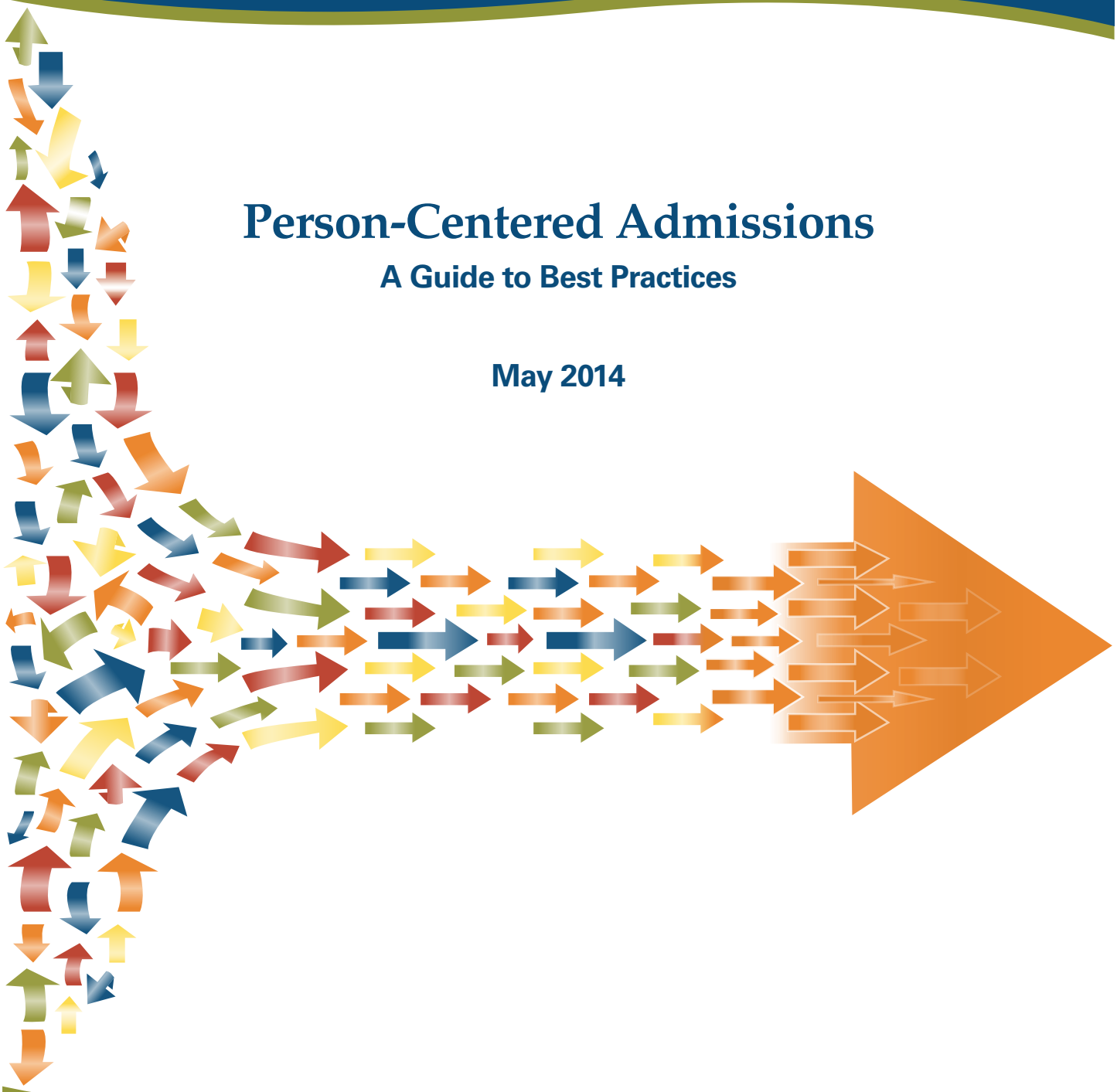
One Vision: Moving Forward

Person-Centered Admissions

A Guide to Best Practices

May 2014



One Vision: Moving Forward seeks to resolve questions and obstacles as Michigan's nursing homes implement person-centered practices and other changes to their caregiving culture. Funding for this publication was provided by Michigan's Civil Monetary Penalty funds.

One Vision: Moving Forward

OneVision: Moving Forward Stakeholders:

- Advancing Excellence in America's Nursing Homes, Michigan LANE
- Alzheimer's Association – Greater Michigan Chapter and Michigan Great Lakes Chapter
- Health Care Association of Michigan
- LeadingAge Michigan
- Medical Services Administration Michigan Department of Community Health
- Michigan Department of Licensing and Regulatory Affairs
  - The Bureau of Health Systems
  - The Bureau of Fire Services
- Michigan Alliance for Person Centered Communities
- Michigan Campaign for Quality Care
- Michigan County Medical Care Facilities Council
- Michigan Office on Services to the Aging
- Michigan Star Forum
- Michigan State Long Term Care Ombudsman
- MPRO
- NADONA-Michigan Chapter

"They all wanted to move the field forward, but no one wanted to take the risks of doing it."

– University of Pennsylvania Alzheimer's researcher

One Vision: Moving Forward seeks to resolve questions and obstacles to implementation of person-centered practices and other culture change initiatives in Michigan's nursing homes, and to address aspects of the wide array of culture change initiatives that pose challenges to the state's regulatory roles and responsibilities.

The ultimate goal of the One Vision: Moving Forward initiative is to make it possible for all Michigan's nursing home residents to experience more person-centered caregiving practices and for homes to improve the quality of care, exceeding the already high regulatory standards established by the State of Michigan.

With the support of civil monetary penalty funding granted by the Michigan Department of Community Health, PHI[1] has been facilitating a work group of committed stakeholders — representing resident advocates, government agencies, provider associations, employee organizations, and culture change champions. Through a consensus process the group has developed a number of resources that can be found in Appendix E and at **www.PHInational.org/onevision**.

This Guide seeks to resolve questions and obstacles to implementation of person-centered practices in admissions in Michigan's nursing homes. It provides best practice models that others can adapt and revise to best meet the needs of their community.

1 PHI (**www.PHInational.org**) is a national nonprofit working to transform eldercare and disability services. We foster dignity, respect, and independence – for all who receive care, and all who provide it. The nation's leading authority on the direct-care workforce, PHI promotes quality direct-care jobs as the foundation for quality care.

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Introduction

This guide to best practices in person-centered admissions is designed to give facility leaders, staff, and volunteers new ideas and approaches for integrating person-centered concepts into practices, routines, and daily operations. The guide highlights approaches and practices used in other facilities to reduce the stresses and complexities of the nursing home admissions process while focusing on the individual needs and experience of the new resident.

This guide is not intended to change—or interfere with—any of the governmental or corporate requirements of the admissions process; rather, it is designed to help organizations change how residents and families experience the admissions process. The One Vision stakeholders' hope is to make the admissions process less stressful, more personal, and reflective of the facility's commitments and skill in creating a "home" rather than a health care "facility" or "institution."

