

Terrace Park News

Jonda Petty, Manager
terracepark@leoncarecenters.com
terracepark.leoncarecenters.com

January 2018

NOTES FROM MANAGER



January 1, 2018

It is a new year, a fresh start, make it GREAT! Have you made a New Year's Resolution?

Here is a list of 10 Most Popular Resolutions

- Spend more time with Family
- Exercise
- Enjoy life more
- Help others
- Eat healthy
- Manage stress better
- Improve relationships
- Stop procrastinating
- Set aside time for self
- Get organized

We are keeping our fingers crossed that we don't get hit with sickness this year. I am

urging everyone to please remember the Elderly and know that if you are sick, please do not visit. We want you to come when you are healthy. If you need to drop something off to your loved one and you are currently sick, please leave it at the front desk. Please do not visit when you knowingly have something that is contagious. The elderly can't fight off bugs and viruses like others can and we need to take every precaution we can.

I want to remind everyone that right inside the front door on the right hand side by the mailboxes is a sanitizer foam machine. Please sanitize your hands upon entering the facility. We appreciate your efforts in helping us keep our facility healthy as can be.

Until next time,

Jonda

"Tomorrow is the first blank page of a 365-page book. Write a good one."
Brad Paisley



Birthstone: Garnet

Flower: Carnation

Color: Black and Dark Blue



Jonda's Recipe Corner



HAM AND POTATO SOUP

- 6¾ cups water
- 4 lbs. potatoes, peeled and cubed
- ½ cup onions, diced
- 2 cups cooked ham, diced
- 4 Tbsp. chicken bouillon granules
- 10 Tbsp. butter
- 10 Tbsp. flour
- 4 cups milk

1) Combine the first four ingredients in a pot. Bring to a boil and then turn the heat down to medium. Cook until potatoes are softened, about 15 minutes.

2) Add the chicken bouillon.

3) In another saucepan, melt the butter then add the flour and use a whisk to keep it from clumping together. Add the milk, gradually. Cook for five minutes over low to medium-low heat, stirring constantly.

4) Add the milk mixture to the pot and cook on low heat for 10 minutes.

YIELD: 8 servings

CHOCOLATE CHIP SCONES

- 4 cups cake flour
- 2 Tbsp. baking powder
- 2/3 cup sugar
- 10 Tbsp. butter, cut into small pieces
- 1 cup semi-sweet chocolate chips
- 2 eggs
- 1¼ cups heavy cream
- 1½ tsp. vanilla
- ¼ cup sugar

1) Preheat the oven to 400°.

2) Put the first three ingredients in a bowl. Add the butter and combine with a pastry cutter or large fork.

3) Stir in the chocolate chips.

4) In another bowl, blend the eggs, cream, and vanilla with a wire whisk. Add to the dry mixture and stir.

5) Divide the dough into two balls.

6) On a floured surface, knead and roll out one of the balls into a circle to about ¾" thickness and cut into eight wedges. Place on a cookie sheet sprayed with a non-stick cooking spray. Do the same with the other ball of dough.

7) Sprinkle the wedges with sugar and bake for 12 to 15 minutes.

YIELD: 16 scones CF



You can find us at:

terracepark.leoncarecenters.com

MEDICAL NOTES

INFECTIOUS DISEASES: VRE AND MRSA

According to the Centers for Disease Control (CDC), each year in the U.S. at least two million people become infected with bacteria that are resistant to antibiotics. At least 23,000 people die each year as a result of these infections. The topic of last month's Medical Notes article (December 2017 issue on pages 18 - 20), was clostridium difficile infection (C-Diff). C-Diff is reported by the CDC as the most urgent threat as drug-resistant bacteria. There are 17 other top drug-resistant threats or bacteria; among the more serious, threatening organisms are vancomycin-resistant enterococci (VRE) and methicillin-resistant Staphylococcus aureus (MRSA). Both of these infectious, drug-resistant diseases will be discussed in this article.

VANCOMYCIN-RESISTANT ENTEROCOCCI (VRE)

VRE was first isolated in Europe in the late 1980s; however, the clinical use of vancomycin began in the 1950s but was not widespread until the 1970s. Enterococci are a group of bacteria that can live within the digestive tract of humans. VRE can be resistant not just to vancomycin but to other antibiotics that are used to treat enterococcus infections such as a class of drugs called aminoglycosides and also ampicillin. VRE is a major concern to hospitals. It is most often associated with hospital-acquired infections (nosocomial), making up 30% of all enterococcus infections in the hospital. Health care workers can carry the bacteria and pass it onto patients. Healthy people can also bring VRE into the hospital and then infect the patients. When VRE exists in the body without causing an infection, this is called colonization. Colonized individuals are generally not treated. VRE is easily passed on from person to person, from contaminated surfaces, and from medical equipment.

General symptoms of VRE are fever, fatigue, and rapid heart rate and generally depend on where the infection is located. In urinary tract infections, symptoms include burning on urination, more frequent urination, and back pain. If VRE is present in a wound, symptoms include skin redness and tenderness.

TREATMENT AND PREVENTION

Patients with VRE are usually placed in isolation in private rooms. Gowns, gloves, and masks (especially if VRE is in the respiratory tract) should be worn by all medical and ancillary staff, as well as friends, family, and other visitors. These infections are often difficult to treat because they do not respond to many antibiotics. Linezolid is one, though, that has been found to be an effective agent in the treatment. Some new research

has also shown that lactobacillus was effective in the treatment of VRE in the intestinal tract of some patients.

