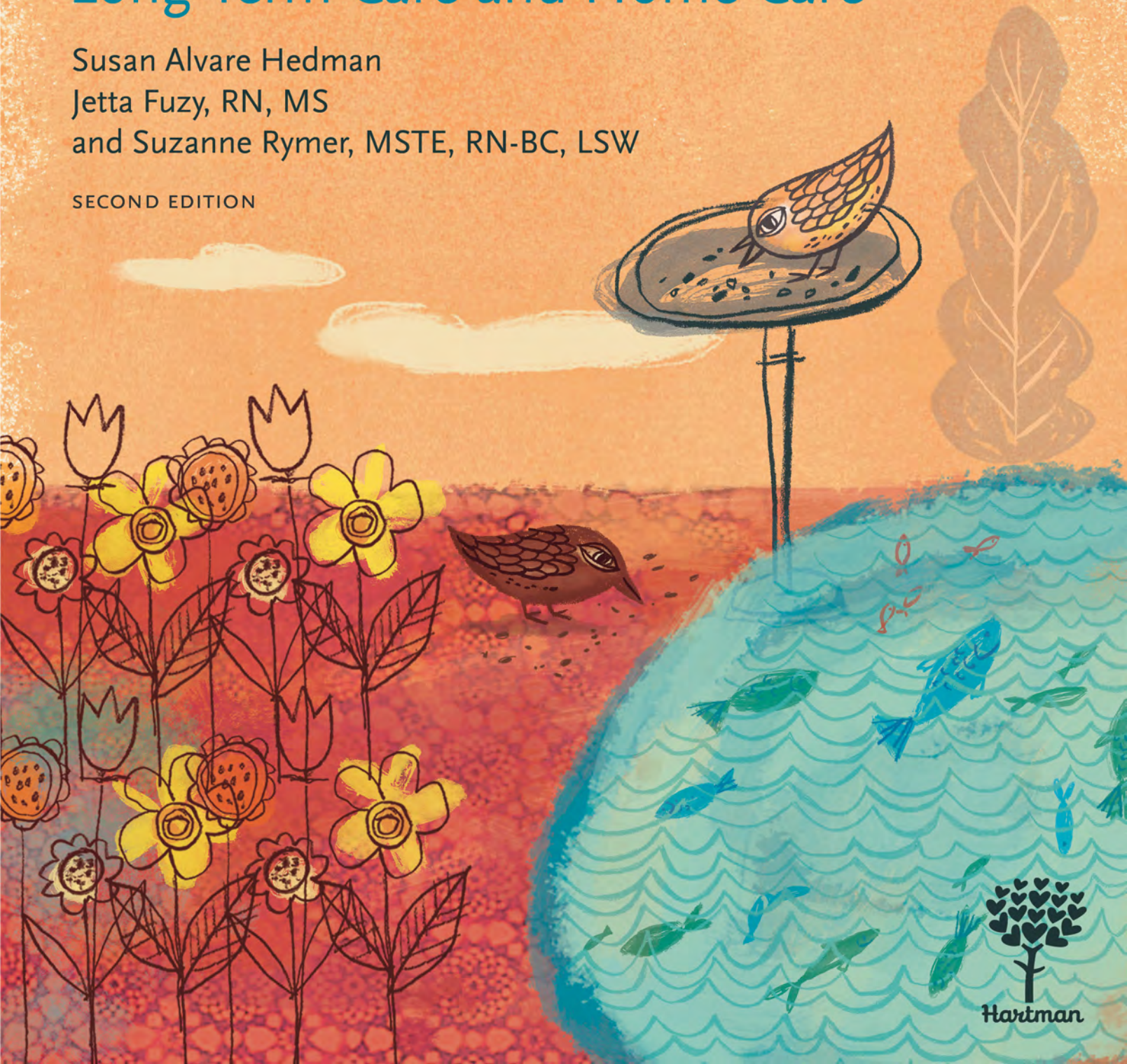
Hartman's

Nursing Assistant Care

Long-Term Care and Home Care

Susan Alvare Hedman
Jetta Fuzy, RN, MS
and Suzanne Rymer, MSTE, RN-BC, LSW

SECOND EDITION



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ISBN 978-1-60425-037-4
ISBN 978-1-60425-040-4 (Hardcover)