This resource is not meant to cover every possible example or scenario; it is designed to share different approaches, tools, and thoughts on how to bring a person-centered framework to a complicated but necessary legal and caregiving process. The guide looks at the two overarching kinds of tasks—business and clinical—that are completed during the admissions process.

This resource will not replace the steps or value of the Minimum Data Set (MDS). It is meant to continue the goal of that process—to see every resident as an individual rather than a set of tasks and to organize the home's supports and services around the resident's choices, desires, and control.

We have structured this guide to follow a general timeline of the necessary events and tasks that comprise the admissions process. However, the same task (for example, "share a facility information booklet") may appear at several points in the document to illustrate that the process is flexible and should be responsive to resident needs and desires and the facility's capacities and values. The admissions experience does not require a strict sequence of events; it can and should be customized for each resident and the home.

This information is shared with the intent of supporting and promoting high-quality person-centered services in Michigan's nursing homes. The One Vision stakeholders encourage everyone to add to the guide, sharing how to welcome people into their home.

I. Rethinking Admissions from the Resident's Point of View

People turn to a nursing home for their temporary or long-term health care needs. Their stay and use of rehabilitation and other long-term supports and services can be relatively short, long, unknown, or unpredictable. Regardless of the reason(s) or duration of the resident's stay, the facility's admissions process should be welcoming and person-centered while meeting company, state, and federal requirements.

Think of the admission experience and events from the perspective of the resident and consider the following questions they are likely to have:

- What's going to happen when I'm admitted?
- Who am I going to meet and why?
- What do I need to know about this home to feel like this is my home away from home?

For a resident to feel "at home," the facility needs to set a warm, inviting, friendly, and positive tone. Homes need to have a welcoming atmosphere and culture from the moment the resident crosses the threshold. Regulations should not present a barrier. Regulations merely state what has to be done—not how homes and staff present information or conduct the admissions process.

Each company or home can individualize their approach and set a tone consistent with their own unique culture. Some of the primary staff members—the admissions coordinator, admissions nurse, nurse aides, dietary staff, rehab staff, activity staff, and a business office representative—could form a Hospitality or Welcoming Team. The team can draw on approaches and tools described in this guide to a) gather information to begin a plan of care that's specific to each new resident's needs and b) lessen the new resident's anxiety and build confidence in the commitment and ability of the staff to support the resident. The resident's experience during the admissions process will set the stage for their entire experience. First impressions are lasting.

The Hospitality Team should also include residents, family members, and volunteers to help define the welcoming process and introduce new residents and their families and friends to other residents and families, the home, its staff, and its services.

II. Key Components to Welcoming New Residents

Review the lists below to ensure that the resident's room is prepared ahead of his or her arrival, and that staff are prepared to welcome and assist in integrating the new resident into the community.

From the resident's point of view

When I arrive at my new home, please have the person or persons who are going to care for me directly on that shift meet me at the front door and show me to my room after introductions. Being greeted and welcomed is the first step in treating me like a person and not just the "new admission in room 3, bed 1."

Prior to the admission day…

- Prepare the room for the new resident (the following checklist will help to ensure the resident's room is ready):

  - ☐ Resident's furniture, pictures, linens, and other items are moved in
  - ☐ Room is clean
  - ☐ Bedspread is clean and in good repair
  - ☐ Curtains are opened
  - ☐ Fluffy pillows are on bed
  - ☐ Call light is operational
  - ☐ Remote and TV are working
  - ☐ Dresser and closet are clean and empty
  - ☐ Hangers are in closet
  - ☐ Light bulbs are working
  - ☐ Toilet paper and paper towel dispensers are full
  - ☐ Bath towels are in room
  - ☐ White board welcome information is complete
  - ☐ Poster putty is available for bulletin boards
  - ☐ Menus and other information about the home are readily available
  - ☐ Welcome sign is on door
  - ☐ Phone service is connected, if desired by the resident

- Consider a small, welcoming gift (basket). This can be the everyday toiletries, gift-wrapped.
- Inform the roommate that someone will be moving in and discuss any shared interests or history. Share information about the new resident and identify things the two have in common.
- Create and involve a welcoming committee of residents to help put together flowers, a welcome pamphlet with information, resources, calendars, contact people, and so on.
- Inasmuch as it is possible, communicate with the resident and his or her support system prior to the admission day.

From the resident's point of view

When I arrive in my room, please ask me how I would like to be addressed. Offer me the beverage of my choice. (It would be nice if you wrote this down so ***everyone*** *knows what I like to drink and how I like to drink it.) Check to see if I am hungry. After all, this is how my friends treat me when I visit. Then ask me what I most want people to know about me and what I want to accomplish while I am here. Write these down, too.*

Before you leave, help me unpack. (You can learn a lot about me from what I brought.) Show me where everything is in my room and introduce me to my roommate. I would really appreciate it if someone would help my family and me to label my belongings. I am always losing things ... and I have heard stories about "those people who wander into rooms at night." What little I have brought is very important to me.

Please let me know where I should be next. Reassure me that someone will come and show me where to eat and introduce me to a few more people.

At the front door…

- Have an assigned caregiver or designated Hospitality Team member ready to greet new residents at the door and escort them to their rooms.
- Ask about the resident's current personal needs and make sure he or she is comfortable before going to the room.
- Ask if the resident would like to tour the home or go directly to his or her room.
- Make sure all the resident's bags and personal items are taken to his or her room.

When the resident arrives in his or her room…

- Introduce the new resident to his or her roommate. Give them time to get acquainted; facilitate the interaction as needed.
- Limit noise and distractions in the room.
- Ask about lighting levels, bed height, furniture placement, side table, and if the resident wants the curtains opened or closed.
- As you interact with the resident, whether sitting or standing, position yourself at eye level and directly in front of the resident. Do not look down from a standing position. This can be intimidating.
- Offer a beverage of choice. Check to see if a meal or a snack is desired. Offer a beverage to family members or friends, if present.
- Ask if the resident would like any guests (family or friends) to stay through the admission process. Explain that this will include a physical assessment, health history, and personal questions.
- If family or friends are not staying, have a comfortable waiting area available.
- If family or others are responsible for some admitting paperwork, ask if they want to head to the office to complete that task.
- Seek permission from the resident to take notes during the assessment process and explain the entire process.
- Before starting the physical assessment, ask if the resident would like to get more comfortable, wash up, or change clothes.
- Ask permission to take the resident's photograph and explain how it will be used. Schedule a time to take that photo when the resident is rested and prepared to have their facility photo taken.
- Provide the home's resident information booklet(s) that give(s) the basic facility information in a single readable format.
- Provide a warm lap blanket or shawl for the resident.
- Give the resident a welcome card that has been signed by the staff who prepared the room and the staff who will be working with the resident.
- After the assessments and paperwork are completed, determine what if any companionship is desired before you leave.

- Explain who will be coming by later in the day—staff from activities, dining, nursing, and so on.
- If applicable, show the in-room TV channel to inform the resident of upcoming events.
- If applicable, explain the call light system.
- In keeping with the desire of the resident, involve and include family members in these explanations as much as possible. Include family and friends as part of the community from the first day.

