

BRETHREN HILLCREST HOMES **ADMISSION GUIDELINES**

POLICY

Hillcrest accepts applications for residency from persons age 62 years or older, or in the case of a couple, one of the two persons age 62 years or older. Eligible applicants will be considered without regard to gender, race, religion, color, national origin, sexual orientation, gender identity or expression, political beliefs, disability or ancestry.

Admissions and transfers within Hillcrest will occur according to the most current Admission Guidelines. Please note that these guidelines are periodically reviewed and updated.

APPLICATION DOCUMENTS

Priority Date Agreement: A standard form completed for all registrants. It includes a non-refundable processing fee that designates a priority date and adds registrants to the active wait list.

Reservation Agreement: A standard form completed for all registrants. It includes a refundable fee that reserves a selected unit for up to sixty (60) days or upon completion.

Confidential Application for Admission: A standard form completed by all registrants that provides Hillcrest with basic personal and health information along with a comprehensive financial statement completed by the registrant.

Physician's Report: A State-required form completed by the registrant's personal physician to help determine the appropriate level of living. (LIC 602)

Resident Appraisal: A State-required form completed by the registrant that provides Hillcrest with information about the registrant's interests, current physical and mental health, abilities and needs. (LIC 603A)

Resident Privacy Preferences: A standard form completed by the registrant that informs Hillcrest of the registrant's preferences related to privacy.

Resident Information and Preference Form: A standard form completed by the registrant that provides important contact information and personal history.

Biography Form: A standard form completed by the registrant that provides Hillcrest with information about the registrant's background and special interests.

PROCEDURE

Prospective Residents must complete each stage of the following process:

1. To be considered for residency a prospective resident must complete a Priority Date Agreement and pay a non-refundable processing fee, after which their name is included on the Active Registrant List in chronological order of the Priority Date Agreement.
2. Registrants will be notified when the type of accommodation they desire is available. Accommodations are offered to active registrants in accordance with their individual priority date.
 - a. Note: Active registrants may refuse an accommodation without changing the standing of their Priority Date Agreement. Current Hillcrest residents (and secondly, those who qualify under Hillcrest's Heritage Policy) are given priority in reserving available accommodations based on prior written selection or medical and physical needs.
3. Active registrants may select a residence with the assistance of the Hillcrest Marketing Team, complete a Reservation Agreement, and submit a refundable deposit. Eligibility requirements are shared with the Registrants.
4. Active registrants must submit a completed Confidential Application for Admission, Physician's Report, and the Resident Appraisal form. Residents are required to have a local California Board Certified Physician at the time of Admission.
5. The Confidential Application for Admission must be approved by the Chief Financial Officer.
6. After the Confidential Application for Admission is approved, an assessment will be scheduled with a member of Hillcrest's clinical staff to determine the appropriate level of living.
7. Hillcrest is responsible to assure that residents reside in the appropriately level of living where their needs are best met according to regulatory guidelines and Hillcrest policies.

ADMISSION GUIDELINES FOR RESIDENTIAL LIVING (Independent Living)

In order to be admitted into Residential Living, eligible applicants must demonstrate that they are:

1. Able to care for their own personal and health needs. This includes, but is not limited to, the following:
 - a. Oriented to time, place, and person.
 - b. Able to care for personal and health needs including dressing, bathing, grooming, toileting, etc.
 - c. Able to move about safely and adequately with or without assistive devices.
 - d. Able to transfer independently from bed to chair, and on and off commode.
 - e. Free from behaviors that present a disruption to the community or present a danger to self or others.
 - f. Demonstrates socially appropriate behavior in common areas.
 - g. Capable of understanding and following community living rules.
 - h. Able to respond to emergency procedures and safety guidelines.

If a resident's physical or mental status declines such that he or she no longer meets the above criteria, an interdisciplinary team will review the resident's circumstances to assure the resident resides in the most appropriate level of care. If a transfer is required, the resident or resident's responsible person will be involved in the assessment process.

