



Personal Care Home Connection

July 2010
Volume 6

Pennsylvania Department of Public Welfare
Edward G. Rendell, Governor **Harriet Dichter, Secretary**

Headquarters
Room 423 Health and Welfare Building
7th and Forster Streets
Harrisburg, PA 17120
Karen Kroh, Director
(717) 783-3670

Northeast Regional Office
100 Lackawanna Avenue
Room 330 Scranton State Office Building
Scranton, PA 18503
Duane Valence, Regional Director
1-800-833-5095

Southeast Field Office
1001 Sterigere Street
Room 161, Building 2
Norristown, PA 19401
Katherine Young, Regional Director
1-866-711-4115

Central Regional Office
1401 North Seventh Street
Fourth Floor Bertolino Building
Harrisburg, PA 17105
Cybil Bomberger, Regional Director
1-800-882-1885

West Regional Office
11 Stanwix Street
Room 230
Pittsburgh, PA 15222
Sheila Page, Regional Director
1-888-464-6378

Web site: www.dpw.state.pa.us/PartnersProviders/LongTermLiving

FREE TRAININGS

Since January 2010, the Department of Public Welfare's Adult Residential Licensing Office has offered over 500 hours of FREE trainings for personal care home staff through contracts with Northampton Community College and Temple University's Institute on Protective Services. Over 3,500 personal care home staff members attended these quality trainings and were able to satisfy their annual training requirement.

Northampton Community College offered FREE statewide diabetes education training and a variety of other FREE statewide annual training courses from February 2010 through June 2010. Topics included stress management, working with residents with special needs, preventative skin care, wound care, infection control, dental care, ergonomics, OSHA, fire prevention, accident prevention, emergency preparedness, workplace violence, and care for residents with delirium, dementia, depression (behaviors and interventions). Almost 2,000 people attended the trainings.

Temple University's Institute on Protective Services conducted FREE statewide training courses January 2010 through May 2010. Topics included financial exploitation, managing behavioral health issues, behavioral health assessment and intervention, and sexual abuse identification. Almost 1,700 people attended the trainings.

Due to the fact that all of the trainings were very well attended and well received, the Department has renewed its contracts with both Northampton Community College and Temple University to offer more FREE training August 2010 through June 2011. Training topics will include Reducing Risks, Preventing Abuse and Neglect, Hydration and Nutrition, Healthy Aging, Creating a Therapeutic Environment, Working with Families, and more.

Detailed information regarding the courses, date and location will be sent to each personal care home in August 2010.

REGULATIONS CORNER

Personal care home administrators are required to complete at least 24 hours of annual training relating to job duties. Administrators can find a list of Department-approved trainings that meet the requirements of § 2600.64(c) (relating to administrator training and orientation) on the Department's Personal Care Home Administrator Training Resource Directory at www.dpw.state.pa.us/PartnersProviders/LongTermLiving. Personal care home administrators are encouraged to visit this site (or contact your regional office for a copy of the document) PRIOR to attending any training they wish to attend to determine if they can be used towards the required hours of annual training.

Please note: As of September 1, 2010, in order to improve and monitor the quality of training courses, any source of training that has received a continuing education approval number from the Pennsylvania State Board of Examiners of Nursing Home Administrators or program approval number from the National Association of Boards of Examiners of Long Term Care Administrators (NAB) is required to also submit an application and receive approval from the Department of Public Welfare, prior to offering the course to personal care home administrators for annual training hours.

PEOPLE FIRST LANGUAGE: WORDS MAKE A DIFFERENCE

By Matt Jones, Director of Operations, Adult Residential Licensing

Mark Twain once said, "The difference between the right word and almost the right word is the difference between lighting and the lightning bug." When discussing a person with a disability or a medical condition, the correct choice of names, terms, words, and language are just that important.

The meaning of words and phrases are powerful. They have the ability to shape and change attitudes, to empower, and to lend dignity and respect. Similarly, language can disenfranchise groups and individuals, illicit pity where none is wanted, and devalue humans beings when improperly used.

"People First Language" is an accepted way to communicate about people who have disabilities that places the emphasis on the person rather than on the disability. It demonstrates that a disability is only one of many characteristics that a person may have, such as gender, race, religion, or profession. While important in certain circumstances, it is not the fundamental nature of the person.

"It describes what a person *has*, not what a person *is*." – Kathy Snow, [Disability is Natural](#).

As you might expect, the primary mechanism of "People First Language" is to place the person first in spoken and written language: For instance, "a boy who has autism," rather than "an autistic boy" or "people who have cognitive disabilities," rather than "the cognitively disabled". "People First Language" also avoids the use of words that generate pity or are otherwise inappropriate, such as people "who suffer from," "are the victims of," or are "afflicted with" a certain disability.

