

**FY 2013 RFP #1 – STS 5 Bed & 3 Bed CLA
Questions / Answers**

What is the current staffing ratio for all eight (8) individuals in the RFP?

For the 3 in Group D, V.C. requires supervision (with ability to intervene) while ambulating. D.G. and M.S. require 1:1 while ambulating. At day program they are part of supervised groups with a staff to client ratio of 2:5. In their new home, they would need at least two staff present on all shifts. If their home was for just the three of them, the staff to client ratio would be 2:3. If their home included another individual or two, staff to client ratio could be 2:5.

Current staffing ratio for the five ladies in Group C is 1:3

Group D – 3 Bed CLA - VC; MS; DG

What type of healthcare insurance do the three ladies have? **All three ladies have Medicare Parts A, B, and D as well as Title XIX.**

Are these three ladies moving together as one group? **Yes.**

Do the ladies have any idea that they are moving? Have they been told that people will be visiting them? **The ladies know that people will be visiting them, but do not know why. The guardians of all three have strongly expressed desire for the ladies to have their own home together. V.C. has expressed her strong desire to have her own home in the community, though because of a prior disappointment, it has been decided not to inform her until there is a home lined up for her. With D.G. and M.S. we wanted to have a home to show them before letting them know. With them, a concrete, real life example seems to be better than an unknown.**

Group D indicates nursing services are required. How many nursing hours are currently provided per day, per week? **Nursing is not indicated for D.G. Nursing is indicated for V.C. for two reasons: 1) because she requires a daily needle injection and 2) because a nurse needs to assess her every morning due to behavioral issues, which occur in cycles. Nursing is indicated for M.S. because of a PRN medication delivered via nebulizer. A nurse is required to assess whether a nebulizer treatment is needed, and a nurse is required to administer a nebulizer treatment. Overall total nursing needed is less than one hour per day, and less than six hours per week.**

Have the ladies from Cottage 30 been told about the RFP and/or that people will be visiting them? **The ladies know that people visit them, but do not know why. The guardians of all three have strongly expressed desire for the ladies to have their own home together. V.C. has expressed her strong desire to have her own home in the community, though because of a prior disappointment, it has been decided not to inform her until there is a home lined up for her. With D.G. and M.S. we wanted to have a home to show them before letting them know. With them, a concrete, real life example seems to be better than an unknown.**

Do any of the three ladies, other than the one with the gait, require one-to-one assistance? **All three are on a one-to-one when bathing.**

V.C. also requires line of site due to her falling and she also has a bed alarm pad to alert staff if she gets up.

D.G. and M.S. require contact guard when ambulating.

Multiple LON's refer to door alarms with no specific reasons listed. Is this standard practice at STS or is there another reason? **Standard practice at STS is to have a door chime alarm on external doors. These alarms are only activated during third shift.**

Is it just one lady who uses a w/c in the community? **No. Two may use a wheelchair in the community – M.S. and D.G. D.G.'s use is PRN.**

Can you expand on why only female staff? We understand for personal need care, but could a male staff work in the house with female staff? **One of the ladies can use overtly sexual language towards male staff. We think that it is purely for shock value, but it could potentially put her in harm's way. The requirement for only female staff is also something the guardian has specified. All of the direct care/personal care staff must be female. However, staff such as van drivers and cooks may be male. In addition, there are males present at this lady's day program. Having worked there for many years, she has not exhibited such negative behavior in her work environment.**

V.C.

V.C. LON indicates she gets a daily injection from an LPN. What is the injection for? When is it given? **Osteoporosis medication is given every morning by needle injection. This medication was added after her most current IP, and that is why it was not listed there. She still receives this osteoporosis medication daily.**

What are V.C. daily needle injections for? **For Osteoporosis medication.**

What specifically are V.C. disruptive and sexually inappropriate behaviors? **She can be verbally inappropriate, and can use overtly sexual language towards male staff. We think that it is purely for shock value, but it could potentially put her in harm's way.**

What are her current diagnoses?

