

# LongTermHealth *Care*

South Carolina Board Of Long Term Health Care Administrators

January 2004

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South Carolina Department of  
Labor, Licensing Regulation

## SC Spirit of Caring Award Recipient Mattie C. Hall Health Care Center

The Division of Certification at the SC Department of Health and Environmental Control started a program in 1997 for nursing homes entitled "South Carolina Spirit of Caring". The mission of the program is to encourage facility participation in implementing innovative ideas and programs that improve the quality of life and quality of care for all residents in Long Term Care Facilities. This program recognizes and rewards facilities, their employees, residents, family members and volunteers for their contributions.

One of the winners of the 2003 SC Spirit of Caring awards was Mattie C. Hall Health Care Center for its aromatherapy program. The theme of the 2003 awards was "Paving The Way - Initiatives For Tomorrow". Mattie C. Hall was one of the awards recipients for its achievement in creating a holistic environment to increase the quality of life for its elders through an aromatherapy program, which is a holistic therapy that takes account of the mind, body and spirit.

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## From the Board Administrator

It's that time of year again when I remind you that the license year is half way over and to plan for the next license renewal. It may seem early, but board staff starts gearing up for your renewal every January. So as we get ready for your questions and incoming applications, you may wish to remember these key license renewal requirements:

- The minimum number of CE hours has not changed: 20 for NHAs, 18 for CRCFAs and 29 for dually licensed administrators.
- All hours must be recognized by the South Carolina Board (this includes any NAB-approved program).
- An administrator can earn **up to one half** of the required CE hours through NAB-approved Internet programs and other NAB-approved self-study programs.
- Your **completed** renewal application is due in the board office or postmarked by June 30. Any application postmarked after that date will incur a late fee.

Please contact the office at any time to verify board approval of a program you have attended or plan to attend to ensure that your hours will be accepted for the renewal of your license for 2004-2005.

Finally, if you have moved and have not updated your **mailing address** with the board, please do so immediately. License renewal applications will be mailed in early April.

## South Carolina to Implement Optional Feeding Assistant Program

**Nicole Threatt**, *Director of Operations Support SC Department of Health and Human services*

Federal regulations for long term facilities were updated on September 26, 2003, to permit the use of paid feeding assistants (PFAs) to supplement the services of certified nursing assistants under certain conditions. The intent of this change is to provide more residents with help in eating and drinking and reduce the incidence of unplanned weight loss and dehydration. As a result, effective January 1, 2004, South Carolina nursing facilities have the option to employ PFAs. The South Carolina Department of Health and Human Services (DHHS) is responsible for developing and implementing policies for the program. PFAs must successfully complete an 8-hour state approved feeding assistant training program and work under the supervision of a registered nurse or licensed practical nurse.

The South Carolina Department of Health and Environmental Control will provide oversight. During surveys, surveyors will observe the meal or snack service to note any concerns related to the residents receiving feeding assistance. If concerns are noted, the surveyors will investigate to determine if this may constitute a deficient practice and whether PFAs have successfully completed the 8-hour training course. Surveyors will also determine if the resident receiving the feeding assistance is one who has no complicated feeding problems. This will be done by a review of medical charts and discussion with the professional nursing staff. Similarly, surveyors will note concerns about supervision of PFAs and investigate how the nursing facility provides supervision through staff interviews during meal or snack times and drawing on their own conclusions from observations. Deficiencies will be cited, if appropriate. Through retention of training and employment records of PFAs, a facility will help document its compliance with federal requirements, and have a record that surveyors may review.

DHHS will release a Medicaid Bulletin which will provide additional program guidance. For more information, contact the South Carolina Nurse Aide Program at (803) 898-2590.

