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| ADMISSION CRITERIA | | | | NO. 104 | |
| PRE-ADMISSION OF RESIDENTS CRITERIA  It is the policy of the organization to have an established protocol that determines which persons it can serve most effectively and how those people will be screened for admission. Persons served are admitted without regard to race, color, creed, sex, or national origin. Said policies are not a substitute for the exercise of judgment in deciding whether or not a program is applicable to a person’s needs, rather, their intent is to serve as a guide in the determination as to who could best benefit from available services. The facility will consider individuals for admission if they meet the following criteria:   1. individuals with neurological impairments and who maybe totally or partially confined to a wheelchair as a result of spinal cord, brain injury, muscular dystrophy, or other similar disability caused by a birth defect, accident, or disease. 2. individuals who are eighteen (18) years of age or older. (Younger patients may be admitted with approval of the Department of Health). 3. individuals who are mentally alert (non comatose). 4. individuals who require skilled or intermediate nursing care and are medically stable. 5. individuals who, in most cases, may be able to graduate to other less structured living situations upon the completion of the facility’s rehabilitation program. It is recognized that some individuals, due to the severity of their disability or the degenerative aspect of their medical condition may not be eligible for community living. The expectation for these individuals is the learning of skills or the stabilization of their individual disability, where a less intensive level of nursing care may be possible.   Individuals not typically considered appropriate for admission are:   1. patients requiring prenatal or maternity care, since the facility does not possess the appropriate resources for the care and treatment of individuals who require this type of care. Should a patient become pregnant while a resident of the facility, a transfer to a more appropriate facility will be indicated. 2. patients who, either through the admission process or a professional evaluation, or a pre-admission screening, are determined to be in need of services not readily available to the facility. 3. patients whose psychiatric condition (including substance abuse) is such that they would be better served in a facility or program designed to meet this need. Should the facility develop a specialized program for individuals in need of psychiatric services, then the patient will be admitted into this program before admission into the facility’s regular programs. | | | | | |
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| ADMISSION CRITERIA, continued | | | | NO. 104 | |
| 1. patients who exhibit severe behavior problems, are destructive of property, self or others to an extent that it is determined that their needs cannot be met by the program. 2. patients who are under the age of eighteen (18) unless permission has been granted from the Department of Health. 3. patients with communicable, contagious, or infectious diseases unless the patient is suffering from pressure sores or with the permission of the Department of Health.   The selection / admission of person served raises ethical problems of rights, duties, and responsibilities by both clients and practitioners. People make value judgments differently. We must fairly and honestly explain our reasons for accepting or denying client admissions.  The candidacy for acceptance shall include consideration of the following criteria:   1. The likelihood of a successful outcome 2. Life expectancy 3. Quality of client’s life 4. Expectations of the clients and / or surrogate, and family 5. Burdens for those affected, including: 6. Financial and psychological costs 7. Missed opportunities to treat other clients 8. Health and needs of the community   Denied clients shall be informed of any / all follow-up evaluations that may affect their future candidacy. If the denied client wishes to appeal the decision, the applicant will be asked to provide further documentation to support the appeal. The applicant’s physician may call the Medical Director and give a physician-to-physician report as well. A final decision will be made by the Admission Committee with involvement of the Medical Director.  All requests for admission or related information will be coordinated through the Admissions Coordinator.  When appropriate, the organization encourages persons to visit the program prior to admission in order to familiarize them with the program and personnel. The expectations are also outlined at that time. | | | | | |
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