Importantly, “People First Language” only mentions a person’s disability when the disability is significant to the conversation. For example, in a discussion about emergency evacuation, it is important to mention that “Dave has a spinal cord injury and uses a wheelchair.” In a casual conversation about sports, however, the mention of Dave’s disability is irrelevant.

When it is important to discuss a person’s disability, refer to the chart below to ensure the use of respectful “People First Language”. To learn more about the importance and use of “People First Language”, refer to the following websites:

www.disabilityisnatural.com www.txddc.state.tx.us/resources/publications/pflanguage
www.arcwa.org/pdf/RespectfulLanguage.pdf

PEOPLE FIRST LANGUAGE GUIDE

USE

Person who has a disability/who has a mobility need
 Person without disabilities
 Person who has a developmental disability
 Person who has diabetes
 Person who has been diagnosed with cancer
 Person who has had a stroke
 Person who receives hospice care and services
 Person who has autism
 Person who has a mental illness
 Person who has a learning disability
 Person who has a hearing impairment
 Person who has blindness
 Person who has epilepsy
 Person who uses a wheelchair
 Person who has quadriplegia
 Person who has a leg amputation
 Person of short stature
 Person who communicates non-verbally
 Person who has a brain injury
 Resident
 Person who is 60 years of age or older
 Person who has schizophrenia
 Person who has dementia-related disease
 Person who has a congenital disability
 Person who uses a prosthetic leg/has a prosthetic
 Person who received Supplemental Security Income
 Home that serves people who receive Supplemental
 Security Income

DON'T USE

Handicapped, immobile, disabled, crippled
 Normal, healthy, average, not disabled
 Mentally retarded, retarded
 Diabetic
 Cancer patient
 Stroke victim
 Hospice patient, on hospice, terminal
 Autistic
 Mentally ill, insane, demented
 Learning disabled
 Deaf
 Blind
 Epileptic, spastic
 Wheelchair-bound, wheelchair user
 Quad
 Amputee
 Dwarf, midget
 Non-verbal
 Brain-injured, brain damaged, TBI
 Patient, client, victim
 Older adult, aged, elderly, old
 Schizophrenic
 Demented, person with memory issues
 Birth defect
 Fake leg
 Poor, SSI

 SSI home

SELF INSPECTIONS

By Dennis Ropon, West Region, Licensing Representative, Adult Residential Licensing

Every year around “that time” you start to worry about your impending annual inspection. You may find yourself asking questions such as “Am I in compliance?”, “Is there something I overlooked?”, “Do I have all my policies in place?’ If these questions are going through your head, then it’s time to rid yourself of those doubts.

There are a few simple things you can do to help keep yourself prepared for an inspection:

- Be sure to have a copy of both 55 Pa.Code Chapter 2600 (relating to Personal Care Homes) and the Licensing Measurement Instrument (LMI) available and accessible at all times. Familiarize yourself with the regulations, read and re-read the explanations of each regulation.
- Use the score sheet in the front of the LMI to do periodic self inspections. Ask staff to review sections of the regulations for which they do not have responsibility everyday. For example, ask kitchen staff to review regulations relating to resident bedrooms.
- Ask yourself the following questions when you find a problem:
 1. What is the reason for the regulation?
 2. What is the root cause of the violation?
 3. How can we fix the immediate problem?
 4. Once corrected, how can we make sure the problem does not happen again?
 5. Who is responsible to fix the problem?
 6. By what dates can each step in the plan be completed?
 7. How will we monitor to be sure the plan is followed?
- Review previous violation reports. Ensure that the home has followed the plan of correction.

The score sheet in the LMI is the score sheet used by the Adult Residential Licensing inspectors. If you complete a self-inspection (annually), you will be able to identify and correct issues prior to your annual inspection.

EXTREME HEAT: A PREVENTION GUIDE TO PROMOTE HEALTH AND SAFETY

Source: United States Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta, Georgia

Heat-related deaths and illness are preventable yet annually many people succumb to extreme heat. Historically, from 1979-2003, excessive heat exposure caused 8,015 deaths in the United States. During this period, more people in this country died from extreme heat than from hurricanes, lightning, tornadoes, floods, and earthquakes combined. In 2001, 300 deaths were caused by excessive heat exposure.

People suffer heat-related illness when their bodies are unable to compensate and properly cool themselves. The body normally cools itself by sweating. But under some conditions, sweating just isn't enough. In such cases, a person's body temperature rises rapidly. Very high body temperatures may damage the brain or other vital organs.

Several factors affect the body's ability to cool itself during extremely hot weather. When the humidity is high, sweat will not evaporate as quickly, preventing the body from releasing heat quickly. Other conditions related to risk include age, obesity, fever, dehydration, heart disease, mental illness, poor circulation, sunburn, and prescription drug and alcohol use.

