



ADMISSION CRITERIA AND PROCESS

Policy:

The needs of the persons admitted and Residents retained by the Community do not exceed the level of care permitted by state law or rules for Assisted Living Communities (ALC), nor do they exceed the Community's ability to meet the Resident's needs.

Procedure:

The following procedures must be followed to assess the potential Resident for admission to the ALC:

- 1. Pre-admission Resident Needs Evaluation:** In order to ensure that the Applicant is appropriate for admission to the ALC, a pre-admission evaluation and an interview of the applicant is conducted by the Administrator or his/her designee to confirm that the applicant meets the following criteria:
 - a. The Resident must be an adult 18 years of age or older.
 - b. The Resident must not have active tuberculosis or other contagious disease.
 - c. The Resident does not require 24 hour nursing, or medical care, or treatment. If twenty four hour nursing supervision or care is needed, then the Resident does not meet admission or retention requirements.
 - d. The Resident does not require chemical or physical restraint, isolation or confinement for behavioral control.
 - e. The Resident does not have a pressure sore greater than a stage two.
 - f. The Resident is capable of actively participating in transferring his/herself from place to place.
 - g. The Resident is able to participate in the Community's social and leisure activities.
 - h. The Community staff members are able to meet the Resident's care and service needs.



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- i. If a Resident uses oxygen, his/her respiratory status must be stable and the Resident must be capable of managing all aspects of administration without assistance. Resident demonstration of capability is required. If assistance is required, licensed Home Health Agency staff, appropriately licensed private duty personnel, or trained Designated Proxy Caregivers must be used.
 - j. When a Resident has a urinary catheter, colostomy, ileostomy or urostomy, he/she must be capable of managing all aspects of the required care. Resident demonstration of capability is advised. If not, a licensed Home Health Agency, appropriately licensed private duty personnel or trained Designated Proxy Caregivers must be used. If twenty four hour nursing supervision or care is needed the Resident does not meet admission or retention requirements.
 - k. If the Resident cannot manage other health maintenance activities and the use of a licensed Home Health Agency or hospice, appropriately licensed private duty personnel, or appropriately trained Designated Proxy Caregivers is required and utilized, the Resident must also meet all other admission and retention criteria.
- 2. Prior to Admission:** Prior to admission, the Administrator, or his/her designee, is required to obtain the following items and place them in a Resident record file:
- a. An appropriately signed copy of the “Physician Medical Evaluation for Assisted Living,” completed prior to, but no more than 30 days from, the date of admission.
 - b. A documented tuberculosis (TB) screening within the last 12 months.
 - c. Documented results of either an inquiry of the National Sex Offenders Registry website coordinated by the Federal Bureau of Investigation or a background record check. If the applicant is listed on the National Sex Offenders registry, he / she will not be admitted to the Community.



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- d. If the Resident has a history of a violent crime, admission will not be permitted to the Community.
- e. The utilization of Proxy Caregiver Services (PCG) within this Community is discouraged, however, if the Resident utilizes Proxy Caregiver Services (PCG), all PCG documentation required by state law and ALC rules must be provided.
- f. If the Resident has the cognitive and functional capacities to engage in the self-administration of medication safely and independently without staff assistance or supervision, the Resident must be assessed and a completed “Medication Self Administration Safety Screen” must be utilized to document the Resident’s capacity to self-administer medications.
- g. If the Community will be managing the Resident’s medications, written orders from a licensed prescriber are obtained for all prescription and over the counter (OTC) medications, vitamins, supplements, herbal remedies and the like, that are used regularly or on an as needed basis, and sent to the Resident’s pharmacy of choice for appropriate packaging, labeling, and timely delivery to the Community. If the Resident has a significant amount of any medication(s) on hand just before admission, medication(s) on hand may be sent to the Resident’s pharmacy for repackaging per the pharmacy’s ability and willingness to do so. The Resident is responsible for any charges incurred related to the repackaging.
- h. If the Resident will be self-managing his/her medications, a list of all prescription and OTC medications, vitamins, supplements, herbal remedies and the like, signed by the appropriate licensed prescriber, must be provided to the Community on an on-going basis.
- i. A completed, “Alcohol Consumption Form,” from the physician.



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3. **Coordination with Admission:** The Administrator or his/her designee, coordinates the Resident's admission arrangements between the Community staff members responsible for the Resident's care and services and the following:
 - a. The Resident and his/her Responsible Party or other duly authorized representative;
 - b. Any outside agencies, as needed; and
 - c. The location of previous residency (i.e. hospital, or other assisted living community, if applicable).

4. **At the Time of Admission:** At the time of admission, the following occurs:
 - a. The Administrator or his/her designee is responsible for obtaining the Resident's photo on or before admission.
 - b. The Administrator or his/her designee, places the Resident's photo in the Resident record, and additionally in those locations deemed appropriate by the Administrator or his/her designee.
 - c. The Administrator or his/her designee, establishes an initial care plan utilizing information from relevant documents, as well as input from the Resident and the Responsible Party.
 - d. The Administrator or his/her designee, makes the initial care plan immediately available to all staff members responsible for the Resident's care and services and informs them of the new Resident's arrival.
 - e. Community Staff members introduce themselves to the Resident and Responsible Party as they report to duty.
 - f. The Administrator is responsible for establishing a system that facilitates every Community staff member's promotion of the Resident's physical and psychosocial



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well-being, provision of services, and care in a respectful, kind, and caring manner, and honoring of the Resident's dignity, preferences, and Resident's rights.

- 5. Within 14 Days of Admission:** The Administrator or his/her designee, develops a comprehensive, individualized Resident assessment and care plan utilizing information gathered during the pre-admission and admission processes as well as during the move-in adjustment period following the Resident's admission. The Resident and the Responsible Party are given the opportunity to participate in the care plan development. The Administrator and the other required individuals therein as outlined within the care plan are required to review and sign all care plans.