

Kei-Ai Los Angeles Family Council
May 6, 2017

Michelle Ikeda, M.S.
Family Council Liaison
Kei-Ai Los Angeles Healthcare Center
2221 Lincoln Park Blvd., L.A. CA 90031

Dear Ms. Ikeda:

At our family council meetings we have discussed the following concerns and recommendations. They are grouped into three categories:

- Cultural Sensitivity
- Patient Care
- Facility

CULTURAL SENSITIVITY

- 1. The Community Advisory Board wants to know if there are differences in culturally sensitive care after the sale of the facilities compared to before the sale.**

Recommendation:

Design a survey that collects data through a questionnaire to residents and family members (if residents cannot respond) who lived at the facility one year before the sale until now. Include questions regarding culturally sensitive components within nursing care, food service, and recreation activities in the survey.

Update:

The Family Council connected the Community Advisory Board with a family member who is an expert in statistical design and analysis.

- 2. Community Benefit Service**

Thank You:

We thank Aspen and the Community Advisory Board for working with the Kei-Ai Family Council and the Caregiver Support Group to provide Caregiver Seminars for family members, visitors and the Japanese community at Kei-Ai Los Angeles as a condition of the sale - Community Benefit Services.

Update:

The Family Council reviewed a list of caregiver topics, and recommended seminars presented by the Alzheimer's, Greater Los Angeles organization.

- Two seminars are now scheduled for Saturdays on June 10 and July 29, 2017.
- The location is Sakura Gardens.
- Community members from all four facilities are invited.

3. Interruptions in the Japanese TV service in 2016:

Residents and family members have complained of several interruptions in the Japanese TV service last year, 2016.

Recommendations:

- A. Educate the residents on what to do when the Japanese TV station is not working:
 - Who to tell about the interruption.
 - Who to ask for information about the interruption.
- B. When an interruption in Japanese TV service occurs, we ask the facility to:
 - Make a verbal announcement to everyone on each unit.
 - Post on each unit's residential activity board a notification that includes:
 - The reason that the Japanese TV service has stopped.
 - When the Japanese TV service will start again.
- C. Update residents daily until the Japanese TV service is available again.

4. Family members are concerned that Japanese television programs are not regularly played for the residents in their rooms.

- Residents need mental stimulation in their native language to maintain the best possible quality of life.
- Family members have found their parents' TVs on English-speaking stations even though their parents' prefer the Japanese-speaking TV stations.

Recommendations:

- A. Write a policy that Japanese-speaking residents have Japanese programs played on their room TVs unless the resident requests a particular English program.
- B. Educate Nursing Attendants on this policy.
- C. Nursing Attendants turn on the TV station that residents want in their rooms.
- D. Nursing Managers monitor that residents are happy with the TV programs in their rooms.

5. Family members are concerned that residents can't clearly hear and enjoy TV in the 2nd Floor Dining Room when one TV plays an English program at the same time that another TV plays a Japanese program.

Recommendations:

- A. Write a policy on TV usage in the 2nd Floor Dining Room that states:
 - i. The same program will be played on both TVs at the same time.
 - ii. Japanese programs are played most of the time.
 - iii. If English-speaking residents request an English TV program, designate a specific frame, such as from 3 to 5 PM, when the TVs will play English programs, and the TVs will be switched back to Japanese after the English program.
- B. The Nursing Attendants will always turn on the same program on both TVs.
- C. Managers will ensure that the TV usage policy is followed.

6. Family council members are concerned that the facility has too few Japanese-speaking staff to take care of their family members.

Information Requests:

- A. What is the current number of Japanese speaking staff who work at the facility?
- B. How many Japanese-speaking staff were working in February 2016?
- C. If there are too few Japanese-speaking staff, which positions need to be filled and how many staff are needed for these positions?
- D. What is the facility doing to fill these staff positions?
- E. What is the facility doing to increase the Japanese-language capabilities of the non-Japanese-speaking employees?

Recommendation:

Can facility management send Mr. Mirza Haque, Staffing Coordinator, to a Family Council meeting in order to address our staffing questions?

PATIENT CARE

1. Poor nursing care occurs when the facility is understaffed and uses Registry personnel. What is the facility doing to ensure adequate nursing staff?

Information Requests:

- What is the current number of nursing staff (R.N., L.V.N., C.N.A.)?
- How many nurses were working in January 2016 compared to January 2017?
- What is the patient-to-nurse ratio?
- Are there shortages in nursing staff?
- What nursing positions are open?
- What is the facility doing to fill the open nursing positions?

