect dining room chairs after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Wipe inside of microwave after meals <input type="checkbox"/> Empty trash can <input type="checkbox"/> Sweep kitchen/dining room floor/Wet mop spills <input type="checkbox"/> Wash dishes/stored properly <input type="checkbox"/> Return all chemicals to proper storage area	Clean Kitchen/ Partner #4 Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Remove salt/pepper/sugar/cream containers from the table, empty creamer, run thru dishwasher, air dry <input type="checkbox"/> Clean/disinfect dining room chairs after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Wipe inside of microwave after meals <input type="checkbox"/> Empty trash can <input type="checkbox"/> Sweep kitchen/dining room floor/Wet mop spills <input type="checkbox"/> Wash dishes/stored properly <input type="checkbox"/> Return all chemicals to proper storage area	Clean Kitchen/ Partner #4 Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Remove salt/pepper/sugar/cream containers from the table, empty creamer, run thru dishwasher, air dry <input type="checkbox"/> Clean/disinfect dining room chairs after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Wipe inside of microwave after meals <input type="checkbox"/> Empty trash can <input type="checkbox"/> Sweep kitchen/dining room floor/Wet mop spills <input type="checkbox"/> Wash dishes/stored properly <input type="checkbox"/> Return all chemicals to proper storage area	Clean Kitchen/ Partner #4 Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Remove salt/pepper/sugar/cream containers from the table, empty creamer, run thru dishwasher, air dry <input type="checkbox"/> Clean/disinfect dining room chairs after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Wipe inside of microwave after meals <input type="checkbox"/> Empty trash can <input type="checkbox"/> Sweep kitchen/dining room floor/Wet mop spills <input type="checkbox"/> Wash dishes/stored properly <input type="checkbox"/> Return all chemicals to proper storage area	Clean Kitchen/ Partner #4 Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Remove salt/pepper/sugar/cream containers from the table, empty creamer, run thru dishwasher, air dry <input type="checkbox"/> Clean/disinfect dining room chairs after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Wipe inside of microwave after meals <input type="checkbox"/> Empty trash can <input type="checkbox"/> Sweep kitchen/dining room floor/Wet mop spills <input type="checkbox"/> Wash dishes/stored properly <input type="checkbox"/> Return all chemicals to proper storage area	Clean Kitchen/ Partner #4 Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Remove salt/pepper/sugar/cream containers from the table, empty creamer, run thru dishwasher, air dry <input type="checkbox"/> Clean/disinfect dining room chairs after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Wipe inside of microwave after meals <input type="checkbox"/> Empty trash can <input type="checkbox"/> Sweep kitchen/dining room floor/Wet mop spills <input type="checkbox"/> Wash dishes/stored properly <input type="checkbox"/> Return all chemicals to proper storage area	Clean Kitchen/ Partner #4 Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Remove salt/pepper/sugar/cream containers from the table, empty creamer, run thru dishwasher, air dry <input type="checkbox"/> Clean/disinfect dining room chairs after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Wipe inside of microwave after meals <input type="checkbox"/> Empty trash can <input type="checkbox"/> Sweep kitchen/dining room floor/Wet mop spills <input type="checkbox"/> Wash dishes/stored properly <input type="checkbox"/> Return all chemicals to proper storage area

Weekly Housekeeping Schedule

House: _____

Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NIGHT SHIFT						
Clean Office and Foyer Entry /Partner #5	Clean Utility Rm. Soiled Linen Rm. System Rm. and Inside Service Entry/ Partner #5	Clean Therapy and Spa Room /Partner #5	Clean Kitchen/Pantry/ Partner #5	Clean Therapy and Spa Room /Partner #5	Clean Kitchen/Pantry/ Partner #5	Clean Therapy and Spa Room /Partner #5
Initials: _____ <input type="checkbox"/> Dust <input type="checkbox"/> Empty trash cans <input type="checkbox"/> Quickly straighten misplaced items as needed <input type="checkbox"/> Ensure items are not stored directly on floor <input type="checkbox"/> Sweep/vacuum floor <input type="checkbox"/> Clean glass <input type="checkbox"/> Ensure chemicals are stored correctly Clean Kitchen/Pantry Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Clean/disinfect microwave <input type="checkbox"/> Clean/disinfect wall area behind sink and stove <input type="checkbox"/> Remove outdated food from refrigerator <input type="checkbox"/> Empty trash can/sanitize/air dry <input type="checkbox"/> Sweep/mop kitchen/dining room floor <input type="checkbox"/> Sweep/mop pantry <input type="checkbox"/> Wash all dishes/stored properly <input type="checkbox"/> Quickly dust crumbs from shelving/drawers in kitchen/pantry with dry cloth <input type="checkbox"/> Clean/disinfect cabinet/drawer fronts & hardware <input type="checkbox"/> Refill salt/pepper/sugar/cream containers as needed <input type="checkbox"/> Ensure chemicals are stored correctly	Initials: _____ <input type="checkbox"/> Clean/disinfect countertops, open shelving, washer and dryer surfaces <input type="checkbox"/> Clean/disinfect sink <input type="checkbox"/> Remove lint from lint trap in dryer <input type="checkbox"/> Empty trash cans <input type="checkbox"/> Quickly straighten misplaced items as needed <input type="checkbox"/> Ensure items are not stored directly on the floor <input type="checkbox"/> Sweep and mop floors <input type="checkbox"/> Ensure chemicals are stored correctly Clean Kitchen/Pantry Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Clean/disinfect microwave <input type="checkbox"/> Clean/disinfect wall area behind sink and stove <input type="checkbox"/> Remove outdated food from refrigerator <input type="checkbox"/> Empty trash can/sanitize/air dry <input type="checkbox"/> Sweep/mop kitchen/dining room floor <input type="checkbox"/> Sweep/mop pantry <input type="checkbox"/> Wash all dishes/stored properly <input type="checkbox"/> Quickly dust crumbs from shelving/drawers in kitchen/pantry with dry cloth <input type="checkbox"/> Clean/disinfect cabinet/drawer fronts & hardware <input type="checkbox"/> Refill salt/pepper/sugar/cream containers as needed <input type="checkbox"/> Ensure chemicals are stored correctly	Initials: _____ <input type="checkbox"/> Clean Mirror <input type="checkbox"/> Clean/disinfect countertops around sink <input type="checkbox"/> Clean/disinfect BR sink/shampoo bowl <input type="checkbox"/> Clean/disinfect whirlpool tub <input type="checkbox"/> Clean/disinfect outside/inside toilet <input type="checkbox"/> Clean/disinfect barber chair & therapy table <input type="checkbox"/> Empty trash cans <input type="checkbox"/> Quickly straighten misplaced items as needed <input type="checkbox"/> Check/empty linen hampers <input type="checkbox"/> Sweep/mop floors <input type="checkbox"/> Ensure chemicals are stored correctly Clean Kitchen/Pantry Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Clean/disinfect microwave <input type="checkbox"/> Clean/disinfect wall area behind sink and stove <input type="checkbox"/> Remove outdated food from refrigerator <input type="checkbox"/> Empty trash can/sanitize/air dry <input type="checkbox"/> Sweep/mop kitchen/dining room floor <input type="checkbox"/> Sweep/mop pantry <input type="checkbox"/> Wash all dishes/stored properly <input type="checkbox"/> Quickly dust crumbs from shelving/drawers in kitchen/pantry with dry cloth <input type="checkbox"/> Clean/disinfect cabinet/drawer fronts & hardware <input type="checkbox"/> Refill salt/pepper/sugar/cream containers as needed <input type="checkbox"/> Ensure chemicals are stored correctly	Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Clean/disinfect microwave <input type="checkbox"/> Clean/disinfect wall area behind sink and stove <input type="checkbox"/> Remove outdated food from refrigerator <input type="checkbox"/> Empty trash can/sanitize/air dry <input type="checkbox"/> Sweep/mop kitchen/dining room floor <input type="checkbox"/> Sweep/mop pantry <input type="checkbox"/> Wash all dishes/stored properly <input type="checkbox"/> Quickly dust crumbs from shelving/drawers in kitchen/pantry with dry cloth <input type="checkbox"/> Clean/disinfect cabinet/drawer fronts & hardware <input type="checkbox"/> Refill salt/pepper/sugar/cream containers as needed <input type="checkbox"/> Ensure chemicals are stored correctly Clean Kitchen Ovens <input type="checkbox"/> Turn oven on clean <input type="checkbox"/> Allow oven to run cleaning cycle and cool <input type="checkbox"/> Wipe out with wet cloth Clean Foyer Entry & Inside Service Entry <input type="checkbox"/> Quickly straighten area as needed <input type="checkbox"/> Sweep/mop floor	Initials: _____ <input type="checkbox"/> Clean Mirror <input type="checkbox"/> Clean/disinfect countertops around sink <input type="checkbox"/> Clean/disinfect BR sink/shampoo bowl <input type="checkbox"/> Clean/disinfect whirlpool tub <input type="checkbox"/> Clean/disinfect outside/inside toilet <input type="checkbox"/> Clean/disinfect barber chair & therapy table <input type="checkbox"/> Empty trash cans <input type="checkbox"/> Quickly straighten misplaced items as needed <input type="checkbox"/> Check/empty linen hampers <input type="checkbox"/> Sweep/mop floors <input type="checkbox"/> Ensure chemicals are stored correctly Clean Kitchen/Pantry Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Clean/disinfect microwave <input type="checkbox"/> Clean/disinfect wall area behind sink and stove <input type="checkbox"/> Remove outdated food from refrigerator <input type="checkbox"/> Empty trash can/sanitize/air dry <input type="checkbox"/> Sweep/mop kitchen/dining room floor <input type="checkbox"/> Sweep/mop pantry <input type="checkbox"/> Wash all dishes/stored properly <input type="checkbox"/> Quickly dust crumbs from shelving/drawers in kitchen/pantry with dry cloth <input type="checkbox"/> Clean/disinfect cabinet/drawer fronts & hardware <input type="checkbox"/> Refill salt/pepper/sugar/cream containers as needed <input type="checkbox"/> Ensure chemicals are stored correctly	Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Clean/disinfect microwave <input type="checkbox"/> Clean/disinfect wall area behind sink and stove <input type="checkbox"/> Remove outdated food from refrigerator <input type="checkbox"/> Empty trash can/sanitize/air dry <input type="checkbox"/> Sweep/mop kitchen/dining room floor <input type="checkbox"/> Sweep/mop pantry <input type="checkbox"/> Wash all dishes/stored properly <input type="checkbox"/> Quickly dust crumbs from shelving/drawers in kitchen/pantry with dry cloth <input type="checkbox"/> Clean/disinfect cabinet/drawer fronts & hardware <input type="checkbox"/> Refill salt/pepper/sugar/cream containers as needed <input type="checkbox"/> Ensure chemicals are stored correctly Clean Foyer Entry & Inside Service Entry <input type="checkbox"/> Quickly straighten area as needed <input type="checkbox"/> Sweep/mop floor	Initials: _____ <input type="checkbox"/> Clean Mirror <input type="checkbox"/> Clean/disinfect countertops around sink <input type="checkbox"/> Clean/disinfect BR sink/shampoo bowl <input type="checkbox"/> Clean/disinfect whirlpool tub <input type="checkbox"/> Clean/disinfect outside/inside toilet <input type="checkbox"/> Clean/disinfect barber chair & therapy table <input type="checkbox"/> Empty trash cans <input type="checkbox"/> Quickly straighten misplaced items as needed <input type="checkbox"/> Check/empty linen hampers <input type="checkbox"/> Sweep/mop floors <input type="checkbox"/> Ensure chemicals are stored correctly Clean Kitchen/Pantry Initials: _____ <input type="checkbox"/> Clean/disinfect table before/after meals <input type="checkbox"/> Clean/disinfect counter tops <input type="checkbox"/> Clean/disinfect sinks <input type="checkbox"/> Clean/disinfect stove top <input type="checkbox"/> Clean/disinfect microwave <input type="checkbox"/> Clean/disinfect wall area behind sink and stove <input type="checkbox"/> Remove outdated food from refrigerator <input type="checkbox"/> Empty trash can/sanitize/air dry <input type="checkbox"/> Sweep/mop kitchen/dining room floor <input type="checkbox"/> Sweep/mop pantry <input type="checkbox"/> Wash all dishes/stored properly <input type="checkbox"/> Quickly dust crumbs from shelving/drawers in kitchen/pantry with dry cloth <input type="checkbox"/> Clean/disinfect cabinet/drawer fronts & hardware <input type="checkbox"/> Refill salt/pepper/sugar/cream containers as needed <input type="checkbox"/> Ensure chemicals are stored correctly