PRINTED IN CANADA

Notice to Readers

Though the guidelines and procedures contained in this text are based on consultations with healthcare professionals, they should not be considered absolute recommendations. The instructor and readers should follow employer, local, state, and federal guidelines concerning healthcare practices. These guidelines change, and it is the reader's responsibility to be aware of these changes and of the policies and procedures of her or his healthcare facility.

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Gender Usage

This textbook utilizes the pronouns *he*, *his*, *she*, and *her* interchangeably to denote healthcare team members and residents and clients.

Special Thanks

A heartfelt thank you goes to our insightful and wonderful reviewers, listed in alphabetical order:

Katherine Howard, MS, RN-BC, CNE
Edison, NJ

Charles A. Illian, RN, BSN
Orlando, FL

Elaine Amo Kafle, RN, MS, PHN
San Jose, CA

Aretha D. Meggett, LPN, BA
Pittsburgh, PA

Beverly Vespico, MHA, RN, BC
Harveys Lake, PA

Carrie Wallis, LVN
New Braunfels, TX

Mary Webber, RN, MEd
Santa Barbara, CA

We are very appreciative of the many sources who shared their informative photos with us:

Amy's Kitchen

Dr. Jeffrey T. Behr

The Briggs Corporation

Detecto

Dreamstime

The Eden Alternative

Exergen Corporation

Dr. Tamara D. Fishman and The Wound Care Institute

Harrisburg Area Community College

Damon Hart-Davis

Dr. James Heilman

Hollister Incorporated

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Vancare, Inc.

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Procedures

Understanding how your book is organized and what its special features are will help you make the most of this resource!

We have assigned each chapter its own colored tab. Each colored tab contains the chapter number and title, and you will see it on the side of every page.

1. List examples of legal and ethical behavior

Everything in this book, the student workbook, and your instructor's teaching material is organized around learning objectives. A learning objective is a very specific piece of knowledge or a very specific skill. After reading the text, if you can do what the learning objective says, you know you have mastered the material.

bloodborne pathogens

You will find bold key terms throughout the text, followed by their definitions. They are also listed in the glossary at the back of this book.

Making an occupied bed

All care procedures are highlighted by the same black bar for easy recognition.

Guidelines: Handwashing

Guidelines and Observing and Reporting lists are colored green for easy reference.

These boxes teach important information on how to support and promote Residents' Rights, as well as how to recognize and prevent abuse and neglect.

Chapter Review

Chapter-ending questions test your knowledge of the information found in the chapter. If you have trouble answering a question, you can return to the text and reread the material.

Beginning and ending steps in care procedures

For most care procedures, these steps should be performed. Understanding why they are important will help you remember to perform each step every time care is provided.

Beginning Steps	
Identify yourself by name. Identify the resident by name.	A resident's room is his home. Residents have a right to privacy. Before any procedure, knock and wait for permission to enter the resident's room. Upon entering his room, identify yourself and state your title. Residents have the right to know who is providing their care. Identify and greet the resident. This shows courtesy and respect. It also establishes correct identification. This prevents care from being performed on the wrong person.
Wash your hands.	Handwashing provides for infection prevention. Nothing fights infection in facilities like performing consistent, proper hand hygiene. Handwashing may need to be done more than once during a procedure. Practice Standard Precautions with every resident.
Explain procedure to resident. Speak clearly, slowly, and directly. Maintain face-to-face contact whenever possible.	Residents have a right to know exactly what care you will provide. It promotes understanding, cooperation, and independence. Residents are able to do more for themselves if they know what needs to happen.
Provide for the resident's privacy with a curtain, screen, or door.	Doing this maintains residents' right to privacy and dignity. Providing for privacy in a facility is not simply a courtesy; it is a legal right.
Adjust the bed to a safe level, usually waist high. Lock the bed wheels.	Locking the bed wheels is an important safety measure. It ensures that the bed will not move as you are performing care. Raising the bed helps you to remember to use good body mechanics. This prevents injury to you and to residents.