From the resident's point of view

If I am here for therapy, I know that I have to go to therapy today. I really prefer that the therapist come to my room, introduce himself, and start the evaluation in the privacy of my room. I know I have to answer more questions, and I am not sure how private our conversation will be. And while the therapist is here, will he or she check the safety of the room? Do I have the equipment that I need? I am worried about that.

When the resident eats in the dining room for the first time...

- Suggest a table with potential acquaitances or friends at the first meal in the dining room.
- Continue to make suggestions at each meal until the resident seems comfortable with his or her dining companions.
- Listen for and honor the choice of the resident to eat alone or in his or her room.
- Help introduce the new resident to residents with similar interests. Again, the Hospitality Team or concierge could focus on these introductions.
- After lunch give the resident an opportunity to rest in his or her room before proceeding with more assessments.

Within the first 72 hours…

- Offer a tour of the entire building with a representative of the Hospitality Team.
- Encourage connection between the new roommates by facilitating conversation and providing activities they can do together (e.g., a roommate luncheon, outing, or activity).
- Offer a formal meeting with the resident, family representatives, and the Hospitality Team. Arrange for beverages and snacks during this time.
- Conduct a welcome learning circle on the third day of the resident's stay so that the new resident can get to know more about other residents and the staff. The circle can be used to express expectations, identify needs, and share roles and life stories, for all those attending.

From the resident's point of view

I would greatly appreciate someone coordinating all of the assessments and interviews I need to participate in over the next few days—and help me work them into my schedule (not have you work me into your schedule). When you come to meet with me, please bring us both the beverage of our choice (and maybe a cookie or a piece of fruit), so we may sit down together and talk.

- Recognize that, at times, residents who are planning a short-term stay do not want to meet others or engage in the community's activities.
- Recognize that some people (residents and staff) are not social as others; they may not welcome meeting new people.

Another practice that helps to make a home more welcoming is to hold a monthly family night for residents and family. You can invite rehab graduates to make it a social environment, not a "complaining" environment.

III. Move-In Day: Person-Centered Approaches to Key Tasks

In this section, the tasks that must be completed on the same day as admission are outlined along with best practices and approaches to make these tasks person-centered. This section is divided into the business and clinical components of a welcoming admissions process.

If the business paperwork has not been completed before the resident moves in (see box) then it will take coordination between business and clinical staff to complete both sets of tasks on the day of admission. You don't want to overwhelm the resident by trying to get everything done too quickly.

A sound approach is to explain, possibly again, what the two sets of tasks are (business and clinical), their purpose, and the time involved. Then ask if the resident has any preference as to which is done first or if the resident wants family or friends to be part of either process.

It can be exhausting to meet so many new people and answer so many questions. Be sure to ask the resident midway if a rest or break is needed, particularly if you notice that the resident is growing tired or getting anxious.

Best Practice: *Complete the business paperwork before the resident moves in*

To make the resident and family feel welcome and unhurried on the day of admission, the best practice is to complete the required business documents before the resident moves in. This could be the day before or even just hours prior to arriving at the home. The designated facility representative should contact the resident or legally responsible party prior to admission and seek their preference for when and where to review these documents and gather the signature(s). Ideally the staff member responsible for obtaining the completed paperwork makes an appointment with the appropriate person to meet at a convenient location. This may be the hospital, another public place, or at the nursing home prior to the admission.

Business Components

Prepare Staff in Advance

Business office personnel, like all staff, should have an understanding and appreciation for person-centered values. Staff should approach the business tasks in a person-centered way.

Make sure that the staff person handling the business paperwork understands the home's clinical and caregiving practices and can appropriately answer questions beyond his or her direct expertise and responsibilities.

Verify Legal Authority

It is important to verify who has the legal authority to sign financial documents and who may legally authorize medical treatment and decisions. This authority could be with one person–e.g., the resident–or separated between two. If you are clear about who has legal authority, you will not annoy the resident or family members by asking them to re-sign paperwork.

Initially, it should be assumed that the resident has authority for both sets of documents. In cases where the resident does not have the legal authority, his or her active participation and direction in business and clinical matters should nonetheless be supported and encouraged.

Complete the Business Paperwork

Scenario 1: The resident is signing the contract and other documents

If you are a business staff person meeting the resident in his or her room, knock and wait for a response before entering. Most likely there will be a nurse with the resident. Make an appointment to return at a convenient time.

It is important to make the process of completing the business paperwork warm and welcoming. Go to a quiet, inviting place with sufficient but not glaring lights. Assure that your meeting will not be interrupted. Offer a beverage and food. Sit side-by-side (not across a table) and make frequent eye contact. Demonstrate your interest in the resident.

First, ask if the resident has any questions or concerns. What is she or he most worried about? Answer the questions directly or, if the individual has questions you are not prepared to answer, seek out more knowledgeable staff members. Be sure to follow through on any requests or unanswered questions.

Then do the paperwork. Make sure that enough time is set aside to go through all the documents slowly and to answer all questions. Give the resident copies of all signed documents and any attachments to the signed documents. Explain that extra copies are always available in the office. Give the resident your business card.

From the resident's point of view

I know that in the next few days I have a lot of people to meet and questions to answer. Please share the information you gather. It makes me feel like you are disorganized and incompetent when more than one of you asks me the same question. And when you apologize and say you have not had time to read my chart before coming to talk to me, I feel like I'm another thing you are checking off your list. You don't care enough to even find out who I am.

Close by again asking if the resident has any additional questions or concerns.

On the first day, or later if necessary, introduce the resident and family members to the:

- Staff member who handles billing issues
- Staff member who handles the trust fund
- Other business staff—receptionist, scheduler working in the home

Scenario 2: Someone other than the resident is signing the contract and other business documents

Every effort should be made to include the resident in the business discussions and paperwork process, but in the case where that is not possible or not the resident's preference, have the person authorized to sign business documents accompany the resident to the resident's room. Ask this individual to come to a designated location when it is convenient and before the office closes for the day. Suggest that they come when the resident is settled or during the resident's physical assessment by the nurse.

Explain to the resident that copies of all documents signed on the resident's behalf will be provided to both the resident and the person signing. Additionally, copies are available at the office. Determine if the resident wants a set of copies returned to his or her room.

It is important to make the process of completing the business paperwork warm and welcoming. Go to a quiet, inviting place with sufficient but not glaring lights. Assure your meeting will not be interrupted. Offer a beverage and food. Sit side-by-side (not across a table) and make frequent eye contact.

First, ask if the person(s) you are meeting with has any questions or concerns. What are they most worried about? Answer the questions directly or, if anyone has questions you are not prepared to answer, seek out more knowledgeable staff members. Be sure to follow through on any requests or unanswered questions.

Then do the paperwork. Make sure that enough time is set aside to go through all the documents slowly and to answer all questions. Give the resident and his or her representative(s) copies of all signed documents and any attachments to the signed documents. Explain that extra copies are always available in the office. Give the resident and his or her representative(s) your business card.

Close by again asking if there are any additional questions or concerns.