## Nursing Home AIT Program Update

There were 5 AIT programs completed in 2003:

- Brad Rector, AIT trained at NHC in Anderson with Brad Moorhouse, Preceptor for 9 months. Brad completed his training in July 2003 and has since become a S.C. licensed NHA.
- Nikki Culbreth, AIT trained at White Oak Manor in Charleston with Stephen Lewis, Preceptor for 9 months. Nikki completed her training in September 2003 and is currently practicing with a provisional NHA license.
- Kim Holmes, AIT trained at Wesley Commons with David Buckshorn, Preceptor for 6 months. Kim completed her training in September 2003 and is currently practicing with a provisional license.
- Tim Cook, AIT trained at Life Care Center of Columbia with Carol Cordan, Preceptor for 9 months. Tim completed his training in October 2003 and is awaiting his examinations scores for licensure.
- Jason Patterson, AIT trained at Richard M. Campbell Veterans Nursing Home with Heyward Hilliard, Preceptor for 9 months. Jason completed his training in December 2003 and is awaiting his examination scores for licensure.

The Board currently has four ongoing programs that are scheduled to be completed in 2004 at Agape Senior Community of West Columbia, Easley Nursing Center, McCoy Memorial Nursing Center and NHC Anderson.

In 2003, there were 7 NHAs who were certified to be preceptors in the Board's AIT Program:

- David Buckshorn at Wesley Commons in Greenwood
- Scott Middleton at Agape Senior Community of West Columbia
- Scott Neal at White Oak Manor in Columbia
- Tom Porter at Agape Senior Community of West Columbia
- Gayle Shelton at Willow Creek Nursing Center in Iva
- Ruth Walker at White Oak Manor in Rock Hill
- Melissa Yetter at Rosecrest in Inman

If you are licensed as a nursing home administrator and are interested in being an AIT preceptor, feel free to call the board office at (803) 896-4544 for more information or go to the board Web site at [www.llr.state.sc.us/POL/LongTermHealthCare](http://www.llr.state.sc.us/POL/LongTermHealthCare).

## Disciplinary Update

The following Orders were approved by the Board at the December 3, 2003, meeting:

- A Community Residential Care Facility Administrator signed an Agreement to Voluntary Surrender her license. The CRCFA was charged with not working on-site at the facilities under her administration and with providing false and misleading information regarding other employment on her 2002 license renewal application.
- A Community Residential Care Facility Administrator signed an Agreement to Voluntary Surrender her license without formal charges being made by the Board.
- A Community Residential Care Facility Administrator signed an Agreement to Voluntary Surrender her license. The CRCFA was charged with failing to demonstrate adequate knowledge of licensing regulations and failing to operate her facility in compliance with DHEC regulations for community residential care facilities.
- A Community Residential Care Facility Administrator signed a Consent Order that includes a two-year probation and a \$250 fine. The CRCFA was charged with aiding in the use of false or fraudulent documentation while acting as administrator of a CRCF. The CRCFA had knowledge that her signature was being forged and that other employment and training information was being falsified.
- A Community Residential Care Facility Administrator signed a Consent Order that includes a one-year probation and a \$500 fine. The CRCFA was charged with aiding in the use of false or fraudulent documentation while acting as administrator of a CRCF. Employee training records were falsified at his direction.

## Long Term Health Care Administrators Practice Act

Every licensed profession in South Carolina has a "practice act", which is the law that governs the profession or practice. For Nursing Home Administrators and Community Residential Care Facility Administrators, the practice act is S.C. Code of Laws Ann. 40-35-5, et. al. and S.C. Code of Regulations, Chapter 93. In addition to the LTHCA Practice Act, licensees should also be aware of the requirements and conditions for the practice set forth in S.C. Code of Laws Ann. 40-1-10, et. al. This statute speaks to all licensed professions and occupations in the state.

Current copies of the above stated statutes and regulations are available to you on the Board's Web site at [www.llr.state.sc.us/POL/LongTermHealthCare](http://www.llr.state.sc.us/POL/LongTermHealthCare).