CLEANING BASEBOARDS

Purpose: To provide clean and attractive baseboards, that enhance the image of the home and the quality of the environment.

Materials Required

1. Gloves
2. Cleaning cloth
3. Vacuum with hand attachment
4. Pail

Preparation

1. Remove furniture and equipment as needed.

Procedure

1. Vacuum
2. Wash the wood surface baseboard
 - a. Wipe a section of the baseboard with a dry-cleaning cloth, removing any dust and dirt. Rinse with a clean cloth dipped in clear water, and dry with a third, clean cloth to prevent streaking and water spotting.
3. Utilize the vacuum hand attachment to vacuum up all debris left behind on the carpet or linoleum surface.
4. Clean up
 - b. Put vacuum in dirty utility room.
 - c. Bag all soiled cleaning cloths for daily laundering per facility policy.

Safety

1. Always practice standard precautions when cleaning any blood or body fluid spills, or soil that could contain these or other potentially infectious material.
2. Be careful not to hurt yourself when moving furniture or other heavy objects. Always practice proper lifting techniques and ask for assistance when appropriate.

BLOOD SPILL CLEAN-UP

Purpose: To remove any potential infectious materials by the physical removal of the blood.

Materials Required

1. Personal protective equipment
2. Wet Floor caution signs
3. Red plastic bags for infectious waste (biohazard)
4. Disposable absorbent wipes
5. Appropriate Disinfectant Cleaner
6. Fresh mop
7. Mop bucket and wringer

8. Hand pail
9. Cleaning cloths
10. Blood Spill Kit

Preparation

1. Wear the necessary personal protective equipment such as gloves, gown, mask, and eye protection.
2. Gather all your required equipment and supplies.
3. Dispense cleaning solutions.
4. Set-up Wet Floor sign.

Procedure

2. Wipe up the spill
 - a. Contain and wipe up the spill with an absorbent towel or wipe.
 - b. Dispose of the wipes in a designated waste receptacle.
3. Clean the soiled surface
 - a. Clean the soiled surface with a cloth or mop and the disinfectant cleaner.
 - b. Allow the surface to remain wet and air dry per label instructions.
4. Clean up
 - a. Clean all equipment and return it to the appropriate area.
 - b. Bag all soiled mop heads and cleaning cloths for daily laundry.
 - c. Remove your personal protective equipment and wash your hands.

Safety

1. Use all chemicals in accordance with the manufacturer's instructions.
2. Always wear appropriate personal protective equipment.

HEALTH AREA GENERAL CLEANING

Purpose: To provide a clean, orderly and attractive living area for residents, family members, visitors, and staff, that enhances the image of the home.

Materials Required

1. Gloves
2. Disinfectant Cleaner as designated in the current approved cleaning supply list
3. Dust polish as designated in the current approved cleaning supply list
4. Clean cloths
5. Long handled duster
6. Vacuum cleaner
7. Mop
8. Dust pan and broom
9. Putty knife
10. Wet floor signs

11. Liners for waste containers

Preparation

1. Put on gloves
2. Properly dispense the disinfectant cleaner as designated in the current approved cleaning supply list in the hand pail and mop bucket
3. Take equipment to assigned area.

Procedure

1. Remove general waste
 - a. Close, twist, and tie a knot in the top of the plastic trash can liner while it is still in the container.
 - b. Use caution and look for protruding objects in the waste containers. NEVER reach into or push on the bag to compress the trash.
 - c. Take it to the waste pick up at the outside service entry. NEVER carry a bag of trash against any part of your body.
 - d. Wipe all surfaces of the waste container with cleaning solution and allow to air dry.
 - e. Reline the container with an appropriate trash liner.
2. Remove the recycling
 - a. Remove the items that are recyclable waste from the area.
 - b. Place the recycling into the appropriate container for pick up.
 - c. Wipe all surfaces of the waste container with cleaning solution and allow to air dry.
 - d. Reline the container with an appropriate trash liner.
3. High dust
 - a. Using the long handled duster, high dust the tops of items on the walls that are at or above your shoulder height.
 - b. Include items such as pictures, plaques, mirrors, bulletin boards, tops of partitions, vents, tops of cabinets, and window/door frames.
4. Damp dust
 - a. Begin dusting at the room entrance and work around the room. Damp dust the top of an object first and work down to avoid soiling surfaces you have just cleaned.
 - b. Fold the cloth into a series of squares to provide several potential cleaning surfaces. A wadded cloth does not clean as efficiently.
 - c. Dampen the cloth in the cleaning solution and wring out all excess solution to avoid drips.
 - d. Damp dust the door and wall features such as thermostat, light switches, ledges, window sills.
 - e. Spot clean visible soil from doors, walls, windows, blinds.
 - f. Damp dust the furnishings/furniture such as telephones, chairs, tables, being sure to include the legs/frames of the tables and chairs.
5. Clean the floor – hard surface
 - a. Remove any gum or sticky residue from the floor by gently prying it loose with the putty knife. Take care not to scratch the floor.

- b. Dust mop the floor.
 - c. Use the broom and dustpan to take up the soil.
 - d. Dispose of soil into appropriate container.
 - e. Post caution sign in doorway.
 - f. Mop.
 - g. Clean the edges of the floor.
 - h. In the open area of the floor, use a figure-eight motion and turn the mop over every few strokes. Rinse and wring out the mop frequently.
 - i. Be sure to mop under and behind furniture including waste containers. Be sure to straighten the furniture by placing the chairs under the tables.
 - j. Remove the wet floor sign after the floor is completely dry.
6. Clean the floor – carpet
- a. Plug the vacuum into the wall outlet. Avoid running over the electrical cord with the vacuum cleaner; manage the cord to work away from the outlet rather than toward it.
 - b. Vacuum back and forth using overlapping passes.
 - c. Be sure to vacuum under and behind all furniture including waste containers.
 - d. Inspect the area for spots and stains and remove them per policy.
 - e. PERIODICALLY: Vacuum the carpet edges.
7. Clean up
- a. Clean all equipment and return it to the appropriate place.
 - b. Bag soiled mop heads and cleaning cloths for daily laundry.
 - c. Remove personal protective equipment and wash your hands.
8. Clean high use items including phones, door knobs, light switches and hand rails with “Virex 256”.

Safety

- 1. Always check electrical equipment prior to use (refer to procedure for care of electrical equipment).
- 2. Always post caution signs appropriately.
- 3. Be careful not to hurt yourself when moving any furniture or other heavy objects. Always practice proper lifting techniques and ask for assistance when appropriate.
- 4. Always use the cleaning chemical exactly as directed by the label following all recommended safety precautions.

CARPET VACUUMING

Purpose: To maintain the carpet appearance and prevent damage.

Materials Required

- 1. Walk-behind vacuum machine

Preparation

1. Inspect the area and pick up any litter that is too large to be vacuumed up or that could damage your machine.
2. Move all furniture to one side.

Procedure

1. Vacuum the carpet
 - a. Plug the vacuum into a wall outlet. Begin vacuuming nearest the outlet.
 - b. Vacuum in long, straight passes. Use overlapping passes.
2. Replace any furniture
 - a. Replace any furniture that you moved.
3. Clean up
 - a. Return all equipment and supplies to appropriate area.

Safety

1. Always check electrical equipment prior to use.
2. Avoid running over the electrical cord with the machine; manage the cord to work away from the outlet rather than toward it.
3. Always post caution signs appropriately.
4. Never vacuum wet carpet.
5. Always unplug the machine prior to checking or working on it.

BATHROOM TOILET CLEANING

Purpose: To maintain a clean and attractive environment which reduces the likelihood of cross infection and enhances the image of the facility.

Materials Required

1. Disinfectant Cleaner as designated in the current approved cleaning supply list.
2. Cleaning cloths
3. Bowl mop
4. General Toilet Bowl Cleaner as designated in the current approved cleaning supply list
5. Acid Toilet Bowl Cleaner as designated in the current approved cleaning supply list
6. Gloves and goggles

Preparation

1. Gather all equipment and supplies.
2. Put on gloves mask and goggles.

Procedure

1. Clean the toilets
 - a. Flush the toilet and reduce the water level by pumping with the bowl mop.

- b. Apply general toilet bowl cleaner as designated in the current approved cleaning supply list to the interior surfaces of the fixtures.
 - c. Clean the inside of the fixture with the bowl mop paying attention to the underside of the flush rim (this prevents the accumulation of bacteria that can spread disease and create unpleasant odors).
 - d. Wipe down all exterior surfaces of the fixture with a clean cloth that has been dampened with the disinfectant cleaner as designated in the current approved cleaning supply list.
 - e. Damp wipe all chrome (flush handles, etc.) with disinfectant cleaner as designated in the current approved cleaning supply list and dry with a clean, dry cloth to prevent spotting.
 - f. If necessary, use an acid bowl cleaner as designated in the current approved cleaning supply list to descale the flush rim. Squeeze the acid bowl cleaner onto the bowl mop, not into the bowl. Run the mop around the flush rim and then around the rest of the bowl. Flush immediately. The need for this step is dependent on water hardness. An aggressive bowl mop may be a substitute for the step.
 - g. Dry the exterior, seat, and lid of the commode carefully.
 - h. Wipe up any spills.
2. Clean up
 - a. Bag the soiled cleaning cloths for daily laundering.
 - b. Return all chemicals to proper storage.