Upon transfer, residents may be asked to complete a financial update and will sign the appropriate amendment to their contract.

ADMISSION GUIDELINES FOR ASSISTED LIVING

New Assisted Living residents must sign a Monthly Care Agreement. Transferring residents must sign an amendment to their current contract or agreement when transferring into Assisted Living.

In order to be admitted into Assisted Living, eligible applicants must demonstrate that they meet the admissions criteria, which includes, but is not limited to, the following:

1. Able to move about safely and adequately throughout the facility *with or without* assistive devices (cane, walker, wheelchair, crutches, etc.).
2. Able to transfer from bed to chair, on and off commode.
3. Attend meals in the dining room.
4. Able to respond appropriately and follow directions from staff during an emergency.
5. Free from behaviors that present a disruption to the community or present a danger to self or others.
6. Demonstrates socially appropriate behavior in common areas.
7. Residents in Assisted Living environments may have mild cognitive impairment but are generally oriented to time, place, and person.

If a resident's physical or mental status declines such that he or she no longer meets the above criteria, an interdisciplinary team will review the resident's circumstances to assure the resident resides in the most appropriate level of care. If a transfer is required, the resident or resident's responsible person will be involved in the assessment process.

Upon transfer, residents may be asked to complete a financial update and will sign the appropriate amendment to their contract.

ADMISSION GUIDELINES FOR SOUTHWOODS LODGE

New Southwoods Lodge residents (through their authorized representatives) must sign a Monthly Care Agreement. Transferring residents must sign an amendment to their current contract or agreement when transferring into Southwoods Lodge.

In order to be admitted into Southwoods Lodge, eligible applicants must demonstrate that they meet the admissions criteria, which includes, but is not limited to, the following:

1. Being generally alert with some capability for structure and social interaction.
2. Having a diagnosis of dementia, including Alzheimer's disease, or other form cognitive impairment.
 - Note: If a well spouse intends to move in with their companion, they must voluntarily sign waiver to live within a delayed-egress, secured environment.
3. Able to move about safely and adequately throughout the facility, with or without assistive devices such as canes and walkers.
4. Able to transfer from bed to chair, or to toilet with minimal supervision and physical assistance.
5. Able to care for personal needs including dressing, bathing, grooming, toileting (incontinence care), etc. with assistance.

If a resident's physical or mental status declines such that he or she no longer meets the above requirements, or no longer benefits from Southwoods Lodge programming, an interdisciplinary team will review the resident's circumstances to assure the resident resides in the most appropriate level of care.

Upon transfer, the resident's authorized representative may be asked to complete a financial update and to sign an amendment to the resident's contract.

ADMISSION GUIDELINES FOR WOODS HEALTH SERVICES

New Woods Health Services residents (or their authorized representatives) must sign a Woods Health Services Admission Agreement including all necessary attachments and authorizations required for admission.

Eligible applicants (or their authorized representative) must demonstrate that the incoming resident meets the admissions criteria. This includes, but is not limited to, the following.

The resident must:

1. Have the financial ability to cover expenses when admitted to Woods Health Services, either through private resources or authorized insurance coverage (e.g. HMO coverage, IVHP, Blue Cross, Blue Shield, Medicare, Medi-Cal, long-term care insurance, income, etc.). Woods Health Services does not accept residents who are pending Medi-Cal coverage.
2. Have a licensed physician who will follow their care throughout their stay at Woods Health Services.
 - Note: Their physician must be available 24 hours a day for call, or provide an alternate physician to provide quality care for the resident in the primary care physician's absence. Applicant's physician must agree to see resident no less than once every 30 days.
3. Require 24-hour custodial or skilled nursing services within the scope of services provided by Woods Health Services. Note: some diagnoses or conditions may not be appropriate for admission due to limited resources in staff, equipment, or supplies. The needs and conditions of each applicant is carefully reviewed prior to admission and must be approved by clinical staff to assure appropriate care can be provided. The business office will also verify available resources, including appropriate insurance coverage.

