FINAL PROGRESS REPORT

AHCA Funding Agreement AFA03

Back To The Table

December 1, 2006

Submitted by Teresa McCann, Project Manager
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Five funded homes: The Groves Center, Bartow Center, Lakeland Hills Center, Westminster Care of Clermont and Winter Haven Health and Rehab

Project Review

The five homes have completed the goals they were set forth in the original funding request. They have completely revised and enhanced the dining experience for the resident. Each home, although different in appearance, atmosphere and resident population, has created a wonderful home environment. The following reflects positive changes in the dining experience.

- Table clothes used at every meal.
- Linen napkins
- Decrease or eliminated the use of institutional BIBS. Unfortunately, family and residents have become institutionalized and many are reluctant to give up their BIBS.
- Eliminated the use of paper condiments in the dining room. Tables have salt/pepper shakers, catsup, mustard, etc sitting on lazy Susan's. Tables now have pitchers on the tables with ice tea, water or lemonade.
- Each home listened to their resident s and designed accordingly. Winter Haven is more like a restaurant, Clermont's dining room is formal, The Groves, Bartow and Lakeland's dining rooms have a more rural or country appearance. Residents of the Groves said they did not want "fancy" tablecloths and picked red and white checked table cloths.
- The homes provide warm, moist, scented hand towels before meals. A funny story from the Groves Center. The residents of this home could not understand why anyone would want the towels before the meal. They said they wanted them after the meal. They said it made much more sense because they could clean up after eating. The resident's of that home are given the towels after the meal.
- Each home has softer lighting through the addition of chandeliers and wall sconces.
- Bartow, Groves and Lakeland have wood buffets and cabinets which are reflective of a home. They store the glassware in them.
- All five homes have added refrigerators from which residents can self assess snacks.
- Each home uses all glassware. Gone are the plastic coffee cups and soup bowls. The homes have added nice glassware, plates, saucers, soup bowls and cups. All homes were initially concerned about high breakage which could lead to resident injury and high replacement costs. In the beginning there was some breakage, but, that has stopped. However, it was not the residents who were breaking the glassware!!!!
- Residents are served from Steam Tables in the dining room. The aroma permeates throughout the dining room enhancing appetites and allowing residents to experience choice and visual stimulation.
- The residents are enjoying gardening and cooking items from their garden. Some of the gardens are remarkable. The residents enjoy tomatoes, potatoes, peppers, peas, cabbage, greens, corn, cucumbers, herbs and much more. The Groves Center has a 101 year old resident who still enjoys gathering greens from the garden. She brings them to the dining room where she and a group of friends clean them. The kitchen prepares the greens for

them to enjoy as snacks. Bartow residents wanted a Koie Pond in their garden. The area is rich with flowers and vegetables situated around a gazebo which the residents utilize daily. Winter Haven residents cook with vegetable they grow most every day. Lakeland's residents were more interested in flowers and herbs and Clermont has vegetables and herbs.

- Cooking has become a huge (and unexpected) hobby of residents in each of the homes. They make soups, breads, cookies and more. The residents come up with new ideas they want to try. Last week, residents at The Groves Center wanted to make corn bread, green beans and greens and they are now empowered to request activities such as this.
- All 5 homes are utilizing their bread makers, crock pots and ice cream makers weekly.

Challenges

There were many challenges throughout the project. Three of the homes experience substantial turn-over in leadership positions. This created a start-stop-start situation which was confusing for the residents, staff and families. As recently as November, Clermont experienced another turn-over in the Administrator position.

Changing old beliefs and attitudes does not happen as quickly as we anticipated. For the program to be successful, buy-in had to happen not only within the home, but, from Dieticians, Physicians, Regional Nurses and Regional Vice Presidents. Education was on-going and frequently repeated. Empowering the home to take a risk had to come from their corporate leadership. Everyone was very concerned about compliance with regulations and there was (and is) an underlying fear of how surveyors would respond to the changes.

Understanding the global resident benefit from one program was very difficult for each home. Traditionally, outcomes have been viewed as one dimensional. For example, behaviors were viewed as a Nursing issue having nothing to do with the Activities Department. Activities were never consulted on issues such as decreasing antipsycotics, laxatives, or wounds. It was a struggle for the homes to understand that Back to the Table was a program inclusive of every discipline; nursing, dietary, activities, social services, C.N.A's, housekeeping, laundry, etc. In the Medical Model, implementation of any new program was driven by the NHA and DON. It was hard for the homes to understand why C.N.A's, Dietary Aides and departments other than nursing should to be included in education and committees.

Outcomes

Four of five homes tell me they are delighted with the outcomes of the program and the process. Three of the homes are after me to submit another Funding application so they can take the next step in the CC journey to create a home environment for their residents. All five homes are excited (yet surprised) at the results, the satisfaction and enjoyment of the residents. I always eat a meal with the residents when I visit the homes. I ask the residents what they like best about the changes and here are some of the things they have told me.

- **They love the variety of food.**
- **They enjoy the changes in the dining room.**

- **They say their food is never cold since "they started using the food table" (steam tables). They say it tastes better.**
- **They enjoy getting to cook the things they like to eat.**
- **They like all the extra people in the dining room**
- **They like the new look of the dining room.**
- **They like the added activities and having the gardens.**

One of the stories that really touched my heart was from an elderly couple who live in one of the homes. Although the wife has dementia, the couple lived in their own home until Hurricane Charlie destroyed it. This couple eats together at the same table in the dining room for meals. I had lunch with them one day after the home had implemented tablecloths, glassware, salt/pepper shakers and the steam table. The dining room had been redecorated with chandeliers, wood cabinets, etc. The table had a big pitcher of ice tea on the table. I chatted with them and the husband told me that with all the changes, it "wasn't half bad to be there now".

BACK TO THE TABLE

Developed by: The Institute for Caregiver Education
941-448-4044

Mission: This Committee will establish guidelines, goals and benchmarks which will provide a road map for Culture Change based on a Back To The Table philosophy. The committee will focus on system changes to ensure the highest quality of life for each and every Resident. The central issues are the relevance of dining, food preparation and the activities associated with the dining experience. The committee will look for meaningful ways to translate Back To The Table to the traditions of the generation which we serve. For the majority of Residents, food was the center of their family gatherings, traditions, social interactions, community involvement and religious activities. The emphasis of Back To The Table is to intertwine social, mental, physical, health, activities and well being with a dining experience based on Community Life and Neighborhoods. The **overall goal** is to create an environment for an Elder entering Nursing Homes which simply means they have moved from one community into another. Their life long traditions, quality of life, interests and activities are not altered, only their address will change. Once the Committee has achieved the mission and other Regional Committees are active and supported, a sub-committee will be formed to establish outcome based criteria and outcome analysis.

According to A.S. Silver in an article entitled A Core Curriculum, Geriatric Medicine: "40% - 80% of those living in Long Term Care Institutions are undernourished".

Expected Outcomes

The following F-tags will be positively impacted by a comprehensive Back To The Table program.

- F-151 Exercise of Rights
- F-241 Dignity
- F-364 Food Attractiveness

- **F-327 Hydration**
- **F-324 Nutritional Status**
- **F-240 Quality of Life**
- **F-309 Quality of Care**
- **F-248 Activities**
- **F-272 Resident Assessment**

Decrease in the following:

1) Weight loss **(Homes having achieved this transition report 69% decrease in weight loss).** Neighborhoods will be using bread machines, crock pots, smoothie machines, etc for Resident baking and cooking. This serves multiple purposes including meaningful activities, sense of smell to stimulate appetite and memories.
2) Use of Nutritional Supplements; target of 25% decrease use. **(Homes have reported a 50% decrease in Supplement use).**
3) Dehydration = decrease chronic/acute infections & decrease constipation.
4) Skin Breakdown
5) Constipation
6) Negative behaviors
7) Use of psycotropic & antianxiety medications.
8) Use of Laxatives **(preparing nut breads, raisin breads/cookies, apple sauce cakes, fresh fruit and vegetables).**
9) Boredom, helplessness & loneliness.
10) C.N.A. turnover.

Increase in the following:

1) Resident/family satisfaction
2) Quality of Life
3) Occupancy Rates **(Homes having achieved this transition report a 2 year waiting list and families willing to drive past many closer Homes and addition miles to have their loved one live in a culturally changed Home).**
4) Employee job satisfaction and fulfillment.
5) Integration of all departments.
6) Homes (communities) which are a hub of activity, creativity, community and traditions for the Resident.
7) Knowing each Resident as an individual.
8) Movement toward complete Resident centered care.
9) Restore dignity, purpose and meaningful activities.
10) Response to the spirit of the person as well as the mind & body.
11) Community becomes the antidote to institutionalization.
12) Address the social, mental, physical, activity, health and well being needs of each Resident.

13) Resident personal fulfillment, emotional fulfillment, intellectual fulfillment, spiritual fulfillment and physical fulfillment.

Frequency of Meeting

- Every two (2) weeks for six (6) weeks.
- Then minimum of monthly

Composition of Committee

- Representation from multiple departments, minimally the NHA, DON, CDM, & Activity Director from each Home on the Committee.
- 15 – 20 Committee members.
- Regional Committees will be formed over the next 12 months repeating the composition and following the guidelines.

Committee Processes

- Committee elects a Chairperson
- Committee elects a Recorder
- IFCE Regional Director of Education and Change Management services as the Committee Advisor.
- Minutes will be kept for each meeting.
- Minutes will include:
    A. Those in Attendance
    B. Topics discussed
    C. Update status of goals
    D. Action plans established and the responsible elect
    E. Minutes are provided to Joyce Karolesky, CEO SHM, Annette Sanders, President IFCE, all Committee members and other key Management personnel as appropriate.
- Committee membership is voluntary, however, attendance is paramount to the mission.
- Committee will develop guidelines, plans and benchmarks which will be the Standard of Expectation for implementation of BTTT in the Homes.
- Committee will establish a communication strategy for sharing the work of the Full Committee with the other Staff, Residents and Families.
- The guidelines and goals of the Committee will be presented to each Regional Committee by the IFCE Regional Director of Education & Change Management.
- The IFCE Regional Director of Education & Change Management will work with each region to establish their Committee, their Chairperson, their Recorder and serve as the Committee advisor.
- Each region will establish a sub-committee to develop outcome criteria and provide outcome analysis and statistics. The Outcome Sub-

committee will evaluate and provide data every three months for 18 months from the date that BTTT begins in the Homes.