## 2003 New Licenses and Examination Stats

Table 1. Examinations

EXAMINATION	TESTED	PASSED	FAILED
National NHA	18	14	4
National CRCFA	80	70	10
State NHA	25	25	0
State CRCFA	72	65	7

Table 2. New Licenses

LICENSE TYPE	ISSUED 01/01/03 – 12/31/03
NHA	24
CRCF	66
DUAL	10

Table 3. Current Licenses

LICENSE TYPE	ACTIVE	INACTIVE	LAPSED (2003)
NHA	231	61	20
CRCFA	555	75	61
DUAL/BOTH	119	19	1
DUAL/NHA	2	2	0
LICENSE			
DUAL/CRCFA	2	1	1
LICENSE			

The licensing examinations are still provided through the National Association of Boards of Examiners for Long Term Care Administrators ([www.nabweb.org](http://www.nabweb.org)), which is composed of state boards or agencies responsible for licensing long term care administrators. One of NAB's functions is the development of the nursing home administrator and residential care/assisted living administrator examinations.

NAB contracts with the Professional Examination Service (PES), a testing agency, for the provision of all test materials, reporting scores, assisting with the development of items and tests, processing applications, and providing additional consultation as requested by NAB.

Examinations (NAB and state portions) are given at Prometric multi-state network of testing centers (formerly Sylvan) with the exam date scheduled personally by the board-approved candidate.

The license application is available on the board's Web site and through the board office.

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Vicki Major, the Administrator of Mattie C. Hall, said "We investigated aromatherapy as a means of minimizing unplanned weight loss and found many other benefits, such as reduced behaviors and better sleeping habits. So many residents are taking an enormous amount of medications, which is so hard on their metabolism. Using aromatherapy achieves the same results without additional medications. It is also a cost saving on prescription costs."

*Excerpt from the facility's report that was submitted in the 2003 SC Spirit of Caring awards program:*

#### **AROMATHERAPY**

Aromatherapy can influence behavior management and modification including; disruptive yelling, refusals to eat resulting in weight loss, resistive combative behaviors, sun downing and insomnia. Mattie C. Hall staff did not want to embark upon self treatment with essential oils, so they enlisted the experience and expertise of a trained aromatherapist. A properly trained aromatherapist looks far beyond the mere application of essential oils, and seeks to help the whole person in maintaining a balance of mental, physical and spiritual health. Every essential oil has many properties, unlike synthetic drugs which are "tailored" to treat a specific symptom. Essential oils are often balancing in their effect, helping the body return from a state of imbalance to balance. The principle of balance applies physically, mentally and emotionally.

#### **AROMATHERAPIST'S PERSPECTIVE**

Mother nature has provided mankind with a powerful and diverse natural remedy in essence of plants. The essence is known as essential oils, which are distilled from the petals, stem, bark, resin and zest of plants. They capture the energy of the plant and are responsible for the fragrance. High in energy the essences have many properties including; antiseptic, astringent, tonic, bactericidal, antiviral, digestive, diuretic, stimulant and sedative.

Aromatherapy treatment is facilitated by the use of the olfactory sense, which stimulates various nerve centers in the brain, and by the ability of essential oils that they contain, to pass through the skin barrier. They are carried by the blood stream or via the lymph system to various parts of the body. Essential oils are a natural resource for the environment because their bactericidal effects eliminate germs, unwanted odors and because of their ability to create a desired mood. Essential oils are also proven to improve productivity, decrease illness, improve mental stimulation and memory.

#### **STAFF PERSPECTIVE**

When considering using aromatherapy, the staff sought to provide a safe alternative to chemical restraints, psychotropic medications and potential side effects. Staff concerns focused on:

- (1) Sun downing and the increase in noise and disruptive behaviors in the early evening.
- (2) Insomnia-the increase in wakefulness at night, especially insomnia that did not respond to antidepressant or psychotropic medications.
- (3) Loss of appetite and refusals to eat resulting in weight loss.
- (4) Resistive, combative behaviors, especially resident to resident contact incidences.
- (5) Falls resulting from the concerns listed above.

