

# #OneClinical

Our #OneClinical Movement is alive and growing stronger by the day! It is so inspiring to see our therapists and nurses collaborate and join forces like never before in our history. Together we are better for our patients, and better for one another!

Here are some highlights from this month:



## Momentum #OneClinical

Submitted by Dennis Baloy, Therapy Resource, Momentum-CA



## Touchstone 2.0 #OneClinical

We had a blast at our DON-DOR #OneClinical Collaboration Meeting  
Submitted by Paul Xavier Suva, Clinical Resource – Touchstone 2.0 - CA

## RNA Workshop Brings Bandera Resources Together

Submitted by Kelly Schwarz, Therapy Resource, Bandera, AZ

In the Spirit of #OneClinical, Therapy Leaders, Therapy Resources and RNAs spent the day together celebrating Passion for Learning, Customer Second, and Love One Another!

Several Therapy Leaders volunteered, and a total of 16 RNAs from 12 facilities in Bandera West participated in the Workshop. The day included a Culture kick-off, an ice breaker for introductions, education on proper ROM techniques, ADLs, transfer training, gait, splinting, positioning, and RNA dining. Participants shared best practices, exchanged ideas, bonded, learned best practices for POC documentation and care plans, and discovered how to navigate to the RNA manual on the Portal. The RNA Workshop concluded with everyone making new friends, enjoying lunch, and receiving an RNA Certificate of Completion.



## Touchtone 2.0 MDS and DOR Workshop

By Ron Layos, PT/DOR, Brookside Healthcare Center, Redlands, CA



A big thanks goes out to Kajuanza Smith, MDS Resource, and Nelson Layos, Therapy Resource, for organizing an impactful event and collaboration among Southern California Inland (Touchtone 2.0 Market) affiliates.

Led by Roxie Maceda, MDS Resource, this was our first workshop/training within the Touchtone Market since PDPM rollout. The activities started with getting to know each other, followed by fun and games with Kahoot as we



explored PDPM knowledge, as well as awarded various prizes such as gift cards — the gas gift cards were especially welcome with today's gas prices!.

Different resources shared tons of information, including an update of our market leaderboard presented by MDS Coordinators and "How to Ace Our MSCAs" by Carmen of the Compliance Department. Our market leader, Alicia, presented culture training with an emphasis on applying all the knowledge and training in the field. Additional topics included "How to Maximize Our SLP CMI's" by Elyse, SLP Resource; and "Optimizing Functional Outcomes and SIP Waiver Updates" by Rob Ady. We also discussed improving QMs during our group workshop.

I personally enjoyed this workshop greatly and am hoping to hold more workshops to contribute to the success of every affiliate.

## Therapy to Nursing Communication: Fall Prevention

By Jacquelyn Eaton, TPM, The Healthcare Resort of Topeka, KS

The Healthcare Resort of Topeka implemented a system so that our CNAs and Nurses know what the transfer, ADL and mobility levels are upon the day of evaluations by therapy. Our therapist will complete the evaluations, fill out a quick form and submit the form to me so that I can update the care plan and tasks in PCC in real time. The patients care plan and tasks are updated based on the level of assist on the day of the therapy evaluation, then as needed when the patient progresses to the next level of assist. Therapists here at the facility will also update the CNAs and nursing staff working the current shift to allow them to pass on information at shift change.

We started this process so that staff know more about the patient and weightbearing status. . It has become standard practice and a fall prevention program as the nurses know more about the patient and how they move in bed, to chair, with a walker, assist levels with showering, dressing and hygiene. As the patient progresses, the task and care plan will change, but usually by week 1 or 2 the CNAs are very familiar with the patient and a simple update in PCC is all I have to do. We use a Red, Yellow and Green "stop light" tag system to identify when the patient is ready to move on their own:



Green means: "Go, they can walk independently and do their own self-care" May ambulate at will, no assistance in room/dining room or activities



Yellow means: "Slow down, they need hands on help with ambulation and self-care" Help assist to dining room and with self-care



Red means: "Stop, they should not be up on their own and need direct contact at all times with ambulation and self-care" Requires hand assistance with ambulation and self-care

PT, OT and ST collaborate on whether or not they can move their tag up to the next status. We love this process, and it helps us keep patients happy and healthy as well as on their way back to their prior level of function.