- | | | | |
|----|--|----|---|
| 1 | Cyclothymia D/O | 2 | Hypercholesterolemia |
| 3 | Primary Hypogonadism | 4 | Chronic constipation |
| 5 | BLE Onychomycosis | 6 | Fibrocystic Breast |
| 7 | Chronic Chalazion right eye | 8 | Fibroid Uterus (tiny) |
| 9 | Osteoporosis, S/P Pelvic ORIF 1/12 | 10 | Stable left Adrenal mass on CT |
| 11 | Vitreous detachment | 12 | Melanosis Coli, Colonoscopy 1/03 |
| 13 | Vitamin D deficiency | 14 | GERD |
| 15 | Dyslipidemia | 16 | Anemia (improving) |
| 17 | Seizures (per EEG 2/21/12)(new diag.) | 18 | S/P pelvic ORIF 1/12 |

What are her the current medications?

1	Foreto 20mcg sq QD (started 2/8/12)	2	MOM 15cc QD
3	Tegretol 500mg PO BID(increase 5/12)	4	Duocolax 100mg QD
5	Effexor XR 225mg PO QD	6	Folic Acid 5mg PO QD
7	Synthroid 50mg PO QD	8	Senna 2 tabs PO QD
9	Multi Vit 1tab PO QD	10	Aspirin 81mg PO QD
11	Prilosec 20mg PO QD	12	Lopid 600mg PO BID
13	Vitamin D3 1800 iu PO QD	14	Motrin 600mg PRN
15	Iron 325mg QD 2 tabs PO q 3pm	16	Calcium with D 600/400 PO 2 tabs QD
17	Iron 325mg QD 1 tab PO q 7pm	18	
19	Motrin 600mg q6 hrs discomfort/headache	20	Bisacodyl 5mg PO QD
21	Dulcolax supp PR 10mg q 3 days NO BM	22	Zetia 10mg PO qd 7am (started 6/6/12)

With her level of supervision, are staff still with her when she's in her bedroom, with the exception of sleep hours? **When V.C. goes to her bedroom for sleep, she no longer needs staff with her because she uses a bed pad alarm. She does not use her bedroom as a place to hang out as she prefers to be around people in the common areas. If she were to use her bedroom as a place to hang out during the day, she would need staff within a visual field in order to observe ambulation and be ready to assist if needed.**

When did the fractured pelvis occur? Where was she hospitalized for this and for how long? **Fracture – 1/26/12. Sent to Danbury Hospital, and transferred to Yale New Haven. Returned home 2/3/12.**

Is there a physician order for the wheelchair? **No.**

There are reports of a new onset seizure disorder? What type of seizure is this? How often do seizures occur? **Tonic-clonic. She has had a seizure twice in her life. The first was on 2/21/12, and the second was on 5/18/12. She has not had one since 5/18/12.**

How long is VC's day at bottle works? How long does it take her to get there? **V.C. leaves for her job at Bottleworks at 8:30 a.m. and returns at 2:30 p.m. Her ride to Danbury takes about 20 to 30 minutes, depending on traffic.**

Is physical restraint part of her program? **No.**

The bed pad alarm, is this still used? Is this for when she gets out of bed? **Yes. Yes. Staff need to visually observe ambulation, and be ready to provide assistance if needed.**

How many hours per night does she sleep? What is the least amount of hours she typically sleeps? **7 hours is her usual sleep, but she may have a night or two per month with 4 hours sleep. It has been suggested that the nights of disturbed sleep (4 hours) would be less likely to occur if she were in a home with fewer housemates. Her disrupted sleep may be the result of someone else awake and noisy.**

Are there any concerns with legal issues, or weapons? **No, none.**

M.S.

M.S. LON indicates two people are always required for evacuation. The comment section indicates two people required for evacuation if she has to go down stairs. Is it always or only if stairs are present? M.S. is frightened by the fire alarm noise, which is very loud in her home. Evacuation of M.S. is really only a problem when a fire alarm happens during third shift – because she wants to remain in bed and because of the stairs. If M.S. did not have to use stairs, evacuation would not be a problem and one person could evacuate her. M.S. does not have an issue evacuating during first and second shifts from the first floor.