- Each Home will provide base-line information to the Sub-Committee which includes: weight loss, skin breakdown, UTI, dehydration, constipation, negative behaviors, laxative use, psycotropic & antianxiety drug use, activity calendar, staff turnover statistics, most recent Satisfaction survey (both Resident & Employee) and occupancy rates. Further each Home will provide their budget and actual dollar amounts for Nutritional Supplements and food costs.
- Committee processes may be added as necessary to accomplish the mission.

Burden of the Committee

- Establish current dining patterns of the Homes (Restaurant style, food carts, food trays, steam tables, etc.).
- Establish current dining room environments of the Homes (use of glassware, cloth napkins, cloth table cloths, elimination of bibs, fresh flowers, music, attractiveness of dining room, use of moist cloths for Residents before meals, etc).
- Establish current dietary (regulatory) barriers.
- Establish number of restrictive diets currently used in Homes.
- Evaluate current menus.
- Establish how activities (community life) and food/fluid is currently integrated.
- Establish current formal Neighborhood development.
- Establish what tools if any are available to Residents on each Neighborhood for food activities (bread makers, crock pots, ice cream/smoothie machines, kitchens, ovens, coffeepots, etc.).
- Establish current Home Owners Association (formally Resident Counsel) involvement in menu planning, food preparation, activity selections, floral arrangements, creating special theme meals, decorating the community, etc.).
- Establish if a Resident/Family satisfaction survey has been done within the last 2 months on food choices, food delivery, food appearance, taste & variety.
- Establish current practice of encouraging Residents to participate in tasks & chores involving food & food preparation.
- Establish if Activity Department is allowing/encouraging Residents to participate in baking bread, cutting vegetables, making cookies, growing herb gardens or vegetable gardens, preparing soups, etc.

This committee will begin the process of establishing Standards of Expectations, guidelines and detailed direction in the following areas:

- Standard of Expectation for appearance of dining room.
- Standard of Expectation for use of glassware, cloth table cloths, cloth napkins, use of W/C's in dining room, elimination of "Bib" use, elimination of condiment packets, use of salt & pepper shakers, etc.
- Standard of Expectation for appearance of room trays.
- Standard of Expectation for liberalized diets. **Liberalized diets will increase Resident satisfaction in dining and decrease the number of deficiencies which Homes receive due to errors in following a specific narrow diet order.**
- Standard of Expectation that Residents are participating in designing floral arrangements (funeral home delivers flowers frequently), center pieces, naming the dining room, reviewing menus, planning special food centered events.
- Standard of Expectation that Homes have a minimum of weekly special meal chosen by Residents. This special event becomes a focused activity which is developed and worked on by Residents in preparation for the event.
- Standard of Expectation that Resident activities center around food/dining/preparation/community/neighborhood/tradition. Use of Bread Makers, Crock pots, ice cream/smoothie machines, tea pots, coffee pots, gardens, etc. on each Neighborhood **(the sense of smell stimulates the appetite and memory). Residents should be involved in all manner of food activities which are happening spontaneously on each Neighborhood. Encourage use of Resident/family/employee recipes.**
- Standard of Expectation that there are daily activities which relate to tradition, community, food, dining, socialization **Created by the Residents for the Residents.** Some examples: Good Morning Breakfast Club, Mid-morning coffee café, Ladies Busy Bee Club, Gentleman's afternoon Club, Happy Hour, Afternoon Tea, Garden Club, Cooking Club,
- Standard of Expectation for Neighborhood(s) with 24 hour spontaneous activities, meaningful jobs and contributions by Residents.
- Standard of Expectation for Employees and Residents dining together at meals (will Employees pay or not).
- Standard of Expectation for Employee to Resident conversation as opposed to Employee to Employee conversation at meal time.
- Standard of Expectation for availability of snacks and drinks on each Neighborhood which Residents can personally retrieve on a 24 hour a day basis.
- Standard of Expectation for encouraging Residents to take their time with meals, encouraging to eat what they want, amount they want and allowing time with coffee & dessert. **With the national average of Resident consumption of food at meals being between 60%-70%, we need to get away from restricting food amounts and encourage them to eat foods they like, enjoy and brings them pleasure.**

- Standard of Expectation creating excitement among staff, families and Residents for these changes, i.e. ask for donations of teapots, flower vases, sugar & cream sets, salt & pepper sets. Encourage Residents, Families and Employees to submit their favorite recipes. Have Resident's experiment with favorite recipes to make them sugar-free and ask Residents, Families and Employees to submit sugar-free dessert recipes.
- Standard of Expectation for creating herb, vegetable and flower gardens which are planned and maintained by the Resident to be used in their kitchens and cooking.
- Standard of Expectation for permeating the Neighborhoods with baking/cooking aroma. **Smell can stimulate appetite and trigger memories.**
- Standard of Expectation for food appearance, variety and presentation.
- Standard of Expectation for appearance, variety and presentation of pureed meals.
- Standard of Expectation for fluid presentation, fluid in activities, variety and choice. Some examples; Resident prepared sun teas, fresh squeezed lemon-aide, fresh squeezed orange juice, fruit punches, introduce Residents to some of the fun drinks on the market, i.e. Arizona Teas, SOBE drinks, Republic of Tea, cold coffees, etc. **In the Elder, the water content of the body decreases from approximately 60% of the body weight to roughly 45%. Maintenance of fluid balance is critical. Elders tend to have a decreased thirst sensation and with their lower fluid content they dehydrate very quickly. Environmental issues also contribute to Elder dehydration such as a low humidity in our Homes and elevated ambient temperatures.**
- Standard of Expectation that every meal service starts with serving water.
- Standard of Expectation that carafes of water are available on the tables for Residents to have throughout their meal.
- Standard of Expectations for "all hands" at meals.
- Standard of Expectation that **Back To The Table** is everyone's responsibility. Each Neighborhood team has assignments for overseeing and ensuring during meals on a daily basis.
- Standard of Expectation that Home constantly look for creative ways to de-institutionalize the dining, neighborhood and activity programs.
- Standard of Expectation for integration of children into the daily neighborhoods and food activities.

This represents minimum expectations for Back To The Table . It is expected that the Committee will evolve in their ideas and creativity. The Committee represents a Master Mind in which incredible ideas and results are produced.

Program Developed by The Institute for Caregiver Education

PROCEDURE

SUBJECT **All Hands Dining**

PURPOSE To allow members of the staff to interact with all residents And provide assistance with meals to better meet the Residents' individual needs.

PROCEDURE

1. Involve all departments, including, but not limited to:

    - Administrator
    - Social Services
    - Nutritional Services
    - Nursing
    - Activities
    - Medical Records
    - Business Office
    - Therapies
    - Admissions

2. Participation by all staff is necessary and is accountable By the Administrator.
    a. Modifications to numbers of hosts may be made according to Home size.
3. Meet with all Department Heads to discuss the role of "All Hands Dining".
4. Fill out "*All Hands Dining Assignment Sheet (CFG 06)* weekly.
5. Assign the following positions (as applicable):
    - Dining Room Host #1
    - Dining Room Host #2
    - Floater
6. Perform the following tasks according to Dining Room host position:
    a. **Dining Host # 1**
    1) Arrive in dining room 15 minutes prior to the start of the meal service and assist 15 more minutes from the beginning of the meal.
    2) Assist Nutritional Services in pre-setting tables.
    3) Assist with delivering residents to the dining room
    4) Assure residents are in proper seating assignments.
    5) Notify the kitchen of those residents who may have decided to eat in their rooms.
    6) Assist residents who need napkins placed over clothing.
    7) Pour hot beverages, ice water and milk.

8) Read over the menu.
9) Help gather residents choice of entrée and vegetable.
10) Pass any food item served in courses (i.e. soup, salad).
11) Assist in using condiments and cutting meats.
12) Socialize with residents, offering on-going waiter/waitress services as needed.
    a). **Wash hands or use hand sanitizer any time when touching of food is anticipated (i.e. buttering toast, cutting sandwich, peeling banana, etc).**

b) **Dining Room Host # 2**
1) Arrive in the dining room 15 minutes after the start of the meal service and assist 15 more minutes towards the end of the meal service.
2) Assist residents as needed.
3) Socialize with Residents and offer continued waitress/waiter service as needed.

c) **Floater**
1) Arrive in dining room when meal service begins for a total of 30 minutes.
2) Check all dining rooms for needed assistance.
3) Visit Resident rooms to assist as needed.
4) Encourage food intake.
5) Write a note to the Nutritional Services Manager with any concerns regarding food preferences, complaints, etc., received from residents.
6) Help residents to and from the dining room.
7) Help set and clear tables.
8) Perform any responsibilities of Dining Room Hosts #1 or #2.

GUIDELINE

SUBJECT **All Hands Dining Schedule (CFG 06)**

PURPOSES To organize a list of Department Heads in order to define:

1) Individual's name
2) Day of the week fro Breakfast, lunch & dinner
3) Host position

NATURE OF FORM The form is used to schedule employees for participation in "All Hands Dining".

RESPONSIBLE PERSON Administrator

PLACEMENT As designated by the Home

INSTRUCTIONS

1) Record the following information at the top of the form
   a. Home
   b. Week of
   c. Dining room location
2) Record in the Host # 1 box:
   a. The Department Head assigned
3) Record in the Host # 2 box:
   a. The Department Head assigned
4) Record in the Floater box:
   a. The Department Head assigned
5) Post in a designated area in the center
   a. The Administrator is accountable for the schedule.