Ending Steps	
Make resident comfortable.	Make sure sheets are wrinkle-free and lie flat under the resident's body. This helps prevent pressure ulcers. Replace bedding and pillows. Check that the resident's body is in proper alignment. This promotes comfort and health after you leave the room.
Return bed to lowest position. Remove privacy measures.	Lowering the bed provides for residents' safety. Remove extra privacy measures added during the procedure. This includes anything you may have draped over and around residents, as well as privacy screens.
Place call light within resident's reach.	A call light allows residents to communicate with staff as necessary. It must always be left within the resident's reach. You must respond to call lights promptly.
Wash your hands.	Handwashing is the most important thing you can do to prevent the spread of infection.
Report any changes in the resident to the nurse. Document procedure using facility guidelines.	You will often be the person who spends the most time with a resident, so you are in the best position to note any changes in a resident's condition. Every time you provide care, observe the resident's physical and mental capabilities, as well as the condition of his or her body. For example, a change in a resident's ability to dress himself may signal a greater problem. After you have finished giving care, document the care using facility guidelines. Do not record care before it is given. If you do not document the care you gave, legally it did not happen.

In addition to the beginning and ending steps listed above, remember to follow infection prevention guidelines. Even if a procedure in this book does not tell you to wear gloves or other PPE, there may be times when it is appropriate.

A few procedures in this book mention positioning side rails on beds, but most references to side rails have been omitted. This is due to the decline in their use because of risk of injury. Follow your facility's policies regarding side rails.

1 Understanding Healthcare Settings

1. Discuss the structure of the healthcare system and describe ways it is changing

Welcome to the world of health care. Health care is a growing field. The healthcare system refers to all the different kinds of providers, facilities, and payers involved in delivering medical care. **Providers** are people or organizations that provide health care, including doctors, nurses, clinics, and agencies. **Facilities** are places where care is delivered or administered, including hospitals, long-term care facilities, and treatment centers (such as for cancer). **Payers** are people or organizations paying for healthcare services. These include insurance companies, government programs like Medicare and Medicaid, and the individual person needing care. Together, all these people, places, and organizations make up the healthcare system.

This textbook will focus on two types of care: long-term care and home health care. **Long-term care (LTC)** is given in long-term care facilities (LTCF) for people who need 24-hour skilled care. **Skilled care** is medically-necessary care given by a skilled nurse or therapist; it is available 24 hours a day. It is ordered by a doctor and involves a treatment plan. This type of care is given to people who need a high level of care for ongoing conditions. The term *nursing homes* was once widely used to refer to these facilities. Now they are often called long-term care facilities, skilled nursing facilities, rehabilitation centers, or extended care facilities.

People who live in long-term care facilities may be disabled and/or elderly. They may arrive from hospitals or other healthcare settings. Their **length of stay** (the number of days a person stays in a healthcare facility) may be short, such as a few days or months, or longer than six months. Some of these people will have a **terminal illness**, which means that the illness will eventually cause death. Other people may recover and return to their homes or to other living facilities or situations.

Most people who live in long-term care facilities have chronic conditions. This means the conditions last a long period of time, even a lifetime. Chronic conditions include physical disabilities, heart disease, and dementia. (See Chapter 18 for more about these disorders and diseases.) People who live in these facilities are usually referred to as *residents* because the facility is where they reside or live. These places are their homes for the duration of their stay (Fig. 1-1).

Fig. 1-1. *Long-term care is given to people who need skilled care for ongoing conditions. People who live in long-term care facilities are called residents.*

Home health care is provided in a person's home (Fig. 1-2). This type of care is also generally given to people who are older and are chronically ill but who are able to and wish to remain at home. Home health care may also be needed when a person is weak after a recent hospital stay. Skilled assistance or monitoring may be required. People who receive home health care are usually referred to as *clients*.