Based on these concerns, the aromatherapist suggested the following essentials for the residents:

**Wake Me Up and Feed Me:** An appetite & memory stimulant – a mixture of Grapefruit and Cloves. The staff use this mixture one half hour prior to meals.

**Heaven's Scent:** A calming mixture effective during sun downing or noisy disruptive behaviors – Grapefruit and Frankincense. The staff use this mixture in the late afternoon and early evening.

**Afternoon Delight:** Effective for insomnia and as an antidepressant- Lavender and Bergamot. This mixture is used at bedtime and late night for "nocturnal neighbors" who are up and wandering at night.

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**Stay Tune:** A mixture for clarity and alertness, used by staff if other mixtures produce somnolence – Bergamot, Cinnamon, Ylang Ylang and Lemon. Staff really appreciates this mixture of oils between 3 and 4 a.m.

#### **FAMILY PERSPECTIVE**

Family members had asked in the past about alternative therapies, including aromatherapy. Staff provided sensory stimulation activities, but not a holistic alternative to psychotropic medications. Family members now comment on the “pleasant aroma” and “the increase in peace in the Dementia Neighborhood.” The cost effectiveness is a fringe benefit the families are very fond of, especially families of the residents whose psychotropic medications have been discontinued.

#### **RESIDENTS' PERSPECTIVE**

A person’s olfactory link with aromas might be the last link between the real experienced world and the mind, which is now hidden within the person living with dementia. Some specific case responses to essential oils at Mattie C. Hall are:

(1) One dual diagnosed resident yelled loudly without any apparent reason. She was admitted to the facility’s Dementia Neighborhood because of her yelling history and this behavior’s unresponsiveness to several psychotropic medications. Staff received permission from the medical director, psychiatrist and family members to try aromatherapy. Our aroma therapist suggested trying “Heaven’s Scent”. Staff sprayed a small amount of oil on a towel and draped the towel over her shoulders like a shawl, she sniffed, sniffed again, then sniffed deeply, smiled, stopped yelling and sat down in a rocking chair where she remained napping for approximately thirty minutes. \*Note: *if residents sniff deeply and nod their heads, staff can guess they like the oils, if they turn away or turn up their nose and grimace, they don’t.*

Staff and the resident’s husband were amazed at these results. Staff continued to repeat the use of “Heaven’s Scent” for this resident until she was discharged to a psychiatric center. She was discharged psychotropic free and had to be placed on psychotropics in her new environment.

(2) On November 14, 2001, we began using “Wake me up and feed me”. Staff sprayed the essential oil mixture one half hour before lunch and heard the following spontaneous resident responses: “I’m hungry”, “I want to eat” and “that smells good”. Residents who usually ate 25% to 50% of meals ate 75% to 100% of meals.

(3) One stage 7 resident often yelled loudly during ADL care, especially incontinent care. Staff would usually stop and try again later. Staff began washing her hands with a warm cloth with Lavender oil on it, then placed the lavender laced cloth over her side rail while we assisted her with care. She raised her head as if she smelled something, she raised her head higher as if to really smell this scent. She became so preoccupied with sniffing the Lavender, she stopped yelling and staff assisted her with incontinence care. She started yelling again approximately 5 minutes later, but staff was able to safely deter her yelling, resistive behavior to assist her with ADL care.

#### **METHODS OF DELIVERY**

Essentials oils can be used in many ways: diffused in the air, dropped in warm aromatic baths, made into massage oils, hot or cold compresses, spray bottles, aroma fans and electric diffusers to diffuse oils into the atmosphere. Inhaling the oils has a direct effect on the body with some absorption via the lungs to the blood stream.

#### **TARGET GROUP**

Based on a study from the Churchill Hospital Alzheimer’s Unit in Oxford, England, Mattie C. Hall chose its Dementia Neighborhood as a starting point. Churchill Hospital staff reported that Alzheimer’s patients treated with essential oils became more alert, and the general noisiness of the patients with dementia lessened. Mattie C. Hall staff specifically monitored dementia residents exhibiting weight loss, insomnia, combative and disruptive behaviors.