Safety

1. Always use all cleaning chemical exactly as directed by the label following all recommended safety precautions.
2. Be careful not to splash any cleaning chemicals into your eyes, nose, mouth or onto your skin. Always wear gloves and wear a mask or goggles if necessary for protection – especially if there is a danger that chemicals could splash into your face and eyes.
3. Always practice standard precautions when cleaning any blood or body fluid spills, or soil that could contain these or other potentially infectious material.
4. Be careful not to get the cleaning chemical on any surface for which it is not intended to avoid damage – especially the acid bowl cleaner.

DISPENSER/ PAPER TOWEL CLEAN AND REFILL

Purpose: To maintain an ample supply of dispensed items for the convenience of the residents and their family, visitors and staff thus encouraging personal hygiene and therefore, the reduction or elimination of cross infections.

Materials Required

1. Packets of paper towels
2. Damp cloth
3. Dry cloth
4. Disinfectant Cleaner as designated in the current approved cleaning supply list

5. Gloves

Preparation

1. Gather the disinfectant cleaner as designated in the current approved cleaning supply list.
2. Put on gloves.

Procedure

1. Clean and refill the paper towel unit
 - a. Open or unlock the dispenser unit. Be careful not to let it fall open as it can scratch the wall or hurt you.
 - b. Remove any paper towels and damp dust the inside of the unit to remove loose paper dust.
 - c. Replace paper towels and add as necessary to fill the unit. Be sure to place them folded side down, and interleave the bottom sheet with the top sheet of the existing pile. Add as necessary to fill the unit. Do not over-fill as this will make it difficult to pull the towels out. Check to be sure the towels release easily.
 - d. Close and lock (where appropriate) the dispenser making sure it is secure and will not fall open and hurt someone.
 - e. Damp wipe the outside of the unit with the disinfectant cleaner (depending on the type of area) and allow it to air dry it completely.
 - f. Report any broken or malfunctioning units to Plant Operations for repair.
2. Clean up
 - a. Bag all soiled cleaning cloths for daily laundering.
 - b. Return all equipment and extra product to proper storage.
 - c. Remove gloves and wash hands.

Safety

1. Be careful of sharp edges on dispensers – these can easily cut you. Report this condition to your supervisor on off hours or Plant Operations so that the edges can be filed down or the dispensers replaced.
2. Always be sure the dispensers are locked to prevent spilled product or injury.
3. Always use the cleaning chemical exactly as directed by the label following all recommended safety precautions.
4. Be careful not to splash any cleaning chemicals into your eyes, nose, mouth or onto your skin. Always wear gloves and wear a mask or goggles if necessary for protection – especially if there is a danger that chemicals could drip down into your face.
5. Always practice standard precautions when cleaning any blood or body fluid spills, or soil that could contain these or other potentially infectious material.
6. Be careful not to get the cleaning chemical on any surface for which it is not intended to avoid damage.

Purpose: To maintain an ample supply of dispensed items for the convenience of the residents and their families, visitors and staff thus encouraging personal hygiene and, therefore, the reduction or elimination of cross infections.

Materials Required

1. Tissue rolls
2. Damp cloth
3. Dry cloth
4. Disinfectant Cleaner as designated in the current approved cleaning supply list
5. Gloves

Preparation

1. Gather the disinfectant cleaner as designated in the current approved cleaning supply list and other supplies.
2. Put on gloves.

Procedure

1. Remove the tissue rollers, place on cleaned surface.
2. Damp wipe the inside of the unit to remove paper dust using the disinfectant cleaner as designated in the current approved cleaning supply list.
3. Install the new roll of tissue
 - a. Install the new roll of tissue. Be sure the tissue unwinds over the top of the roll (not from the underneath) since this allows it to be pulled out more easily and avoids unrolling and wasted product. Be sure to “start” the tissue by pulling the first sheet loose for the convenience of the elder.
4. Report any broken or malfunctioning units to Plant Operations for repair.
5. Clean up
 - a. Bag all soiled cleaning cloths for daily laundering.
 - b. Return all equipment and extra product to proper storage.
 - c. Remove gloves and wash hands.

Safety

1. Be careful of sharp edges on tissue roller units – these can easily cut you. Report this condition to your supervisor so that the edges can be filed down or the roller unit replaced.
2. Always use the cleaning chemical exactly as directed by the label following all recommended safety precautions.
3. Be careful not to splash any cleaning chemicals into your eyes, nose, mouth or onto your skin. Always wear gloves and wear a mask or goggles if necessary for protection – especially if there is a danger that chemicals could drip down into your face.
4. Always practice standard precautions when cleaning any blood or body fluid spills, or soil that could contain these or other potentially infectious material.
5. Be careful not to get the cleaning chemical on any surface for which it is not intended to avoid damage.

REFRIGERATOR / FREEZER CLEANING

Purpose: To keep all refrigerators and freezers clean to prevent the spread of infection.

Materials Required

1. Gloves
2. Disinfectant cleaner as designated in the current approved cleaning supply list
3. Hand pail
4. Lint-free cleaning cloths
5. Small brush

Preparation

1. Put on gloves.
2. Properly dispense the disinfectant cleaner solution, as designated in the current approved cleaning supply list, in the hand pail.
3. Take equipment to assigned area.

Procedure

1. Refrigerator/Freezer
 - a. Use a clean, lint-free cloth dampened in the disinfectant cleaning solution. Wring out all excess solution to avoid drips. Damp wipe all exterior surfaces of the refrigerator. Attention should be paid to handles where fingerprints and smudges occur. For stubborn stains use an abrasive hand pad with the disinfectant cleaner.
 - b. Damp wipe the interior surfaces of the refrigerator using a cloth dampened in the appropriate cleaning solution. For stubborn stains use an abrasive hand pad with the cleaner.
 - c. Defrost the refrigerator/freezer following the manufacturer's recommendations.
 - d. NOTE: Night Shift Care partners, throw away old, outdated food and beverages per your home procedure before cleaning the interior of the refrigerator.
2. Clean up
 - a. Clean all equipment. Return all equipment and supplies to the appropriate area.
 - b. Bag all soiled cleaning cloths for daily laundry.
 - c. Remove your personal protective equipment and wash your hands.

Safety

1. Always use the cleaning chemical exactly as directed by the label and following all recommended safety precautions.
2. Be sure to wipe up any cleaning solution spills or water from the floor.
3. Be careful not to get the cleaning chemical on any surface for which it is not intended to avoid damage.

FURNITURE / UPHOLSTERED DRY VACUUM

Purpose: To maintain upholstered furniture and keep it free from dust and lint, thus creating a healthy and attractive environment.

Materials Required

1. Vacuum cleaner with attachments
2. Caution Sign

Preparation

1. Set up the caution sign.

Procedure

1. Dry vacuum the upholstered furniture
 - a. Using the upholstery tool (or other appropriate attachment), carefully vacuum all surfaces of the furniture; remove and vacuum underneath all cushions.
 - b. Return the furniture to its proper position.
2. Clean up
 - a. Inspect the plug and coil the cord and wipe off the unit.
 - b. Check the bag and replace if necessary.
 - c. Store the vacuum in its assigned location.
 - d. Store the caution sign properly.

Safety

1. Always check electrical equipment prior to use. (Refer to the procedure for care of electrical equipment.)
2. Avoid running over the electrical cord with the machine; manage the cord to work away from the outlet rather than toward it.
3. Always post caution signs appropriately.
4. Always unplug the machine prior to checking or working on it.

FURNITURE / WOOD / KITCHEN TABLE CLEANING

Purpose: To provide a safe, clean, and attractive environment for residents and their families, visitors, and staff.

Materials Required

1. Disinfectant Cleaner as designated in the current approved cleaning supply list
2. Clean water
3. Two hand pails

4. Clean, lint-free cleaning cloths
5. Approved polishing product as designated in the current approved cleaning supply list
6. Gloves

Preparation

1. Gather the designated polishing product and disinfectant as designated in the current approved cleaning supply list.
2. If necessary, relocate the furniture to a utility area for cleaning.
3. Put on gloves.

Procedure

1. Clean the wood furniture
 - a. Using a clean cloth dampened in the cleaning disinfectant, rub the furniture firmly to loosen the soil. Use up and down, then side-to-side strokes until the entire surface area is covered.
 - b. Use a second clean cloth dampened in the cleaning disinfectant to remove the loosened soil.
 - c. Rinse the furniture with a third clean cloth which has been dampened in clean water.
 - d. Finally, rub the surface dry with a fourth clean, dry cloth.
2. Polish and oil
 - a. Pour a small amount of polish onto a clean, lint-free cloth that has been folded neatly into squares.
 - b. Using even strokes, cover the entire surface of the wood being sure to rub the polish or oil into the surface.
 - c. Allow the product to soak into the wood for a few minutes.
 - d. Using a second, clean cloth buff any remaining polish from the surface of the wood. Repeat this procedure using clean cloths as necessary until all excess polish or oil has been completely removed since any left could cause staining.
 - e. Return any furniture that was moved to its original position.
3. Clean up
 - a. Rinse, dry and store the hand pails.
 - b. Return chemicals to their proper storage location.
 - c. Bag any soiled cloths for daily laundering.
 - d. Remove gloves and wash hands.

Safety

1. Always use the cleaning chemical exactly as directed by the label following all recommended safety precautions.
2. Be careful not to splash any cleaning chemicals into your eyes, nose, mouth or onto your skin. Always wear gloves and wear a mask or goggles if necessary for protection – especially if there is a danger that chemicals could drip down into your face.
3. Always practice standard precautions when cleaning any blood or body fluid spills, or soil that could contain these or other potentially infectious material.

4. Be careful not to get the cleaning chemical on any surface for which it is not intended to avoid damage.
5. Be careful not to hurt yourself when moving furniture or other heavy objects. Always practice proper lifting techniques and ask for assistance when appropriate.

DAMP DUSTING OF GENERAL ARTICLES

Purpose: While a dusty environment presents a very negative image, it is the spread of infection and the creation of poor indoor air quality that is the most serious consequence of dust accumulation in a home.