Fig. 1-2. *Home care is performed in a person's home. People receiving home care are generally referred to as clients.*

In some ways, working as a home health aide is similar to working as a nursing assistant. Almost all care described in this textbook applies to both nursing assistants and home health aides. Most of the basic medical procedures and many of the personal care procedures are the same. Home health aides may also clean, shop for groceries, do laundry, and cook. There is information on home care throughout the textbook, but Chapters 24 through 30 deal solely with home care.

Home health aides may have more contact with the client's family than nursing assistants do. They also will work more independently, although a supervisor monitors their work. The advantage of home care is that clients do not have to leave home. They may have lived there for many years, and staying at home can be comforting.

People who need long-term care or home health care will have different **diagnoses**, or medical conditions determined by a doctor. The stages of illnesses or diseases affect how sick people are and how much care they will need. The jobs of nursing assistants and home health aides will also vary. This is due to each person's different symptoms, abilities, and needs.

Other healthcare settings include the following:

- **Assisted living** facilities are residences for people who need some help with daily care, such as showers, meals, and dressing. Help with medications may also be given. People who live in these facilities do not need 24-hour skilled care. Assisted living facilities allow more independent living in a home-like environment. A resident can live in a single room or an apartment; however, some residents have roommates. An assisted living facility may be attached to a long-term care facility, or it may stand alone. Some assisted living facilities have *memory care* units for people who have mild dementia. These people are unable to live alone but are still fairly independent. **Dementia** is defined as the serious loss of mental abilities, such as thinking, remembering, reasoning, and communicating. There is more information about dementia in Chapter 19.
- **Adult day services** are for people who need some assistance and supervision during certain hours, but who do not live in the facility where care is provided. Generally, adult day services are for people who need some help but are not seriously ill or disabled. Adult day services can also provide a break for spouses, family members, and friends.
- **Acute care** is 24-hour skilled care given in hospitals and ambulatory surgical centers for people who require short-term, immediate care for illnesses or injuries (Fig. 1-3). People are also admitted for short stays for surgery.
- **Subacute care** is care given in a hospital or in a long-term care facility. It is used for people who need less care than for an acute (sudden onset, short-term) illness, but more care than for a chronic (long-term) illness. Treatment usually ends when the condition has stabilized and/or after the predeter-

mined time period for treatment has been completed. The cost is usually less than a hospital but more than long-term care. Subacute care is covered in Chapter 22.

- **Outpatient care** is usually given for less than 24 hours. It is for people who have had treatments or surgery and need short-term skilled care.
- **Rehabilitation** is care given by specialists. Physical, occupational, and speech therapists restore or improve function after an illness or injury. Information about rehabilitation and related care is located in Chapter 21.
- **Hospice care** is given in facilities or homes for people who have approximately six months or less to live. Hospice workers give physical and emotional care and comfort while also supporting families. There is more information about hospice care in Chapter 23.

Fig. 1-3. *Acute care is performed in hospitals for illnesses or injuries that require immediate care.*

Often payers control the amount and types of healthcare services people receive. The kind of care a person receives and where he receives it may depend, in part, on who is paying for it. Traditional insurance companies offer plans that pay for the health care of plan members. Most people covered by traditional insurance are part of a plan at their place of work. The costs are paid for by the employer, the employee, or shared by both. Starting in 2014 the federal government's Patient Protection and Affordable Care Act (PPACA) will establish Affordable Insurance Exchanges. These exchanges are marketplaces for health care coverage and are intended to bring quality care within the reach of those who do not have access to an employer-based insurance program or who may not be able to afford their employers' programs. It is also intended to provide improved access to healthcare coverage for small businesses.

As a reaction to the increasing costs of traditional insurance plans, many employers and employees belong to **health maintenance organizations (HMOs)**. HMOs require that participants use a particular doctor or group of doctors except in case of emergency. The doctors working for HMOs are paid to provide care while keeping costs down. Thus they may see more patients, order fewer tests, or cut costs in other ways.