Aromatherapy may be effective with any population. Essential oils may be used to kill pain, help residents sleep and enhance the effects of sedative drugs, thus allowing lower doses to be used or possibly discontinued.

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### **STAFF INVOLVED IN AROMATHERAPY**

Once educated on the purpose and desired effects of each essential oil mixture, any staff member can provide aromatherapy, such as turning on the aromatherapy fan or diffuser at the desired times. At Mattie C. Hall, nursing and activity staff have taken the responsibility for diffusing aromas into the atmosphere. If there is a high energy activity, especially in the morning, staff may spray "Stay Tuned" in the activity area. If a resident becomes noisy, disruptive or combative, a C.N.A. may put a warm compress of "Afternoon Delights" on the resident's forehead or wipe their hands to encourage rest. Early evening staff will play soft music, dim the lights, decrease noise as much as possible and diffuse "Heaven's Scent" in the air to decrease the intensity of "Sundowning." It is not uncommon to see residents living with dementia sitting quietly in rocking chairs, gently rocking after sniffing "Heaven's Scent."

### **OUTCOMES**

Mattie C. Hall staff monitored residents for weight loss/gain; disruptive, combative, resistive behaviors; and psychotropic drug use. Out of 44 residents, the number of residents exhibiting weight loss of 3 or more pounds between October 2001 and June 2002 decreased from 23% to 7%. For same resident population and time period, the number of residents receiving psychotropic meds for behavior problems decreased from 20% to 5%.

The facility staff's goals are to:

- Promote a calm relaxed home life environment.
- Promote rest and sleep.
- Help stimulate appetite.
- Stimulate memories.
- Assist with behavior modification.
- Help reduce unnecessary psychotropic drug use.
- Help increase the quality of life for our elders, family members and staff.

The implementation of aromatherapy has enabled the facility to consistently meet their goals.

### **ADVICE TO OTHER FACILITIES CONSIDERING IMPLEMENTING THIS PROGRAM**

- (1) Proceed slowly, under the direction of a professional aromatherapist.
- (2) Keep essential oils out of the reach of residents.
- (3) Never take oils orally or internally without the supervision of a physician and an aroma therapist.
- (4) Monitor closely for signs and symptoms of allergies or sensitivities as: headache, skin rash, burns, sneezing, red eyes and skin irritations.
- (5) Educate physicians, staff, family members and residents before starting.
- (6) Proceed cautiously with a small sampling of oils with various properties, rather than lots of oils.
- (7) Try aromatherapy.
- (8) Record and enjoy the journey!!

### **COST**

The initial cost was \$79, for one ounce of each of our four mixtures. Staff purchased two spray bottles from the local dollar store for \$.50 each. Two months later the facility purchased two battery operated aroma fans for \$20 each. In February they replenished two bottles of oil for the cost of \$40. July 2002, staff purchased an electric aroma diffuser - \$120 and a supply of oils - \$80 for a total cost of \$200.

When compared to the cost of psychotropic medications – the cost is minimal. Mattie C. Hall uses grants and neighborhood fundraising funds to supplement its budget to purchase essential oils and equipment.

### **REFERENCES**

- The Fragrant Mind* by Valerie Ann Worwood  
*The Complete Book of Essential Oils & Aromatherapy* by Valerie Ann Worwood  
*Aromatherapy An A-Z* by Patricia Davis

**Points of *Interest*:**

Board Staff Changes.....1  
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**2004 Board Meeting Calendar**

- March 3-4, 2004
- June 1-2, 2004
- September 8-9, 2004
- December 1-2, 2004

All scheduled meetings will be held at the Department of Labor, Licensing and Regulation, 110 Centerview Drive, Columbia, SC 29210.

**LongTermHealthCare**

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**In this Issue:** SC Spirit of Caring Winner, Mattie C. Hall Healthcare Center and more....