Recommendation:

Can facility management send Mr. Mirza Haque, Staffing Coordinator, to a Family Council meeting in order to address our staffing questions?

2. Reliable communication that identifies caregivers for each resident.

Family members want to know who the caregivers are for their residents for each shift.

Recommendation:

Post a communication board, which is updated for each shift:

- Either in each room that has the names of that resident's caregivers.
- Or in the unit listing all the residents and their caregivers.

Note: See the examples in the IDCS-Communication-Boards brochure, which is attached at the end of this letter.

3. **Implementation of the *Communication to Alert Staff* forms and policy.**

Thank you:

The Family Council thanks all Aspen and Kei-Ai Los Angeles managers for working with the Family Council, creating the “Communication to Alert Staff” forms with their associated policy and procedures, and making these forms available to the resident, family members and visitors. *The forms and associated policy work very well to communicate issues to facility staff so that they can provide excellent resident care in a timely manner.*

- A. Family members report that RN Managers are not following up communicating to family members that the fixes are in place for the problems reported on the *Communication to Alert Staff* forms.**
- B. In addition, the follow-up procedure with the family has been changed from the documented procedure on the back of the forms, causing confusion for families.**

Information Requests:

- A. What is the reason for changing the follow-up steps for the *Communication to Alert Staff* procedure? Are RN Managers not able to follow-up with family members per the original procedure?

Recommendations:

- A. Please provide one uniform procedure for the *Communication to Alert Staff* forms.
- B. Update the instructions on the back of the form whenever the procedure changes.
- C. Provide the *Communication to Alert Staff* form to the family member at each IDT meeting.
- D. Review the instructions on the back of the form with the family member at the IDT meeting.
- E. Provide the *Communication to Alert Staff* form to the family when a resident moves in.
- F. Show new families where the forms are available on their resident’s unit.
- G. Instruct the new families on the use of the form, referring to the instructions.

4. **Faulty Thermometers and Errors in Temperature Readings:**

Temperature readings are a key indicator used by nursing staff to identify patient care needs.

- A. During the recent influenza/respiratory outbreak on the 2nd floor different thermometers gave different readings when used to take a patient’s temperature at one time.**
- B. A nursing attendant recorded a grossly inaccurate, low reading of 97.0 F when the resident’s true temperature was above 101.0 F.**

Recommendations—Nursing Staff:

- 1. Provide nursing staff with an evidence-based method for taking temperature readings of patients in long-term care facilities.
- 2. Provide in-service training for nursing staff on the correct method.

Recommendations—Equipment:

- 1. Replace faulty thermometers with correctly functioning thermometers.
- 2. Regularly calibrate all thermometers.

5. **Major Potential for Medication Errors:**

Family members reported that a *registry* nurse was giving medication to residents who were not wearing their identification wristbands.

Thank You:

A. **Nursing management was notified immediately. They surveyed the facility and placed correct identification wristbands on all patients.**

B. **Patient pictures were taken by Social Service staff and placed in the electronic medical record to correctly identify each resident, to prevent medication errors.**

6. **Cold food is an issue noticed by family members and our Ombudsman.**

Food is cold when it is fed to residents who need help eating in the dining room.

Food is cold when it is given to residents who receive their food in their rooms.

Recommendations:

A. For residents who are fed, serve hot food when the CNAs are ready to feed them. Don't serve the residents in the dining room who need help eating at the same time that the hot food is served to the residents who feed themselves.

B. Ask Dietary Managers to check that hot food is hot when it is delivered to the floor.

C. Ask CNAs to distribute the hot food immediately to residents eating in their rooms.

7. **Some residents and family members complain about the food.**

Recommendations:

- a. Give family members the *Communication Alert to Staff – Food form* so that dietary preferences can be recorded to increase resident satisfaction with meals.
- b. Give each resident *Meal Comment Forms* so that dietary staff can make adjustments to increase resident satisfaction with meals. Tell residents (helped by a CNA or family member if needed) to fill out the form when:
 - They don't like a food.
 - They like a meal they just had.
 - They want to request a food.

8. **Volunteer Program: Quality-of-Life for residents requires regular on-going social interaction at meal times and other times.**

Information Requests:

In 2016 Keiro received \$70,000/year from Aspen to manage the volunteer programs for the four facilities. Family members want to what Keiro is currently doing for the volunteer program at Kei-Ai Los Angeles HealthCare Center.

- Question 1: Is Keiro still managing the volunteer program at Lei-Ai Los Angeles?
- Question 2: If yes, what amount of money does Keiro receive to manage the program?
- Question 3: If yes, please describe what Keiro does to manage the volunteer program.