Preferred provider organizations (PPOs) are another cost-reducing healthcare option. A PPO is a network of providers that contract to provide health services to a group of people. Employees are given incentives to use network providers. Employers are given reduced, fee-for-service rates for getting employees to participate in the network. A person in a PPO may still get health care outside the network of providers, but must pay a higher portion of the cost.

If a person becomes seriously ill, he may be admitted to a hospital. The costs of hospital care have risen greatly in recent years. To make up for these higher costs, healthcare payers are controlling who can be admitted to a hospital and for how long. After release from the hospital, many people need continuing care. This is particularly true as people are released after shorter hospital stays. Continuing care may be provided in a long-term care facility, a rehabilitation hospital, or by a home health agency. The type of care depends on the medical condition and needs of the patient or client.

Our healthcare system is constantly changing. As we develop new and better ways of caring for people, care becomes more expensive. Better health care helps people live longer, which leads to a larger elderly population that may need additional health care. New discoveries and expensive equipment have also increased healthcare costs (Fig. 1-4).

Fig. 1-4. *Technology makes it possible to offer better health care, but equipment can be expensive.*

HMOs and PPOs continue to replace traditional insurance plans. This affects the amount and quality of health care provided. These cost control strategies are often called **managed care**. In the past, the goal of health care was to make sick people well. Today it is to get sick people well in the most efficient (least expensive) way possible. Developments such as the PPACA's Affordable Insurance Exchanges, which are slated to begin in 2014, are sure to bring further changes to health care and healthcare coverage. The goal of these changes is to make coverage more accessible, affordable, and effective.

2. Describe a typical long-term care facility

Long-term care facilities (LTCFs) are businesses that provide skilled nursing care 24 hours a day. These facilities may offer assisted living housing, dementia care, or subacute care. Some facilities offer specialized care, while others care for all types of residents. The typical long-term care facility offers personal care for all residents and focused care for residents with special needs. Personal care includes bathing, skin, nail and hair care, and assistance with walking, eating, dressing, transferring, and toileting. All of these daily personal care tasks are called **activities of daily living**, or **ADLs**.

Other common services offered at long-term care facilities include the following:

- Physical, occupational, and speech therapy
- Wound care
- Care of different types of tubes, including **catheters** (thin tubes inserted into the body to drain fluids or inject fluids)
- Nutrition therapy
- Management of chronic diseases, such as AIDS, diabetes, chronic obstructive pulmonary disease (COPD), cancer, and congestive heart failure (CHF)

When specialized care is offered at long-term care facilities, the employees must have special training. Residents with similar needs may be placed in units together. Non-profit companies or for-profit companies can own long-term care facilities.

3. Describe residents who live in long-term care facilities

There are some general statements that can be made about residents in long-term care facilities. However, more important than understanding the entire population is that nursing assistants understand each individual for whom they will care. Residents' care should be based on their specific needs, illnesses, and preferences.

According to a survey conducted in 2004 by the National Center for Health Statistics, 88 percent of long-term care residents in the U.S. are over age 65. Seventy percent of residents are female. More than 90 percent are white and non-Hispanic (Fig. 1-5). This is a much larger percentage than the U.S. population as a whole. About one-third of residents come from a private residence;

over 50 percent come from a hospital or other facility.

Fig. 1-5. *White, non-Hispanic women make up a high percentage of residents in long-term care facilities.*

The length of stay of over two-thirds of residents in long-term care is six months or longer. These residents need enough help with their activities of daily living to require 24-hour care. Often, they do not have caregivers available to give sufficient care for them to live in the community. The groups with the longest average stay are the developmentally disabled. They are often younger than 65. More information about these groups is found in Chapter 8.

The other third of residents stay for less than six months. This group generally falls into two categories. The first category is made up of residents admitted for terminal care. They will probably die in the facility. The second category is made up of residents admitted for rehabilitation or temporary illness. They will usually recover and return to the community. Care of these residents may be very different than care provided for permanent residents.