Materials Required

1. Cleaning cloths
2. Disinfectant Cleaner as designated in the current approved cleaning supply list
3. Gloves

Preparation

1. Gather the disinfectant cleaner as designated in the current approved supply list.
2. Put on gloves.

Procedure

1. Damp dust
 - a. Fold the cloth in a series of squares to provide several potential cleaning surfaces – a wadded cloth does not clean as efficiently.
 - b. Dampen the cloth with disinfectant cleaner. When using the disinfectant cleaner, wet the surface you are cleaning and allow to air dry.
 - c. Begin damp dusting at the entrance door and work around the room. It is usually best to damp dust the top of an object first and work down to avoid soiling surfaces you have just damp dusted. You may need to dampen the cloth and work particularly hard on stubborn soil.
 - d. If streaking occurs, re-wet the surface and wipe with a clean, dry cloth.
 - e. Never shake the cloth. This can scatter the dust and germs. When it becomes too soiled to continue, simply refold it so a clean surface is available or send it to the laundry.
2. Clean up
 - a. Dirty cloths should be placed in bags and sent to the laundry at the end of the shift for cleaning.
 - b. Remove gloves and wash hands.

Safety

1. Never stir up the dust in the room by using a dry cloth to dust or by shaking the soiled cleaning cloth. This can cause infectious germs to be spread and compromises the quality of the air that people must breathe.

2. Look before you dust – watch for rough spots or splinters that could cut or scratch your hands.
3. Always use the cleaning chemical exactly as directed by the label, following all recommended safety precautions.
4. Be careful not to splash any cleaning chemicals into your eyes, nose, mouth, or onto your skin. Always wear gloves and wear a mask or goggles if necessary for protection – especially if there is a danger that chemicals could splash or drip down into your face.
5. Always practice standard precautions when cleaning any blood or body fluid spills, or soil that could contain these or other potentially infectious material.
6. Be careful not to get the cleaning chemical on any surface for which it is not intended to avoid damage.
7. Be careful not to hurt yourself when moving furniture or other heavy objects. Always practice proper lifting techniques and ask for assistance when appropriate.

GENERAL WASTE, COLLECTION, AND DISPOSAL

Purpose: To remove litter and trash from the home in a safe and efficient manner.

Materials Required

1. Cleaning cloth
2. Disinfectant Cleaner as designated in the current approved cleaning supply list
3. Hand pail
4. Plastic trash can liners
5. Large trash container

Preparation

1. Gather the disinfectant cleaner as designated in the current approved cleaning supply list.
2. Put on gloves.

Procedure

1. Remove the general waste
 - a. Close, twist and tie a knot in the top of the plastic trash can liner while it is still in the container. Remove the bag and check the interior of the container for visible soil. NEVER reach into or push on the bag to compress the trash.
 - b. Carry the bag away from your body to avoid a needle stick or contaminating your uniform.
 - c. Deposit the bag of trash into the container on the appropriate container located at the outside service entrance. NEVER use your hands to push bags of trash down into a container to make room for more.
 - d. Following the weekly “Trash Pick-Up” schedule, move the trash container from the outside service entrance to the curb for pick-up.
2. Disinfect the container

- a. Using a cleaning cloth dampened with disinfectant cleaner, wipe all visible soil from the interior and exterior of the container. Then, using another cloth dampened in disinfectant cleaner, wipe over the areas again.
3. Reline the trash container
 - a. Clean and disinfect the trash container and reline it with the appropriate plastic bag.
4. Clean up
 - a. Return the collection container to the proper storage area.
 - b. Clean the container as above.
 - c. Bag all soiled cleaning cloths for daily laundering.
 - d. Remove gloves and wash hands.

Safety

1. Be careful not to allow any liquids to drip from the bags of trash onto the floor. Clean up any leakage promptly so that it will not cause someone to slip and fall.
2. NEVER push on a bag of trash with your hands – even if you are wearing gloves. Even though sharp objects such as needles are not supposed to be put into trash cans, mistakes happen – you could get stuck with an infectious needle.
3. Never put broken glass into a trash container or bag. Take it directly to a compactor or dispose of it in an otherwise safe manner.
4. Always wear gloves when handling trash bags.
5. Always practice standard precautions when cleaning any blood or body fluid spills, or soil that could contain these or other potentially infectious material.
6. Be careful not to hurt yourself when moving heavy objects. Always practice proper lifting techniques and ask for assistance when appropriate.

GLASS / PLEXIGLAS / PICTURES/ MIRROR CLEANING

Purpose: To maintain a clean and attractive environment which enhances the image of the home.

Materials Required

1. Glass cleaner as designated in the current approved cleaning supply list
2. Cleaning cloth
3. Step ladder
4. Caution sign
5. Gloves

Preparation

1. Gather the designated glass cleaner.
2. Carefully set up the ladder, if needed, being sure to place it squarely on a level surface and lock it open before climbing onto it. Post the caution sign.
3. Put on gloves.

Procedure

1. Clean the glass
 - a. Spray the entire surface with the glass cleaner.
 - b. Using a clean, cloth which has been neatly folded into squares, wipe the entire surface. Repeat as necessary to remove all soil.
 - c. Using a dry cloth, wipe the surface until it is dry to prevent spotting.
2. Clean up
 - a. Return all products to the cart or to other proper storage.
 - b. Store the ladder and caution sign properly.
 - c. Bag the soiled cleaning cloths for daily laundering.
 - d. Remove gloves and wash hands.

Safety

1. Always take the time to position the ladder squarely on an even surface and lock it into the open position before attempting to climb it. NEVER stand on the very top step of a ladder.
2. If the picture or mirror has not been secured to the wall at all four corners, be sure to hold it steady with one hand while wiping it so that it is not accidentally knocked off the wall.
3. Always post caution signs appropriately.
4. Always use the cleaning chemical exactly as directed by the label following all recommended safety precautions.
5. Be careful not to splash any cleaning chemicals into your eyes, nose, mouth or onto your skin. Always wear gloves and wear a mask or goggles if necessary for protection – especially if there is a danger that chemicals could drip down into your face.
6. Always practice standard precautions when cleaning any blood or body fluid spills, or soil that could contain these or other potentially infectious material.
7. Be careful not to get the cleaning chemical on any surface for which it is not intended to avoid damage.

HARD FLOOR/ DUST MOPPING

Purpose: To remove soil, sand, grit and litter, to maintain the appearance of the floor and to prevent damage to the surface.

Materials Required

1. Dust mop with Disinfectant Cleaner as designated in the current approved cleaning supply list.
2. Broom
3. Putty knife
4. Dustpan and brush
5. Gloves

Preparation

1. Put on gloves.
2. Wipe up any liquid spills on the floor. You cannot dust mop a wet floor.

3. Scrape up gum and caked-on soil from the surface.
4. Sweep loose any soil and litter from the corners and crevices to the center of the area.
5. Attach a clean floor dusting cloth to the floor dusting cloth holder.

Procedure

1. Dust mop the floor
 - a. Dust mop the floor with the floor dusting cloth holder by pushing it away from you.
 - b. Do not lift the mop head from the floor. Use the swivel motion of the floor dusting cloth holder to change directions.
 - c. Move furniture out of the way. Replace these items after you have dust mopped beneath them.
 - d. When the floor dusting cloth becomes excessively soiled, turn it over and use the other side. After you have used both sides of the floor dusting cloth, dispose of it properly and replace it with a new one.
 - e. After dust mopping the entire area, gently sweep the pile of litter and debris into the dust pan using the small brush. Dispose of soil into an appropriate trash container. Never leave a pile of debris in corner for later pick up.
2. Clean up
 - a. Properly dispose of soiled floor dusting cloths.
 - b. If you used a dust mop, remove the soiled mop head and bag it for laundry.
 - c. Return all equipment to the proper storage area.
 - d. Store all dust mops and brooms off the floor so they do not get soiled in the closet.
 - e. Remove gloves and wash hands.

Safety

1. Never stir up the dust in the room by shaking the unit. This can cause infectious germs to be spread and defeats the purpose of dusting.
2. Be careful not to hit anyone with the unit handle. Never leave the unit unattended – do not prop it up against the wall or furniture since it could easily fall causing an accident.

HARD FLOOR CLEANING

Purpose: To protect and beautify the floor, to maintain uniform slip resistance, and to make the floor easier to maintain.

Materials Required

1. Disinfectant Cleaner Pads as designated in the current approved cleaning supply list
2. Mop
3. Wet floor signs

Preparation

1. Put on gloves.

2. Properly dispense the designated cleaning solution into the mop bucket so it is half-full.
3. Set up the wet floor signs.

Procedure

1. Mop the floor
 - a. Place Cleaning Pad on the mop head.
 - b. Clean the edges of the floor and the baseboards first.
 - c. In the open area of the floor, use a figure-eight motion. Replace Cleaning Pad as needed.
 - d. In heavily soiled areas, change the Cleaning Pad frequently.
2. For disinfecting
 - a. Use enough disinfectant solution to keep the floor wet while the disinfectant cleaner works.
 - b. Change the disinfectant solution as soon as you see that it is soiled or as directed.
3. Remove wet floor signs
 - a. Remove the wet floor signs after the floor is completely dry.
4. Clean up
 - a. Rinse the mop head.
 - b. Remove gloves and wash hands.

Safety

1. Always post caution signs appropriately.

INFECTIOUS WASTE REMOVAL FROM THE ELDER'S ROOM

Purpose: To remove infectious trash from the home in a safe and efficient manner.

Materials Required

1. Cleaning cloth
2. Disinfectant Cleaner as designated in the current approved cleaning supply list
3. Bio-hazard or red plastic trash can liners (per homes' policy)
4. Personal protective equipment - particularly gloves (preferably utility)

Preparation

1. Gather the designated disinfectant cleaner.

Procedure

1. Collect and dispose of the infectious waste
 - a. After putting on your gloves, close, twist and tie a knot in the top of the plastic can liner while it is still in the container.

- b. Use caution – look for protruding objects in the waste container. NEVER reach into or push on the bag to compress the trash.
 - c. Remove the bag from the container. If the contents are heavy or if there is potential for leakage, place the bag into a second red bag and properly close it.
 - d. Remove the bag of infectious waste from the elder's room and place it in the designated infectious waste container located in the locked electrical room. NEVER use your hands to push bags of trash down into a container to make room for more bags. If the infectious waste container in the electrical room is full, arrange for disposal by notifying your supervisor.
 - e. Check the interior and exterior of the waste container in the elder's room for visible soil. If visible soil is present, use a cleaning cloth or abrasive hand pad to remove all visible soil from the interior and exterior of the waste container. (If blood or body fluids are present, follow your home specific procedure for clean-up of a blood or body fluid spill.)
 - f. Wipe all surfaces of the container with a disinfectant cleaner and allow to air dry.
 - g. Reline the container with the appropriate red (biohazard) bag.
2. Clean up
 - a. Bag all soiled cleaning cloths for daily laundering.
 - b. Remove personal protective equipment and wash your hands.

