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Title 28@ HEALTH AND SAFETY

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Part IV@ Health Facilities

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Subpart C@ Long-Term Care Facilities

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Chapter 201@ APPLICABILITY, DEFINITIONS, OWNERSHIP AND GENERAL OPERATION OF LONG-TERM CARE NURSING FACILITIES

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Section 201.24@ Admission policy

201.24 Admission policy

(a)

The resident is not required to name a resident representative if the resident is capable of managing the resident's own affairs.

(b)

A facility may not obtain from or on behalf of residents a release from liabilities or duties imposed by law or this subpart except as part of formal settlement in litigation.

(c)

A facility shall admit only residents whose nursing care and physical needs can be provided by the staff and facility.

(d)

A resident with a disease in the communicable stage may not be admitted to the facility unless it is deemed advisable by the attending physician-medical director, if applicable-and administrator and unless the facility has the capability to care for the needs of the resident.

(e)

The governing body of a facility shall establish written policies for the admissions process for residents, and through the administrator, shall be responsible for the development of and adherence to procedures implementing the policies. The policies and procedures shall include all of the following: (1) Introduction of

residents to at least one member of the professional nursing staff for the unit where the resident will be living and to direct care staff who have been assigned to care for the resident. Prior to introductions, the professional nursing and direct care staff shall review the orders of the physician or other health care practitioner for the resident's immediate care. (2) Orientation of the resident to the facility and location of essential services and key personnel, including the dining room, nurses' workstations and offices for the facility's social worker and grievance or complaint officer. (3) A description of facility routines, including nursing shifts, mealtimes and posting of menus. (4) Discussion and documentation of the resident's customary routines and preferences, to be included in the care plan developed for the resident under 42 CFR 483.21 (relating to comprehensive person-centered care planning). (5) Assistance to the resident in creating a homelike environment and settling and securing personal possessions in the room to which the resident has been assigned.

(1)

Introduction of residents to at least one member of the professional nursing staff for the unit where the resident will be living and to direct care staff who have been assigned to care for the resident. Prior to introductions, the professional nursing and direct care staff shall review the orders of the physician or other health care practitioner for the resident's immediate care.

(2)

Orientation of the resident to the facility and location of essential services and key personnel, including the dining room, nurses' workstations and offices for the facility's social worker and grievance or complaint officer.

(3)

A description of facility routines, including nursing shifts, mealtimes and posting of

menus.

(4)

Discussion and documentation of the resident's customary routines and preferences, to be included in the care plan developed for the resident under 42 CFR 483.21 (relating to comprehensive person-centered care planning).

(5)

Assistance to the resident in creating a homelike environment and settling and securing personal possessions in the room to which the resident has been assigned.

(f)

The coordination of introductions, orientation and discussions, under subsection (e), shall be the responsibility of the facility's social worker, or a delegee designated by the governing body. The activities included under subsection (e)(1) and (2) shall occur within 2 hours of a resident's admission. The activities included under subsection (e)(3) and (4) shall occur within 24 hours of a residents admission. the activities included under subsection (e)(5) shall occur within 72 hours of a resident's admission.