## Celebrating the NCI Market

By Aimee Bhatia, Therapy Resource, NCI, California

The NCI resource team organized our annual awards meeting on July 20 at a beautiful park in Ventura. Everyone dressed in their facility T-shirts. We had amazing tacos, a fruit truck and Crumbl cookies. It was so nice to see teams spending time with one another, mingling with their counterparts in other facilities, and truly showing love for one another.

We handed out awards to celebrate all aspects of achievement: economic engine award, MDS excellence, safety awards, productivity and LTC excellence awards, outpatient driver award, food and nutrition excellence, and many more. The most special awards were the CAPLICO clinical and non-clinical awards, whose recipients were picked by their facilities.

There were heartwarming speeches and lots of tears of joy, and you could feel the excitement and motivation to keep achieving the things that may feel impossible. We were reminded recently by Doc Ali how crucial play is, and we had some serious competition with our games. Tug of water, egg toss, sack races, water balloon fights, water gun attacks, and many more. The laughter was intense, and the joy was palpable. It was such a rewarding day to see people come together despite ongoing struggles to celebrate one another and look forward to the future. A special shout-out to my resource partners in crime, Cory Monette, Dan Redman, Luis Rodriguez, Anthony Agcaoili, and Jess Sanchez.





## Meet **Roya Eskandari**

### By **Jamie Funk, Director of Therapy Recruiting**

Roya joined the Ensign Services, Inc. Service Center seven years ago and has held five different roles since then! Currently, Roya has a hybrid role, which includes serving as an HR resource as well as recruiting for service center staff. Roya also manages our immigration process and many H1B visas for therapist new hires.



Prior to joining the service center, Roya obtained a dual degree from Cal State Fullerton in Human Resources and Women's Studies. She worked at Hallmark Rehabilitation (a subsidiary of Skilled Healthcare) until it was acquired by Genesis. She loved her time at Hallmark and felt like she was at home there and her colleagues were family. Roya had many roles at Hallmark, including Recruiting Coordinator, Business Process Analyst, Awards & Recognition, and Data & Analytics. She also handled the social media accounts for Hallmark. Upon leaving the company after the acquisition, Roya thought she might never find another work home!

Fortunately, many of Roya's former Hallmark colleagues ended up finding their own work homes at the Ensign Service Center or at one of our affiliated facilities, and Roya was hearing a lot of buzz about the unique culture, family feeling, and passionate colleagues at this organization. She interviewed for a role at the service center and has been part of us ever since!

Her favorite part of the job is the "people part," and Roya feels huge satisfaction in helping our people in the field solve a problem, find information to answer a question, create a better or more efficient work process, or anything else they have a need for.

When interviewing potential service center employees, Roya is frequently asked "Why are you here?" She is happy to answer that we have a wonderful culture where all of our core values create an environment where our people are empowered to create their own destinies. She also talks a lot about how much her colleagues genuinely love each other, love their jobs, and love our organization. At a recent new-hire orientation at the Service Center, there were several guest speakers from Therapy, Compliance, and other Service Center departments. After they had all had an opportunity to speak, Roya asked if the class members could feel the love — it was that palpable in the room.





When not at work, Roya is busy raising a very active 1-year-old girl named Alina. Roya's favorite color is scarlet, and if you are ever looking for someone to go get sushi with, she is your go-to! Pre-baby, Roya and her husband enjoyed finding small, out-of-the-way vineyards and wineries and going wine tasting. Their dream is to someday buy a small vineyard that they can retire to and where they can make their own wine.

Roya's wish for everyone out in the field is for you to view her as a general Service Center resource. If you don't know who to call for a solution to a problem, Roya will help you get in touch with the service center contact most able to assist in your unique situation. She is also extremely knowledgeable on human resources issues and can advise on things like formatting an offer letter, solving a human resources issue, answering questions about H1B visas, and any other "people-related" question!

## Where Success Is Written on the Wall

Submitted by Stephanie Cole, Bandera Therapy Resource, Arizona

This wall may not look like much from afar, but that is not the case here at Shea Parc Post-Acute of Scottsdale, Arizona. Up close, you will see that each wall depicts a myriad of patient successes, journeys and amazing recoveries. Through the dedication, compassion and determination of this incredible Therapy team, they are setting a new standard for post-acute outcomes. Way to go, Shea!



## Intelligent Risk Taking and Ownership at its Best!

By April Trammel, DOR, CTO, Beacon Harbor, Rockwall, TX

Seven therapists from Beacon Harbor participated in our Pelvic Floor Strengthening Course this past weekend. They are all so motivated and are already implementing these exercises and strategies into their treatment sessions! We can't wait to see the reflection on our Quality Measures! Thank you for this opportunity that you provide for us!