On the first day, or later if necessary, introduce the resident and his or her representatives to the:

- Staff member who handles billing issues
- Staff member who handles the trust fund
- Other business staff—receptionist, scheduler working in the home

From the resident's point of view

Do you have time to sit and have coffee with me while you ask those questions? I feel more at ease when we sit together and look each other in the eye. When you hover standing over my bed with that clipboard, I feel hurried and more like a patient.

In **Appendix A** is a list of the business documents likely, or required, to be part of the resident's business file. Again, any and all of these documents may be signed before the actual day of admission.

Clinical Components

Prepare in Advance a Single Assessment Tool

As a best practice, the home's interdisciplinary team or the corporate office should develop a single integrated admission history and assessment tool that gathers all the information each team or department will need. There is no requirement for, or prohibition to, creating or using this kind of tool.

Using a Single, Integrated, and Comprehensive Assessment Tool

- A team will have to meet and review all of the interview questions and assessments that each department typically uses and prioritize them according to what is essential to know within hours of the resident's admission and what can wait until the next day or two. For example, if the resident is on a regular diet, what information—other than food allergies—do dietary staff need to know immediately? Is it a crisis if the first night the resident is there, he or she has to ask for beans instead of carrots?
- Of the nursing, nutrition, social history, and activity interviews, about 75 percent of the questions typically gather the same information, only asked in a different way. The team needs to determine what questions are repetitive and what information is essential to know the first day.
- Also work with the resident to determine with whom you may share details of the resident's conditions and treatments (at the home and with other providers). The resident may not wish to share this information with anyone—or may want the information shared with multiple people. Get all that paperwork together and in order for signing by the resident.
- Give the resident an activity calendar and encourage attendance at scheduled activities and/or arrangements for their own activities.
- With all of the information gathered, develop one admission assessment packet that one nurse can use. Make sure the nurse is comfortable with all the documents and enjoys meeting new people and learning their stories.
- Make sure this packet and the results are available to everyone. Require that everyone (including therapists) read it before talking to the resident for the first time.
- Continue the prioritization process and create the interviews and assessments to be done on the second and third day.

A single integrated and comprehensive approach allows for fewer staff to seek information and reduces the likelihood of the resident answering the same question repeatedly when posed by different staff. It also increases the likelihood that all staff who read the single history and assessment tool will meet and learn about the entire person who is coming to the home.

A single comprehensive tool reduces the sense of being overwhelmed in the first hours of living in the nursing home. To help clarify this process, **Appendix B** includes a checklist with the topic areas and documents that must be completed on the first day or within 72 hours.

Assess the Physical Well-Being of the New Resident

The next section of this guide focuses on various clinical assessments that must be completed during the admissions process and best practices for completing these tasks in a person-centered way.

Skin assessment

The skin assessment should be performed in a respectful, considerate manner. Explain to the resident that their skin must be seen and assessed upon admission. Be flexible on how and when this assessment is conducted.

This activity may coincide with changing into different clothes. If the resident is wearing a hospital gown but wants to change into personal clothing, he or she may be covered with a sheet or bath blanket and one area at a time may be uncovered for assessment. Or, if the resident would enjoy a soaking bath or warm shower, the skin assessment could be completed in providing this service. Help the resident to don appropriate attire when the skin assessment is complete.

Pain assessment

Acknowledge that pain is not inevitable with age, illness, or disease. The home needs information to prevent and reduce the pain the resident reports. This process can begin with careful observation of the resident in every

encounter. How does the resident move, change clothes, take a relaxing bath? What facial expressions do you see with that movement?

Nutritional assessment

This activity can be combined with the discussion of desired beverages or snacks that are offered to the resident and guests. Similarly, this information can be part of the discussion related to gathering information on social history, activities, interests, and weight. Be sure to include information about preferred meal and snack times. If your home offers more dining or snacking locations than the resident's room and a dining room, introduce all of these options. Explore any initial dining location preferences.

From the resident's point of view

I understand you have a lot of paperwork, questions, and a physical exam to do. Please help me get comfortable while you do that. I may prefer to change out of whatever the hospital or my family sent me in. While helping me get comfortable, ask and then check my skin and do the body audit. I am naked anyway. Talk to me about my life while we do this. Learn about me. (You might even cover some of the other questions on your form.)

Bowel and bladder assessment

Acknowledge the very personal nature of the questions asked and the needed information. If any incontinence or toileting products are brought from home or the hospital, their use and usefulness can start the conversation.

Fall risk assessment

Acknowledge the importance of preventing falls, as falls can result in serious injuries. However, inactivity also can have serious health consequences. The home's responsibility is to help the resident meet his or her goals while avoiding injury.

Outdoor experiences

The completed MDS will guide the facility in supporting the resident's expressed desires to experience the outdoors.

One Vision stakeholders have created a clarification on "**The Great Outdoors**" related to this topic. The clarification explains that residents who want to go outside need to be supported in the activity. It outlines:

> *Going outside to breathe fresh air, feel the sunshine, and be in nature is beneficial and necessary for the optimal health and well-being of human beings, including those who live in Michigan's nursing homes. Residents, regardless of cognitive ability, desire the freedom, opportunity, and control to go outdoors when they choose.*
>
> *At the same time, the physical and cognitive challenges that many residents face require supportive services, barrier-free designs, and other accommodations for their successful access and enjoyment of the great outdoors. And, Michigan weather conditions regularly require preparations and supports.*
>
> *Some residents, families, and facilities, as well as the larger community, perceive that regulations are a barrier or deterrent to the resident's freedom to make and actualize the decision to go outdoors. F-tag 323: 483.25(h), Free of Accident Hazards/Supervision/Devices, outlines that facilities must ensure that the resident environment remains as free from accident hazards as possible and that each resident receives adequate supervision and assistive devices to prevent accidents.*

Inherent in life is the fact that no environment where humans live, work, or visit can be guaranteed to be hazard- or accident-free. The intent of this requirement is to ensure the facility provides an environment that is free from accident hazards over which the facility has control and that the facility provides supervision and assistive devices to each resident to prevent avoidable accidents.

Regulations neither prohibit nor require the best practices or approaches outlined above. As a result, these very personal assessments of skin, pain, bowel and bladder patterns, as well as other assessments, may be customized to meet the individual needs of the resident and the staff person doing the assessment.

Appendix C outlines all the required and recommended assessments (skin, pain, falls risk, etc.) and their timetable for completion.

From the resident's point of view

In the first few days that I live in my room, I want to meet the one person per shift that is my "go to" person. I am not really interested in meeting the whole team in the first two hours. I ask that you kindly have one person ask me the questions that are absolutely essential to my health and well-being in the next 24 hours. Once I am settled in and rested, I am happy to meet all of the rest of you.

IV. Staffing Best Practices for Person-Centered Services

- Consider adjusting staffing to accommodate the needs and numbers of residents being admitted. This may mean the elimination of traditional shifts for some or all staff.

- Try to schedule new admissions at intervals that prevent or avoid numbers of new residents in a single afternoon. This allows you to focus on the individual and create a more person-centered experience. It is also likely to reduce confusion about individual resident needs and preferences.

- Consider creating nurse and aide positions that are solely focused on the newly admitted resident. This allows staff to focus on newly admitted residents rather than dividing their attention among new and current residents.

