

Vila Monte
17090 Peak Ave.
Morgan Hill CA 95037

3/21/2016

Re: Conditional Use Permit - Statement of Proposed Operation

We request the conditional use based on the following Statement of Proposed Operations:

Intended Use Summary:

Our intended use for this CUP submittal is to expand our existing Care Facility from 28 beds to 84 beds and continue our care of seniors and individuals with special needs. We have a staff of highly trained medical and personal care professionals that fulfill a promise of quality resident-centered care programs. To many of our residents, they consider our facility their home. To us, we consider them family.

Specific Use Details:

- Hours and days of operation
 - 24 hour 7 days a week care facility
- Number of employees
 - 50 FTE
- Number of average daily trips generated
 - 100
- Type of equipment or processes used
 - Service Kitchen
 - Full service kitchen
- Use of hazardous materials
 - No use of hazardous materials
- Other information which effectively describes the proposed use
 - Onsite Laundry

Basic General Services:

- a. Lodging: single room/double room
- b. Food services: Three nutritious meals daily and between meal nourishment special diets if prescribed by doctor will be provided.
- c. Laundry service
- d. Cleaning of the resident's room
- e. Comfortable and suitable bed, including fresh linen weekly or more often if Necessary
- f. Plan, arrange and/or provide for transportation to medical and dental appointments within a specific radius
- g. A planned activity program.

DEVELOPMENT
SERVICES

JUL 29 2016

CITY OF MORGAN HILL

Basic Personnel:

- a. Continues observation, care and supervision, as required.
- b. Assistance with bathing and personal needs, as required.
- c. Assistance in meeting necessary medical and dental needs.
- d. Assistance, as needed, with taking prescribed medications in accordance with physician's instructions unless prohibited by law or regulation.
- e. Bedside care for minor temporary illnesses.
- f. Maintenance or supervision of client/resident cash resources or property, if necessary. Individual transportation provided by the facility to their home when requested.
- g. The monthly rate for basic services for residents will be based on the rate allocated by the state and the placement Agencies.
- h. There are no additional charges for any basic services provided by the agency.

On site medical facility:

On site examination room
Doctor on site
Nurses on site
Locked medicine area

Food Services

All persons engaged in food service are knowledgeable and will observe personal hygiene and sanitary food service practices.

All food is of good quality and is stored and prepared in a healthful attractive manner. Modified diets prescribed by a resident's physician as a medical necessity shall be provided.

No more than fifteen hours will elapse between dinner and breakfast the following morning.

Meals will be served in the dining area to encourage socialization among residents. Tray service will be provided in case of temporary need.

Assistive devices and appropriate interventions (i.e. smaller portions, finger foods, etc.) are used if a resident requires them.

Menus will offer a variety of dishes, taking into account the cultural and religious background and food habits of the residents.

Menus are kept on file in the facility as served.

The menu represents appropriate food groups and portions for our residents. Through discussion with our residents, the menu may be revised to reflect their individual needs and desires while maintaining a balanced and nutritious diet. At all meals, or anytime, beverages are encouraged and available upon request.

Bedridden Care

A resident who is bedridden will receive care and services appropriate to their needs. Staff who are caring for a bedridden resident shall receive training from a licensed medical professional on appropriate care for bedridden residents. The facility shall maintain training documentation in the staff member's personnel file which includes the following:

- Date of training
- Duration of training
- Name of staff trained
- Topics trained
- Name of the licensed medical professional who performed the training
- Documentation showing the trainer meets the requirements to be a trainer

1. Residents will be evaluated for complications of immobility including:
 - a. Skin breakdown
 - b. Respiratory infection
 - c. Urinary tract infection
 - d. Contracture
 - e. Depression/Isolation
2. A service plan will be developed that addresses the needs of the resident and evaluated on a quarterly basis.
 - a. Need for repositioning
 - b. Need for assistance with proper food and liquid consumption
 - c. Toileting/incontinence needs
 - d. Skin care needs
 - e. Psychosocial needs
3. A medical professional will be contacted for consultation on resident needs when complications to care become evident.
4. The physician (or hospice agency) will be contacted should the resident exhibit a change in status in need of medical intervention.
5. Staff scheduling will accommodate the needs of resident requiring turning and repositioning to ensure turning is taking place at least every two hours or more often as required. One-on-one staffing will be provided if is determined to be needed by the Resident.
6. Arrangements for special care devices will be made, including but not limited to:
 - a. Privacy curtains if necessary
 - b. Urinals
 - c. Heel and elbow protectors
 - d. Over-bed tables
 - e. Bed pans
 - f. Partial bed rails
 - g. Bedside commodes

- h. Wheelchairs
- i. Vertical support bar
- j. Trapeze
- k. Appropriate mattress pads

Services Available for Residents with Dementia

1. Assistance with eating.
2. Redirection and distraction techniques if the residents' actions may pose a hazard to themselves or others.
3. Incontinent care.
4. Hygiene and dental care.
5. Personalized activities.
6. Monitoring for changes with appropriate notification to the MD.
7. Assistance with medication routines.
8. Observation for changes in behaviors that would warrant MD intervention.

Hospice Policy

Vila Monte shall be permitted to retain up to 4 terminally ill residents who receive hospice services from a hospice agency in the facility providing all of the following conditions are met: Vila Monte has received a hospice care waiver from the department.