M.S. has a nebulizer and for us this is a nursing delegated duty. Is DDS requiring nursing to be on site every day? We have nursing on-call available daily. Marie’s use of a nebulizer is for a PRN (only when needed) medication to aid in breathing. In addition to the use of a nebulizer (given by the nurse), the determination of whether the PRN medication is needed that day is made by the nurse. Marie needs a nurse to assess her daily to see if the medication is needed. It is also the understanding of the guardians who have entered into the RFP that this home will have daily visits by a nurse.

What is her current staffing level (daytime, overnight, community)? At home awake, she is general supervision with 15 minute checks. However, if she is working with beads or small objects, she needs to be in a supervised area. At night she is 15 minute checks. In the community she is continuous supervision. When ambulating either at home, day program, or in the community, she needs a contact guard (1:1).

Is she 1:1 during all ambulation? Yes – contact guard.

Is a gait belt ordered by a physical therapist? Yes.

Is there a history or heightened risk of falls? Yes.

Any targeted behaviors besides possible PICA and what proactive protocols are in place to address this-packet stated no items under a certain size. No. Her behavior program has been discontinued for several years. There have been no incidents since the Staff Guidelines for M.S. were put in place. They state:

- M.S. should not work with beads or any items smaller than 3 inches by 3 inches, unless she is in a supervised area. (M.S. loves to work with beads, and does so regularly).**
- Conduct environmental checks in any area where M.S. will be staying.**
- M.S.’s room should be checked just before bedtime, to make sure that no small items are in her bed and any beads or other activities are safely put away.**
- If M.S. should eat or attempt to eat any non-food item an incident report should be completed and she should be checked by the nurse as soon as possible. Also, please fill out an ABC sheet for the IDT to review. (This has not happened and was not needed).**

What are her current medications and dosages?

- | | |
|---|--|
| 1 Colace 100mg PO qd | 2 Calcium with D 600/400 BID |
| 3 Zocor 20mg PO qd | 4 Boniva 150mg q month |
| 5 Tylenol 650mg PRN pain/discomfort | 6 Duoneb nebulizer q 6 hrs. PRN, Wheezing |
| 7 Astelin Nasal Spray started 11/19/10 | 8 Iron 325mg BID 3pm, 7pm |

Does she use oxygen for lung disease dx? **No. She uses a nebulizer PRN (as needed) to deliver a medication.**

D.G.

Any significant health concerns at this time? **No.**

Any idea why she stopped talking? **It is unknown, but in the past she spent time in Fairfield Hills Hospital. Previous medications may or may not have affected her desire to speak. There was also an incident when she was attending special classes in public school where a student threw a rock at her and hit her in the head. This incident seems to have ended her desire to attend school. It is known that even after she stopped talking, she would (and perhaps still will) join in singing to Christmas carols.**

What are current meds?

- | | | | |
|----|---|----|--|
| 1 | Levothyroxine 100mcg po daily | 2 | Senna tabs 2 tabs po daily |
| 3 | Zetia 10 mg po daily | 4 | Pravachol 40mg po daily |
| 5 | Multi Vitamin 1 tab PO qd | 6 | Depakote sprinkles 500mg po BID |
| 7 | Depakote sprinkles 375mg po qPM | 8 | Propranolol HCL 40mg po BID |
| 9 | Calcium with vit/d 600/400mg po TID | 10 | Zyprexa 2.5mg alternate with 5mg po QHS |
| 11 | PRN; dulcolax 10mg supp. PR if no BM for 4 days | 12 | PRN: Tylenol 650mg po every 6 hours for pain |
| 13 | Tolnaftate Powder BID bilateral toes | 14 | Prolia 60mg sq when available |

Is restraint ever needed? **No.**

Any concerns with sleep? **No.**

Any concerns with transportation? **No.**

Is there a more recent IP for DG than the 9/2011 IP which was used for the PRAT application? **Yes, it is dated 8/20/12. See attached.**