Because heat-related deaths are preventable, people need to be aware of who is at greatest risk and what actions can be taken to prevent a heat-related illness or death. The elderly, the very young, and people with mental illness and chronic diseases are at highest risk. However, even young and healthy individuals can succumb to heat if they participate in strenuous physical activities during hot weather. Air-conditioning is the number one protective factor against heat-related illness and death. If a home is not air-conditioned, people can reduce their risk for heat-related illness by spending time in public facilities that are air-conditioned.

During Hot Weather

To protect your health when temperatures are extremely high, remember to keep cool and use common sense. The following tips are important:

Drink Plenty of Fluids

During hot weather you will need to increase your fluid intake, regardless of your activity level. Don't wait until you're thirsty to drink.

Warning: If your doctor generally limits the amount of fluid you drink or has you on water pills, ask how much you should drink while the weather is hot.

Don't drink liquids that contain alcohol, or large amounts of sugar—these actually cause you to lose more body fluid. Also avoid very cold drinks, because they can cause stomach cramps.

Replace Salt and Minerals

Heavy sweating removes salt and minerals from the body. These are necessary for your body and must be replaced. If you must exercise, drink two to four glasses of cool, non-alcoholic fluids each hour. A sports beverage can replace the salt and minerals you lose in sweat. However, if you are on a low-salt diet, talk with your doctor before drinking a sports beverage or taking salt tablets.

Wear Appropriate Clothing and Sunscreen

Wear as little clothing as possible when you are at home. Choose lightweight, light-colored, loose-fitting clothing. Sunburn affects your body's ability to cool itself and causes a loss of body fluids. It also causes pain and damages the skin. If you must go outdoors, protect yourself from the sun by wearing a wide-brimmed hat (also keeps you cooler) along with sunglasses, and by putting on sunscreen of SPF 15 or higher (the most effective products say "broad spectrum" or "UVA/UVB protection" on their labels) 30 minutes prior to going out. Continue to reapply it according to the package directions.



Stay Cool Indoors

Stay indoors and, if at all possible, stay in an air-conditioned place. If your home does not have air conditioning, go to the shopping mall or public library—even a few hours spent in air conditioning can help your body stay cooler when you go back into the heat. Taking a cool shower or bath or moving to an air-conditioned place is a good way to cool off. Use your stove and oven less to maintain a cooler temperature in your home.

Hot Weather Health Emergencies

Even short periods of high temperatures can cause serious health problems. During hot weather health emergencies, keep informed by listening to local weather and news channels or contact local health departments for health and safety updates. Doing too much on a hot day, spending too much time in the sun or staying too long in an overheated place can cause heat-related illnesses. Know the symptoms of heat disorders and overexposure to the sun, and be ready to give first aid treatment.



Heat Stroke

Heat stroke occurs when the body is unable to regulate its temperature. The body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. Body temperature may rise to 106°F or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not provided.

Warning signs of heat stroke vary but may include the following:

- An extremely high body temperature (above 103°F, orally)
- Red, hot, and dry skin (no sweating)
- Rapid, strong pulse
- Throbbing headache
- Dizziness
- Nausea
- Confusion
- Unconsciousness

Heat Exhaustion

Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. It is the body's response to an excessive loss of the water and salt contained in sweat. Those most prone to heat exhaustion are elderly people, people with high blood pressure, and people working or exercising in a hot environment.

Warning signs of heat exhaustion include: Heavy sweating, paleness, muscle cramps, tiredness, weakness, dizziness, headache, nausea, vomiting and fainting

NEW TRAINING SITES

Adult Residential Licensing has approved four additional 100-hour administrator training sites: (all sites also offer annual training courses)

Penn State University – University Park
Ms. Teta Barry
604 Ford Building
University Park, Pennsylvania 16802
Phone: (814) 863-2900
Cost of course: \$1598

Penn State DuBois
Ms. Jeannine L. Hanes
College Place
DuBois, Pennsylvania 15801
Phone: (814) 375-4836
Cost of course: \$1295

Penn State Greater Allegheny
Ms. Dianne Lacock
4000 University Drive
McKeesport, Pennsylvania 15132
Phone: (412) 675-9051
Cost of course: \$925

Penn State, The Lancaster Center
Ms. Bea Landis
1383 Arcadia Road
Lancaster, Pennsylvania 17601
Phone: (717) 299-7667
Cost of course: \$1395

Please contact the training institutions directly for specific course details/dates.

Next Issue

If you have suggested topics to cover in future editions of this newsletter, please contact Kimberly Black, Director of Training, Room 423 Health & Welfare Building, Harrisburg, PA 17120 or at telephone number 717-783-3670.

Remember to sign-up for the Governor's Newsletter at:

<http://www.governor.state.pa.us>