Vila Monte remains in substantial compliance with the requirements of Title 22. Hospice agency services are contracted for by each terminally ill resident individually or the residents Health Care Surrogate Decision Maker if the resident is incapacitated, not by the licensee on behalf of a resident. These hospice agency services must be provided by a hospice agency both licensed by the state and certified by the federal Medicare program.

A written hospice care plan is developed for each terminally ill resident by that resident's hospice agency, and agreed to by the licensee and the resident, or the residents Health Care Surrogate Decision Maker, if any, prior to the initiation of hospice services in the facility for that resident, and all hospice care plans are fully implemented by the licensee and by the hospice(s).

The retention of any terminally ill resident in the facility does not represent a threat to the health and safety of any facility resident, or result in a violation of the personal rights of any facility resident.

The hospice agency and the resident agree to provide the licensee with all information necessary to allow the licensee to comply with all regulations and to assure that the resident's needs are met.

Our hospice care plan shall be maintained in the facility for each hospice resident and shall include the following:

The name, office address, business telephone number, and 24-hour emergency telephone number of the hospice agency and the resident's physician.

A description of the services to be provided in the facility by the hospice agency including but not limited to the type and frequency of services to be provided.

Designation of the resident's primary contact person at the hospice agency, and resident's primary and alternate care giver at the facility.

A description of the area of licensee's responsibility for implementing the plan including, but not limited to, facility staff duties; record keeping; and communication with the hospice agency, resident's physician, and the resident's responsible person(s), if any. This description shall include the type and frequency of the tasks to be performed by the facility.

A description of all hospice services to be provided or arranged in the facility by persons other than the licensee, facility personnel, or the hospice agency including, but not limited to, clergy and the resident's family members and friends.

On call (24/7) hospice nurse

Hospice nurse will perform procedures as needed not allowed by unlicensed staff (injections, dressing changes, medication titration, wound care, etc.)

Hospice nurse may pronounce death

Agency will contact and arrange mortuary services

Agency will provide counseling and spiritual support

Agency will arrange for equipment as needed (hospital bed, mattress foam pads, etc.)

Agency will provide emergency medication packet

The licensee shall submit a report to the Department when a terminally ill resident's hospice services are interrupted or discontinued for any reason other than the death of the resident, including refusal of hospice care or discharge from hospice. The licensee shall also report any deviation from the resident's hospice care plan, or other incident, which threatens the health and safety of any resident. Such reports shall be made by telephone within one working day, and in writing within five working days, and shall specify all of the following:

The name, age, sex of each affected resident.

The date and nature of the event and explanatory background information leading up to the event.

The name and business telephone number of the hospice agency.

Actions taken by the licensee and any other parties to resolve the reportable event and to prevent similar occurrences in the future.

For each terminally ill resident receiving hospice services in the facility, the licensee shall maintain the following in the resident's record:

The resident's or the resident's Health Care Surrogate Decision Maker's written request for retention and hospice services in the facility, along with any Advance Health Care Directive, Request to Forego Resuscitative Measures, and/or Do-Not-Resuscitate Form executed by the resident or (in certain instances) the resident's Health Care Surrogate Decision Maker.

The name, address, telephone number, and 24-hour emergency telephone number of the hospice agency and the resident's Health Care Surrogate Decision Maker, if any, in a manner that is readily available to the resident, the licensee, and facility staff.

A copy of the written certification statement of the resident's terminal illness from the

medical director of the hospice or the physician member of the hospice interdisciplinary group and the individual's attending physician, if the individual has an attending physician. A copy of the resident's current hospice care plan approved by the licensee, the hospice agency, and the resident, or the resident's Health Care Surrogate Decision Maker if the resident is incapacitated.

A statement signed by the resident's roommate, if any, indicating his or her acknowledgment that the resident intends to receive hospice care in the facility for the remainder of the resident's life, and the roommate's voluntary agreement to grant access to the shared living space to hospice caregivers, and the resident's support network of family members, friends, clergy, and others. If the roommate withdraws the agreement verbally or in writing, the licensee shall make alternative arrangements which fully meet the needs of the hospice resident.

Daily Schedule of Activities

When a resident is admitted, the Activity Person and Administrator will discuss with the resident and family the daily routine and types of activities the resident enjoy. The Activity Person and Administrator will plan our daily schedule, keeping the needs and desires of all residents in mind, to accommodate the needs and desires of the resident as much as possible. Our resident's daily plans are their choice, although we will encourage participation in activities and socialization.

Residents may awake when ready and partake in personal hygiene and dressing activities.

8am– 8:30am	Breakfast is served.
9am	Planned activity. Assistance will be given as needed or requested.
9:45am	Snacks and beverages are made available to our residents.
10:30am	Planned activity. Assistance will be given as needed or requested.
12:00- 12:30pm	Lunch is served.
1pm – 2pm	Residents may enjoy leisure pursuits that they choose and enjoy. Assistance will be given as needed or requested.
3pm	Tea Time! Afternoon snacks and beverages are available.
3:15pm	Afternoon activities are available. This may include exercise, gardening, outings, table games, etc.
5pm	Dinner is served in the dining room.
6-8pm	Evening activities are offered. This may include dancing, reading aloud, making popcorn and watch a movie, arts and crafts, etc.
8pm	Bedtime snacks and beverages are made available.

Resident's choice of time – Residents prepare for bed and perform their personal hygiene tasks.