*From Jon Anderson, DPT, Senior Therapy Resource: Love Love this! Beacon Harbor jumping right into this today! We had 60 therapists attend this 2-day, 12.5-hour training in DFW. Let's not sit on this new knowledge. Please share your WINS on how your team is*

*getting a Pelvic Floor Strengthening/Incontinence Therapy Program off the ground with all of us! Let's get the flywheel rolling!*

## Lymphedema Champion

By Jamie Hasvold, SLP, DOR, Draper Rehab and Care Center, Draper, UT

Corina Bancila, PTA, recently attended a Lymphedema Certification Course, as this is something we have desperately needed in our facility. She spent an entire week in intense coursework learning everything there is to know about lymphedema management. When she returned back to our facility, she independently developed a program and procedure for assisting the Nursing staff with managing our lymphedema patients. Since she finished her certification, she has progressed four of our long-term residents through the entire lymphedema program, including getting them fitted for custom garments that they will wear over the long term to manage swelling, pain, and discomfort. The full lymphedema management process takes months, and Corina has carefully progressed each patient through at their own pace with expertise and compassion. Her clinical skills are invaluable to our facility.

## Treating Adverse Behaviors

By Tara Meyepeter, OT, DOR, Keystone Ridge Nursing & Rehabilitation, Omaha, NE

Keystone Ridge is a facility with a typical census of 72. Keystone is unique in the population in which they serve. Most typically, we serve residents who suffer/experience diagnoses that include homelessness, drug/alcohol addiction, and mental health disorders. With such disorders, we often see an increase in adverse behaviors, including self-isolation and denial of care. Our therapists have embraced looking at residents using an holistic approach. How do we serve their needs?

In one recent referral, a 76-year-old female presented with a diagnosis that includes major depressive disorder and anxiety. She was referred to therapy due to her refusal to complete ADLs and her adverse behaviors (yelling, screaming) with caregivers. So often, we may look at this resident as "that's just how she is." The challenge to the team is, what can we do for this resident? Are we looking at the person as a whole?

In what way can we bring purpose? How do we increase their quality of life?

- Start building rapport. Be consistent. Trial different times to determine the most appropriate part of the day based on patient engagement.
- Establish likes/dislikes. A great tool to use is the Interest Checklist or Life History and Profile.
- Why are they refusing care? Is it more than behaviors? Find out their why. Most often it is more than just refusing. We used a sensory profile to determine sensory needs.

We have developed a friendship and trust. I discovered that my resident is sensory avoiding. She prefers the dark and is highly sensitive to clothing. She is very deconditioned from years of self-isolation and refusal to get out of bed. As a result, she is a high fall risk; however, she has good insight that it is not safe to walk alone. We determined her love for animals, specifically elephants. To work on sitting balance, we would watch the virtual zoo on the computer while seated at EOB. Little by little, I gained her trust.

Through these approaches, my resident has allowed me to cut off 12 inches of unkept matted hair, and most importantly, she is accepting my help with ADLs like showering. Now this took time, 1.5 months in fact! This is the person most often people chalk up to "That's just the way she is." My challenge to everyone is, are you treating at your optimal level of practice? Are we looking at the whole person?

## Infection Control Continues in Mission Market

By Kathey Fawn, Therapy Resource, Keystone, Mission Market - TX

I know many of you are struggling with COVID outbreaks right now. It's more important now than ever to partner closely with our Nursing counterparts to make sure infection control is at the top of everyone's mind. If you haven't done an in-service on PPE and hand washing lately, consider doing that at your rehab meeting this next week. Double check with your DNS on current isolation and masking protocols in your facility. I know everyone is weary, but as this new wave surges and state surveyors are becoming more critical, we have to remain diligent. Make it a game! The first person to don and doff full PPE five times correctly gets a gift card! PPE and hand washing relay races! PPE poster contests! Do whatever it takes to make your teams be thinking about it and share your good ideas with all of us. The first person to respond with pictures of a creative infection control activity with your team gets lunch on me!