ALL HANDS DINING SCHEDULE

Facility:_____ Dining Room:_____
Week of:_____ Locations:_____
_____
_____

Host # 1

Breakfast

Monday	Tuesday	Wed	Thurs	Friday	Sat/Sunday

Lunch

Monday	Tuesday	Wed	Thursday	Friday	Sat/Sunday

Dinner

Monday	Tuesday	Wed	Thursday	Friday	Sat/Sunday

Host # 2

Breakfast

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sunday

Lunch

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sunday

Dinner

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sunday

Floater

Breakfast

Monday	Tuesday	Wed	Thursday	Friday	Sat/Sunday

Lunch

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sunday

Dinner

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sunday

RESIDENT CENTERED CARE GRANT

OUTCOME ANALYSIS
Clearwater Center
July 2006

#1

	# unplanned Wt. Loss previous month	# Residents Using Nutritional supplements	# of Residents Using Laxatives	# UTI	# Total Infections	# Wounds (non planned)	# of residents who do not eat in dining room at least 6 meals a week.
BASE-LINE	**5 (5.2%)**	**25 (24%)**	**34 (32%)**	**8 (8.2%)**	**32 (30%)**	**7 (7%)**	**28 (29%)**

#2

	# of falls for Previous month	# Residents with documented Behaviors	# Residents using Antidepressant medications	# Residents using Antipsychotic Medications
BASE-LINE	**23 (21%)**	**31 (29%)**	**60 (57%)**	**62 (59%)**

#3

	Monthly food Budget and actual $ amounts	$ spent on Nutritional Supplements per month	# of Residents not regularly (3 or more times per week) participating in activities	# of residents who sleep 4 or more hours during the day
BASE-LINE	**$18,316 Actual**	**$578.00**	**Minimal**	**10 (9.5%)**

#4

	# of Residents currently using clothing protectors (BIBS)?	# of residents consuming less than 75% of meal 6 or more times/wk	# of Residents who routinely attend Resident Council meetings	# of Residents who participate in chores of the home
BASE-LINE	**0**	**20 (19%)**	**14 (14%)**	**4 (4%)**

#5

	# of C.N.A. turnover in last 60 days	# of total staff turnover in last 60 days	# of open positions	Date of last Employee Satisfaction Survey
BASE-LINE	**10** (24%)	**17** (23%)	**11** (14%)	**Feb 2006**

#6

	# of empty beds	# of Residents discharged to another home over last 60 days	# of food related complaints over last 60 days	Date of last Resident/Family Satisfaction Survey
BASE-LINE	**11** (10%)	**3** (3.0%)	**5** (5%)	**Feb 2006**

#7

	Have you formed the Resident food/menu committee	What % of total Residents participate in food/menu committee	How many meals per month are resident choice	How many hours a day are residents sitting with no planned activity (based on 24 hours)	Have you implemented all glassware in your dining room? (No plastic coffee cups and/or glasses)	Have your residents named their restaurant?	Is the CDM soliciting Resident/family Recipes in place of normal menus?
BASE-LINE	**Yes**	**10** (10%)	**1** (1.0%)	**12** (50%)	**Yes**	**No**	**No**

#8

	Have you started the resident tended Gardens?	How many planned activities weekly are not related to religion?	How many activities do you currently have that center on hydration?	Do you currently have children, pets and live plants incorporated into your home?	Does your home seek resident related traditions to incorporate into activities?
BASE-LINE	**No**	**45**	**3**	**No**	**No**

#9

	When you make rounds, how many residents are sitting in inactivity (give number)	Do your residents have 24 hour self access to snacks and hydration	Did your residents pick the design and décor for their restaurant?	Have you met with your residents to see what they want from the planned changes? 90 day outcomes will be based on continuing interviews.	Walk through your home and count the number of residents who are smiling without your engagement and without speaking to them (give number)	When you make rounds in your home do you smell the aroma of baking and cooking daily throughout the day and evening?
BASE-LINE	**20 (20%)**	**No**	**In Process**	**Yes**	**12 (12%)**	**No**

#10

	Walk through your home and count the number of employees who are smiling without your engagement	Have you interviewed all residents about their family food traditions in addition to normal admission HX?	Are residents encouraged to request meal alternatives i.e. grilled cheese, soup, salad, hamburger?	Are you currently using packaged condiments?	Have you implemented all hands dining? Hostess on duty?
BASE-LINE	**12 (18%)**	**No**	**Yes**	**Yes**	**Yes**

#11

	Define your current dining pattern (ts = tray sercice, st= steam table, c=carts	Define current dining room environment, ie, institutional, fine dining, home style, buffet style, restaurant style	Identify current resident dining satisfaction barriers	Identify the current number of restrictive diets used in your home	Have you begun to use the following at least 5 times/week, bread maker, crock pot, ice cream maker
BASE-LINE	**Meals are served restaurant style off carts**	**Fine Dining that needs improvement**	**Wait Time**	**Various Consistencies plus physician ordered specialty diets**	**no**

#12

	Have you begun to provide DAILY activities with resident participation in bread making, cutting veg., making cookies, gardening, preparing soups, etc.	Are residents participating in DAILY preparation of sun tea, fresh squeezed lemonade, OJ or sampling new drinks such as SOBE, Arizona drinks, flavored water, etc?	Does you home focus more on planned activities or spontaneous activities which can be initiated by staff members?	Aside from naming your neighborhoods, have you taken further steps toward full neighborhood implementation?	
BASE-LINE	**No**	**No**	**Planned**	**No**	

#13

	Has all staff training begun for neighborhood development? (list % training toward completion)	Have residents been interviewed to determine how they want their neighborhoods to look, feel, run, etc?	Have before pictures been taken? Pictures should be taken throughout the project to document progress.	Has all staff education been done reflecting spontaneous activity vs structured activity? List % toward completion	Have Team leaders been appointed for each neighborhood?
BASE-LINE	Yes All but new hires for past month	Being Re-done	Yes	Yes	No

#14

	Has training begun for Team Leaders? List % toward completion	Have permanent assignments per neighborhood been implemented. List % toward completion	Have shift assignment times been evaluated for appropriateness in each neighborhood?	Have residents and employees discussed and voted on elimination of institutional uniforms?	Have weekly Town Hall meetings on each neighborhood been started?
BASE-LINE	**No**	**No**	**No**	**No**	**No**

 # 15

	Has a resident/family committee been established for their input during neighborhood development?	Has decorating begun on each neighborhood? List % toward completion	C.N.A. Leadership will be a transition for Nurses and Dept Heads. Has Management training begun? List % toward completion	Have steps been taken toward transforming shower room to bath spa? List % toward completion.	Has Bathing Without a Battle training started? list % toward full implementation of program
Base-Line					

PICTURES ATTACHED

HOW TO APPLY

Submit an essay which addresses the following:

- **Why you believe Neighborhood develop is good for all who work and live at Clearwater Center.**
- **Describe personality traits which you believe will make you a great leader.**
- **Include your ideas for developing teams and team spirit on a neighborhood.**
- **Include your ideas for identifying and solving issues on a neighborhood.**
- **Describe your ideas for incorporating all resident's hobbies and life histories in spontaneous activities of the neighborhood.**
- **Using your experience, creativity and passion, describe how a thriving, engaging and satisfying neighborhood will look and how you feel residents and staff will benefit.**

Essays can be any size. Just let your creativity and leadership shine!!!!

Please submit to Sharon Devron, D.O.N. by <u>July 19th</u>.

The C.N.A. Team Leader decision will be made by July 26th.

C.N.A. TEAM LEADER POSITION

Looking for 4 awesome people; 1 FOR EACH NEIGHBORHOOD

Position Responsibilities:

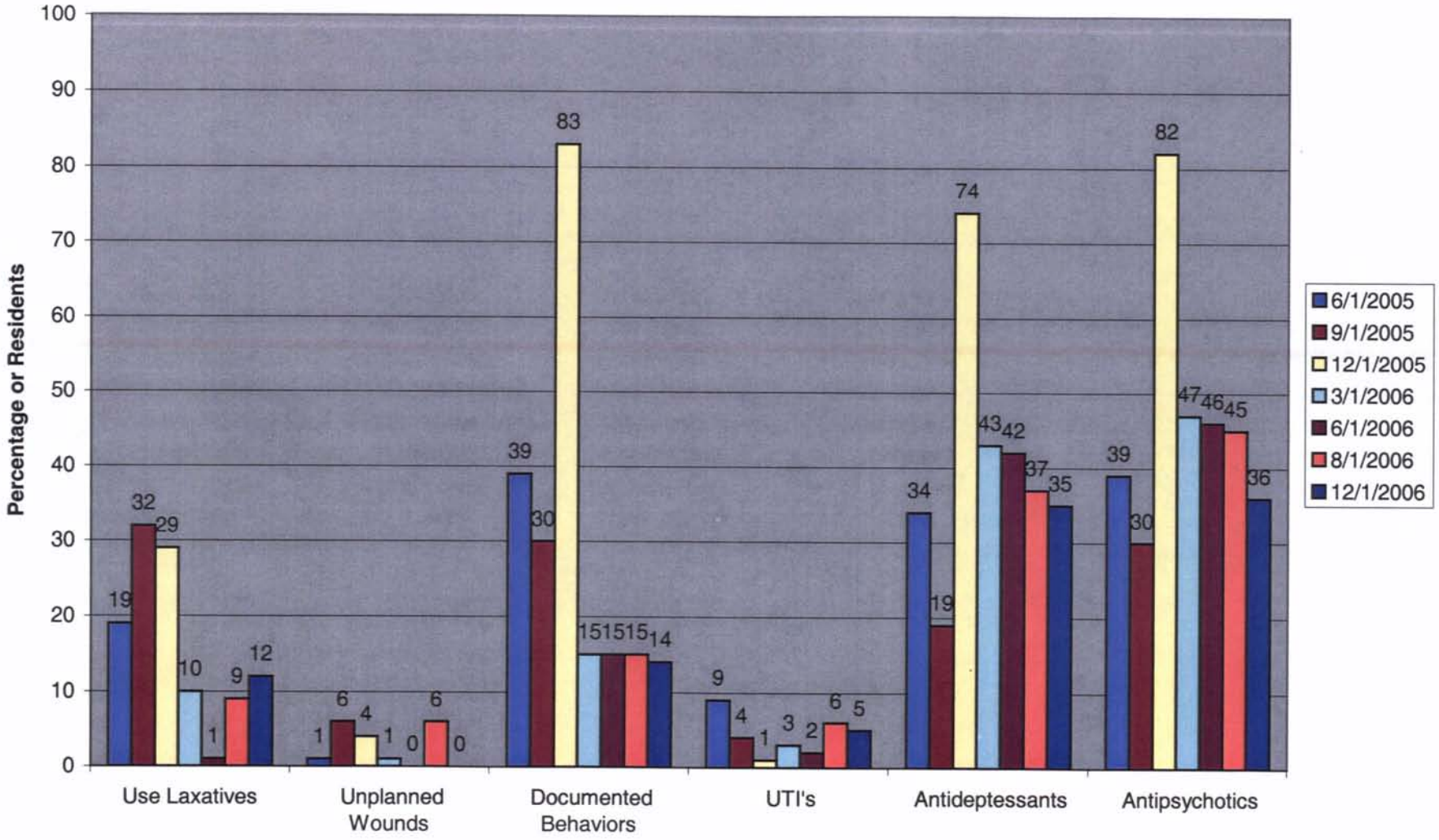
- Leading "**Quality of Life**" issues of the neighborhood.
- Working as a leader with the Neighborhood Charge Nurse
- Team development of the neighborhood.
- Daily Neighborhood meeting.
- Ensuring all information is distributed to members of the team
- Weekly Town Hall meetings.
- Leading spontaneous activities
- "Knowing each person" in the Neighborhood
- Identifying and addressing neighborhood problems and issues
- Meet with DON & NHA weekly to report on Neighborhood
- Represent your Neighborhood monthly at Community meetings
- Relationship building with everyone living and working in the Neighborhood
- Further the Culture Change mission & vision
- Ensuring all decisions, interactions and activities of the Neighborhood are based in the ***IfCE Five Core Principals***:
    - **Choice**
    - **Community**
    - **Relationships**
    - **Respect**
    - **Empowerment**

Qualifications:

- **Ability** to multi-task
- **Possess** a calm demeanor in all situations
- **Practices** fairness and consistency
- **Offers** a sympathetic and nurturing personality
- **Is** creative & innovative
- **Enjoys** change
- **Ability** to lead others and **create** a vision for the neighborhood
- **Always** demonstrates a positive "can do" attitude
- **Willingness** to learn and grow personally and professionally
- **Willingness** to commit for one year
- **Believes** in "Team" philosophies and concepts.
- **Ability** to identify and solve issues and problems professionally.
- A **desire** to lead the Clearwater Center to becoming the Flagship home in the state of FL.
- A **passion** to have a home where ***residents*** want to live and ***employees*** choose to work.
- A **firm commitment** to further the Culture Change mission and vision.