- Relational or consistent assignment is the practice of residents seeing the same staff members (housekeepers, aides, nurses) during their stay. This practice greatly enhances the relationships between the staff members and residents and their families and fosters a smooth and welcoming admissions process.

  Consistent assignment is an important person-centered practice. Residents should see and work with the same caregiving staff members rather than new people day after day. Those relationships should not be disrupted by rotating staff to other parts of the building every month or quarter. For more information on relational or consistent assignment go to **Advancing Excellence in America's Nursing Homes**.

- If the home uses business cards, make them larger than normal, use large print, and put the staff person's picture on the card.

- If the home's staff uses name badges, make them easily readable using large print and glare-resistant materials.

V. Keeping Information Available to Residents

For a resident to feel "at home," the resident needs information about the home in a format that is concise, easy to access, simple, and clear. Often what the resident needs to know is part of the "admission packet," which may go home with the family or representative. To remedy this, person-centered practices include providing an informational tool for the resident to reference during his or her entire stay. This may come in many forms.

There is no required format or content; flexibility, readability, and usefulness are the keys. A three-ring binder or spiral-bound booklet given to each resident is best practice. Posting the material on the facility website accommodates out-of-town friends and relatives of some residents. There may be some elements used daily that are best laminated for quick reference (e.g., TV channels or "any time" menus). Also consider the font size – large type (at least 12 point or larger) is best.

A list of suggestions for the content for resident informational tools is found on the next page. These are alphabetical for quick reference by the reader. Homes should choose the order and format that makes the most sense to their residents.

The binder or booklet is also helpful in staff recruitment and training, particularly to emphasize "this home is the resident's home, not ours" and "we are here to accommodate and support the residents in living life."

Creating this booklet could be a project for the Resident Council, Family Council, or the Hospitality Team. Their input and advice will help produce a useful tool for all. Additional ideas about how to organize this resident resource are included in **Appendix D**.

VI. Conclusion

The admissions process is the resident's first contact with your home. Making the process a positive, welcoming experience will help the resident transition to this new home. Rethinking this complex process from the perspective of the resident provides the opportunity to make each step more person-centered and more supportive for the resident and their family.

Facility Services and Amenities Handbook

Services and Amenities	*Information Needed to Welcome and Inform Residents*
Activities and Recreation	Upcoming or regular outings, where the schedule is posted, calendar of events, available equipment (pool tables, sewing machines, etc.)
Alcohol / Medical Marijuana	Alcohol: potential interaction with medications, physician review and approval, supply and consumption, happy hour, applicable fees, storage Medical Marijuana: explanation of facility's policy
Beauty / Barber / Manicure / Pedicure	Hours, location of the shop, how to make an appointment, and costs *Note: The ability to schedule appointments outside of the normal business hours may further enhance the resident experience.*
Business Office	Hours, Trust Fund, bills & payments, insurance information, location of office
Care Conference	How resident will be notified, setting the time, who may attend from the facility, and whom the resident may invite
Computer Access for Residents	Where to find computers, operation hours, and applicable fees
Daily Schedules	Meals, Medications, Physician Visits, Therapy, Business Office, Activities, Church Services/Chaplain, Beauty and Barber Shop, Mail (delivery and outgoing), Resident and Family Council meetings and location
Electrical Appliances: anything that uses electricity and plugs into the wall	Inform resident of facility's policy regarding the inspection, approval, and use of any and all electrical appliances. List any prohibited electrical appliances.
Electrical Devices and Power Strips: anything that has a power pack that has to plug in to charge	Explain facility's policy and that personal power strips or extension cords are prohibited. Please refer to the One Vision Clarification on Holiday Decorating found at **www.phinational.org/OneVision**
Family Gatherings	How to arrange for gathering area, areas available, days and times, applicable fees
Furniture from Home	Explain ability of resident to bring in personal furniture items, any restrictions, and process for placement in resident's room. Also, please refer to the One Vision Clarification on Furniture Placement found at **www.phinational.org/OneVision**
Gift Giving	Explain facility's gift-giving policy, if any. Please refer to the One Vision Clarification on giving gifts at **www.phinational.org/OneVision**
Home/Center Layout	Important places, including my neighborhood, dining room, activities room, outdoor access, rehab, business office, department heads, nursing station, social work *Note: An easy-to-read map (large print) could be helpful.*

Internet / Wi Fi Access	How to access and where, and any applicable fees
Key People Here	List of key personnel and how to contact, including the resident's physician. Answers to: How do I find out about my condition? How do I obtain access to my medical records?
Laundry	Location, marking process, any applicable fees
Leaving the Building	Explain how to sign out, reason for signing out, why we ask for a return time, and what we do if you don't return. Include how to get medications for an outing.
Mail	How to send and receive mail (delivery times); how and when to get stamps
Meals and Snacks	Menus. Explain how to order, where meals are served, meal times, and any applicable fees, particularly for visitors.
Pets	A list or explanation of pets who live in the home and those animals/pets that visit regularly, along with requirements for visiting animals
Privacy	Rights to use the telephone, to have visitors, and to engage in sex
Resident and Family Councils	Purpose, where and when the councils meet, what the current and regular activities are. Include leaders/organizers and contact information.
Smoking Policy	Explain facility policy, designated areas and times for smoking, or explain that the facility is non-smoking.
Telephone and Cell Phones	Incoming and outgoing calls and applicable fees; use and storage of phone chargers; the right to private telephone conversations.
Toiletries	What can be brought from home, safe storage, facility-provided supplies, on-site purchase
TV/Cable	Channel Guide, remote control labeling and battery replacement, applicable fees.
Visiting	Preferred hours, if any. Processes for when the facility is locked, closed for illness. Any restrictions—pets, illness, small children, etc.
Voting	Explain that each resident has the right to vote in every election, whom to contact in the home for help, and how to get and use absentee ballots.
Welcoming Your Friends and Family	Regular suggested visiting hours (see information above on how to host a family gathering); occasions when visiting will be discouraged or prohibited; time the facility doors are locked; how visitors/family members can access the building after hours.
What do I do when I can't find something?	Facility policies related to lost or misplaced clothes, books, money, teeth, glasses, hearing aids, etc. Identify whom the resident should ask for help.

Appendix A — The Business File

Note: For each of the "separate documents," one signed copy should be placed in the business file and one given to the resident. If someone is signing for the resident, that person should also receive a copy. Any and all of these documents may be signed prior to the day of admission.