IP, Gantek
8-20-12.doc

Group C – 5 Bed CLA SC; ML; DP; FH; LM

L. M. LON indicates she needs extra behavioral support in community and in vehicle. What is current level of support at these times? **The Behaviorist and the Charge could not think of a reason why she would need EXTRA support in the community. However, they did mention that she can become vocal in the in the community. Also, if a car door is unlocked she would go and sit in the car, and it has been difficult to get her to exit the vehicle.**

F.H. and **M.L.** LON (13b) indicate need less than 8 hours direct LPN/RN daily. What is the daily need for nursing? **The nurses stated services are provided as needed; they are mostly for routine care.**

M.L. request for service form indicates pureed diet. LON indicates ground. What is the correct diet? **The current diet is PUREED. Her diet was modified from ground to puree on 6/29/11**

S.C.

Does she need pre sedates for appts? **Yes, per LPN and Charge**

Any hx of choking? **No, per Charge**

Is there any follow up needed for her cancer diagnosis? **Breast biopsy negative, per LPN**

F. H.

LON states she needs injected meds. Is this an error? **Yes it is an error, per LPN.**

Medicaid suspended due to trust- has this been resolved? **No it hasn't.**

Accurate that she doesn't require supervision at mealtime? **No; all of the ladies need supervision at mealtime.**

Are there any target behaviors besides stereotypy (waving fingers in front of eyes) of concern at this time? **No.**

Does she ever use a wheelchair? **Only adaptive equipment is poise pads and bed wedge.**

Any recent hospitalizations? **No- annual nursing report dated 8/15/12.**

Where is her current ISO located? **CPM in Oxford.**

Any layout or home considerations? **No**

What is her current level of staffing (day, overnight, and in the community)? **1:3**

B.M.

Why does she require a door alarm and which door? **Door alarms are standard at STS. Also, utilized to alert staff of entering or exiting traffic.**

What type of occasional support is needed for transport? **Per Charge, staffing pattern is standard 1:3, sometimes Bonnie may lose interest early into community outing resulting in everyone having to return sooner than planned.**

What level of supervision does she require in the community? **1:3 (see question 2 answer for additional info)**

M.L.

She made it to day program 191 out of 235 opportunities, what are the reasoning's behind her missing day program? Refusals? **Behaviorist and Charge report Marel LOVES attending day program. Absenteeism must have been because of med appointments or if she was not feeling well.**

More information on her severe physical assault or aggression. How often has she aggressed towards her housemates? **Per behaviorist, Marel does not aggress towards housemates. Aggressions are very infrequent.**

What are the current diagnosis?

MR profound, infantile autism with SIB & anxiety
Benign seborrhea keratosis
Low ferritin
S/P Left wrist fracture 11/06 ,S/P Fx 5th Rt metatarsal 10/08
Menopausal
Osteopenia
Bilateral fibrocystic breasts, lobular cancer in situ right breast
Mild constipation
Mild vitreous detachment OU, mild esotropia OU, mild cataract OU
Dyslipidemia
S/P excision basal cell Ca L cheek 5/10

What are the current medications? And what for?

Ativan 1mg QID-----Anxiety
Daily Vit 1 QD-----Supplement
Vit D3 400u QD-----Supplement
Calcium w/D600mg po bid-----Supplement
Blistex Lip Ointment----- cold sores
Tylenol 975mg Q6 hr prn---Discomfort
9/11/12- Peridex on toothettes bid to dentes
9/2/12- Erythromycin 500mg po tid x 7 days
Gum inflammation, Hold Lipitor while on Erythromycin
9/2/12- Give Tylenol q6hrs w/a c 48 hrs
Senokot 2 tabs BID-----Constipation
Anafranil 150mg am & 75mg HS-----
Depression/Compulsive disorder
Senokot 2 tabs BID-----Constipation
Trazadone HCL 150-150-100 mg-- Anxiety
Lipitor 10mg po Daily-----Dyslipidemia
Sunscreen SP40 prn-----Sun exposure
Alendronate 35mg po qweek -Osteopenia
8/20/12- Diflucan 150mg po x 1 -Tx Candida
8/8/12- Chloral Hydrate 2 gms & Vistaril
50mg po 2 hrs prior to GYN appt