BACK TO THE TABLE

Winter Haven Comparison of Resident Percentages by Topics



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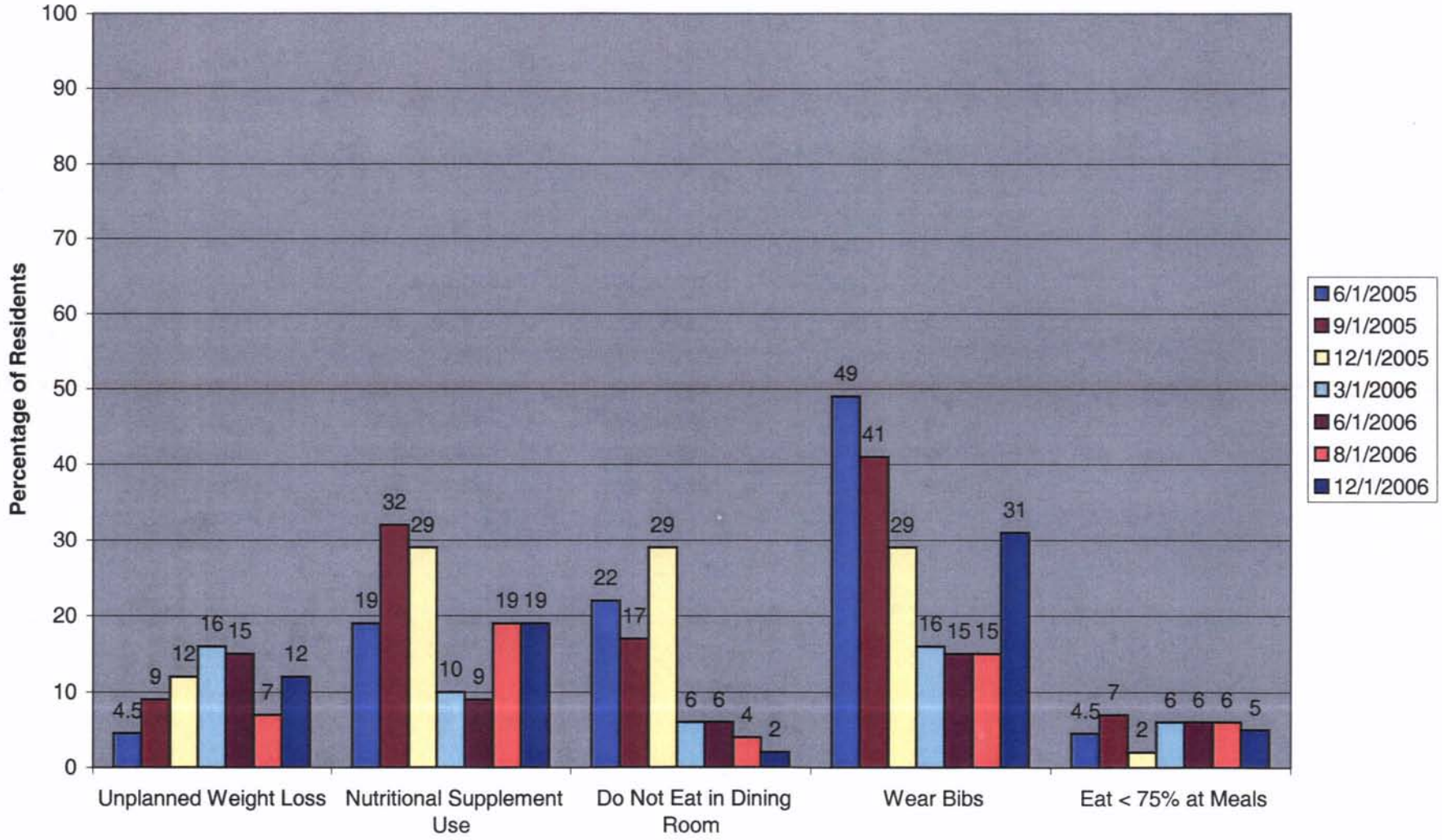
Winter Haven Comparison of Resident Percentages by Topics



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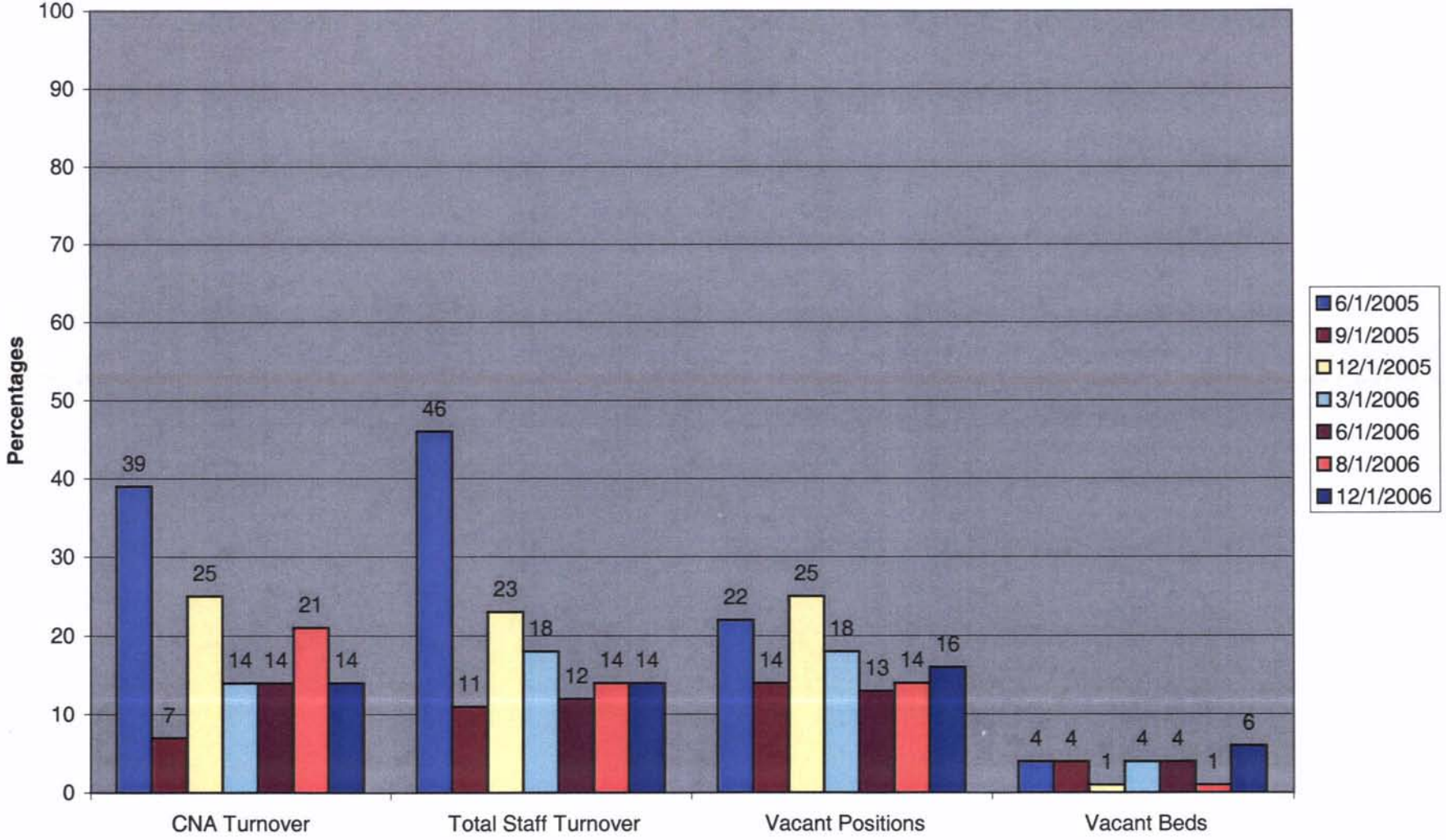
Winter Haven Percentage Comparison by Topics