Safety

1. Be careful not to allow any liquids to drip from the bags of trash onto the floor. Clean up any leakage promptly and decontaminate it appropriately so that it will not cause someone to slip and fall or otherwise compromise their health.
2. NEVER push on a bag of trash with your hands – even if you are wearing gloves. Even though sharp objects such as needles are not supposed to be put into trash cans, mistakes happen – you could get stuck with an infectious needle.
3. Never put broken glass into a trash container or bag. Dispose of it using a mechanical device such as tongs, forceps, or brush and dustpan and place it in a sharps container.
4. Always hold bags away from your body to prevent contamination of your clothing and to protect yourself from exposure to any sharps that were accidentally discarded into the trash.
5. Always wear gloves when handling trash bags.
6. Always practice standard precautions when cleaning any blood or body fluid spills, or soil that could contain these or other potentially infectious materials.
7. Be careful not to hurt yourself when moving heavy objects. Always practice proper lifting techniques and ask for assistance when appropriate.

SINK CLEANING

Purpose: To maintain a clean and attractive environment which reduced the likelihood of cross infection and enhances the image of the facility.

Materials Required

1. Disinfectant Cleaner as designated in the current approved cleaning supply list
2. Cleaning cloths

3. Gloves and goggles if splashing is likely to occur

Preparation

1. Gather the designated disinfectant cleaner.
2. Put on gloves.

Procedure

1. Clean the sinks.
 - a. Apply disinfectant cleaner to the interior surfaces of the fixtures.
 - b. Using a clean cloth that has been dampened with the disinfectant cleaner, the exterior surface, all metal handles and faucets.
 - c. Wipe down the plumbing underneath the fixture as well.
 - d. Wipe all metal fitting dry to avoid spotting.
 - e. Use an abrasive hand pad with the bathroom cleaner to remove stains. Be sure to follow the manufacturer's recommendations for stain removal, especially on specialty surfaces.
 - f. Rinse and dry with a clean cloth.
2. Clean up
 - a. Bag the soiled cleaning cloths for daily laundering.
 - b. Return all chemicals and equipment to proper storage locations.
 - c. Remove gloves and wash hands.

Safety

1. Always use all cleaning chemical exactly as directed by the label following all recommended safety precautions.
2. Be careful not to splash any cleaning chemicals into your eyes, nose, mouth or onto your skin. Always wear gloves and wear a mask or goggles if necessary for protection – especially if there is a danger that chemicals could splash into your face and eyes.
3. Always practice standard precautions when cleaning any blood or body fluid spills, or soil that could contain these or other potentially infectious material.
4. Be careful not to get the cleaning chemical on any surface for which it is not intended to avoid damage.
5. Be sure to check underneath the lavatory and around the plumbing for sharp edges that could cut your hand – proceed with caution.

MOP BUCKET AND WRINGER CARE AND STORAGE

Purpose: To keep all equipment in clean and working condition.

Materials Required

1. Disinfectant Cleaner as designated in the current approved cleaning supply list
2. Cleaning cloths
3. Assorted tools (screwdrivers, pliers, hammer, etc.)
4. Oils and lubricants

5. Spare parts (belts, wringer springs, hooks, etc.)
6. Gloves, goggles, and other appropriate personal protective equipment

Preparation

1. Gather the designated disinfectant cleaning solution.
2. Put gloves on.

Procedure

1. Store the mop bucket and wringer
 - a. Keep all working parts properly lubricated.
 - b. Keep screw and bolts tightened.
 - c. Keep casters properly lubricated and in good repair; replace as necessary.
 - d. Always clean both mop bucket and wringer at the end of each shift with disinfectant cleaner, cleaning cloth, and abrasive hand pad. NEVER leave soiled water in the bucket.
 - e. Remember that too much force on the wringer can break it.
 - f. Make sure that the bucket and wringer are big enough for the mop being used.
 - g. Remove loose mop strands and any other debris caught in the wringer.
2. Clean up
 - a. Return all equipment to the appropriate area.
 - b. Remove gloves and wash hands.

Safety

1. Use equipment only for the purpose for which it has been designed.
2. Always practice correct lifting techniques when lifting, pushing, pulling or moving equipment.
3. Always practice standard precautions when cleaning any blood or body fluid spills, or soil that could contain these or other potentially infectious material from equipment.
4. When cleaning or decontaminating equipment, be careful not to get chemicals on any surface for which it is not intended to avoid damage.
5. Always wear gloves, a mask or goggles and any other appropriate personal protective equipment when cleaning and repairing equipment.
6. Always store equipment properly and in a safe manner that does not present a hazard to yourself or others.

MOPS AND DUST SET CARE AND STORAGE

Purpose: To keep all equipment in clean and working condition.

Materials Required

1. Disinfectant Cleaner as designated in the current approved cleaning supply list
2. Cleaning cloths
3. Gloves and Personal Protective equipment as needed

Preparation

1. Gather the designated disinfectant cleaning solution.
2. Put on gloves.

Procedure

1. Reusable dust mops
 - a. Do not use dust mops on wet or oily floors or to mop up spills.
 - b. Remove loose soil from mop frequently, with a vacuum if possible.
 - c. Use a brush to remove all foreign material and lint from mop head. Be sure you brush mop head over trash container.
 - d. Do not shake a dust mop as this action causes the dust to fly into the air. The dust could be redeposited on surfaces already clean. Also, dust in the air could cause health problems for patients.
 - e. When not in use, store the mop with the head down and not touching the floor. Do not stand it on the floor.
 - f. Be sure that the mop frame is of the proper size for the mop head.
 - g. Be sure the tie cords are in good repair and fastened properly. Return mop heads to your supervisor for repair.
 - h. Soiled mop heads should be bagged and taken to daily laundry. Mop heads should be changed at the frequency your home policy specifies.
 - i. Clean mop heads should be neatly stacked on the storage shelves.
 - j. Using the cleaning solution, clean the mop handle at the end of your shift.
2. Disposable dust mops
 - a. Do not use dust mops on wet or oily floors or to mop up spills.
 - b. Use a brush to remove loose soil from the cloth. Be sure you brush the cloth over a trash container.
 - c. When one side of the cloth is excessively soiled, turn over to the other side. Dispose of the cloth and replace with a new one after both sides have been used.
 - d. Do not shake a disposable dust mop as this action causes the dust to fly into the air. The dust could be redeposited on surfaces already clean. Also, dust in the air could cause health problems for patients.
 - e. When not in use, store the mop with the head down and not touching the floor. Do not stand it on the floor.
 - f. Be sure the floor tool is of proper size for the disposable cloths.
 - g. Using the cleaning solution, clean the floor tool at the end of your shift.
3. Wet mops
 - a. Avoid twisting or squeezing the mop too hard because this can cause the strands to break.
 - b. Inspect floor surfaces for splinters and rough surfaces which could catch and tear the mop strands.
 - c. Worn mop heads should be replaced.
 - d. During your work shift, when not in use, keep mops in the bucket or wringer. Be sure the mop handle is steady so as not to fall and hurt someone.
 - e. When storing clean mop heads, neatly stack them on the storage shelf.
 - f. Soiled mop heads should be bagged and taken to daily laundry. Mop heads should be changed daily.

- g. Never allow mop to remain in the cleaning solution except when they are being used during your work shift. This will help prevent rotting of the strands or "souring."
 - h. Cut off loose and uneven yarn strands.
 - i. Be sure the wringer is the proper size for the mop head.
 - j. Using the cleaning solution, clean the mop handle at the end of your shift.
4. Clean up
- a. Return all equipment to the appropriate area.
 - b. Remove gloves and wash hands.

Safety

1. Use equipment only for the purpose for which it has been designed.
2. Always practice standard precautions when cleaning any blood or body fluid spills, or soil that could contain these or other potentially infectious material from equipment.
3. When cleaning or decontaminating equipment, be careful not to get any cleaning chemicals on any surface for which it is not intended to avoid damage.
4. Always wear gloves, a mask or goggles and any other appropriate personal protective equipment when cleaning and handling equipment.
5. Always store equipment properly and in a safe manner that does not present a hazard to yourself or others.

OFFICE / DEN / FOYER CLEANING

Purpose: To provide a clean, attractive environment that enhances the image of the home.

Materials Required

1. Disinfectant Cleaner as designated in the current approved cleaning supply list
2. Furniture polish as designated in the current approved cleaning supply list
3. Hand pail
4. Clean cloths
5. Long handled duster
6. Putty knife
7. Wet floor signs
8. Vacuum cleaner
9. Clear plastic liners for waste containers
10. Gloves and other personal protective equipment as needed

Preparation

1. Gather the designated cleaning solution into the hand pail.
2. Take equipment to the assigned area.
3. Put on gloves and wear the appropriate personal protective equipment.

Procedure

1. Remove general waste
 - a. Close, twist, and tie a knot in the top of the plastic trash can liner while it is still in the container.
 - b. Use caution and look for protruding objects in the waste containers. NEVER reach into or push on the bag to compress the trash.
 - c. Place the bag of trash into the container on your cart or take it to the waste pick up site. NEVER carry a bag of trash against any part of your body.
 - d. Wipe all surfaces of the waste container with cleaning solution and allow to air dry.
 - e. Reline the container with an appropriate trash liner.
2. Remove recycling
 - a. Remove recycling waste from the area.
 - b. Place the recycling into the appropriate container on the cart or take it to the recycling waste pick up site.
 - c. Wipe all surfaces of the waste container with cleaning solution and allow to air dry. If the container is cardboard and is soiled or damaged, replace with a new container.
 - d. Reline the container with an appropriate trash liner if required by your home.
3. High dust
 - a. Using the long handled duster, high dust the tops of items on the walls that are at or above your shoulder height.
 - b. Include items such as pictures, plaques, mirrors, bulletin boards, tops of partitions, vents, tops of cabinets, and window/door frames.
4. Damp dust
 - a. Begin dusting at the room entrance and work around the room. Damp dust the top of an object first and work down to avoid soiling surfaces you have just cleaned.
 - b. Fold the cloth into a series of squares to provide several potential cleaning surfaces. A wadded cloth does not clean as efficiently.
 - c. Dampen the cloth in the cleaning solution and wring out all excess solution to avoid drips.
 - d. Damp dust the door and wall features such as thermostat, light switches, ledges, windowsills, and writing boards, including the marker holder.
 - e. Spot clean visible soil from doors, walls, windows, and blinds.
 - f. Damp dust the furnishings/furniture such as tables, lights, bookcases, file cabinets, chairs, telephones, and desks.
 - g. NOTE: Do not disturb papers, or personal items on top of the furniture in offices.
 - h. PERIODICALLY: Polish and oil any wood furniture following the label directions.
5. Clean the floor – carpet
 - a. Plug the vacuum into the wall outlet. Avoid running over the electrical cord with the vacuum cleaner; manage the cord to work away from the outlet rather than toward it.
 - b. Vacuum back and forth using overlapping passes.
 - c. Be sure to vacuum under and behind all furniture including waste containers.
 - d. Inspect the area for spots and stains and remove them.
 - e. PERIODICALLY: Vacuum the carpet edges.