DOCUMENT	*APPROACH*
Contract	Separate legal document – check with legal counsel for content.
Information on Medicare and Medicaid	There are booklets available on the Medicare and State of Michigan websites that you may download and print. These are not required. Some resources include: **http://www.michigan.gov/documents/miseniors/Medicaid-LTC_274718_7.pdf** **http://mmapinc.org/wp-content/uploads/2013/09/long_term_care_insurance_fs.pdf**
Resident's Rights	There are several sources for these or you may print your own in large print. Remember to have both state and federal documents. If you purchase from a national company, they are likely to have only federal documents. Federal: **http://www.ltcombudsman.org/issues/residents-rights** State of Michigan: **http://www.michigan.gov/documents/miseniors/YourRightDignity_205127_7.pdf**
HIPAA Privacy Notice	Separate document.
Access to Resident's Medical Records and Charges	May be combined with other information. Combine federal regulations and state law (not nursing home law). The state limit on what you can charge for copies of records should be updated every April.
Abuse Prevention and Complaint Process including missing items	May be combined with other information.
Trust Fund Rights, Policies, and Procedures	May be combined with other information.
Trust Fund Authorization	Must be a separate document.
Hospice Policy	May be combined with other information.
Smoking Policy	May be combined with other information.
Bed-Hold Policy	May be combined with other information.
Admission Policy	May be combined with other information.
Medical Staff and how to contact my physician	May be combined with other information.
Hair Care	May be combined with other information. This includes rates.
Roommate and Room Change Policy	May be combined with other information.

Resident Responsibilities	May be combined with other information. These are the policies and "code of conduct" for residents. This is how we treat one another.
Advocacy Information	May be combined with other information. Include how to contact local and state ombudsman.
Right to Designate Durable Power of Attorney (DPOA) for Health Care	Separate document – there are booklets available from Michigan Health and Hospital Association (MHA) and other Michigan-based sources. Use a document that is specific to Michigan.
Medicare Supplemental Policy or Secondary Payer	Must be a separate document. Resident does not need a copy. Required by federal law and regulation.
General Insurance Information	Must be incorporated into face sheet. Though not required by regulation, this is the best practice for making this information readily available.
Non-covered services	May be combined with other information. May be part of the contract.

A common nursing home practice is to ask new residents for their funeral home preference during the admission process. Nursing homes are encouraged to wait to ask this question. This practice increases anxiety and promotes the notion that nursing homes are "only places to die."

Appendix B — The Clinical File

Clinical-Related Admission Documents and Processes			
Document	*Approach*	*Same Day*	*Within 72 Hours*
Consent for treatment	Must be a separate document	X	
Consent for additional services – Eye, Dental, Podiatry, etc.	According to facility policy	X	
Bed Rails Policy Notice and Consent by the Resident	Michigan Bed Rail Notice as required by Michigan law. Consent for Bed Rail Use is only required if resident elects to use bed rails.	X	
Advanced Directives Notice	May be combined with other information. This notice explains the right of residents to create durable powers of attorney and other advanced directives.	X	
CPR Election	Separate document that must be signed. The best practice is to give the resident a copy to have in their own file at home.	X	
Care Conferences	May be combined with other information. Explanation of the purpose of the care conference, how resident will be notified, setting the time, who may attend from the facility and whom the resident can invite.		X
Care Directives – Designate choice for future treatment	Must be a separate document. The best practice is to give the resident a copy to have in their own file at home.		X
Consent for testing in event of blood exposure	Must be a separate document.	X	
TB and Vaccine Information and Consents	Must be a separate document but may be combined into one vaccine record.	X	
Consent for Collection and Transmission of MDS Assessment Data	Must be a separate document.	X	
Michigan Medicaid's Freedom of Choice Form	Medicaid Level of Care Determination – Separate document must be shared by 14th day after admission.		X

Appendix C — Clinical Assessments

ASSESSMENT	*APPROACH*
Skin Risk	Completed within 4-6 hours of admission. Included in regulatory guidance under F314. AMDA Clinical Practice Guidelines are one possible resource or any nationally recognized evidence-based clinical practice guideline.
Pain Assessment	Required under F309. AMDA Clinical Practice Guidelines are one possible resource or any nationally recognized evidence-based clinical practice guideline.
Nutritional Status and Assessment	Required under F325. AMDA Clinical Practice Guidelines are one possible resource or any nationally recognized evidence-based clinical practice guideline. Does not have to be completed within 24 hours.
Bowel and Bladder Assessment	Needs to be started within 24 hours for MDS purposes and F315. AMDA Clinical Practice Guidelines are one possible resource or any nationally recognized evidence-based clinical practice guideline.
Fall Risk Assessment	Required if triggered by MDS process. AMDA Clinical Practice Guidelines are one possible resource or any nationally recognized evidence-based clinical practice guideline.
Hydration Risk Assessment	Required if triggered by MDS process. AMDA Clinical Practice Guidelines are one possible resource or any nationally recognized evidence-based clinical practice guideline.
Hot Liquids Assessment	Required if triggered by MDS process. AMDA Clinical Practice Guidelines are one possible resource or any nationally recognized evidence-based clinical practice guideline. Best practice is to incorporate this assessment with initial therapy evaluation.

Appendix D — Organizing the Resident Handbook

Review any of the information from Appendices A and B (Business and Clinical) that indicates the information may be combined with other documents. Organize into short descriptions that are simple for the residents to understand. Then do the same with the information in the Facility Services and Amenities table on page 16-17. When completed, organize into a single booklet.

There is no required format to provide this; creativity, combined with attention to practicalities, is encouraged. You may find that a three-ring binder or spiral-bound booklet given to each resident works best. Consider the font size—large type is best. Also consider using tabs labeled by section and/or a table of contents for quick reference.

Below is a list from all three tables (Appendices A & B and Facility Services and Amenities Handbook, pg. 16-17) for guidance. Many homes divide their books into two sections as below.

Resident Rights and Required Information

- Abuse Prevention
- Admission Policy
- Advanced Directives Notice
- Advocacy and Ombudsman Information
- Bed-Hold Policy
- Complaint Process
- Hospice Policy
- Mail
- Medical Staff, including how residents contact their physicians
- Services not Covered by Medicare or Medicaid
- Privacy Rights
- Resident and Family Councils
- Resident Bill of Rights
- Smoking Policy
- Trust Fund Rights, Policies, and Procedures
- Voting Rights

Resident Information and Responsibilities

- Alcohol / Medical Marijuana
- Beauty / Barber / Manicure / Pedicure
- Business Office
- Care Conferences
- Computer Access for Residents
- Facility Daily Time Schedule
- Electrical Appliances (anything that uses electricity & plugs into the wall)
- Electrical Devices and Power Strips
- Family Gatherings
- Furniture from Home
- Gift Giving

- Hair Care
- Home / Center Layout
- Internet / Wi-Fi Access
- Key People Here
- Laundry
- Leaving the Building
- Meals and Snacks
- Pets
- Room and Roommates
- Telephone and Cell-Phones
- Toiletries
- TV/Cable
- Welcoming Your Friends and Family
- What do I do when I can't find something? This clarifies the "Complaint Process." Residents often do not consider "missing items" as a complaint.

Appendix E — One Vision Clarifications

One Vision: Moving Forward has resolved questions and obstacles to implementation of person-centered practices and other culture change initiatives in Michigan's nursing homes. Through a consensus process, resident concerns and desires have been addressed in *clarifications* developed and supported by the organizations listed in the front of this publication. Current clarifications include:

"I Want My Medications at Times and Places Convenient For Me"

"Please Allow Me the Freedom to Place My Furniture in My Room Where I Like It"

"I'm So Pretty": Resident Access to Personal Grooming Items

Potlucks, Homemade Food, and Garden-Raised Foods Served to Residents

The Great Outdoors

Mattress Pad Use

Food Portions and Choices

Holiday Decorations

Resident Enjoyment of Crafts and Hobbies

Materials also include adaptions to MyInnerview survey tools to better measure if a nursing home is delivering person-centered supports and services. More materials will be added. We invite you to use and adopt all the One Vision materials.