*Woo-hoo! We stopped what we were doing down in the therapy gym at Parklane to go over hand washing. We used Glo Germ Gel to review just how thorough we have to be to get squeaky clean hands! Lots of laughter, with a side of learning! Jennifer Henderson, OTR, DOR, Parklane West Rehabilitation Center, San Antonio, TX*

Let's keep in mind the strategies we can use when these situations arise. Do we have residents in the facility who are not skilled and still need our services during an outbreak scenario? If our therapists are out with COVID, are they able and willing to do Telehealth? Are they able to use some of this time they are at home to complete annual Ensign U? Let's ensure we know what patients are coming off of skilled services to our LTC units and assessing their needs. Many of them have declines and experience isolation during this transition time, so they will definitely need us to be involved

### EEF Pie In the Face Event

Patty Fantauzzo, COTA/L, CTO, TPM, Julia Temple Healthcare Center, Englewood, CO

What a great time we had at Julia Temple raising awareness and participation in the Employee Emergency Fund today!

Employees who signed up as first-time monthly participants in the EEF had their names entered in one raffle, and employees already contributing who signed up to increase their monthly donation had their names entered in a separate raffle. All employees, in addition to the raffle entry, had a chance to throw a pie at one of our brave volunteers (Jenna, Dietitian; Fasil, DON; Eddy, ED; Jenny, CNA; and Austin, Plant Manager).

We had two raffle winners and fun was had by all, but the best part was that we were able to increase our employee EEF participation from 86% last month to 94.3%!

Check out the photos of our good sports!



# DORiTOs in Action!

The Capstone Projects provide an opportunity for Directors of Rehab in Training (DORiTOs) to put their knowledge and leadership skills into practice in order to effect a change and make a meaningful contribution to the facility they are serving.

Kylar Meyer, ADOR/OT, Riverbend Post Acute Care, Kansas City, KS

By Nichole Weigel, Therapy Program Manager, Riverbend Post Acute Care



Kylar Meyer, ADOR/OT, recently completed his DORiTO Capstone project based on Culture, Conflict, and Communication within the facility. This presentation was presented at monthly all-staff in-service, where Kylar covered all the basics of CAPLICO and communication in attempts to improve Nursing-Therapy relationships as well as facility retention.

Kylar saw that these topics were a huge opportunity for us here at Riverbend and immediately took action. Staff responded very well to the inservice, and we have seen significant improvement in communication and carryover between all departments.

Thank you, Kylar, for recognizing facility needs and putting your DORiTO training into action!

## Increasing Group/Concurrent Communication for CNAs

By Mark Milligan, ADOR, Lake Pleasant Post Acute Care, Peoria, AZ

For my Capstone project, I created a new and improved group therapy sheet to help inform the CNAs on the patients that had group therapy that day. (see page 18)

We have had a lot of mishaps with registry CNAs getting patients up, ready and on time for their group therapy sessions during the week. When I brought the issue to their attention, they had a lot to say. Some registry CNAs told me that they were unsure of how the patient transferred and were unsure of which therapist to talk to because they didn't know who was who. They were unsure of what time to have them up and ready by or when they should start the process of getting the patient up, seeing how some patients take longer than others. This was causing a lot of stress and more work for the therapist team and our core CNA group because they were having to help a lot more.

With this information, I wanted to create a system where there was little to no gray area when it came to getting our patients up and ready for group therapy. I wanted this new system to help our registry CNAs and our core CNA group as much as possible. I added four total boxes with six rows (one for each patient). Each row consists of a box where we can write in the patient's room number, their transfer assist level, and what assistive device they use. I added the therapist's name at the top so that the CNAs knew exactly who to contact if they had any

questions or concerns. I also added the time at which the group would start. I put two boxes side by side and color-coordinated them to show a therapy team (PT/OT).

Typically, at Lake Pleasant, when one discipline determines a clinically appropriate group, the next discipline will run a group with most, if not all of the same patients. I would leave this new sheet at the nurse's station next to the appointment sheet. I did this because the CNA's often check the appointment sheet throughout the day to see when patients need to be up and ready to go. This would ensure that all of the CNAs would see our therapy list.

Implementing the spreadsheet has brought more efficiency to both our nursing and therapy teams, and as a result, our ability to deliver services in a group has increased. Some feedback I received from the CNAs was that they loved the new system. They expressed how it helped them to manage their time better and to go into a patient's room confident in knowing how to transfer them safely. This system helped to build a better relationship between the CNAs and our therapy team simply by reducing any miscommunication between the two teams. A lot of the times, things happen due to the lack of communication between teams, and this sheet has helped to minimize that by showing our CNAs exactly what was needed.