Dementia and other mental disorders are major causes of admissions to care facilities. Various studies place the number of residents with dementia between 50 and 90 percent. Many residents are admitted with other disorders as well. However, the disorders themselves are often not the main reason for admission. It is most often the lack of ability to care for oneself and the lack of a support system that leads someone to enter a facility.

A support system is vital in allowing the elderly to live outside a facility. For every elderly person living in a long-term care facility, at least two with similar disorders and disabilities live in the community.

Some residents have very little outside support from family or friends. This is one reason it is essential to care for the whole person instead of only the illness or disease. Residents have many needs besides bathing, eating, drinking, and toileting. These needs will go unmet if staff do not work to meet them.

4. Explain policies and procedures

All facilities have manuals outlining their policies and procedures. A **policy** is a course of action that should be taken every time a certain situation occurs. For example, a very basic policy is that healthcare information must remain confidential. A **procedure** is a method, or way, of doing something. For example, a facility will have a procedure for reporting information about residents. The procedure explains what form to complete, when and how often to fill it out, and to whom it is given. New employees at an LTCF will be told where to find a list of policies and procedures that all staff are expected to follow.

Common policies at long-term care facilities include the following:

- All resident information must remain confidential. This is not only a facility rule, it is also the law. See Chapter 3 for more information on confidentiality, including the Health Insurance Portability and Accountability Act (HIPAA).
- The plan of care must always be followed. Nursing assistants should perform tasks assigned by the care plan. Tasks that are not listed in the care plan or approved by the nurse should not be performed.

- Nursing assistants should not do tasks that are not listed in the job description.
- Nursing assistants must report important events or changes in residents to a nurse.
- Personal problems should not be discussed with the resident or the resident's family.
- Nursing assistants should not take money or gifts from residents or their families (Fig. 1-6).
- Nursing assistants must be on time for work. They must be dependable.

Fig. 1-6. *Nursing assistants should not accept money or gifts because it is unprofessional and may lead to conflict.*

Employers will have policies and procedures for every resident care situation. These have been developed to give quality care and protect resident safety. Written procedures may seem long and complicated, but each step is important. It is essential that nursing assistants become familiar with and always follow policies and procedures.

5. Describe the long-term care survey process

Inspections help ensure that long-term care facilities (and home health agencies) follow state and federal regulations. Inspections are performed periodically by the state agency that licenses facilities. These inspections are called surveys. They may be done more often if a facility has been cited for problems. To **cite** means to find a problem through a survey. Inspections may be done less often if the facility has a good record. Inspection teams include a variety of trained healthcare professionals.

Surveyors study how well staff care for residents. They focus on how residents' nutritional, physical, social, emotional, and spiritual needs are being met. They interview residents and their families and observe the staff's interactions with residents and the care given. They review resident charts and observe meals. Surveys are one reason the paperwork part of a nursing assistant's job is so important.

Surveyors use tags that identify specific federal regulations (F-Tags) to note any problems. When surveyors are in a facility, staff should try not to be nervous. They should give the same quality care they give every day, and answer any questions to the best of their abilities. If an employee does not know the answer to a surveyor's question, she should be honest and never guess. She should tell the surveyor that she does not know the answer but will find out as quickly as possible, then do just that. Then she should follow up with the surveyor after she has the answer.

The **Joint Commission** is an independent, not-for-profit organization that evaluates and accredits healthcare organizations. Its goal is to improve the safety and quality of care given to patients, clients, and residents. For an organization to receive accreditation from the Joint Commission, it must undergo a comprehensive survey process, at least every three years. The survey process includes carefully checking performance in specific areas, such as patient rights, treatment, and infection prevention.

The Joint Commission's surveys are not affiliated with state inspections. Healthcare organizations are not required to participate in the Joint Commission's survey process; this is done on a voluntary basis. Organizations that are accredited by the Joint Commission include hospitals,

long-term care facilities, rehabilitation centers, hospice services, home health care agencies, laboratories, and other organizations.