Recommendations—Campaign for Resident Happiness:

- A. Initiate an on-going One-to-One, Resident-to-Friend (volunteer) Visitation program to increase residents' happiness and quality of life.
 - B. Initiate a formal, ongoing, Pet Therapy Program for our residents.
 - C. Encourage family members to visit at meal times, which is a social activity.
 - D. If residents need help eating:
 - Inform the family through the nursing staff or dietician and at the IDT meeting.
 - Also tell family members that the facility will provide them with instruction how to feed their residents safely.
9. **Family members have noticed personal cell phone use by nursing staff while they are on duty working with patients in D wing.**

Recommendation:

Family members want the nursing staff to follow the **No Cell Phone Use** policy.

FACILITY ISSUES

1. Emergency Phone Numbers—A Problem?

The Family Council asked the facility for phone numbers to be used in emergencies by family members, and the facility provided the following numbers:

- 323-225-0745
- 323-225-9265
- 323-225-7267
- 323-221-4482

A. The 323-225-7267 number is **not working**.

B. The other three numbers **go to the same, front desk, main number** telephone.
This phone is answered by the receptionist during business hours only.
After business hours this main phone provides an automated message.

**C. If this main phone stops working, how do family members contact the facility?
This question becomes critical during a major emergency.**

Recommendations:

- A. For emergency purposes, provide family members with a phone number that is always answered by a staff member, regardless of the day and time of the call.
- B. In case of a major emergency when many family members will be calling in to the facility, establish sufficient secondary emergency numbers that are answered when the primary emergency number is busy.

2. **Family Council wants to keep the community informed about resident-care issues and other specific information for residents, family members and visitors.**

Note: The Kei-Ai Los Angeles HealthCare Center board, see below, provides facility information.



Recommendation:

Add one large bulletin board or several smaller boards so that the following information can be posted for the community:

- For Residents –Example, excerpts of interesting life stories of the residents with related pictures.
- For Kei-Ai Management –Facility meeting announcements, Updates, Staff Openings.
- For Nursing—Appreciation statements by residents and their families of members of the nursing staff.
- For Activities Department – Announcements of activities and special events for the residents, families and friends.
- For Family Council—Letter to the Facility (resident quality care issues that families are concerned about), the Facility Response, Meeting and Event Announcements.
- For Community Advisory Board—Cultural sensitivity issues that affect the residents.
- For Charitable Organizations—Volunteer programs and events that directly benefit facility residents.

3. **Admissions:** A family member reported troubling delays getting a relative admitted to the facility.

Information Requests:

- What criteria are used to admit patients immediately to the facility?
- What is the benefit of having a waiting list for the facility? For the patients on it?
- What can the family of a patient on the waiting list do to advance admission to the facility?

Recommendation:

Can facility management send Shauna Foster, Marketing & Admissions Coordinator, to a Family Council meeting in order to address these admissions questions?

4. **Donations: Family members, relatives, friends and visitors are being asked by the Activities Department for non-tax deductible donations to the facility.**

Information Requests:

- What amount was collected?
- What is this money being used for at the facility?

5. **Second-hand Smoke at the Facility Entrance.**

Family council members recommended that the entire sitting area at the entrance of the facility be made smoke-free.

Thank You:

Thank you Kei-Ai Management for providing a smoke-free area at the facility entrance!”

6. **Parking:** Sometimes visitor access to parking is too limited although it has improved. Family members have noticed employees parking in the visitors' spaces and some managers park all day in the top lot.

Recommendations:

- Write a parking policy and make it available to all staff and all visitors.
- Ask managers to park in the back lot when parking is limited in the top lot.
- Give incentives to managers to park only in the back lot.
- Give the security guards power to enforce the parking policy. Authorize them to:
 1. Ask policy violators to move their cars.
 2. Ask staff who inappropriately park to leave the lot.
 3. Place a Parking Boot that prevents the parking violator's car from moving, and require parking violators to pay \$20 to have the Parking Boot removed.

7. **Maintenance of Facility Grounds.**

There are many dead plants, weeds and trash in the parking lot and parkway.

Recommendations:

- Ask the Japanese gardening community to bid on a contract for grounds-keeping.
- Remove turf on parkway and save money for the facility by participating in the LADWP rebate program.

Update:

- The facility invited the former volunteer gardener to bid on a landscaping contract.
- The Family Council referred Peter Santos, EVS Manager, to the Southern California Gardeners Federation. (www.scgf.org 213-0628-1595)
- The Family Council referred Peter Santos, EVS Manager, to the Los Angeles LADWP turf-replacement program.