6. Clean the floor – hard surface
 - a. Remove any sticky residue from the floor by gently prying it loose with the putty knife. Take care not to scratch the floor.
 - b. Dust mop/sweep the floor.
 - c. Use the broom and dustpan to take up the soil.
 - d. Dispose of the soil into appropriate container.
 - e. Post caution sign in doorway.
 - f. Put Cleaning Pad on the mop head.
 - g. Clean the edges of the floor.
 - h. In the open area of the floor, use a figure-eight motion and turn the mop over every few strokes. Rinse and wring out the mop frequently.
 - i. Be sure to mop under and behind furniture including waste containers. Be sure to straighten the furniture by placing any chairs under tables, etc.
 - j. Remove the wet floor signs after the floor is completely dry.
7. Clean up
 - a. Clean all equipment and return it to the appropriate place.
 - b. Bag soiled cleaning cloths for daily laundry.
 - c. Remove gloves and personal protective equipment.
 - d. Wash your hands.

Safety

1. Always check electrical equipment prior to use (refer to procedure for care of electrical equipment).
2. Always post caution signs appropriately.
3. Be careful not to hurt yourself when moving any furniture or other heavy objects. Always practice proper lifting techniques and ask for assistance when appropriate.
4. Always use the cleaning chemical exactly as directed by the label following all recommended safety precautions.

ELDER ROOM CLEANING

Purpose: To provide a clean, attractive, and safe environment for residents and their families, visitors, and staff.

Materials Required

1. Gloves and personal protective equipment as needed
2. “Wet Floor” caution sign
3. Clear plastic liners for trash cans
4. Long handled duster
5. Dry, lint-free cleaning cloths
6. Hand pail
7. Disinfectant Cleaner as designated in the current approved cleaning supply list
8. Toilet tissue

9. Paper towels
10. Liquid soap
11. Bowl brush
12. Broom
13. Brush
14. Dustpan
15. Tongs or forceps
16. Putty knife
17. Vacuum with hand attachments
18. Cleaning Pads for mop
19. Clean wet mop-head and handle
20. Step stool or ladder
21. Clear plastic bags for used linen

Preparation

1. Inspect your clothing for general cleanliness and appearance. If your clothing is excessively soiled, change into a clean article of clothing.
2. Wear gloves and appropriate personal protection equipment.
3. Stock your housekeeping tote with the required equipment and supplies.
4. Gather the required cleaning solutions.

Procedure

*THIS PROCEDURE IS ALSO FOLLOWED TO PREPARE AN ELDER'S ROOM PRIOR TO A MOVE IN.

1. Enter the room carefully
 - a. Look for infection control signs that indicate the need for special precautions.
 - b. Put on the required personal protective equipment.
 - c. ALWAYS knock to be sure that the room is unoccupied.
 - d. Greet the elder and their family or visitors in a friendly, courteous manner. Identify yourself and explain why you are there.
 - e. If a doctor, nurse, minister or other clinical person is in the process of any type of procedure or discussion, excuse yourself and come back later. This is very important.
 - f. Take the supplies and equipment you need into the room. Keep supplies within your sight.
2. General inspection
 - a. Survey the area. Pick up loose trash.
 - b. Be alert for needles and other sharp objects. Pick up sharps using a mechanical device such as a tongs, forceps, or brush and dustpan and place them into a sharps container.
3. Remove general waste
 - a. Remove general waste from the patient room.
 - b. Use caution and look for protruding objects in the waste containers. NEVER reach into or push on the bag to compress the trash.

- c. Close, twist and tie a knot in the top of the plastic trash can liner while it is still in the container.
 - d. Place the bag of trash into the container on your cart or take it to the waste pick-up site.
- 4. Remove soiled and used linen
 - a. Remove all soiled linen, including, gowns, towels and wash cloths. Watch carefully for needles and other sharp objects that may have been accidentally left behind.
 - b. Roll the linen into a bundle for easy handling. Avoid excessive handling or shaking of the linen.
 - c. Carry the linen away from your body.
 - d. Place the linen in the appropriate container. Secure the container for proper transport to the laundry.
- 5. High dust wall articles
 - a. High dust the tops of items along the elder room and bathroom walls (picture frames, clocks, etc.) that are at or above your shoulder height.
 - b. Use a long handled feather duster and make long, slow strokes.
 - c. If the elder is in bed, do not dust anything above or near the elder.
- 6. Damp dust the doors and wall features
 - a. Damp dust the door and wall features in the elder room.
 - b. Begin dusting at the entrance door and work around the room. Damp dust the top of an object first and work down to avoid soiling surfaces you have just dusted.
 - c. Fold the cloth in a series of squares to provide several potential cleaning surfaces. A wadded cloth does not clean as efficiently.
 - d. Dampen the cloth in either all-purpose cleaner or disinfectant cleaner depending on the requirements of the area and wring out the excess solution to avoid drips. When using the disinfectant cleaner, wet the surface you are cleaning and allow to air dry.
 - e. Damp dust items such as thermostats, light switches, and ledges.
 - f. Spot clean visible soil from doors, walls, windows and blinds. Pay attention to heavily soiled and frequently touched surfaces.
 - g. Use the damp cloth on soil. Use the abrasive hand pad to clean stubborn spots then re-wipe the area with the cleaning cloth.
 - h. Never shake the cloth. When it becomes too soiled to continue, simply refold it so a clean surface is available or send to laundering.
- 7. Clean the room furnishings.
 - a. Clean all furnishings in the elder room including the bedside table, overbed table, closet, and chairs.
 - b. Fold the cloth in a series of squares to provide several potential cleaning surfaces. A wadded cloth does not clean as efficiently.
 - c. Dampen the cloth in either all-purpose cleaner or disinfectant cleaner (depending on the requirements of the area) and wring out the excess solution to avoid drips. When using the disinfectant cleaner, wet the surface you are cleaning and allow to air dry.
 - d. Clean the top of an object first and work down to avoid soiling surfaces you have just cleaned.

- e. Use the damp cloth on soil. Use an abrasive hand pad to clean stubborn soil, then re-wipe the surface with the cleaning cloth.
 - f. Pay attention to soiled or frequently touched surfaces such as bed controls, bed rails, and TV controls.
- 8. Clean the telephone
 - a. Clean the phone, cord and dial plate using the disinfectant cleaner.
 - b. Thoroughly clean the hand piece and push buttons.
- 9. Clean and refill the soap dispenser
 - a. Inspect soap dispensers to ensure that there is an adequate supply of soap.
 - b. If a soap dispenser is a disposable unit and the soap level is low, replace the unit.
 - c. If a soap dispenser is a reusable unit, follow the instructions for opening, cleaning, filling and replacing the dispenser. Be sure to wash and dry the inside of the dispenser before adding fresh solution.
 - d. Clean the exterior of the dispenser with a damp cloth and disinfectant cleaner and dry it completely.
 - e. Report any broken or malfunctioning units/items to Plant Operations for repairs.
- 10. Clean and refill the paper towel dispenser
 - a. Open or unlock the dispenser. Be careful not to let it fall open as it can scratch the wall or hurt you.
 - b. Remove any paper towels and clean the inside of the dispenser using a damp cloth and disinfectant cleaner to remove loose paper dust.
 - c. Replace paper towels. For folded paper towels, be sure to place them folded side down and interleave the bottom of the new sheets with the top of the existing sheets. Add as necessary to fill the unit. Do not overfill as this will make it difficult to pull the towels out. Check to be sure the towels release easily.
 - d. Close and lock the dispenser making sure it is secure and will not fall open and hurt someone.
 - e. Clean the outside of the dispenser with a damp cloth and disinfectant cleaner and dry it completely.
- 11. Clean and refill the toilet tissue dispenser
 - a. Remove the tissue rollers.
 - b. Clean the inside and outside of the dispenser to remove paper dust using a damp cloth and disinfectant cleaner.
 - c. Install the new roll of tissue. Be sure the tissue unwinds over the top of the roll (and not from underneath) since this allows it to be pulled out more easily and avoids unrolling and wasted product. Be sure to “start” the tissue by pulling the first sheet loose for the convenience of the elder.
 - d. Report any broken or malfunctioning roller units to the appropriate person for repair.
- 12. Clean the restroom walls and wall features
 - a. Clean the bathroom walls and features.
 - b. Fold the cloth in a series of squares to provide several potential cleaning surfaces. A wadded cloth does not clean as efficiently.
 - c. Dampen the cloth in disinfectant cleaner and wring out all excess solution to avoid drips. When using the disinfectant cleaner, wet the surface you are cleaning and allow to air dry.
 - d. Begin cleaning at the door and work around the room in one direction.

- e. Clean the top of an object first and work down to avoid re-soiling surfaces you have just cleaned.
 - f. Use a damp cloth on soil. Use an abrasive hand pad on stubborn soil, then re-wipe the surface with the cleaning cloth.
 - g. Pay attention to soiled and frequently touched surfaces such as towel bars, grab rails, pull cords, light switches, and ledges.
13. Begin cleaning the toilet
- a. Flush the commode and reduce the water level by pumping with the bowl mop.
 - b. Apply disinfectant bathroom cleaner to the bowl mop.
 - c. Clean the inside of the toilet with the bowl mop paying attention to the underside of the flush rim where bacteria can accumulate and cause unpleasant odors.
 - d. Let the disinfectant bathroom cleaner remain on the toilet and continue to the restroom sink.
14. Clean the bathroom sink
- a. Apply disinfectant or bathroom cleaner to the interior surfaces of the sink.
 - b. Clean the inside of the sink, the exterior surface of the sink, and all metal handles and faucets using a clean cloth dampened with the disinfectant or bathroom cleaner.
 - c. Use a damp cloth on soil. Use an abrasive hand pad with the disinfectant bathroom cleaner to remove stubborn soil. Always follow the fixture manufacturer's recommendations for stain removal, especially on specialty surfaces.
 - d. Clean any surfaces around the sink such as vanities or countertops.
 - e. Clean the plumbing underneath the sink.
 - f. Wipe all metal fixtures to avoid spotting.
 - g. Rinse the sink and dry with a clean cloth.
 - h. Wipe up any spills.
15. Clean shower
- a. Apply disinfectant bathroom cleaner to a cleaning cloth and clean the interior surfaces of the tub and shower including the curtain, walls, soap dish, faucets, and shower head.
 - b. Use the abrasive hand pad, if necessary, to remove soap scum, especially from the walls and floors of a tiled shower stall and from doors. IF the unit is fiberglass, be sure to follow the manufacturer's recommendations regarding both general cleaning and stain removal.
 - c. Rinse thoroughly using the shower spray if possible.
 - d. Dry all surfaces carefully to prevent slips and falls.
 - e. Clean all chrome handles and fittings and dry with a clean, dry cloth to prevent spotting.
 - f. Wipe up any spills.
 - g. Inspect vinyl shower curtain for stains or damage. Replace stained or damage curtains with a new one. Bag the soiled curtain.
 - h. Inspect fabric shower curtains for soil or damage. Remove soiled or damaged curtains laundering or dry cleaning. Hang a new curtain.
16. Finish cleaning the toilet