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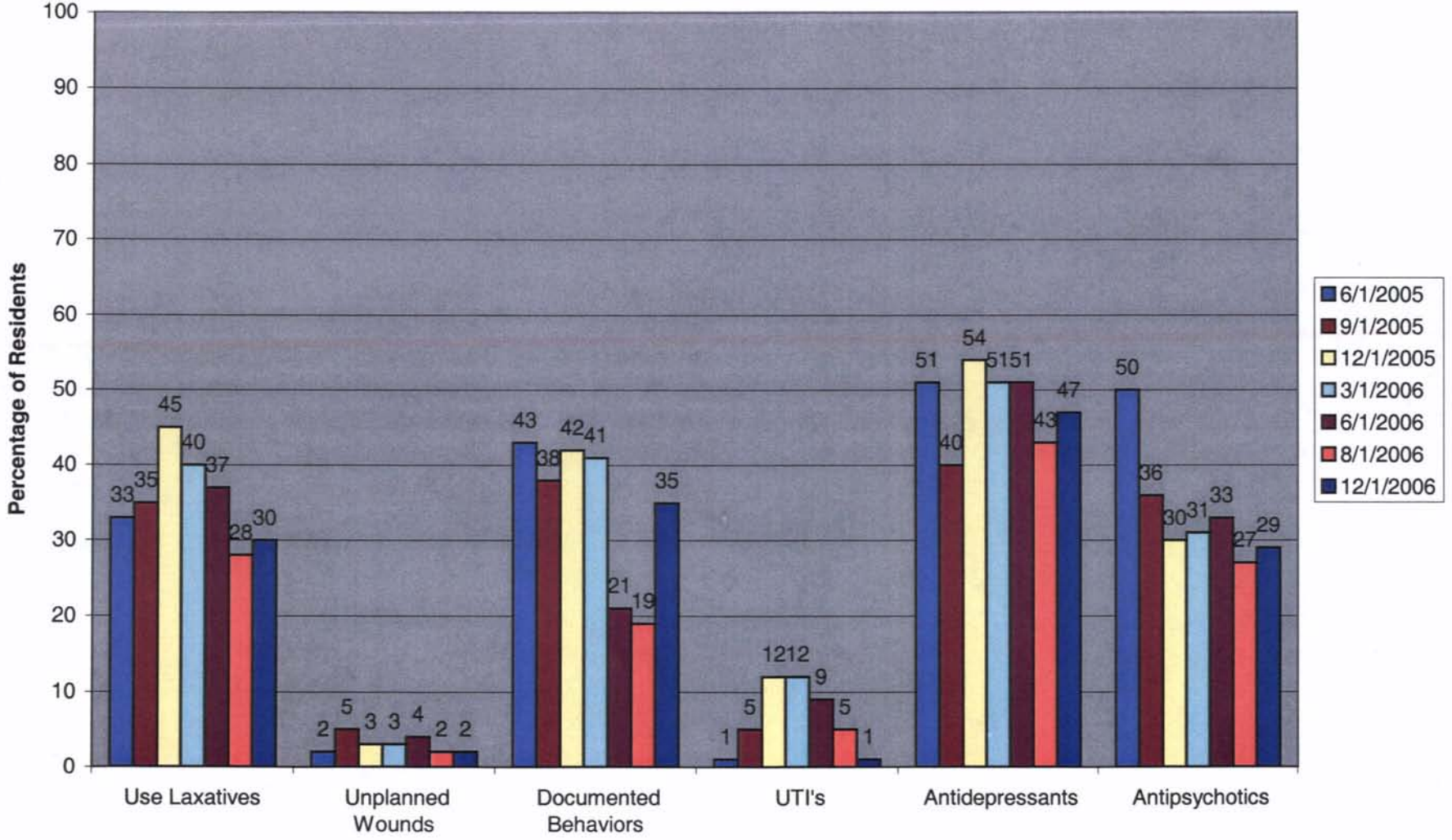
Lakeland Comparison of Resident Percentages by Topics



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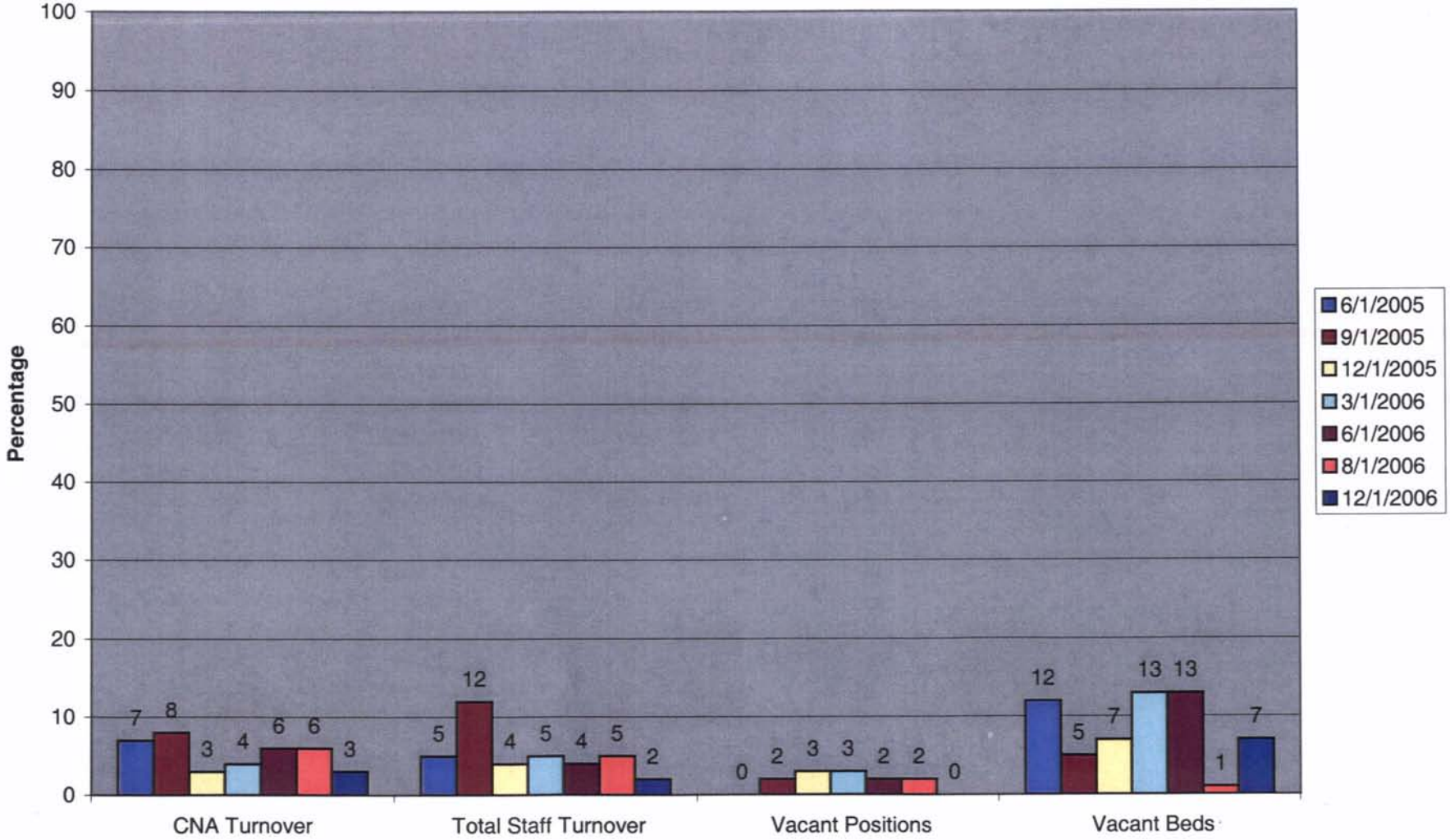
Lakeland Percentage Comparison by Topics



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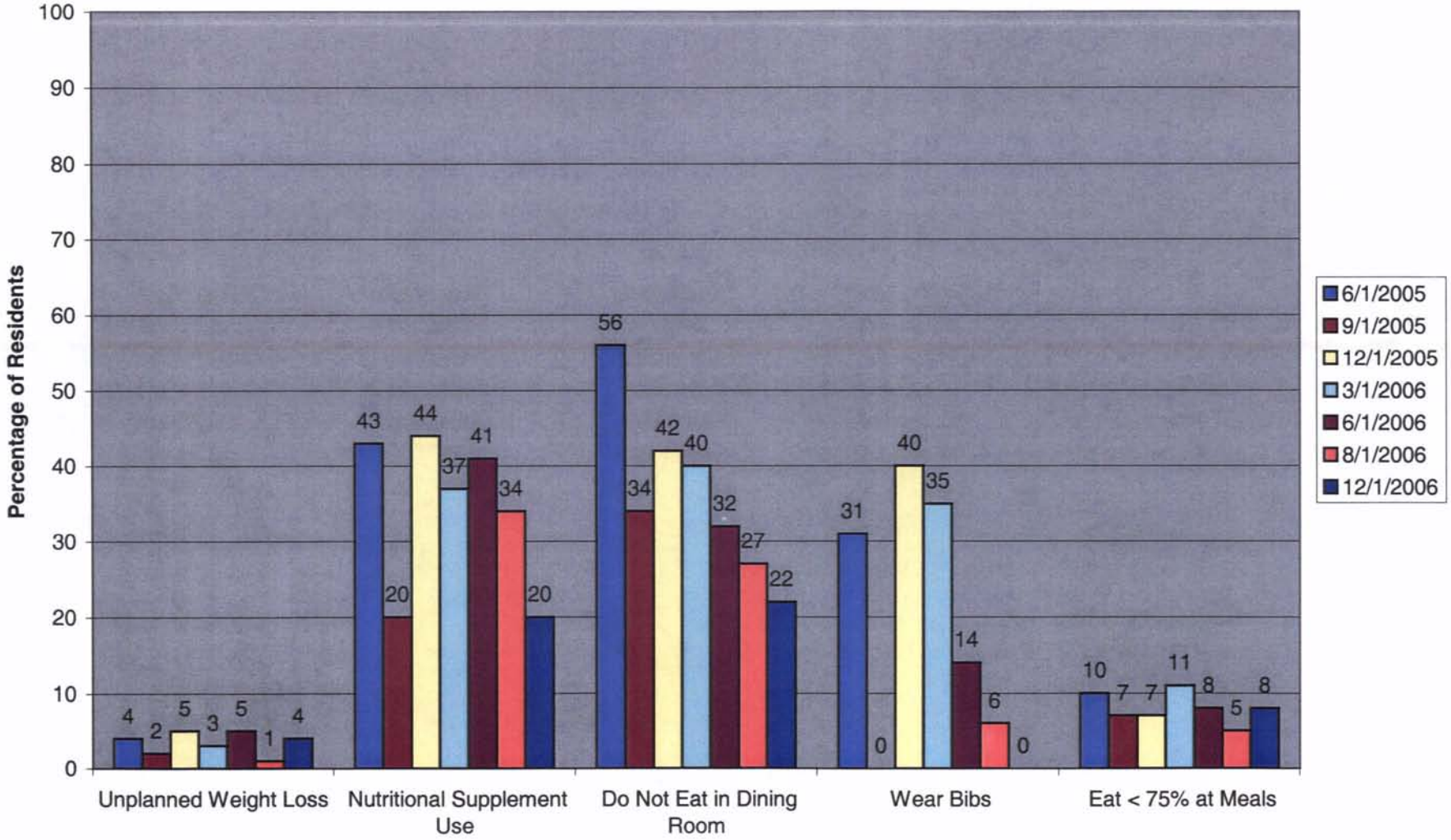
Lakeland Comparison of Resident Percentages by Topics