Services provided at Woods Health Services may include the following:

- Physical Therapy, Occupational Therapy, Speech Therapy, IV Therapy, gastronomy tube feedings, catheter care, dialysis, oxygen (through concentrator), pacemaker, ileostomy care, wound care, isolation, range of motion, restorative dining training, family training.

Certain diagnoses or conditions may not be appropriate for Woods Health Services and will be determined on a case-by-case basis. These include:

- Psychiatric care, one-on-one supervision, residents who are abusive or resistive to care, residents with a history of wandering or elopement, nasogastric tube (N.G. Tube) care, total parenteral nutrition (TPN), hallucinations, dialysis, decubiti (two or more), ventilator, vancomycin resistant enterococcus (VRE), methicillin resistant staphylococcus aureus (MRSA), or other conditions that may require isolation.

SHORT TERM STAYS AT WOODS HEALTH SERVICES

It is the policy of Woods Health Services to admit only those short stay residents for which the facility can provide the appropriate care and who also have the financial ability to cover their expenses. The facility can admit short stay residents that require the following types of 24-hour skilled nursing care:

- IV therapy
- Gastrostomy tube feedings
- Naso-gastric tube feedings
- Catheter care
- Colostomy care
- Dialysis
- Ileostomy care
- Wound Care
- Isolation
- Physical therapy
- Occupational therapy
- Speech therapy
- Range of Motion
- Restorative feeding training
- Family training

The facility cannot admit short term stay residents that require the following types of care:

- Residents with a history of wandering/elopement prevention
- Residents weighing over 300 pounds/bariatric care
- Residents with a history of combative behavior
- Residents with a history of physically abusive behavior

STANDARDS FOR INVOLUNTARY RESIDENT TRANSFERS

Under California law [Cal. Health & Safety Code § 1788(a)(10)(A)], Hillcrest may transfer a resident to assisted living, to skilled nursing, to memory care, or to an outside facility, as appropriate, if any of the following four conditions are present, taking into account the appropriateness and necessity of the transfer and the goal of promoting resident independence:

1. A resident is assessed to be 'nonambulatory' and his/her current residence does not have a State Fire Marshal clearance for nonambulatory use. A nonambulatory resident is defined by California Health and Safety Code Section 13131 as follows:

California Health and Safety Code (section 13131)

"Nonambulatory persons means persons unable to leave a building unassisted under emergency conditions. It includes any person who is unable, or likely to be unable, to physically and mentally respond to a sensory signal approved by the State Fire Marshal, or an oral instruction relating to fire danger, and persons who depend upon mechanical aids such as crutches, walkers, and wheelchairs. The determination of ambulatory or nonambulatory status of persons with developmental disabilities shall be made by the Director of Social Services or his or her designated representative, in consultation with the Director of Developmental Services or his or her designated representative. The determination of ambulatory or nonambulatory status of all other disabled persons placed after January 1, 1984, who are not developmentally disabled shall be made by the Director of Social Services, or his or her designated representative."

2. A resident develops a physical or mental condition that is detrimental to or endangers the health, safety, or well-being of the resident or another person; or
3. A resident's condition or needs require the resident's transfer to an assisted living care unit or skilled nursing facility, because the level of care required by the resident exceeds that which may be appropriately provided in the living unit; or

4. The resident's condition or needs require the resident's transfer to a nursing facility, hospital, or other facility, and the provider has no facilities available to provide that level of care;

In addition to the transfers set forth in the section above, Hillcrest may initiate a transfer of a resident to another unit or level of care within Hillcrest or outside of Hillcrest for what it deems in its discretion to be reasonable grounds in addition to the clinical grounds set forth in the section above. Examples might include non-payment of monthly fees, noncompliance with community rules, etc. In all transfer decisions, Hillcrest considers the propriety and necessity of the transfer as well as the goal of promoting resident independence.