- a. Clean all exterior surfaces of the fixture with a clean cloth and disinfectant bathroom cleaner. Pay close attention to the toilet seat and lid.
 - b. Clean all chrome flush handles, grab rails, etc., then dry with a clean, dry cloth to prevent spotting.
 - c. Flush the toilet.
 - d. Dry the exterior, seat, and lid of the commode carefully.
 - e. Wipe up any spills on the toilet, floor, or walls.
17. Clean the mirror
 - a. Fold a clean, lint-free cloth into squares. Spray one side of the cloth with glass cleaner.
 - b. Clean the entire mirror.
 - c. Spray glass cleaner directly on small spots and wipe until completely clean. Repeat as necessary to remove all soil.
 - d. Wipe up any overspray.
18. Clean and reline the waste containers
 - a. Check the interior of the waste container for visible soil. If soil is present, use a cleaning cloth or abrasive hand pad to remove all visible soil from the interior and exterior of the container. (If blood or body fluids are present, follow your specific procedure for clean-up of blood or body fluid spill.)
 - b. Wipe all surfaces of the container with disinfectant cleaner and allow to air dry.
 - c. Bag the soiled cloths for daily laundering.
 - d. Reline the trash container with the appropriate bag.
19. Replenish the linen
 - a. Remove your gloves and wash hands.
 - b. Pick up clean linen from the clean utility room or elder's personal supply and neatly place it on the towel bars or other appropriate fixtures.
20. Dust mop the bathroom floor
 - a. Place the floor dusting cloth on the floor dusting cloth holder.
 - b. Inspect the floor for debris and wet spots. Dry all wet spots. You cannot dust mop a wet floor.
 - c. Remove any gum or other sticky residue from the floor by gently prying it loose with the putty knife (be careful not to scratch the floor finish).
 - d. Don't lift the cloth off the floor once you have started. Use the swivel motion of the frame and wrist action to change direction.
 - e. Move the furniture and replace after dust mopping. Dust under and behind the bed.
 - f. After dust mopping the entire area, gently sweep the pile of litter and dirt into the dustpan using the small broom. Be careful not to stir up the dust. Dispose of the soil into an appropriate trash container. Never leave a pile of debris in a corner for later pick-up.
21. Wet mop the bathroom floor
 - a. Place the "Wet Floor" caution sign outside the room.
 - b. Immerse the mop in the bucket of disinfectant cleaner to "dwell" on the floor. This will allow the disinfectant to work.
 - c. Push the mop around the baseboards first paying attention to removing the soil from the corners. Avoid splashing the walls and furniture. In open areas, use the

- figure eight stroke, overlapping each stroke. Turn the mop head over every five or six strokes. Mop a ten foot by ten foot area then rinse and wring out the mop.
- d. Repeat these steps until the entire floor has been mopped.
 - e. Allow the floor to air dry.
22. Clean the room entrance
- a. Spot clean visible soil from the room door with a clean cloth and disinfectant cleaner. Pay extra attention to the door knob, hand plate, and chart holder.
23. Inspect your work
- a. Look over the room carefully and mentally check that you have performed all the required steps and that the room meets your standards.
 - b. Notify the elder, family or visitors that you are through and thank them – remind them that the floor will be slippery until it is completely dry and ask them to be cautious.
 - c. Leave the wet floor sign at the room entrance while you clean the next room. By the time you need the sign for the next room, the floor in this room should be dry.
24. Clean-up after each room
- a. Remove all cleaning supplies from the room.
 - b. Change the Cleaning Pad if it is excessively soiled or after wet mopping four rooms.
 - c. Change the wet mop head and the floor dusting cloth when soiled (or per policy).
 - d. Bag all soiled cleaning cloths for daily laundering.
25. Clean-up at the end of your shift.
- a. Bag all soiled mop heads and cleaning cloths for daily laundering.
 - b. Clean all equipment and return it to the proper place.
 - c. Restock all cleaning and room supplies on the cart.
 - d. Remove gloves and your personal protective equipment.
 - e. Wash your hands.

Safety

1. Follow the safety precautions explained in each procedure step.

ELECTRICAL ROOM/ STAIRWELL CLEANING

Purpose: To maintain clean, attractive, and safe stairwells that enhance the image of the home.

Materials Required

1. Disinfectant Cleaner as designated in the current approved cleaning supply list
2. Dust pan and broom
3. Putty knife
4. Hand pail
5. Cleaning cloths
6. Mop and Cleaning Pads

7. Long handled duster
8. Wet floor sign
9. Gloves and personal protective equipment as needed

Preparation

1. Properly dispense the appropriate cleaning solution into the hand pail and mop bucket.
2. Take equipment to assigned area. Mop bucket, wringer and mop should be placed on the bottom landing on the uppermost flight of stairs.
3. Put on gloves and wear the appropriate personal protective equipment.

Procedure

1. High dust
 - a. Use high duster to clean lights and other high surfaces.
2. Damp dust the door and features
 - a. Dip the cleaning cloth into the solution, wring it out and damp dust the railing, doorknobs, and vents.
 - b. Spot clean fingerprints and marks from wall around light switches, railings and doors.
3. Clean the landings and steps – Sweep
 - a. Remove any gum or sticky residue from the floor by gently prying it loose with the putty knife. Take care not to scratch the floor.
 - b. Start at the top landing and work down, vacuum the landings and steps.
 - c. PERIODICALLY: Vacuum the edges and corners of the landings and steps.
4. Mop the floor.
 - a. Post caution signs at doorway.
 - b. Start at the furthest point away from the door, working toward the door. Dip mop into solution and wring out excess liquid.
5. Clean up
 - a. Clean all equipment and return it to the appropriate place.
 - b. Bag soiled mop heads and cleaning cloths for daily laundry.
 - c. Remove gloves and other personal protective equipment.
 - d. Wash your hands.

Safety

1. Place caution signs at doorway.
2. Make sure landings and stairs are never blocked or cluttered with trash or items for storage.
3. Report loose treads, railings, and burned out light bulbs.
4. Do not walk on wet floor or step.
5. Always check electrical equipment prior to use (refer to procedure for care of electrical equipment).
6. Avoid running over the electrical cord with the vacuum cleaner; manage the cord as so to work away from the outlet rather than toward it.

TELEPHONE CLEANING

Purpose: To provide clean telephones to help reduce the possibility of cross infection, and to enhance the image of the home.

Materials Required

1. Disinfectant Cleaner as designated in the current approved cleaning supply list
2. Cleaning cloths
3. Gloves

Preparation

1. Put on gloves and other personal protective equipment.
2. Gather the designated disinfectant cleaning solution.

Procedure

1. Clean the phone
 - a. Spray the cleaning cloth with cleaning solution.
 - b. Remove handset from receiver unit and wash base of phone, cord and handset.
 - c. Let air dry.
 - d. Return handset to proper position.
2. Notes
 - a. If cleaning electric phones, never spray the cleaning solution directly onto electric phones. Always spray the cleaning solution into the cleaning cloth and then proceed with above procedure.
3. Clean up
 - a. Bag soiled cleaning cloths for daily laundry.
 - b. Remove your gloves and wash your hands.

Safety

1. Always use the cleaning chemical exactly as directed by the label following all recommended safety precautions.
2. Be careful not to get cleaning chemicals on any surfaces for which it is not intended to avoid damage.

SHOWER CLEANING

Purpose: To maintain a clean and attractive environment which reduces the likelihood of cross infection and enhances the image of the home.

Materials Required

1. Disinfectant Cleaner as designated in the current approved cleaning supply list
2. Cleaning cloths
3. Hand pail

4. Gloves and goggles as splashing is likely to occur

Preparation

1. Gather the designated cleaning solution.
2. Put on gloves and goggles.

Procedure

1. Clean the showers
 - a. Apply disinfectant cleaner to the interior surfaces of the fixture including the curtain, walls, soap dish, faucets, and shower head.
 - b. Use the hand pad, if necessary, to remove soap scum, especially from the walls and floors of a tiled shower stall and from doors – rinse thoroughly using the shower spray if possible.
 - c. If the unit is fiberglass, be sure to follow the manufacturer's recommendations regarding both general cleaning and stain removal.
 - d. Dry all surfaces carefully to prevent slips and falls.
 - e. Damp wipe all chrome handles and fittings and dry with a clean, dry cloth to prevent spotting.
 - f. Inspect the shower curtain for visible soil and, if soiled, replace it with a clean one – bag the soiled curtain per hospital procedure for laundering or dry cleaning.
 - g. Wipe up any spills.
2. Clean up
 - a. Bag the soiled cleaning cloths for daily laundering.
 - b. Clean and rinse the hand pail and brush.
 - c. Return all chemicals and equipment to proper storage.
 - d. Remove personal protective equipment and wash your hands.

UTILITY ROOM CLEANING

Purpose: To maintain a clean and attractive environment for residents and their families and employees, which helps reduce the likelihood of cross infection.

Materials Required

1. Gloves and goggles as splashing is likely to occur
2. Disinfectant Cleaner as designated in the current approved cleaning supply list
3. Hand pail
4. Cleaning cloths
5. Long handled duster
6. Red plastic liners for infectious waste containers
7. Clear plastic liners for waste containers
8. Paper towels
9. Liquid or cartridge soap
10. Mop bucket and wringer
11. Dust pan and broom

12. Putty knife
13. Wet floor sign

Preparation

1. Put on gloves and goggles.
2. Gather the designated disinfectant cleaning solution.
3. Take equipment to assigned area.