6. Explain Medicare and Medicaid

The **Centers for Medicare & Medicaid Services (CMS)** is a federal agency within the U.S. Department of Health and Human Services (Fig. 1-7). CMS runs two national healthcare programs—Medicare and Medicaid. They both help pay for health care and health insurance for millions of Americans. CMS has many other responsibilities as well.

Fig. 1-7. The CMS website's address is cms.gov.

Medicare is a health insurance program that was established in 1965 for people aged 65 or older. It also covers people of any age with permanent kidney failure or certain disabilities. Medicare has four parts. Part A helps pay for care in a hospital or skilled nursing facility or for care from a home health agency or hospice. Part B helps pay for doctor services and other medical services and equipment. Part C allows private health insurance companies to provide Medicare benefits. Part D helps pay for medications prescribed for treatment. Medicare will only pay for care it determines to be medically necessary.

Medicaid is a medical assistance program for low-income people. It is funded by both the federal government and each state. Eligibility is determined by income and special circumstances. People must qualify for this program.

Medicare and Medicaid pay long-term care facilities a fixed amount for services. This is based on the resident's needs upon admission and throughout his stay at the facility.

Home Care Focus

For home care, Medicare pays for intermittent, not continuous, services provided by a certified home health agency. The agency must meet specific guidelines established by Medicare. To qualify for home health care, Medicare recipients generally must be unable to leave home, and their doctors must determine that they need home health care. Medicare will pay the full cost of most covered home healthcare services. However, Medicare will not pay for round-the-clock home health care. Home health care plays an important role when skilled care is needed on a part-time basis.

7. Discuss the terms *culture change* and *person-directed care* and describe Pioneer Network and The Eden Alternative

Some long-term care facilities are adopting newer models of care. These models promote meaningful environments with individualized approaches to care. **Culture change** is a term given to the process of transforming services for elders so that they are based on the values and practices of the person receiving care. Culture change involves respecting both elders and those working with them. Core values are promoting choice, dignity, respect, self-determination, and purposeful living. To honor culture change, healthcare settings may need to change their organization practices, physical environments, and relationships.

Pioneer Network was formed in 1997 by a group of people working in long-term care. Their aim was to ensure person-directed care. **Person-directed care** emphasizes the individuality of the person who needs care, and seeks to build community by recognizing and developing each person's capabilities. This group calls for a change in how elders are treated wherever they live—

whether in care facilities or at home. Pioneer Network encourages a movement away from institutions and promotes caring environments. For more information about this organization, visit their website at pioneernetwork.net.

The Eden Alternative is a not-for-profit organization founded in 1991 by Dr. William Thomas. Its ongoing focus is to improve the lives of elders and their caregivers by creating environments that support growth and development, while trying to eliminate problems of loneliness, helplessness, and boredom that many elderly people suffer.

The Eden Alternative offers education, resources, and consulting services to help create meaningful environments for the elderly. Places that have adopted the Eden Alternative's philosophy are typically filled with plants and animals. Children regularly visit. The Eden Alternative strives to improve the quality of life and quality of care for the elderly (Fig. 1-8). For more information about this organization, visit their website at edenalt.org.

Fig. 1-8. *The Eden Alternative focuses on eliminating boredom, loneliness, and helplessness by promoting meaningful elder care.* (PHOTO COURTESY OF THE EDEN ALTERNATIVE)

Chapter Review

1. What is long-term care?
2. What is home health care?
3. List one fact about each of the following healthcare settings: assisted living facilities, adult day services, acute care, subacute care, outpatient care, rehabilitation, and hospice care.
4. List five services commonly offered at long-term care facilities.
5. Who makes up the majority of residents in long-term care—men or women?
6. What are two general categories of residents who stay in a care facility for less than six months?
7. List five common policies at long-term care facilities.
8. List two ways that surveyors study how well staff care for residents in a facility.
9. Briefly describe what the Medicare and Medicaid programs do.
10. Define *culture change*.