For all One Vision materials: **www.PHInational.org/onevision**

Appendix F — Resources and tools to better actualize resident preferences or needs within the intent of the regulatory standards

Definition of Person-Centered Planning:

"'Person-centered planning' means a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities." MCL 330.1700(g)

The Michigan Department of Community Health (MDCH) and the Department of Licensing and Regulatory Affairs (LARA) hope to facilitate innovation that will increase individual quality of life and satisfaction with service delivery by implementing person-centered planning across all long-term care supports and services. The elements of Person-Centered Planning (PCP) as adopted by the departments are:

- **Person-Directed** – The individual controls the planning process.
- **Capacity Building** – Planning focuses on an individual's gifts, abilities, talents, and skills rather than deficits.
- **Person-Centered** – The focus is continually on the individual's life with whom the plan is being developed and not on fitting the person into available services and supports in a standard program.
- **Outcome-Based** – The planning process focuses on increasing the experiences identified as valuable by the individual during the planning process..
- **Presumed Competence** – All individuals are presumed to have the capacity to actively participate in the planning process (even individuals with cognitive and/or mental disabilities are presumed to have capacity to participate).
- **Information** – A PCP approach must address the individual's need for information, guidance, and support.
- **Facilitation** – Individuals may choose to have an independent advocate/champion to act as facilitator. Facilitation may include pre-planning and conducting the planning meetings. This may be done more effectively by someone outside of the provider organization.
- **Participation of Allies** – For most individuals, person-centered planning relies on the participation of allies chosen by the individual, based on who they feel is important to be there to support them.
- **Health and Welfare** – The needs of the individual must be addressed in a person-centered manner; strategies to address identified health and welfare needs must be supported to allow the individual to maintain his/her life in the setting of his/her choice.
- **Documentation** – The planning results should be documented in ways that are meaningful to the individual and useful to people with responsibilities for implementing the plan.

Advancing Excellence Consistent Assignment goal and measurement:
https://www.nhqualitycampaign.org/goalDetail.aspx?g=CA

Appendix G: Related State and Federal Regulations and Provisions

Federal Regulations

F155
§483.10(b)(4) The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section;

F156
§483.10(b)(1) The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e) (6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing;

§483.10(b) (5) The facility must–

(i) Inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid, of
  (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;
  (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services;

§483.10(b)(6) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.

§483.10(b) (7) The facility must furnish a written description of legal rights which includes–

(i) A description of the manner of protecting personal funds, under paragraph (c) of this section;
(ii) A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels;
(iv) A statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.

§483.10(b)(8) The facility must comply with the requirements specified in subpart of part 489 of this chapter relating to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law. Cross reference this to F155.

§483.10(b) (9) The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.

§483.10(b)(10) The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.

F240
§483.15 Quality of Life
A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.

F241
§483.15(a) Dignity
The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

F242
§483.15(b) Self-Determination and Participation
The resident has the right to–

(1) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; ...
(3) Make choices about aspects of his or her life in the facility that are significant to the resident.

F246
§483.15(e) Accommodation of Needs
A resident has the right to–
§483.15(e)(1) Reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered; and

F272
§483.20 Resident Assessment
The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.

F279
§483.20(d) (A facility must...) use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.
§483.20(k) Comprehensive Care Plans

(1) The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the following:
    (i) The services that are to be furnished to attain or maintain the resident's highest practi cable physical, mental, and psychosocial well-being as required under **§483.25**; and
    (ii) Any services that would otherwise be required under **§483.25** but are not provided due to the resident's exercise of rights under **§483.10**, including the right to refuse treatment under **§483.10(b)(4)**.

F281
§483.20(k)(3)
(3) The services provided or arranged by the facility must–
(i) Meet professional standards of quality;

F309
§483.25 Quality of Care
Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

F314
§483.25(c) Pressure Sores
Based on the comprehensive Assessment of a resident, the facility must ensure that–
(1) A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and
(2) A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

F323
§483.25(h) Accidents
The facility must ensure that–
(1) The resident environment remains as free from accident hazards as is possible; and
(2) Each resident receives adequate supervision and assistance devices to prevent accidents.

State Public Health Code

333.21717
Sec. 21717. An individual shall not be admitted or retained for care in a nursing home who requires special medical or surgical treatment, or treatment for acute mental illness, mental retardation, communicable tuberculosis, or a communicable disease, unless the home is able to provide an area and a program for the care. The department shall approve both the area and the program, except for the programs providing treatment for mental illness and mental retardation which shall be approved by the department of mental health.

333.21733 Smoking policy.
Sec. 21733. (1) A nursing home licensed under this article shall adopt a policy regulating the smoking of tobacco on the nursing home premises.
(2) A nursing home policy regulating smoking at a minimum shall provide that:
(a) Upon admission each patient or person responsible for the patient's admission shall be asked if there is a preference for placement with smokers or nonsmokers.
(b) Smoking by patients shall be restricted to private rooms, rooms shared with other smokers only, or other designated smoking areas.
(c) Visitors shall not be permitted to smoke in rooms or wards occupied by patients who do not smoke.
(d) Visitors shall be permitted to smoke only in designated areas.
(e) Staff shall be permitted to smoke in designated areas only.

(f) Staff shall not be permitted to smoke in patients' rooms or while performing their duties in the presence of patients.
(g) Eating areas shall have sections for smokers and nonsmokers.
(h) Cigarettes, cigars, and pipe tobacco shall not be sold or dispensed within the nursing home except as provided for by the owner or governing board.
(i) A sign indicating that smoking is prohibited in the nursing home except in designated areas shall be posted at each entrance to the nursing home. Each designated smoking area shall be posted as such by sign.

(3) A nursing home licensed under this article shall retain a copy of the smoking policy which will be available to the public upon request.

333.21734 Nursing home; bed rails; provisions; guidelines; liability.
Sec. 21734. (1) Notwithstanding section 20201(2)(l), a nursing home shall give each resident who uses a hospital-type bed or the resident's legal guardian, patient advocate, or other legal representative the option of having bed rails. A nursing home shall offer the option to new residents upon *admission* and to other residents upon request. Upon receipt of a request for bed rails, the nursing home shall inform the resident or the resident's legal guardian, patient advocate, or other legal representative of alternatives to and the risks involved in using bed rails. A resident or the resident's legal guardian, patient advocate, or other legal representative has the right to request and consent to bed rails for the resident. A nursing home shall provide bed rails to a resident only upon receipt of a signed consent form authorizing bed rail use and a written order from the resident's attending physician that contains statements and determinations regarding medical symptoms and that specifies the circumstances under which bed rails are to be used.

