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| SOCIAL SERVICES PROGRAM | | | | NO. | |
| ADMISSIONS CRITERIA:  It is the policy of the Department of Social Services to ensure that there is a procedure for the admission, intake, and orientation for individuals accepted for admission within 24 hours of the new admittee's arrival.  At the time of admission that patient will be afforded the opportunity to review and sign all required admission forms to include the following:   1. Admission contract/agreement including Resident Rights, Facility Rules and Regulations, and grievance procedure. 2. Service Authorization Agreement. 3. Emergency Contact Person/Guardianship Contact Person form. 4. Restraint Policy form. 5. Self Administration of Medication form 6. Patient Orientation and Admission Checklist, including philosophy, mission, programs, and services of the organization. 7. Initial discharge evaluation.   At the time of admission, Social Service staff will also collect pertinent data from significant others if patient accompanied by same - for use in completing a social history and Social Services/Psychosocial assessment.  After completion of admission/intake paperwork, Social Service staff will introduce patient to their Charge Nurse who will assign a C.N.A. to assist patient with inventory and placement of personal items.  Social Services staff will also write an intake progress note in the Social Services section of the patient's chart.  The Department of Social Services will assess each patient within seven (7) days following admission to identify the social and emotional history and needs of said patient to the extent possible. A signed social history will be entered into the patient's clinical record under the Social Services section. The social history will be updated yearly on a social history update form. | | | | | |
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| SOCIAL SERVICES PROGRAM, continued | | | | NO. | |
| A signed Psychosocial/Social Services assessment will be entered into the patient's clinical record under the Social Service section. The Psychosocial/Social Services assessment will be updated every 90 days or sooner as needed (i.e. return from hospital or upon a significant change in status/health condition).  All new residents and family members or significant others will be oriented to the facility and services of the Department of Social Services. At the time of the pre-admission interview, the Director of Social Services will discuss the history, philosophy, programs and services of the facility, and those services that are specific to the Department of Social Services with the potential admittee and significant others.  The Director of Social Services will also give them a tour of the facility and introduce them to all available and applicable Department Heads including, but not limited to, the Administrator, D.O.N., Charge Nurse, P.T., C.T.R.S., Speech Therapist, Maintenance, Dietary, and President of Residents' Council.  Potential admittees may share a meal with other residents in the Dining Room if able.  At the time of admission, the above described procedures will be repeated, and the new resident will be given a signed copy of the copy of the Admission Contract/Agreement, including Resident Rights and Facility Rules & Regulations. | | | | | |
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| SOCIAL SERVICES PROGRAM, continued | | | | NO. | |
| ADMISSION WAITING LIST  It is the policy of the Dept. of Social Services that when an individual has been approved by the Admission Committee (following a review of pertinent records and an interview with the individual), their name will be placed on a waiting list for upcoming admission. A male and a female waiting list will be kept.  As an opening occurs within the facility, the individual will be taken from the top of the waiting list. If, when contacted, that person is not ready to be admitted at that time or has found alternate placement, the next individual will be chosen. The person who was not ready when contacted remains at the top of the.list unless otherwise requested. The applicants on the waiting list are asked to keep the facility informed of physical health status by sending updated records throughout their waiting period. If an individual's status declines between their addition to the waiting list and when they get to the top of the waiting list, they maybe reassessed as to whether services at facility will still be beneficial for them. When an individual's health status has deteriorated to the point that therapies/programs will not be beneficial, they may be removed from the waiting list and notified by letter, or by-passed on the waiting to someone with more rehabilitation potential who would gain more from the services offered.  Generally, the order of admission will be based on chronology. However, priority may be given to individuals from the local area and/or to individuals who qualify for participation in the Exceptional Care and Training Program. Periodic review of the waiting list will be evidenced by the signature and date of the Admissions Coordinator on the list itself. | | | | | |
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| SOCIAL SERVICES PROGRAM, continued | | | | NO. | |