Transfer and Review Procedure. Before transferring a resident from one level of care to another:

- 1) The resident and the resident's responsible person will be involved in the assessment process.
 - Note: the resident's responsible person means that individual or individuals, including a relative, health care surrogate decision maker, or placement agency, who assist the resident in placement or assume varying degrees of responsibility for the resident's well-being.
- 2) Prior to sending a formal notification of transfer, Hillcrest will conduct a care conference with the resident and the resident's responsible person, and, upon the resident's or responsible person's request, family members, and the resident's health care professionals, to explain the reasons for transfer.
 - Note: If the resident does not have impairment of cognitive abilities, the resident may request that his or her responsible person not be involved in the transfer process.
- 3) A written notice of transfer will be sent notifying the resident and the resident's responsible person of the reasons for the transfer. The notice of transfer will be made at least 30 days before the transfer is expected to occur, except when the health or safety of the resident or other residents is in danger, or the transfer is required by the resident's urgent medical needs. Under those circumstances, the written notice shall be made as soon as practicable before the transfer.
- 4) The written notice will contain the following:
 - the reasons for the transfer;
 - the effective date;
 - the designated level of care or location to which the resident will be transferred;
 - a statement of the resident's right to a review of the transfer decision at a care conference as described in California Health & Safety Code § 1788(a)(10)(C), as follows:

“(C) The resident has the right to review and dispute the transfer decision at a subsequent care conference that shall include the resident, the resident's responsible person, and, upon the resident's or responsible person's request, family members, the resident's physician or other appropriate health care professional, and members of the provider's interdisciplinary team. The local ombudsperson may also be included in the care conference, upon the request of the resident, the resident's responsible person, or the provider.”

- The resident's right to review by the Continuing Care Contracts Branch of the State Department of Social Services, as provided for in California Health & Safety Code § 1788(a)(10)(D), as follows:

(D) For disputed transfer decisions, the resident or the resident's responsible person has the right to a prompt and timely review of the transfer process by the Continuing Care Contracts Branch of the State Department of Social Services. The branch of the department shall provide a description of the steps a provider took and the factors a provider considered in deciding to transfer a resident, including the assessment tool or tools and the scoring and evaluating criteria used by the provider to justify the transfer.

- The notice shall also contain the name, address, and telephone number of the department's Continuing Care Contracts Branch.
- 5) Hillcrest will also provide sufficient preparation and orientation to the resident to ensure a safe and orderly transfer and to minimize trauma.
 - 6) For disputed transfer decisions, Hillcrest will provide documentation of the resident's medical reports, other documents showing the resident's current mental and physical function, the prognosis, and the expected duration of relevant conditions, if applicable. The documentation will include an explanation of how the criteria for the involuntary transfer are met. Hillcrest will share copies of the completed report with the resident and the resident's responsible person.
 - 7) The decision of the department's Continuing Care Contracts Branch will be in writing and will determine whether Hillcrest failed to comply with the required transfer process and whether the transfer is appropriate and necessary.
 - 8) Pending the decision of the Continuing Care Contracts Branch, Hillcrest will specify any additional care that Hillcrest believes is necessary in order for the resident to remain in his or her unit. The resident will be required to pay for the extra care, as provided in the contract.
 - 9) A notice of transfer will address the status of the remaining spouse or second resident when a shared accommodation arrangement is terminated.
 - 10) The resident has the right to review and dispute the transfer decision at a subsequent care conference that shall include the resident, the resident's responsible person, and, upon the resident's or responsible person's request, family members, the resident's physician or other appropriate health care professional, and members of Hillcrest's interdisciplinary team. The local ombudsperson may also be included in the care conference upon the request of the resident, the resident's responsible person, or Hillcrest.

APPROVALS: Ethics and Health Services Advisory Committee, April 28, 2014
Board of Directors, May 14, 2014
Ethics and Health Services Advisory Committee, November 4, 2020
Board of Directors, November 18, 2020