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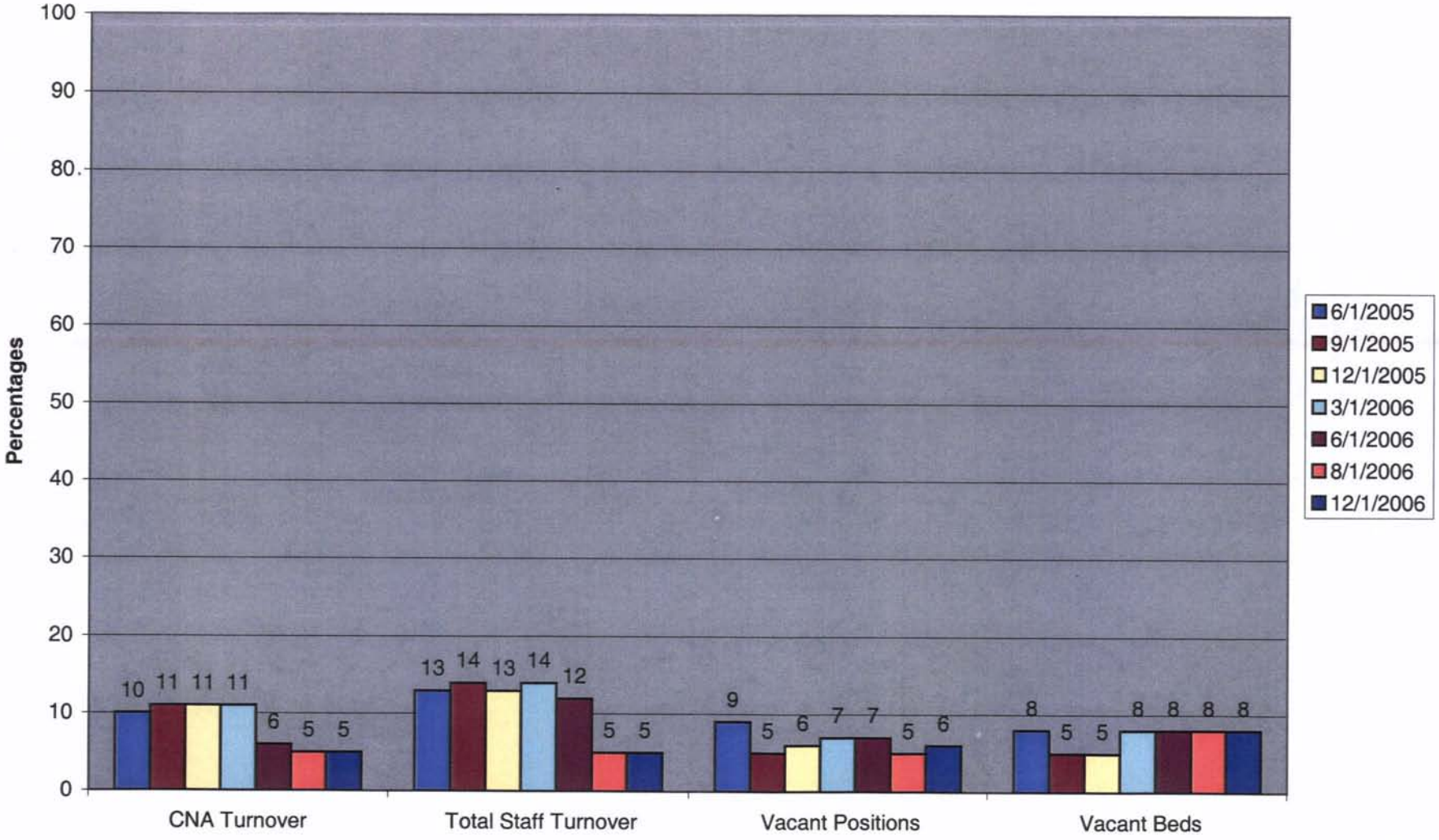
Groves Percentage Comparison by Topics



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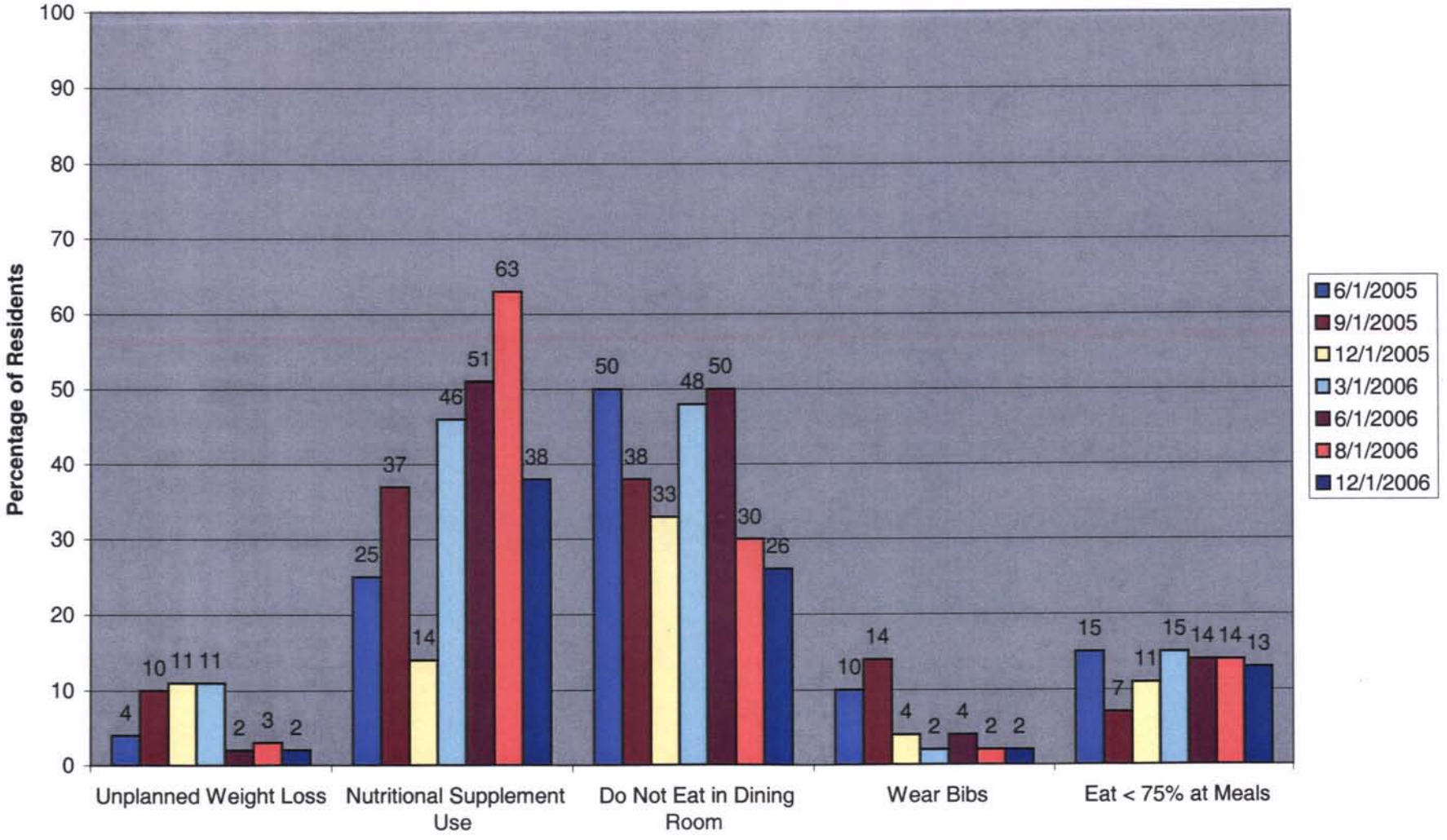

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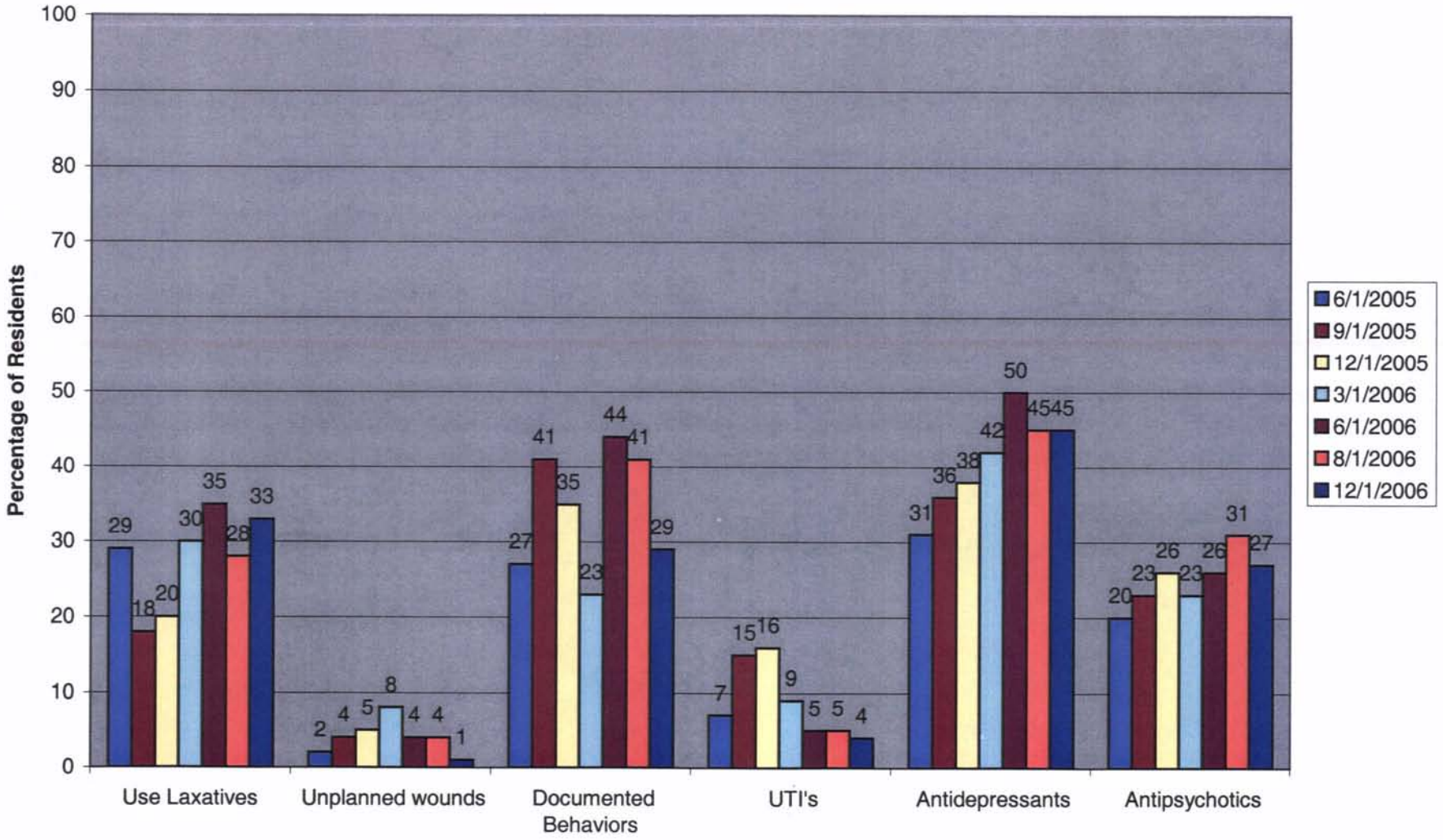
Groves Comparison of Resident Percentages by Topics