### OT Student Shares Group Ideas at Estrella Health and Rehab By Jessica Foster, DPT, CLT, Therapy Resource – Bandera – AZ

Amada Gross, OT Student, came up with some cool group ideas! Some of the content on the group activities PDFs (see page 19-20) might need to be vetted for verbiage, etc., for best documentation practices, but Amanda gave these to the DOR to adapt as we needed.

Here is a picture of Amanda and the team at one of their off-site celebrations. As a new acquisition, it has been so important to Chris Rowe, the DOR at Estrella Health and Rehab, to foster team integration and bonding in and out of the building!





## Group Fun at Orem

Submitted by Mark Walker, DOR, Orem Rehabilitation and Nursing, Orem, UT

Orem Rehabilitation celebrated the baseball year with a homerun derby with the residents. Each resident got 10 hits to see who could hit the most over the heads of the others for a home run. We played good old fashioned baseball tunes and had cupcakes. We had over 20 participants, and everyone got a kick out of catching the ball and throwing it back; they almost loved that part more than the hitting. We had zero casualties so that was another bonus. We just loved the excitement and energy of doing something new and seeing residents get excited to use their bodies in different ways and learn new skills. They are already asking when we are going to do it again.



## Tai Chi group at Bainbridge Island

Submitted by Scott Langdale, Therapy Resource, Pennant, WA

Rachel Brandt is our new COTA at Bainbridge Island Healthcare. Rachel has truly embraced our culture and has done an amazing job partnering with activities in regard to integrating meaningful and exciting tasks for the patient's overall physical and mental health.



Here is a wonderful example of that blossoming partnership.  
Great job, Rachel

## Large Group Therapy at Hunters Pond

### Joshua Mimun, OT Student, University of St. Augustine: Austin Campus

Here at Hunter's Pond in San Antonio, Texas, group therapy takes on a bigger form. Daily large-group therapy sessions with approximately 20 to 30 qualified residents led by 10 to 12 therapists and therapy assistants perform interventions that promote increased AROM, activity tolerance, and dynamic balance while providing opportunities for social engagement. Below, we see patients actively participating in balloon volleyball as the therapists/therapy assistants referee the skilled group intervention to ensure progression of each client toward their individualized goals. Additional interventions include bean bag hot potato, large foam beading relay race, big ball basketball, bowling/cornhole combo, and more!



The benefits of group therapy can be traced all the way back to 1905, with the successful treatment of TB patients by psychologist J.H. Pratt. Since then, group therapeutic treatment has evolved and been incorporated into many other disciplines, including occupational therapy, physical therapy, and speech language pathology. The benefits associated with group therapy include the instillation of hope, universality (I am not alone), interpersonal learning, development of confidence, social skills, social connections, and routines, all while engaging in purposeful activities that promote increased function.

Under the new CMS PDPDM model, group therapy is defined as having a qualified rehabilitation therapist or therapy assistant treating two to six patients at the same time who are performing similar activities. This new definition provides therapists with increased flexibility without compromising their ability to manage the patient's ability to engage and benefit from group interventions. (Please refer to CMS.gov for more detailed information on definitions, regulations, and compliance regarding group therapy.)



## Bowling Fun at Hurricane

By Wes Spivey, PTA, Therapy Program Manager, Hurricane Health & Rehabilitation, Hurricane, UT



Shannon O'Connor, OT helped facilitate a bowling and grub night for some residents that were dying to get out and do something fun. We took advantage of the opportunity and brought our families along and had a really fun night!

## Wedding Bells Ring at Westover Hills

Submitted by Andy Cisneros, Therapy Recruiting Resource, Texas

Westover Hills hosted a wedding for the daughter of a resident of the building. Her father's presence was important to her, so she brought the wedding to him. The happy couple was able to exchange their vows in front of not only family and friends but staff as well.





# Welcome to the New Members of Our Therapy Recruiting Team

By Jamie Funk, Director of Therapy Recruiting

Ashley Keenan, SLP, Therapy Recruiting Resource-Keystone West, North, and Northeast, TX



My brother and I were raised by a single mom on 400 acres in central Texas, 30 minutes from the nearest gas station/grocery store. Though my mom worked full-time as a nurse, she also homeschooled me until high school. Even though she was already very busy, she drove me 45 miles one way, several days a week for five years to take art lessons, one of my passions in life.

