

ALASKA PIONEER HOME		P&P No: 03.03
Title: Admission and Resident Care Services		Approval: D. COTE
Key Words: Admit, Assess, Orient, Care services, Room assignment		
Team: Admin, Nursing, Social Services	Effective Date: 8/1/12	Page: 1 of 7

PURPOSE

To describe the scope and nature of Alaska Pioneer Home (AKPH) resident services.

POLICY

Admission to a Home is based upon the ability of the Home to care for a resident and ensure that the needs of the applicant can be met. The safety of the new resident and the current residents in the Home is essential.

Assessments are completed, information is provided, and forms are filled out and signed to provide a smooth transition for residents into the Pioneer Homes.

A new AKPH resident is oriented to the Home during the admission process.

The services provided for each resident are based on the assessment of the resident's needs.

Assignment of resident rooms in the Homes is based on the assessment of medical, physical, and behavioral issues, and gender of the resident.

DEFINITIONS

PROCEDURE

I. Review of Information with Resident and Family

- A. Each resident's file contains a current, signed assisted living contract, signed by the resident/representative, which contains the following required information: (P&P 09.03)
 1. Description of the services and accommodations to be provided by the Home.
 2. Statement about the current rates charged.
 3. Description of the rights, duties, and obligations of the resident.
 4. Policy for the termination of the contract.
 5. Statement about the amount and purpose of any advance payments required by the Home.

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6. Policy for refund of advance payments in the event of termination of the contract or death of the resident.
- B. Information reviewed before admission
1. Consent to release and obtain information is signed.
 2. Resident rights and responsibilities are reviewed.
 3. Level of care is in agreement with resident, family, and staff; the contract is signed before the resident moves into the Home.
 4. Transfer within the Home is discussed.
 5. Discharge is discussed.
 6. Pharmacy services are explained.
 7. Transportation services are discussed, including the resident and family.
 8. No-smoking policy is stated.
 9. Animals, plants, and pesticide use in the Home.
 10. Restraint policy.
 11. Disaster Plan/Emergency Plan.
 12. Responsible use of private health care information.
- C. Behavioral issues
1. The Home completes the pre-admission screening tool.
 2. The Home reviews medical records available from the applicant.
 3. The Home requests additional information from the family and physicians to ensure that an accurate picture of the applicant's needs and behaviors are provided at the time of admission. Psychiatric evaluations are included.
 4. Applicant may not be denied admission or discharge based solely upon a diagnosis.
 5. Resident may be denied admission if the record indicates that there may have or may experience manifest behaviors which are injurious or potentially harmful to self or to other residents.
 6. If the resident is denied admission under this policy, the following is provided:
 - a. Notice of that decision, *and*
 - b. Opportunity to appeal that decision. (See attached appeals procedure.)
 7. Appeals process allows upper management to review the denial decision.
 - a. An appeal is made when there are questions related to whether the behaviors are sufficient to support a denial.
 - b. The application and supporting documents are submitted to the Home administrator and the division director.
 - 1) The administrator and director decide whether the behavior issue is significant enough to deny admission.

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- c. If the administrator and director deny admission, the applicant may appeal the decision to the DHSS (Department of Health and Social Services) commissioner.
 - 1) The commissioner's decision is final and the applicant cannot make any further appeals.

- D. Forms to be completed before admission, if applicable:
 1. Living will, if desired.
 2. General power of attorney (POA) document.
 3. Guardian or conservator document.
 4. Medical order for scope of treatment (MOST).
 - a. MOST is a legal statement of the resident's advanced directives.
 - b. MOST is completed by the resident's physician.
 5. Comfort One or DNR if chosen.

- E. Forms to be completed within 30 days of admission by a nurse:
 1. Face sheet for the resident's medical chart.
 2. MDS 3.0 quarterly (90 day) assessment
 - a. MDS 3.0 quarterly assessment is an AccuCare computer assessment completed by a nurse for each resident.
 - b. MDS 3.0 quarterly assessment is a version of the MDS (minimum data set) used by the CMS (Center for Medicare/Medicaid Services).
 - c. MDS 3.0 quarterly assessment is completed for every resident as an essential part of the nursing process and to comply with AKPH pharmacy certification requirements.
 - d. Completed once a year for Level I residents, once a quarter for Level II and III residents, and with a significant change in the resident's condition.
 3. Lifestyle Plan of Care (LSPOC)
 - a. LSPOC information is collected prior to admission, during admission, and thereafter.
 - b. LSPOC areas include social history, likes and dislikes, activity interests, culture, independent daily tasks, family support, faith, and legal decisions and contacts.
 - c. Records change since the last review and assessments for mental acuity, depression, AIMS, and fall risk.
 - d. Is a word document template form.
 - e. Reviewed once a year for Level I residents, once a quarter for Level II and III residents, and with a significant change in the resident's condition.
 4. Daily Care Plan (DCP)
 - a. DCP evaluates all area of daily living for the resident.
 - b. Areas covered in the plan:

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- 1) code status
 - 2) care alert
 - 3) behavior
 - 4) hearing, sight, speech
 - 5) orientation, memory
 - 6) activities
 - 7) assistive devices
 - 8) eating and drinking, fluids and food
 - 9) mobility, transfers
 - 10) bed, bath, grooming, dressing, mouth care
 - 11) toileting
 - 12) night plan
 - 13) pain management
 - 14) personal likes
- c. Space is available for noting updates to the plan and personalizing the content.
 - d. Copy may be in resident's room for direct care staff use.
 - e. Is a template form that uses drop down boxes with options.
 - f. Completed once a year for Level I residents, once a quarter for Level II and III residents, and with a significant change in the resident's condition.