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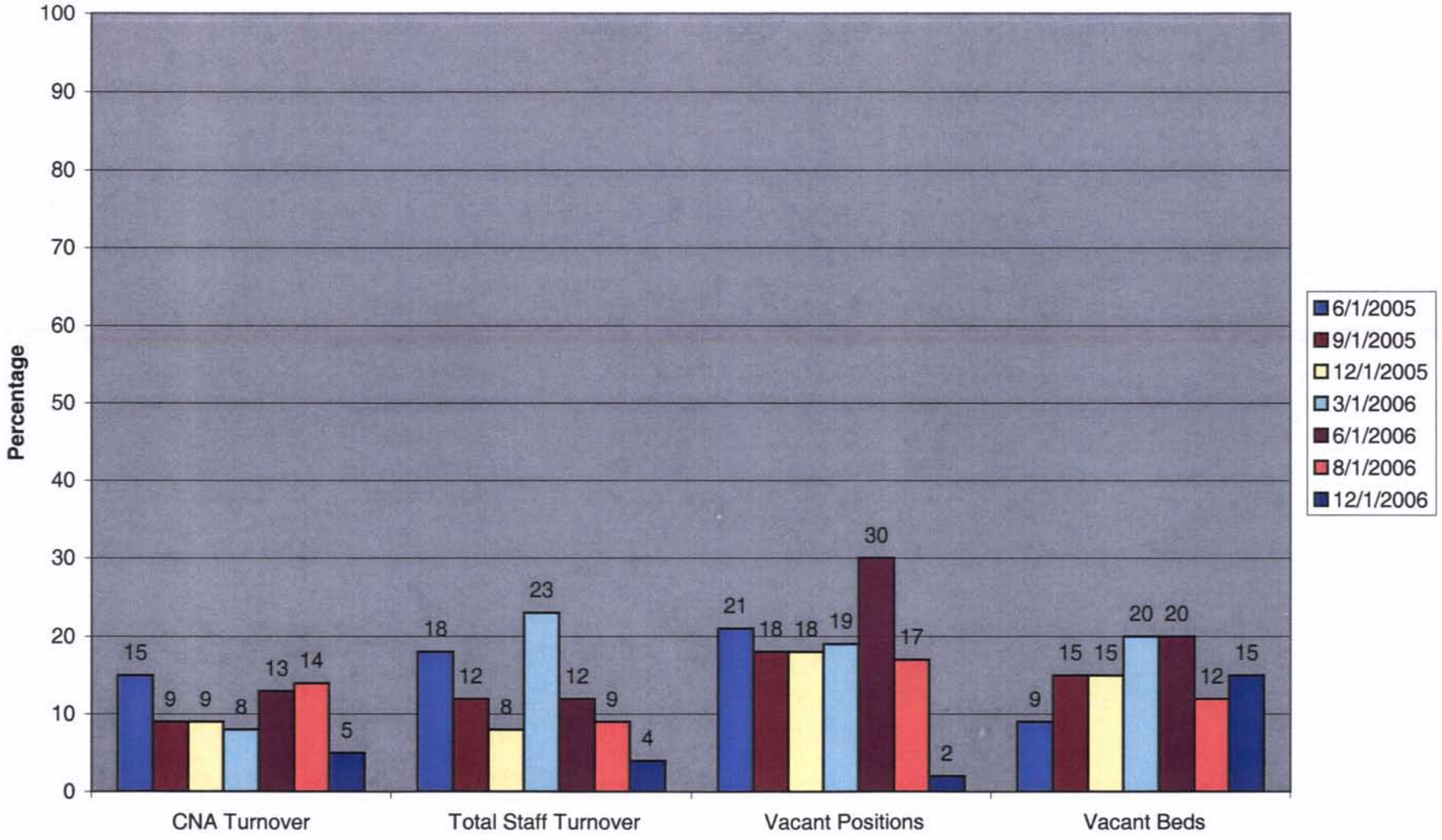
Clermont Percentage Comparison by Topics



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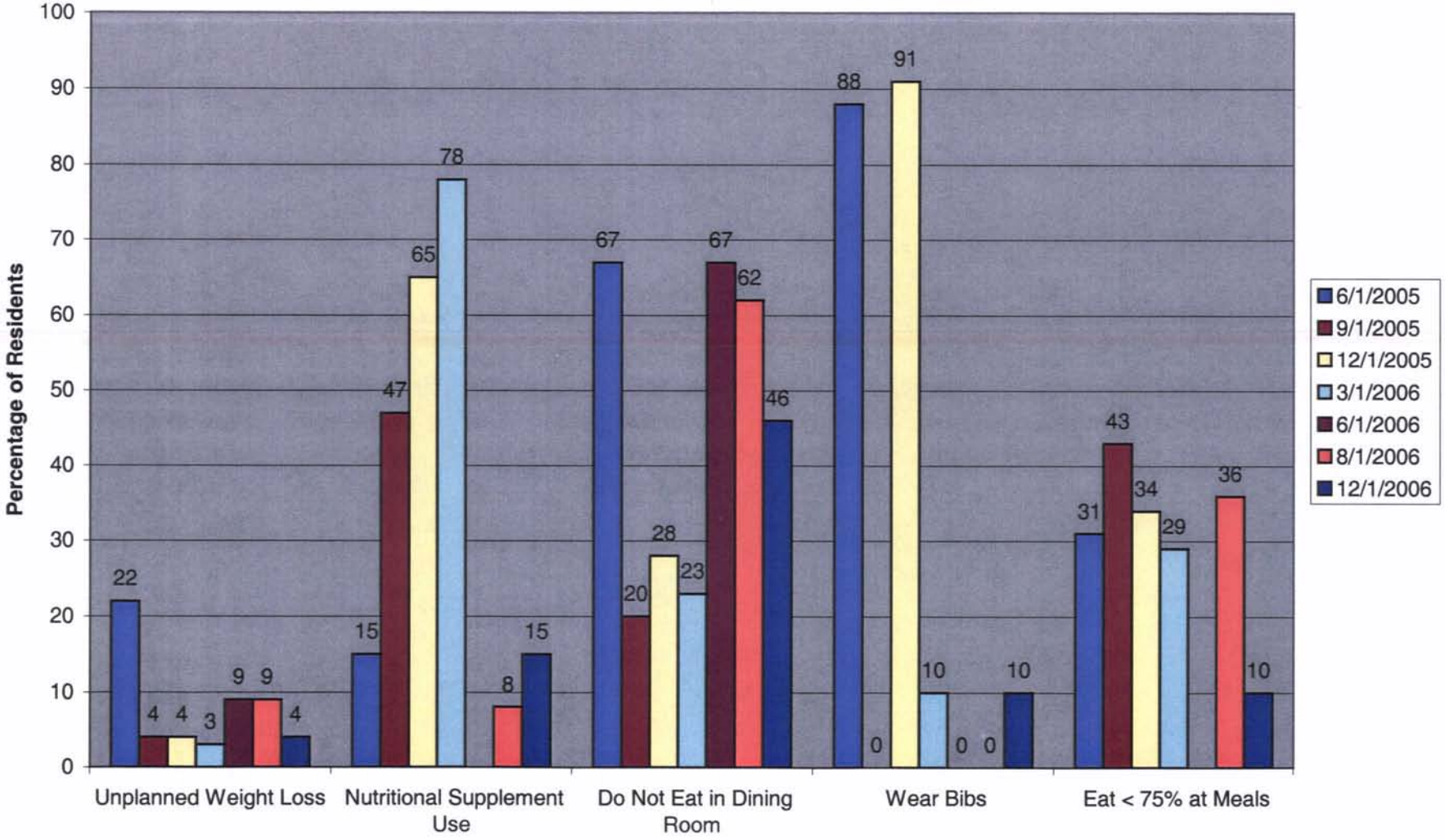
Clermont Comparison of Resident Percentages by Topics