Procedure

1. Remove general waste
 - a. Close, twist, and tie a knot in the top of the plastic trash can liner while it is still in the container.
 - b. Use caution and look for protruding objects in the waste containers. NEVER reach into or push on the bag to compress the trash.
 - c. Place the bag of trash into the container on your cart or take it to the waste pick up site. NEVER carry a bag of trash against any part of your body.
 - d. Wipe all surfaces of the waste container with cleaning solution and allow to air dry.
 - e. Reline the container with an appropriate trash liner.
2. High dust
 - a. Using the long handled duster, high dust the tops of items on the walls that are at or above your shoulder height.
 - b. Include items such as, mirrors, bulletin boards, vents, tops of cabinets, and window/door frames.
3. Damp dust
 - a. Begin dusting at the room entrance and work around the room. Damp dust the top of an object first and work down to avoid soiling surfaces you have just cleaned.
 - b. Fold the cloth into a series of squares to provide several potential cleaning surfaces. A wadded cloth does not clean as efficiently.
 - c. Dampen the cloth in the cleaning solution and wring out all excess solution to avoid drips.
 - d. Damp dust the door and wall features such as thermostat, light switches, ledges, windowsills, and writing boards, including the marker holder.
 - e. Spot clean visible soil from doors, walls, windows, blinds.
 - f. Damp dust the furnishings/furniture such as shelving, and lights.
4. Clean and refill the dispensers
 - a. Inspect the soap dispenser to ensure that there is an adequate supply of soap.
 - b. If soap dispenser is a disposable unit and the soap level is low, replace the unit.
 - c. If soap dispenser is a reusable unit follow your facility procedure for opening, cleaning, and filling the dispenser. Be sure to wash and dry the inside of the dispenser before adding fresh soap.
 - d. Clean the exterior of the dispenser with a damp cloth and cleaning solution.
 - e. Open the paper towel dispenser. Be careful not to let it fall open as it can scratch the wall or hurt you.

- f. To remove loose paper dust, remove any paper towels and clean the inside of the dispenser using a damp cloth and cleaning solution.
 - g. Replace paper towels. For folded paper towels, be sure to place them folded side down and interleave the bottom of the new sheet with the top of the existing sheets. Add as necessary to fill the unit. Do not overfill, as this will make it difficult to pull the towels out. Check to be sure the towels release easily.
 - h. Close and lock the dispenser making sure it is secure and will not fall open and hurt someone.
 - i. Clean the outside of the dispenser with a damp cloth and cleaning solution.
 - j. Report any broken or malfunctioning units to Plant Operations for repairs.
- 5. Clean the sink
 - a. Apply disinfectant to the interior surfaces of the sink.
 - b. Clean the inside of the sink, the exterior surface of the sink, and all metal faucets and handles using a clean cloth dampened with the disinfectant cleaner.
 - c. On stubborn soil, use an abrasive hand pad with the disinfectant cleaner. Always follow the fixture manufacturer's recommendations for stain removal, especially on specialty surfaces.
 - d. Clean any surfaces around the sink such as vanities or countertops.
 - e. Clean the plumbing under the sink at the frequency required by your facility.
 - f. Dry all metal fixtures with a clean cloth to avoid spotting.
 - g. Rinse the sink and dry with a clean cloth.
- 6. Clean the floor
 - a. Inspect the floor for debris and wet spots. Dry all wet spots. You cannot dust mop a wet floor.
 - b. Remove any gum or sticky residue from the floor by gently prying it loose with the putty knife. Take care not to scratch the floor.
 - c. Dust mop the floor.
 - d. Use the brush and dustpan to take up the soil.
 - e. Dispose of soil into appropriate container.
 - f. Post caution sign in doorway.
 - g. Dip the mop into the solution and wring out excess liquid.
 - h. Clean the edges of the floor.
 - i. In the open area of the floor, use a figure-eight motion and turn the mop over every few strokes. Rinse and wring out the mop frequently.
 - j. Be sure to mop under and behind furniture including waste containers.
 - k. Remove the wet floor sign after the floor is completely dry.
- 7. Clean up
 - a. Clean all equipment and return it to the appropriate place.
 - b. Bag soiled mop heads and cleaning cloths for daily laundry.
 - c. Remove personal protective equipment and wash your hands.

Safety

- 1. Always post caution signs appropriately.

VACUUM CLEANERS (WET AND DRY) CARE AND STORAGE

Purpose: To keep all equipment in clean and working condition.

Materials Required

1. Disinfectant Cleaner as designated in the current approved cleaning supply list
2. Cleaning cloths
3. Assorted tools (screwdrivers, pliers, hammer, etc.)
4. Oils and lubricants
5. Spare parts (belts, winger springs, hooks, etc.)
6. Gloves, goggles, and other appropriate personal protective equipment

Preparation

1. Gather the appropriate cleaning solution.

Procedure

1. Store the vacuum cleaner
 - a. Check to be sure the belts, brushes and motor are in good condition and operating properly before each use: check the condition of the beater bar before and after each use, cleaning and replacing as necessary.
 - b. Check dry vac bags before and after each use: empty bags when they become half full to prevent motor damage – do not allow bags to overfill.
 - c. Check filters before each use and clean or replace them as necessary.
 - d. Empty and rinse wet vac canisters.
 - e. If the unit has been used to clean a blood or body fluid spill, be sure to decontaminate per OSHA guidelines.
 - f. If the unit has an automatic shut-off feature, check the mechanism before and after each use to make sure water has not entered the motor.
 - g. Store wet vacs in an open position to allow air flow and prevent mildew.
2. Clean up
 - a. Return all equipment to the appropriate area.
 - b. Remove personal protective equipment and wash hands.

Safety

1. Use equipment only for the purpose for which it has been designed.
2. Always practice correct lifting techniques when lifting, pushing, pulling or moving equipment.
3. Always practice standard precautions when cleaning any blood or body fluid spills, or soil that could contain these or other potentially infectious material from equipment.
4. When cleaning or decontaminating equipment, be careful not to get chemicals on any surface for which it is not intended to avoid damage.
5. Always wear gloves, a mask or goggles and any other appropriate personal protective equipment when cleaning and repairing equipment.

6. Always store equipment properly and in a safe manner that does not present a hazard to yourself or others.
7. Inspect the electrical cord and plug before and after each use; report any frayed or cut wires to your supervisor and do not plug in the unit if these conditions are present.
8. Always follow manufacturers recommended care procedures.

VENTS / DRY VACUUM

Purpose: To maintain air circulation vents and keep them free from dust and lint, thus creating a healthy and attractive environment.

Materials Required

1. Vacuum cleaner with attachments
2. Step ladder
3. Caution sign

Preparation

1. Post the caution sign.
2. Carefully set up the ladder, if needed, being sure to place it squarely on a level surface and lock it open before climbing onto it.

Procedure

1. Dry vacuum the vents
 - a. Using the correct attachment, thoroughly vacuum the vent being careful not to extend your reach.
 - b. After completing a vent, carefully climb down from the ladder and relocate it so that the next vent is accessible.
 - c. Continue in this manner until all vents in the assigned area have been completely vacuumed.
2. Clean up
 - a. Inspect the plug and coil the cord and wipe off the unit.
 - b. Check the bag and replace if necessary.
 - c. Store the vacuum in its assigned location.
 - d. Store the ladder and caution sign properly.

Safety

1. Always take the time to position the ladder squarely on an even surface and lock it into the open position before attempting to climb it. NEVER stand on the very top step of a ladder.
2. Always check electrical equipment prior to use.
3. Avoid running over the electrical cord with the machine; manage the cord to work away from the outlet rather than toward it.
4. Always post caution signs appropriately.
5. Always unplug the machine prior to checking or working on it.

WINDOWS / INTERIOR CLEANING

Purpose: To maintain a clean and attractive environment which enhanced the image of the home.

Materials Required

1. Glass Cleaner as designated in the current approved cleaning supply list
2. Step ladder
3. Caution sign
4. Squeegee
5. Gloves and goggles as splashing is likely to occur

Preparation

1. Properly dispense the designated glass cleaning solution.
2. Put on gloves and goggles.
3. Move the furniture away from the window area and place a drop cloth on the floor if needed.
4. Never move scientific instruments, computers or therapy equipment. Ask your supervisor for advice and assistance if these items are in the way of cleaning.
5. Raise blinds all the way to the top of the window (or open all the way to the sides). Open draperies all the way.
6. Carefully set up the ladder, if needed, being sure to place it squarely on a level surface and lock it open before climbing onto it. Post caution sign.

Procedure

1. Wash the interior window
 - a. Wash the frame by spraying the frame with cleaning solution or by wiping with a cleaning cloth soaked in the cleaning solution in your hand pail and wrung as dry as possible. Then wipe the same area with a clean, dry cloth to prevent spotting.
 - b. Apply the glass cleaner liberally to the window glass. Using a clean, lint-free cloth, make continuous strokes starting at the top of the window and work toward the bottom. Be sure to cover the entire surface. Pay close attention to the corners. Squeegee or wipe the window clean and dry.
 - c. Wipe up any spills.
 - d. Clean the sill as you did the frame.
 - e. Return blinds and drapes to their original position.
2. Clean up
 - a. Empty and rinse out the hand pail. Wipe it dry and store properly.
 - b. Store the ladder and caution sign properly.
 - c. Bag the soiled cleaning cloths for daily laundering.
 - d. Remove gloves and goggles and wash hands.

Safety

1. Always take the time to position the ladder squarely on an even surface and lock it into the open position before attempting to climb it. NEVER stand on the very top step of a ladder.
2. Always post caution signs appropriately.
3. Always use the cleaning chemical exactly as directed by the label following all recommended safety precautions.
4. Be careful not to splash any cleaning chemicals into your eyes, nose, mouth or onto your skin. Always wear gloves and wear a mask or goggles if necessary for protection – especially if there is a danger that chemicals could drip down into your face.
5. Always practice standard precautions when cleaning any blood or body fluid spills, or soil that could contain these or other potentially infectious material.
6. Be careful not to get the cleaning chemical on any surface for which it is not intended to avoid damage.
7. Be careful not to hurt yourself when moving furniture or other heavy objects. Always practice proper lifting techniques and ask for assistance when appropriate.

HOOD / OVEN CLEANING

Purpose: To reduce the risk of fire and to provide a sanitary environment.

Materials Required

1. General purpose detergent as designated in the current approved cleaning supply list
2. Hot water
3. Clean soft clothes
4. Stainless Steel polish cleaner as designated in the current approved cleaning supply list
5. Gloves and goggles as splashing is likely to occur

Preparation

1. Gather the designated cleaning supplies.
2. Put on gloves and goggles.
3. Prepare gallon bucket of water with general purpose detergent.
4. Remove all items from the stovetop.

Procedure

1. Remove screens from slats of hood.
2. If screens have a large buildup of grease, spray with a degreaser prior to placing in the dishwasher.
3. Run the screens through the dishwasher cycle.
4. Wipe hood thoroughly.
5. Rinse with hot damp cloth and allow to air dry.
6. Stainless steel polish cleaner may also be used.
7. Remove gloves and goggles and wash hands.