II. Orientation of New Residents and Families

- A. The orientation process includes:
 1. Tour of the Home and information about the facility.
 2. Information about daily care, recreational events, and meal times.
 3. An introduction to the staff members who will care for the resident.
 4. Orientation to the resident's room, bathroom, and bathing facilities.
 5. Demonstration of equipment operation which is used by the resident, such as the call system.
 6. Emergency procedures including fire and disaster plan and how to summon assistance during a health emergency.
 7. Before admission the resident receives the booklet, *A Matter of Rights*, which includes resident rights and house rules, including visitation.
 - a. The booklet is reviewed with the resident and signed by the resident acknowledging the information.
 8. Long Term Care Ombudsman name, phone number, and function are posted in the Home.
 9. Information about the services that the resident will receive, as described in the assisted living contract.

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10. Description of the medication services which the resident will receive from the AKPH pharmacy.
11. Laundry and housekeeping.
12. Mail delivery and mail box location.
13. Beauty shop services and hours of operation.
14. Resident store hours.
15. Resident council meeting dates and locations, if applicable.
16. Spiritual resources and activities.
17. Available parking, bus schedule where service is available, and transportation.

III. Resident Care Services Provided

- A. Services are provided for AKPH residents based on the assessment of each resident's needs, and are defined in the assisted living contract.
- B. Services provided by the Home staff include:
 1. Assistance with activities of daily living and personal care.
 2. Dietary services
 - a. Provision of meals according to diet and food consistency.
 - b. Assistance with dining.
 - c. Consultation by a licensed dietitian.
 3. Housekeeping and laundry services.
 4. Health services
 - a. Medication administration.
 - b. Nurse assessment and intervention for health problems.
 - c. Immunizations.
 - d. Annual tuberculosis screening.
 5. Physical therapy services are offered in some Homes.
 6. Social services
 - a. Assistance with orientation and adjustment of new residents and their family members to the Home.
 - b. Advocacy and case management services for residents and family.
 - c. Referral information and assistance with applications for benefits and grants.
 - d. Review and assistance with resident psychosocial issues as they arise.
 - e. Grief and loss counsel for residents and families related to terminal illness, dying, and death.
 7. Pharmacy services
 - a. Provision of medications ordered by the physician.
 - b. Consultation by geriatric certified pharmacist.
 8. Activity, recreation, and socialization services

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- a. Assistance with meaningful activities.
 - 9. Payment assistance services
 - a. Assistance to pay the AKPH rates and fees.
 - b. Payment Assistance Program.
 - c. Medicaid waiver.
 - 10. Transportation services
 - a. Services are provided at each Home.
 - b. Limitations are due to each Home's staff and resources.
- C. Services not provided in a Pioneer Home:
- 1. Pioneer Homes are assisted living facilities, operating in accordance with the statutes and regulations for assisted living homes.
 - 2. Pioneer Homes are not acute care or skilled nursing facilities.
 - 3. A resident who requires services that are not provided by a Pioneer Home is referred to an appropriate health care facility until the resident is able to return to the Home.
 - 4. Care services not provided by the Homes:
 - a. Acute medical care normally provided in a hospital or skilled nursing facility.
 - b. Emergency medical care and treatment.
 - 1) Emergency assistance in the Homes is limited to basic first aid and CPR.
 - c. Care of unstable medical conditions.
 - d. Dialysis.
 - e. IV therapy.
 - f. Extensive skin and wound care.
 - g. Rehabilitation therapies.
 - h. Ventilator care.
 - i. Feeding tubes.
 - 1) Exceptions are made if the resident is independent, able to care for the feeding needs, and the Home administrator approves.
 - 5. Services from outside agencies can supplement the services received by residents in a Pioneer Home.
 - a. This arrangement is outlined in the resident's assisted living plan.
 - b. The Home administrator and the resident or representative agree to this arrangement.
 - c. This arrangement allows the resident to remain in the Home while receiving additional health services.
 - d. Fees for outside services are the resident's financial responsibility.

IV. Room Assignments in the Home

- A. Room assignments at AKPH are based on the clinical assessment made by the nursing staff of the Home.
1. Private rooms are assigned by assessed need, not seniority.
 2. Residents who are assigned to a private room are not assured that they will remain in a private room.
 3. Nursing staff continually observes and assesses the residents within a neighborhood for appropriate room assignment.
 4. Nursing assessment for a room change evaluates:
 - a. Medical issues
 - b. Behavioral issues
 - c. Level of care change
- B. Room change for a Home resident.
1. Nurse supervisor of neighborhood reviews and approves the assessment.
 2. Home administrator approves the room change.
 3. Resident and representative are informed prior to the room change.

HISTORY OF REVISIONS

New: 1/1/12

Revised: 3/15/12; 7/20/12

Reviewed: 3/15/12

ATTACHMENTS

REFERENCES

7 AAC 74.015, 7 AAC 74.060