318 ADMISSION, TRANSFER, AND DISCHARGE POLICIES

These policies shall include, as a minimum, the following:

318.1 Patients shall be admitted to the facility only on the recommendation of a physician licensed to practice medicine in the State of Arkansas.

318.2 All persons admitted to a nursing home shall have a history and physical examination at the time of admission or within seventy-two (72) hours following admission unless such examination was performed within fifteen (15) days prior to admission. A copy of the hospital history, physical, and discharge summary (after completion) will satisfy the requirement if the history and physical was completed within thirty (30) days. The examination will be for medical evaluation purposes and to determine if the patient is free from communicable diseases.

318.3 Recording shall be made of initial examination and all subsequent examinations, including findings, recommendations and progress notes. Hospital discharge summaries are to be obtained after each hospitalization.

318.4 Patients who are not receiving public assistance from the Division shall be classified, on admission and subsequently re-classified, by the attending physician as skilled care, intermediate care, or minimum care patients and a report shall be kept in the home and available to the Division. The classification shall be based upon the Division's criterion.

318.5 Only those persons are accepted whose needs can be met by the facility directly or in cooperation with the community resources or other providers of care with which it is affiliated or has contracts.

903 ASSESSMENTS [ALZHEIMER'S SPECIAL CARE UNIT]

a. Psychosocial and Physical Assessments

1. Each resident shall receive a psychosocial and physical assessment which includes the resident's degree or level of family support, level of activities of daily living functioning, cognitive level, behavioral impairment, and that identifies the resident's strengths and weaknesses.

2. Prior to admission to the ASCU, the applicant must be evaluated by, and have received from a physician, a diagnosis of Alzheimer's or related dementia.

b. Individual Assessment Team (IAT)

1. Within 30 days after admission, the IAT shall prepare for each resident an individual support plan. The ISP shall address specific needs of, and services required by, the resident
resulting from the resident’s Alzheimer’s disease or related dementia. The plan shall include and identify professions, disciplines, and services that:

A. Identifies and states the resident’s medical needs, social needs, disabilities and their causes;
B. Identifies the resident’s specific strengths;
C. Identifies the resident’s specific behavioral management needs;
D. Identifies the resident’s need for services without regard to the actual availability of services;
E. Identifies and quantifies the resident’s speech, language, and auditory functioning;
F. Identifies and quantifies the resident’s cognitive and social development; and,
G. Identifies and specifies the independent living skills and other services provided by the ASCU to meet the needs of the resident.

2. The IAT shall perform accurate assessments or reassessments annually, and upon a change to a resident’s physical, mental, emotional, functional, or behavioral condition or status in which the resident:

A. Is regressing in, or losing, skills already gained;
B. Is failing to progress toward or maintain identified objectives in the ISP; or,
C. Is being considered for changes in the resident’s ISP.

c. Individual Support Plan (ISP)

1. The ISP shall include a family and social history. If the family and social history cannot be obtained, the ASCU personnel shall document attempts to obtain the information, including but not limited to, the names and telephone numbers of individuals contacted, or whom the facility attempted to contact, and the date and time of the contact or attempted contact.

2. The ISP shall be reviewed, evaluated for its effectiveness, and up-dated at least quarterly, and shall be updated when indicated by changing needs of the resident, or upon any reassessments by the IAT. In the event that the reassessment by the IAT documents a change of condition for which no change in services to meet resident needs are required, the ISP shall document the change of condition, and the reason or reasons why no change in services are required.

3. The ISP shall include:

A. Expected behavioral outcomes;
B. Barriers to expected outcomes;
C. Services, including frequency of delivery, designed to achieve expected behavioral outcomes;

D. Methods of assessment and monitoring. Monitoring shall occur no less than quarterly to determine progress toward the outcome;

E. Documentation of results from services provided, and achievement towards expected outcomes or regression, and reasons for the regression; and,

F. The resident’s likes, dislikes, and if appropriate, his or her choices.

4. A copy of the ISP shall be made available to all staff that work with the resident, and the resident or his or her responsible party.

5. The ISP shall be implemented only with the documented, written consent of the resident or his or her responsible party.

904 ADMISSIONS, DISCHARGES, TRANSFERS [ALZHEIMER’S SPECIAL CARE UNIT]

a. Criteria for Services

1. Each Alzheimer's Special Care Unit shall have written policies setting forth pre-admission screening, admission, and discharge procedures.

2. Admission criteria shall require:

A. A physician’s diagnosis of Alzheimer’s disease or related dementia;

B. The facility's assessment of the resident's level of needs; and,

C. A list of the services that the ASCU can provide to address the needs identified in 904(a)(2)(B).