A major focus on the prevention of VRE is hand washing and cleaning of surfaces and rooms where patients have stayed. Washing hands with an antibacterial soap for at least 30 seconds, paying particular attention to cleaning under the nails, is recommended. The use of hydrogen peroxide vapor (HPV) to clean rooms where patients with VRE have stayed also has been shown to decrease the transmission of bacteria.

METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

Staphylococcus aureus is a common type of bacteria that is found on the skin, in the respiratory tract, and on the mucous membranes of the gastrointestinal tract in humans. During medical procedures when patients require catheters or ventilators or are undergoing surgical procedures, Staphylococcus aureus can enter the body and cause infection. When this bacterium becomes resistant to vancomycin, the treatment options become limited. MRSA is prevalent in hospitals, prisons, and nursing homes where people with open wounds, invasive devices such as catheters, and weakened immune systems are at greater risk for acquiring these infections. MRSA began as a hospital-acquired infection (nosocomial) but is now also community acquired and livestock acquired. It was first discovered in 1961.

After 72 hours, MRSA can take hold in human tissues and eventually become resistant to treatment. The initial presentation of MRSA is small red bumps that resemble pimples, spider bites, or boils; fever and occasional rashes may accompany them. Within a few days, the bumps become larger and more painful; they eventually open into deep pus-filled boils. Approximately 75% of community-acquired MRSA infections are localized to skin and soft tissue and can be treated effectively.

RISK FACTORS

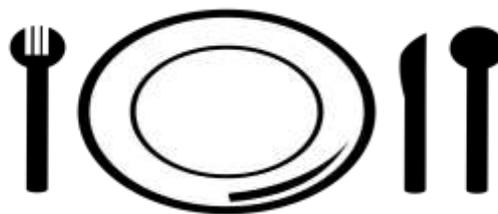
- › Individuals with indwelling implants, prostheses, drains, and catheters
- › Individuals who are in crowded places frequently and have direct contact and shared equipment
- › Individuals with weakened immune systems
- › Diabetics
- › Intravenous drug users
- › Elderly

- › School-age children sharing sports and other equipment
- › College students living in dormitories
- › Individuals who stay or work in a health care facility for an extended period of time
- › Individuals who spend time in coastal waters where MRSA is present
- › Individuals who spend time in confined spaces with other people such as occupants of a homeless shelter, prison inmates, and military recruits in basic training
- › Veterinarians, livestock handlers, and pet owners
- › Individuals who drink unpasteurized milk
- › Individuals with chronic obstructive pulmonary disease (COPD)

Treatment for MRSA is urgent, and delays in treatment can be fatal in more serious infections. The location and history of the infection determines the course of treatment. The route of administration of the antibiotic also varies. Antibiotics for treatment of MRSA can be given orally, intravenously, or a combination of both. Some of the antibiotics that have been used successfully in the treatment include sulfa drugs, tetracyclines, clindamycin, linezolid, and vancomycin. The effective treatment of MRSA with linezolid has been successful in 87% of people. Treatment with vancomycin is successful in approximately 49% of people.

In a health care setting, isolating those with MRSA from those without the infection is one method to prevent transmission. Rapid culture and sensitivity testing and molecular testing identify carriers and reduce infection rates. Swabbing the nostrils and isolating the bacteria found inside the nostrils can identify MRSA. Combined with extra sanitary measures for those in contact with infected people, this method has been proven to be effective in minimizing the spread of MRSA in hospitals throughout the U.S. and Europe.

The CDC recommends that in community settings such as health care or child care centers, individuals wash their hands in soap and water or use an alcohol-based sanitizer. Additional recommendations are to keep wounds clean and covered, avoid contact with other people's wounds, avoid sharing personal items such as razors and towels, and showering after exercising at athletic facilities and before using swimming pools and whirlpools.



**GUEST MEALS WILL BE \$8.00
as of January 1, 2018.**

I need everyone to know that staff does not have money to make change. You will need to have exact change available please.

****Please remember to let
staff know if you plan on
eating with your loved one
at least 3 hours prior to
mealtime.**



KELLY COZAD IS HERE ON THURSDAYS. LET JONDA KNOW IF YOU WANT AN APPOINTMENT. Kelly typically comes on Thursday mornings. Perms will be scheduled at a different time.

Cut and Set \$26.00

Cut \$15.00

Shampoo Set \$15.00

Perm \$45.00



Welcome to our home, Beulah Thomas! 😊



J anuary is a New Year
A nd we wish you a cheer
N ice to be here at Terrace Park
U all be happy as a lark
A nd I am sure you'll agree
R eally nice place to be
Y ou have good day, is what I say.

W inter is here let it snow now
I am in here having good chow
S nowmen in the yard I see
H appy New Year from me
E very one has a smile on their face
S o glad I am in this place.

By Mary Ann Leeper

DREAMING OF
SUMMER AGAIN
WITH THESE COLD
TEMPS, WHAT
ABOUT EVERYONE
ELSE??

NOTE: I will be on
vacation for a week in
January. I plan on
being gone January 12th
thru the 19th. We have
30 baby lambs due that
week so I will be very
busy at home with new
babies!! 😊