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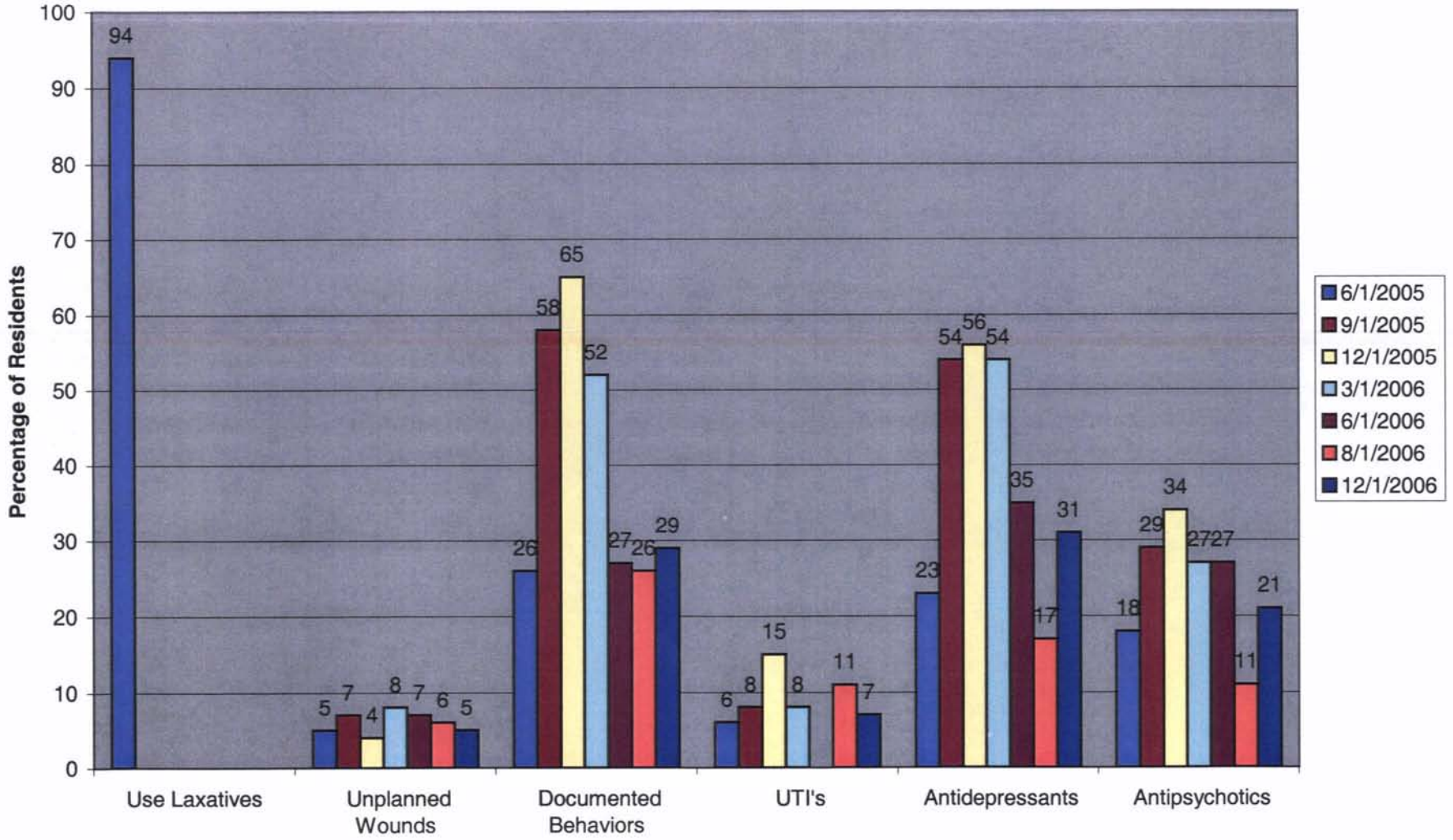

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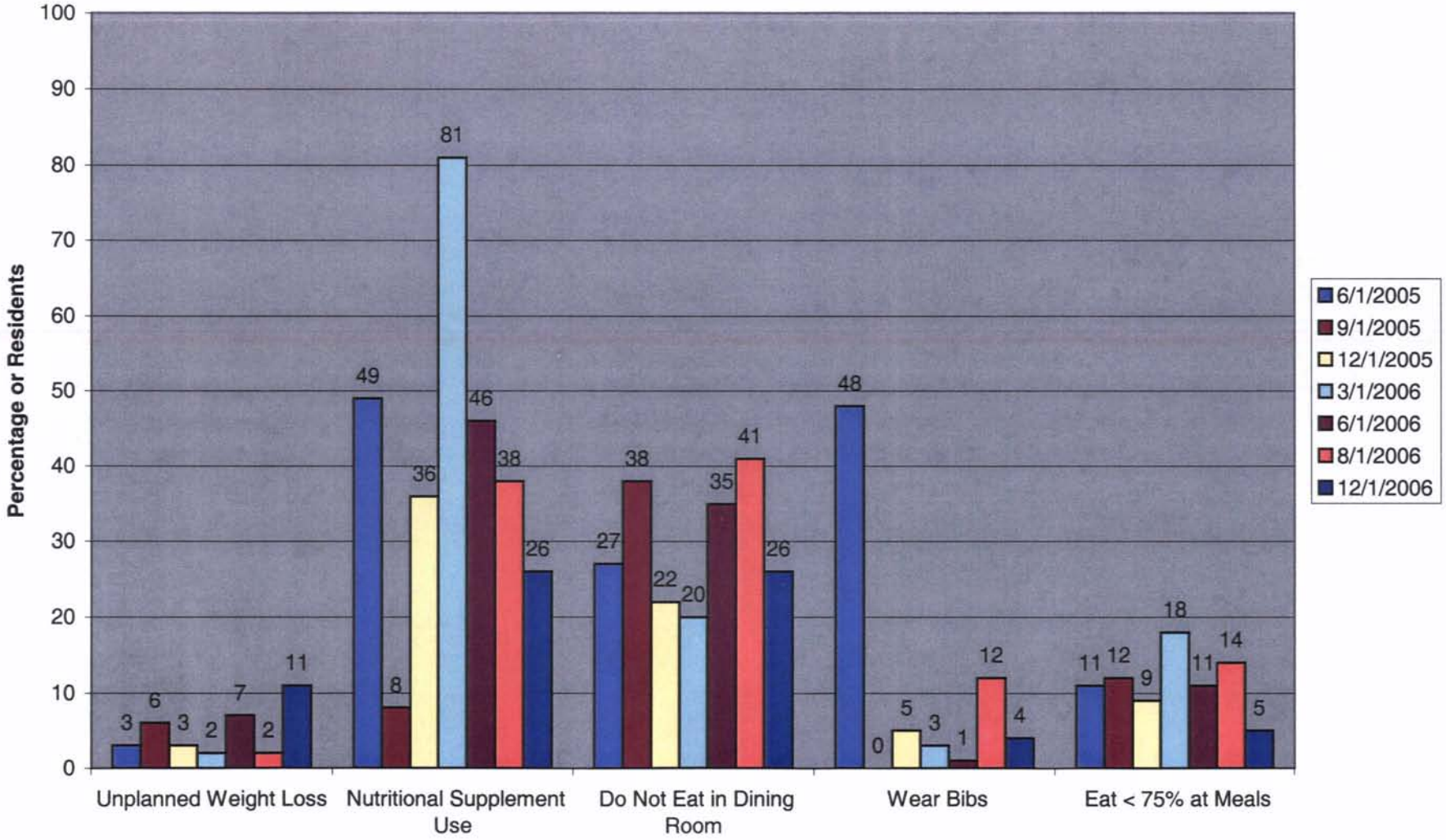
Bartow Comparison of Resident Percentages by Topics



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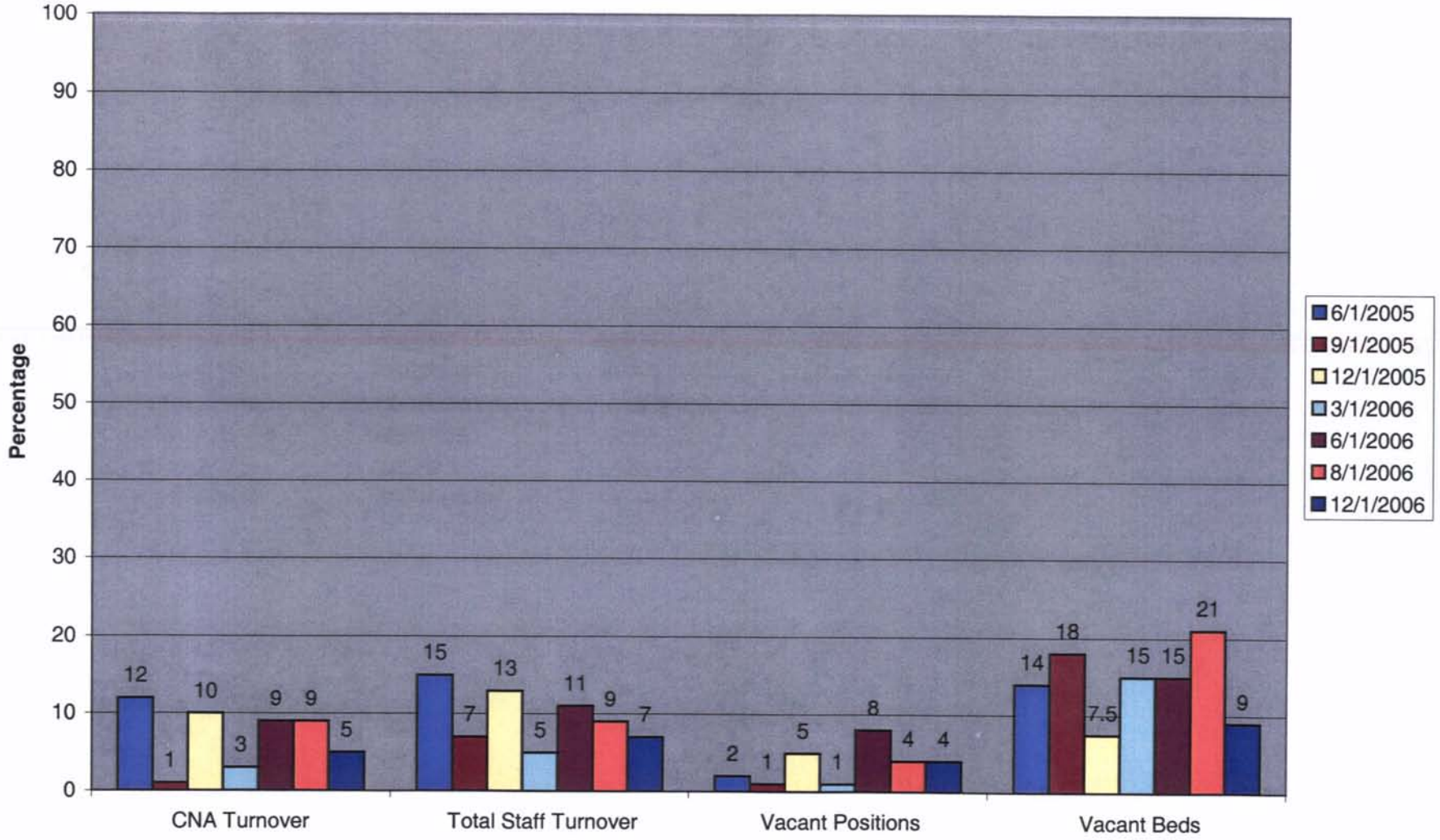
Bartow Percentage Comparison by Topics



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