| RE-ADMISSION AFTER DISCHARGE  It is the policy of the Department of Social Services to consider re-admission of a discharged resident as requested by that resident when necessary and appropriate. Two options exist for requests by past residents for re-admission after discharge.  Option 1: In the event that a transfer/discharge is effected by the facility and/or resident due to non-compliance with treatment modalities as. recommended by the Treatment Team, or non-compliance with treatment modalities as recommended by the treatment team, or noncompliance with facility rules & regulations or both, or if the resident leaves against medical advice), re-admission is not guaranteed.  • Re-admission will be based upon need and a majority decision of the Treatment Team after the applicant has demonstrated that other alternatives have failed.  • Re-admission is not guaranteed into the first available bed if other admissions are impending; however, it will take place within a reasonable time period.  Option 2: In the event that a transfer/discharge is effected by the facility and/or resident as a culmination of a cooperative, ambitious, effort-in, and successful completion of treatment modalities as recommended by the Treatment Team, or due to admission to a hospital; re-admission is guaranteed to that applicant into the first available bed.  Exception to hospital admission rule: if a resident's discharge to a hospital is due to reason's listed under Option 1, Option 1 remains in effect. | | | | | |
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| SOCIAL SERVICES PROGRAM, continued | | | | NO. | |
| 1. patients who, either through the admission process or a professional evaluation, ora pre-admission screening, are determined to be in need of services not readily available to the facility. 2. patients whose psychiatric condition 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. 3. patients who are destructive of property, self, or others. 4. patients who are under the age of eighteen (18) unless permission has been granted from the Department of Health. 5. patients with communicable, contagious, or infectious diseases unless the patient is suffering from decubital ulcers or with the permission of the Department of Health.   The selection/admission of clients 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 client and/or surrogate, and family  5. Burdens for those affected, including:   1. Financial and psychological costs 2. Missed opportunities to treat other clients 3. Health and needs of the community Denied clients shall be informed of any/all follow-up evaluations that may affect their future candidacy.   All requests for admission or related information will be coordinated through the Admissions Coordinator.  Following the initial request for admission, the Admissions Coordinator will forward a preliminary application, medical release forms, a rate sheet, and a facility brochure to either the potential admittee, their family, or the referral source. | | | | | |
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| SOCIAL SERVICES PROGRAM, continued | | | | NO. | |
| Upon receipt of the completed preliminary application and medical records, an intake file will be established for the potential admittee. The medical records should include: diagnosis, past treatment and training program participation, along with social, psychological, educational, and vocational assessments as indicated. This information will be reviewed by an Admission Committee consisting of but not limited to Director of Social Services/Admissions, Administrator, DOR, and DON.  A personal interview should be scheduled with the potential admittee and family or appropriate significant others. The purpose of the interview is not only to aid in gathering information for admission purposes, but also to afford the patient the opportunity to tour the facility and ask questions which may influence his/her decision as to the suitability of the placement. Special consideration should be given to a discussion of the individuals probable programming, personal goals, and expectations of the facility while noting financial costs and arrangements, and anticipated length of stay as indicated.  Within ten (10) days following the interview the potential admittee, significant others, or referral source should be notified as to whether or not they have been accepted for admission and placed on the waiting list.  If the patient is to be admitted, a letter indicating the anticipated date and time of admission should be forwarded to the admittee ' significant others, or referral source. Copies of the letter should be forwarded to all clinical department heads so that they may make any necessary preadmission arrangements. A thank you or acknowledgement letter should also be sent to the referral source.  If the patient is denied admission, a letter indicating the rejection should be sent to the patient, significant others, or referral source. Whenever possible, appropriate referrals elsewhere should be made. A thank you or acknowledgement letter should be sent to the referral source. | | | | | |
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| SOCIAL SERVICES PROGRAM, continued | | | | NO. | |
| Prior to admission the patient must complete the following:   1. within five (5) days of admission, the patient must undergo a complete physical examination. If under emergency circumstances, a patient has not had a physical examination, Winning Wheels' Medical Director will conduct said exam within 72 hours following admission. 2. within 90 days of admission obtain a TB test 3. the admittee must contact either the Department of Rehabilitation Services, PAS Agent, or the Department of Aging and arrange for a pre-screening prior to admission. In the event of an emergency admission, the appropriate departments will conduct their evaluations at the facility as part of the admission process. 4. the admittee must complete History of Immunizations form to be kept on file in the resident chart upon admission. 5. the admittee's physician must complete a DPA 2448-Physician Certification of Care, a Confidential Medical History form and a physician's orders sheet to be utilized and placed in the resident chart upon admission. | | | | | |
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