333.21765 Policies and procedures; copy of rights enumerated in

§ 333.20201; reading or explaining rights; staff observance of rights, policies, and procedures.
Sec. 21765. (1) A nursing home shall establish written policies and procedures to implement the rights protected under section 20201. The policies shall include a procedure for the investigation and resolution of patient complaints. The policies and procedures shall be subject to approval by the department. The policies and procedures shall be clear and unambiguous, shall be printed in not less than 12-point type, shall be available for inspection by any person, shall be distributed to each patient and representative, and shall be available for public inspection.
(2) Each patient shall be given a copy of the rights enumerated in section 20201 at the time of *admission* to a nursing home. A patient of a nursing home at the time of the implementation of this section shall be given a copy of the rights enumerated in section 20201 as specified by rule.
(3) A copy shall be given to a person who executes a contract pursuant to section 21766 and to any other person who requests a copy.
(4) If a patient is unable to read the form, it shall be read to the patient in a language the patient understands. In the case of a mentally retarded individual, the rights shall be explained in a manner which that person is able to understand and the explanation witnessed by a third person. In the case of a minor or a person having a legal guardian, both the patient and the parent or legal guardian shall be fully informed of the policies and procedures.

333.21766 Written contract.
Sec. 21766. (1) A nursing home shall execute a written contract solely with an applicant or patient or that applicants or patient's guardian or legal representative authorized by law to have access to those portions of the patient's or applicant's income or assets available to pay for nursing home care, at each of the following times:

(a) *At the time an individual is admitted to a nursing home.*
(b) At the expiration of the term of a previous contract.
(c) At the time the source of payment for the patient's care changes.

Michigan Public Health Code 333.20201 Policy describing rights and responsibilities of patients or residents; adoption; posting and distribution; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights; definitions.

Section 20201(2)(f): A patient or resident is entitled to refuse treatment …and to be informed of the consequences of that refusal.

Section 20201 (3) The following additional requirements for the policy described in subsection (2) apply to licensees under parts 213 and 217:
(a) The policy shall be provided to each nursing home patient or home for the aged resident upon admission, and the staff of the facility shall be trained and involved in the implementation of the policy....
(d) A nursing home patient…is entitled to the opportunity to participate in planning his or her medical treatment....
(f) A nursing home patient or home for the aged resident is entitled to be fully informed before or at the time of *admission* and during stay of services available in the facility, and of the related charges including any charges for services not covered under title XVIII, or not covered by the facility's basic per diem rate. The statement of services provided by the facility shall be in writing and shall include those required to be offered on an as-needed basis.

Section 20201 (6) A nursing home patient or home for the aged resident is entitled to be fully informed, as evidenced by the patient's or resident's written acknowledgment, before or at the time of *admission* and during stay, of the policy required by this section. The policy shall provide that if a patient or resident is adjudicated incompetent and not restored to legal capacity, the rights and responsibilities set forth in this section shall be exercised by a person designated by the patient or resident. The health facility or agency shall provide proper forms for the patient or resident to provide for the designation of this person at the time of admission.

Michigan Nursing Home Rules

R 325.20113 Adoption of written procedures to implement patient rights
Rule 113. (1) A home shall adopt written policies and procedures to implement patient rights and responsibilities as provided by section 21765 of the code. Before and following the patient's admission, such policy and procedures shall be available, upon request, to all the following:

(a) The patient.
(b) Attending physician.
(c) Next of kin.
(d) Member of the family.
(e) Guardian.
(f) Designated representative.
(g) Person or agency responsible for placing and maintaining the patient in the home.
(h) Employees of the facility.
(i) Public.

R 325.20115 Patient trust funds.
Rule 115. . . . (2) At the time of *admission*, a nursing home shall provide each patient and the patient's legal guardian or designated representative with a written statement which states all of the following:

(a) That there is no obligation for the patient to deposit his or her funds with the facility.
(b) The patient's rights regarding personal funds, including, at a minimum, all of the following:
  (i) The right to receive, retains, and manages his or her personal funds or to have this done by a legal guardian, if any.
  (ii) The right to apply to the Social Security Administration to have a representative payee designated for purposes of federal or state benefits to which he or she may be entitled.
  (iii) The right to designate, in writing, another person to act for the purpose of managing his or her personal funds.
  (iv) The right to authorize, in writing, the nursing home to hold, safeguard, and account for the patient's personal funds in accordance with state law and the nursing home policy.
(c) The nursing home's policy for handling patient funds shall include the provision that it will provide the service of holding monies in trust for persons who are incapable of handling their own funds and who have no guardian or designated representative to provide the service.
(d) In summary form, the home's procedures for handling, accounting for, and giving access to, monies held in trust for patients.

R 325.20403 Admission policies.
Rule 403. (1) A home shall have a written admission policy that is available upon request, before and following the patient's admission, to all of the following:

(a) The patient.
(b) Attending physician.
(c) Next of kin or member of the family.
(d) Guardian.
(e) Designated representative.
(f) Person or agency responsible for placing and maintaining the patient in the home.
(g) Employees of the facility.
(h) The public.

(2) A patient shall only be *admitted* to a home on the recommendation and referral of a physician licensed to practice in Michigan.
(3) Before but not later than at the time of *admission* of a patient, an attending physician shall be designated to be responsible for the medical care and supervision of the patient.

R 325.20406 Patient bill of rights provisions.
Rule 406. To protect the rights of patients under section 20201 of the code and other relevant provisions of the code, the following requirements shall be complied with:

(d) The nursing home shall assure, through the minimum following steps that a patient is provided with information about health facility rules and regulations affecting patient care and conduct:

(i) The home shall provide a written copy of facility rules and regulations to the patient or the patient's representative upon *admission* and when the rules and regulations are changed.

R 325.20707 Nursing care and services.
Rule 707. (1) A patient in a home shall receive preventive, supportive, maintenance, habilitative, and rehabilitative nursing care directed to the physiologic and psychosocial needs and well-being of that patient...
(m) A patient shall be weighed and have his or her temperature, pulse, respirations, and blood pressure taken and recorded on *admission* and at least monthly thereafter or more frequently if ordered by a physician. The patient's measured or estimated height shall be recorded on *admission*.

R 325.20709 Patient care planning.
Rule 709. . . .
(2) An assessment of a patient shall be initiated by licensed nursing personnel within 24 hours of *admission*, and the results of the assessment shall be documented in the patient's clinical record.
(3) The written plan of care shall be available to all individuals involved in the care of the patient and shall document all of the following:

(a) The patient's problems and needs.
(b) Goals and objectives of care.
(c) Methods of approach to care.
(d) Treatment and orders....

(5) The nursing home shall make reasonable efforts to discuss the patient care plan with the patient, next of kin, guardian, or designated representative so that such parties can contribute to the plan's development and implementation.

R 325.20714 Patient councils.
Rule 714. (1) The home shall permit the formation of a patient council by interested patients and, at the time of *admission* to the home, shall inform patients and their representatives of either the right to establish a patient council if one does not exist or to participate in the activities of an operating patient council in the home.

R 325.20806 Food acceptance record.
Rule 806. (1) The food acceptance of a patient shall be recorded as follows:

(a) For a period of 14 days immediately following admission.
(b) For a period of 14 days immediately following initiation of a change in diet, unless otherwise ordered by a physician.
(c) Under any other circumstances, such as abnormal weight loss, for a period ordered by a physician.