I was in high school when a coach suggested to me that I should go to school to be a "speech therapist," the first time I had ever heard of this profession. I honestly thought he was referencing how much I talked in his class, but he was serious. I am so thankful to this day because he introduced me to an amazing field. I also met and fell in love with my husband, Lane, in high school. We got engaged our senior year, in the middle of a severe storm during his family's annual "Keenan Olympics."

I received a small art scholarship and a small pageant scholarship to help with my first couple of semesters of school, but I worked full-time as a server/bartender the majority of my college career in order to pay my bills at Texas State University. During graduate school, when it became difficult for me to continue work, my husband worked full-time for Texas State, driving the tram, while also attending school full-time.

I first met our Keystone Therapy Recruiter, Richard Johnson, at the Texas Speech and Hearing Association conference in Austin, Texas during graduate school. I was inspired by Richard's enthusiasm, but there were no facilities accepting SLP clinical fellows in my area at that time. So, I completed my CFY with another company. As soon as I saw the position pop up at San Marcos Rehabilitation and Healthcare for a full-time SLP, I contacted Richard, who connected me with Shaun Baldwin, DOR at the time.

SMRH has had a huge impact on who I am as a clinician, leader, and person in general. In my time there, I had two sweet babies, received multiple certifications in my field, followed after Shaun as Director of the Rehabilitation department, grew our team from seven to 18 full-time therapy staff members, and met many wonderful friends/colleagues. I honestly thought I would never leave.

However, when the Therapy Recruiting Resource position opened up, I knew I had to express my interest. My husband and I, being religious, felt a calling to move in a different direction with both of our careers, at the same time, as well as geographically to be closer to family. We are currently searching for our new home in the DFW area. Our family now consists of a 3-year-old (our son, Dean), a 4-month-old (our daughter, Caroline), one cat

named Daphne, and a dog named Kait. We all enjoy the outdoors, spending time together as a family, "doing chores" (as my son refers to it) on my in-laws' farm, and weekend adventures to new places. We are ecstatic to start our new life here in the DFW area, and I am so happy to get to know everyone in my new role as Keystone Therapy Recruiting Resource.

## Jay Jupillo COTA/L, Keystone Therapy



Jay has joined the Northeast Texas market as a therapy recruiter. While he is working directly for the market, my team and I are supporting him in any way possible, and he will be partnering closely with Ashley Keenan, our new Therapy Recruiting Resource.

From a young age, my father has always instilled in me to never stop learning. Because of this foundation, I have had an eclectic life. I was born in the Philippines and came to live in California when I was 2 years old. I then spent the majority of my life in Orange County. I attended Loara High School and received Autocad certifications in mechanical and architectural drafting. I then attended Fullerton College and received a certification in metallurgy and welding (to facilitate my intrigue in fabrication). Having a childhood desire to become a soldier, I then joined the U.S. Army (Reservist). When I returned from training, I married my girlfriend of seven years, transferred to Cal State University Fullerton, and received my BFA in Animation and Design.

By now, I was already working at Home Depot and had experience in customer service, management and HR and was ready for a career move. I knew that I did not want to pursue animation. My brother-in-law and sister were both already OT clinicians, and they felt that I would enjoy that career due to the use of art, imagination and working with people. So I enrolled in the COTA program at Stanbridge University in Irvine, then in 2014 I started my OT career (they were right). This career has been my passion. I love thinking outside the typical treatment session and having my residents do something totally different but functional.

In 2017, I applied for a COTA position at Seaclyff Health and Rehab in Huntington Beach, California; a recruiter, Paul connected me with the DOR, Jenny Farley. That was the beginning of my career in an Ensign-affiliated facility. Then in early 2019, when I mentioned to Jenny that we planned on moving to Texas, she then invited me to meet these loud Texans at the Newport Beach DOR meeting. That's where I met Casey, the DOR for the Plano Resort. Two months later, my family and I moved to Plano, Texas. And we love it here. I've had the pleasure of working PRN at various facilities: Plano Resort, Lake Village, Heritage Gardens, Golden Acres, Beacon Harbor, and Rowlett Health and Rehab. Dana was the DOR at the time and took me in with open arms as her full-time COTA/ADOR. At the same time, I became an instructor at Mountain View College for the new COTA program. It's been 18 years since I joined the Army, and I'm now a communications Sergeant for the 490th Civil Affairs Company.