What are current medications (dose, route, rationale)

Paxil 10mg alt w/ 20mgpo QOD---
behavioral D/O
< 5/2/12 Trazadone 100 mg po HS-----
behavioral D/O
Saline nasal gel 2 sprays ea nare TID - tx

dryness

Aspirin EC 81 mg po TIW--- cardiac

prophylaxis

Synthroid 75 mcg po QD -----thyroid

hormone

Ferrous Sulfate 325mg po QD-----Anemia

Lisinopril 10 mg po QD--- tx metabolic

syndrome

Metformin hcl 500 mg po QD tx metabolic

syndrome

Depakote 500-125-500 mg-----

anticonvulsant

Omeprazole 20mg po QD----GERD

Alphagan P one drop left eye BID-- tx

glaucoma

Cosopt one drop both eyes BID-- tx

glaucoma

Xalatan one drop left eye HS-- tx glaucoma

Calcium 600 w/D one po BID---supplement

Gold bond powder top between toes and

under breast QD

antifungal

Aveeno anti-itch lotion prn ----- for dry

skin

What type of seizures does she have? **Only have a history of seizures, none recent, (approximately 10 years according to behaviorist).**

What is status of dementia? **Emerging, per RN.**

Is there any family involvement? **Yes, Sister.**

Is there a 2012 IP we can get copy of? (we have the 2/16/11 IP). **Yes, attached.**



ML IP 2012.docx

Any issues with sleep? **No, loves to sleep, but no issues.**

Any issues with transportation in a vehicle? **No.**

Any current significant health issues? **No.**

What are staffing ratios now and are they adequate? **Yes staff ratios are adequate per behaviorist. 1:3.**

Why 15 minute checks during overnight hours? **No she hasn't had 15 min checks.**

Is the abductor pillow still used and how often? **Not used, but still available, Dr. order remains current for PRN.**

Does she use a wheelchair at all? **Not usually, unless sedated for a doctor's appt.**

How often is LM seen by a nurse? **Seen by the nurse for routine care and PRN.**

Who is her current psychiatrist? **Dr. Barberie.**

Have there been any hospitalizations in the recent years? **No**

How far is her day program? **Approximately 26.5 miles according to google map**

Is physical restraint used in her program? **No**

How is her sleep at night? How many hours? Least amount of hours? **Yes, sleeps all night**

Have there been any legal concerns or law involvement? **No**

D.P.

How often does she visit with her sister Karen? Does she go for overnights? Holidays? **Per Charge- Donna does not visit for overnights or holidays; Her sister visits her when she attends quarterly meetings.**

LON States that she needs more than one person (2:1) typically for severe physical aggression or assault. Has she ever needed a restraint? (if so, what type.) Are there times when leaving her alone with only one staff is not safe? Has she ever aggressed towards her two housemates? **Per Charge-She has not been restrained. Any attempts to be aggressive towards a housemate, has been averted through staff intervention. Donna is attention seeking, which is why it is imperative the behavior support plan is executed as written. The standard staff-to-client ratio is 1:3.**

According to the IP, the guardian is opposed to her leaving STS. Is this still the case? **No**

What is the current staffing ratio? Is it adequate for her needs? **1:3**

Are there any significant medical issues at this time? **No**

What is the “hands on” care provided by the RN? **Routine, per RN.**

Why such a high frequency of Dr. visits? (12-23/year)? **Less- routine care visits.**

Can we get current data on behavior? **Behaviorist will follow up.**

Has weight loss continued? Cause of weight loss? **Stable, per RN.**

What mode of communication does she use? **Nonverbal, makes noises- the more you work with her you will be able to ascertain what the noises signify.**

Is restraint ever needed for Aggression? – If so what type, how many staff needed? **No**

Any issues with sleep? **No**