

# Admission, Retention, and Discharge Criteria

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## Admission Criteria

Residents will only be admitted to this facility if it is determined prior to their admission that their current and perceived physical, cognitive, psychosocial, medical, and mental health needs can be met adequately by the facility. The Director of Nursing and the Administrator are responsible for determining the clinical eligibility of new admissions in conjunction with the primacy care provider providing on-site health care services for the facility. New admissions must have at least one of the following diagnoses to be eligible for admission, unless otherwise contradicted by the Administrator when prior approval from the licensing agency has been received:

- a. Alzheimer's disease;
- b. Dementia (e.g., lewy body, vascular, mixed, frontotemporal) / with or without behavioral disturbances;
- c. Developmental disabilities that impair cognitive function to such a degree that memory care services are appropriate;
- d. Memory loss / with or without a specific diagnosis;
- e. Impaired cognitive function with an accompanying diagnosis (e.g., Wernicke-Korsakoff Syndrome, Parkinson Disease, and/or another form of neurocognitive disorders);
- f. Traumatic brain injury;
- g. Psychiatric disorders that impair cognitive function to such a degree that memory care services are appropriate. New admissions with a psychiatric diagnosis (e.g., bipolar disorder, schizophrenia, schizoaffective disorder, etc.) must be 60 years old or older to be eligible for admission unless otherwise contradicted by the resident's licensed mental health provider that will attest to the facility being appropriate for the resident's care needs; or
- h. Some other form of diagnosis/clinically documented cognitive impairment that would make the resident appropriate for memory care services and/or the physical safety measures being utilized by the facility.
- i. New admissions 60 years old or younger will require case-by-case review by the Director of Nursing and Administrator to determine whether the facility can appropriately meet the resident's psychosocial needs. These types of admissions will only be approved on a case-by-case basis based on circumstantial rationale for the resident's admission to a memory care facility.

## Retention and Discharge Criteria

Our administration, nursing, and direct care staff strategically and creatively focus on delivering resident-centered care that supports aging-in-place for all our residents. We define aging-in-place as the ability for residents to remain living within the residence as their range-of-needs change whether those changes are improvements or deteriorations.

Our physical environment, adaptive memory care services, and staff-to-resident ratio are designed to support a continuum of care for residents to remain living within the residence as their physical and cognitive health deteriorates, so long as the Administrator and Director of Nursing have determined that the facility can continue to meet the needs of the resident's:

- general condition;

- health-related condition(s);
- psychosocial needs;
- physical and cognitive functional capacity;
- psychiatric and/or mental health needs; and/or
- behavioral issues.

The Administrator and Director of Nursing are responsible for determining whether a resident's needs have exceeded what the facility is licensed to provide. In such cases, a resident will only be permitted to continue living within the facility with written approval from the licensing agency so long as the facility can safely and adequately continue to meet their current and perceived needs.

The Administrator is responsible for determining whether a resident's needs can be met within the facility based on regulatory requirements. In such cases where this becomes a concern, the Administrator will contact the licensing agency with information regarding the resident's circumstances.

The Director of Nursing and/or the Administrator retains the right to determine whether a resident's condition(s) and/or level of care warrants that a discharge notice be issued; and in such cases, what type of discharge most appropriately fits the circumstances. The Administrator is responsible for adhering to regulatory requirements and established facility policies and procedures for standard (30) day and emergency discharge procedures in such cases where the facility can no longer meet the needs of the resident's:

- general condition;
- health-related condition(s);
- psychosocial needs;
- physical and cognitive functional capacity;
- psychiatric and/or mental health needs; and/or
- behavioral issues.

The Director of Nursing and Administrator will conjunctively determine when a resident's condition and/or a specific incident requires an emergency discharge. An emergency discharge does not require a (30) day notice and may be made under the following circumstances:

- When ordered or permitted by a court; or
- The resident's attending physician documents in the resident's record that the discharge is an emergency measure necessary for the health and safety of the resident or other residents; or
- A natural disaster or emergency necessitates the evacuation of residents from the facility; or
- The resident presents an immediate threat to the health or safety of self or others. In such a case, the administrator will request permission from the licensing agency to discharge the resident immediately. Permission from the licensing agency will not be necessary when the immediate threat requires intervention of the police, mental health crisis personnel, or emergency medical services personnel who render the professional judgement that discharge must occur immediately. In such cases, the Administrator will notify the licensing agency on the next business day.