I must say that moving to and living in Texas has been such a blessing. I have the opportunity to spend more time with my family. We took up fishing, kayaking, boating, archery and just enjoying the outdoors. I have two children; Jolie, my daughter, is 8 and loves school and Kung Fu. Kamren, my son, is 12 (going on 16) and enjoys all of our outdoor activities and is excelling in school. Sarah, our golden retriever, is a licensed therapy dog that has followed me in many facilities and continues to bring smiles and love to staff and residents. Roscoe, our dachshund, sadly passed away from old age but is always with us in spirit. My lovely wife works at UTD in HR and is a Recreational Therapist PRN. She has always been my greatest support.

Now that I have accepted the position as the Keystone Northeast Resource Recruiter, I look forward to meeting you all and building our Ensign family with great therapists.

## Lyda Latagliata, OTR/L

By Scott Hollander, Therapy Recruiting Resource



Lyda is one of our new Therapy Recruiting Assistants. She started her career within Ensign affiliates at South Mountain Post Acute in Phoenix, Arizona, as an OTR, where her passion for helping patients regain their independence and quality of life were expressed. She learned a love of providing an impact to the caregivers along with her patients.

For the last three months, Lyda has been supporting Therapy Recruiting with building relationships with colleges and universities in New England to source more therapists across the organization to help with that impact to patients and caregivers. Her amazing influence is going to be expanding into more recruiting territory as a partner with Scott Hollander. She will be a support for special assignments across Ensign affiliates and career fairs as the Building Therapy Leaders wave washes over the East Coast, bringing more therapists to your teams! Lyda now lives back home in Pennsylvania. While she loved Arizona, her heart is always in Pennsylvania with family.

Lyda's special people in her life are her husband of 14 years, Anthony; her rescue dog, Kimba; and her new-to-life nephew. Welcome to the recruiting team, Lyda. We are so excited to have you join us!

## Therapist Profile

By Shelby Donahoo, Bandera Therapy Resource, AZ

We are happy to introduce Jesus Salazar, our TPM for Bandera's latest acquisition, Villa Maria Health and Recovery in Tucson, Arizona. Jesus has been working as assistant TPM at La Canada Care Center, partnering



beautifully with Annie Combs, TPM, since last November. Jesus joined our newest facility in Tucson with goals for learning and advancement, so was quickly enrolled in the DORITO program. Jesus made an impact immediately. By the third week of DORITO training, he had implemented his Capstone project, consisting of a new system to organize, schedule, and track our many varied long-term care payers in Arizona, all with different provision rules and reimbursement. It was a success through providing services in a more efficient and organized manner (Rehab and Nursing staff thankful), and more impactful clinically (patients/families pleased). This system also produced La Canada's highest ever LTC monthly revenue.

Jesus was born and raised in Bay Acres, AZ, a small border town in Arizona. Crime was a daily concern for Jesus and his family. Jesus tells of his mom going through the house to make sure the kids were sleeping underneath their window sills when the gunfire started at night. Jesus moved to Tucson in his late teens. He worked various jobs and finally took a position as a Rehab Tech at an SNF here in Tucson. He worked under our own Whitney Warkinton, Endura Resource, who was the DOR at the building! His next step was PTA

school, PTA positions for six years, assistant to TPM, and now TPM! Jesus is warm, energetic and ambitious. We are so lucky to have him in Tucson. He is married to Marlyn Salazar, and they have a bulldog named Zeus. But the big news is that he became a first-time father to a son, Santiago, on August 31. Congrats, Marlyn and Jesus!



# Therapy Group(s)

**Date:**

Therapist:		
Start Time:		
Patient Room Number	Transfer Assist.	Transfer Device
1.)		
2.)		
3.)		
4.)		
5.)		
6.)		

Therapist:		
Start Time:		
Patient Room Number	Transfer Assist.	Transfer Device
1.)		
2.)		
3.)		
4.)		
5.)		
6.)		

Therapist:		
Start Time:		
Patient Room Number	Transfer Assist.	Transfer Device
1.)		
2.)		
3.)		
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Therapist:		
Start Time:		
Patient Room Number	Transfer Assist.	Transfer Device
1.)		
2.)		
3.)		
4.)		
5.)		
6.)		

**THANK YOU FOR ALL OF YOUR HELP WITH GETTING PATIENTS READY FOR THERAPY!**

**WE APPRECIATE EACH OF YOU AND ALL THAT YOU DO!**

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Here are some Group Ideas at Estrella Health and Rehab from OT Student Amanda Gross. See [buildingtherapyleaders.com](http://buildingtherapyleaders.com) for more of her cool ideas.

# LADDER BALL/CORNHOLE

## Activity Description

- **Warm-up:** Weight shifting while sitting in wc or standing. May use a light/weighted ball or beanbags for pt to pass/throw to one another.
- **Activity:** Split pts up into teams of 2 to compete in either ladder ball or game of cornhole. Keep track of pts to 21 if possible, Pts take turns either sitting or standing to throw. Have pts pick up beanbags or ladder balls at the end using a reacher if needed.
- **Grade:**
  - **Up-** Have pt play individually, keep score and say score out loud before taking their turn, have pt stand, have pt take 2 steps forward before tossing, place weights around wrists, have pt stand on uneven surface to throw.
  - **Down-** Have pt sit, do not keep score, use a single basket to toss beanbags into.

## Details to Include in Group Note

- **Group therapy description:**
  - **i.e)** In a group of 4 pts completed dynamic balance activities of [ladderball.cornhole] focused on standing/sitting balance, UE strength, FM/GM coordination, communication, and cognitive integration. Encouragement and activity modification were offered as needed.
- **Group Interventions Used to Facilitate Function:**
  - **i.e)** Pt participated in group communication and balance activities.
  - **Group communication:**
    - verbal/nonverbalization
    - encourage proper social conduct
    - sense of belonging
  - **Tossing activities/dynamic balance:**
    - EC skills
    - FM/GM control
    - problem-solving skills
  - **Cognitive integration:**
    - memory
    - thought prosecuting
    - reasoning skills.
  - Purpose of group activity to stimulate an environment with mod level of distraction and facilitate indep and safety in performance of functional activities.
- **Response to Tx:**
  - **i.e)** Pt response to group communication and balance activities [good, variable, minimal, poor] as demonstrated by [engagement in group activities/or insert something specific to pt]. **Include pt individual skills and levels completed and include cues used or grading of activity done and why. Pain reported, vitals monitored and measured.** i.e) Pt STS SBA with VC for proper technique and positioning. Pt dynamic standing balance fair- to reach OOB support at various levels to toss/retrieve. 1 occurrence of LOB to R pt required UE support to correct. Pt required VC for EC and to scan for objects. No pain reported. Vitals monitored and measured WFL.



# Collaborative Art

## Activity Description

- **Warm-Up:** Position pts seated around table to start with BUE exercises or rolling weighted ball towards one another. If using weighted ball add an icebreaker such as the pt with the ball has to state what they did before retiring, favorite food, favorite hobby etc.
- **Activity:** Needed- 1 sheet of paper, makers/crayons/or pencils. Have one pt start and draw one thing (line, shape, or object) then they will pass to right for next pt to add. Continue until everyone has at least added to paper 5 X. Have everyone identify what they see and discuss what they like about the image.
- **Grade:**
  - **Up-** Cutout shapes to paste to paper, use colored pencils, have pt add 3 things at a time, have pts stand while drawing, use wrist weights
  - **Down-** Have everyone draw individually whatever they please,, use built up handles to hold drawing utensils, collar in pre-printed image, provide pts with a subject to draw

## Details to Include in Group Note

- **Group Description:**
  - **i.e)** In a group of 4, pts completed UE exercises, communication, and FM planning to complete BUE exercises and draw. Encouragement and activity modification were offered as needed.
- **Group Interventions Used to Facilitate Function:**
  - **i.e)** Pt participated in group communication, UE exercises, and FM planning activity.
  - **Group communication:**
    - verbal/nonverbalization
    - encourage proper social conduct
    - sense of belonging
  - **UE exercises:**
    - EC s
    - UE strength
  - **FM planning activity:**
    - FM control/manipulation
    - problem-solving skills
  - **Cognitive integration:**
    - termination of task and pass objects taking turns
    - memory
    - thought processing
    - reasoning skills.
  - Purpose of group activity to stimulate an environment with mod level of distraction and facilitate indep and safety in performance of functional activities.
- **Response to Tx:**
  - **i.e)** Pt response to group communication, UE exercise and FM activities [good, variable, minimal, poor] as demonstrated by [engagement in group activities/or insert something specific to pt]. **Include pt individual skills and levels completed and include cues used or grading of activity done and why. Pain reported, vitals monitored and measured.** i.e) Pt completed UE exercises using 2Lb DB 3 sets x 10 reps with VC for proper technique and positioning. Pt completed FM coordination min A with VC to initiate and sequence. No pain reported. Vitals monitored and measured WFL.

