HOME AWAY FROM HOME

The JF Care LLC

Policy & Procedure

Policy Statement:

Records will be maintained for each resident admitted to ***The JF Care LLC.*** facility. A binder will be created for each resident upon admission and will include the following forms:

1. Health Care Practitioner Physical Assessment (HCPPA)
2. Assisted living Resident Assessment
3. Level of Care Scoring Tool
4. Physician's Medication & Treatment Order Form (PMOF)
5. Medication Administration Record (MAR)
6. Control Drug Substance
7. Grievance Form
8. Burial Form Letter
9. Immunization record
10. Physician Form Letter
11. Service Plan
12. Initial and current medical order that are signed and dated by the
13. Prescribing health care practitioner
14. Care notes (daily and weekly) that are dated and signed
15. An emergency data sheet
16. Maryland Medical Order for Life-Sustaining Treatment (MOLST)
17. Incident Report
18. All about Me

Procedure:

1. The resident assessment HCPPA form will be given to the prospective resident for completion by their health care practitioner (HCP). This form must be completed in its entirety prior to admission to the program. Upon return to the ALM, the ALM will review the HCPPA form for completeness. At the time, the ALM portion or resident functional assessment form will be completed along with the scoring guide. Once the score has been determined for the resident's level of

care, the resident agreement will be initiated and signed by all parties. The resident may then be admitted to The JF Care LLC.

2. ***The Jf Care LLC.*** will develop the service plan for each resident within 30 days of admission. It will contain all of the information required under COMAR 10.07.14 of the assisted living regulation. We will update the service plan for changes in services required by the resident whenever necessary. At a minimum, it will be reviewed every six months if there has been no change. ***The JF Care LLC***. will sign and date the service plan each time it is updated and reviewed.
3. Initial medical orders will be obtained when the HCPPA portion (pages 4 and 5) of the resident assessment is completed. We will ensure that it is completed, signed and dated by the prescribing HCP.
    a. Thereafter, ***The JF Care LLC.*** will ensure that a signed medical order is maintained in the resident's record for any changes in medication order, treatments, diet and other rehabilitation plans, if appropriate,
    b. To ensure that current medical orders are received and maintained, ***The JF Care LLC***. will provide a physician's visit form for the resident to take to his or her physician.
    c. The physician's visit form will be returned by the resident (or the resident's escort) to the facility. It will be reviewed by ***The JF Care LLC.*** or designee completeness, physician's signature and date.
    d. ***The JF Care LLC***. will also review the form for any changes in medication, treatment, or diet. If the form has medication changes, ***The JFCare LLC***. will notify the facility's delegating nurse and then make the appropriate changes to the MAR and the emergency data sheet.
    e. If there are any orders that may affect the service provided to the resident, ***The JF Care LLC.*** will make the appropriate changes to the service plan.
    f. If there are new medication orders or changes in dosage of the medication orders, the pharmacy or family providing the medications will be contacted and informed of the change to ensure the new medication or change in dose of the medicine is available for the resident.
    g. If the physician does not choose to complete the physician's visit form, ***The JF Care LLC.*** notify the physician to verify if there are changes. If there are changes ***The JF Care LLC.*** will obtain a written copy of the medical order to ensure the current orders are kept in the resident's record. If there are changes, the delegating nurse will be notified by ***The JF Care LLC.*** If there are no changes, ***The JF Care LLC.*** will make an entry in the care notes stating that the resident was seen by the HCP (including the name of the HCP and the date the resident visited the HCP) and that no orders were given. The date, time and name of the HCP spoken to will also be documented in the care note.

4. **Care notes** will be kept by the ALM or designee. A note will be written for any significant change, occurrence or event such as:
   a. A deterioration or improvement in a resident's health status or the resident's ability to perform activities of daily living.
   b. An alteration in the behavior or mood resulting in an on-going problematic behavior
   c. The elimination of problematic behavior on a sustained basis
   d. Any communication made with the HCP or the responsible party/residents agent regarding the residents' care.
   e. If the resident falls or receives an injury, a brief note may be made that this occurred after the required incident report is completed.
   f. If the resident is sent to the hospital or the emergency department for any reason, ***The JF Care LLC.*** will document what led up to the Emergency transfer.
   g. ***The JF Care LLC.*** or designee will inform the resident, the resident's healthcare representative, or agent and all appropriate health care providers involved in the resident's care, such as the resident's physician, the home health agency, etc.***The JF Care LLC.*** or designee will document the notification in the care notes.
   h. Each care note entry must be dates, the time noted, written legibly and signed by the person making the entry.

5. The emergency data sheet will be completed bey The JF Care LLC. within twenty-four (24) hours of the resident's admission to the facility. This is to ensure that the emergency data sheet will be ready to accompany the resident in the event of an emergency requiring a transfer of the resident to an acute care facility, such as a hospital.

6. A copy of the advance directive, DNR order (on the Maryland Emergency Medical Services Palliative Care/Do Not Resuscitate (DNR) order form, guardianship papers or power of Attorney, if available and applicable is to be attached to the emergency data sheet.

   a. When the resident is transferred to an acute care facility, a brief note will be written. The care note will state that the emergency data sheet was sent with the resident, the name of the person it was given to, and the date and time given.
   b. ***The JF Care LLC.*** will update the emergency data sheet whenever necessary and appropriate.
   c. ***The JF Care LLC.*** will make certain that a copy of the Advance Directive, guardianship papers, Power Attorney and DNR orders are maintaines, if

appropriate, in the facility at all times.

D. When the resident returns to the assisted living facility from the emergency room or hospital, ***The JF Care LLC.*** will either complete another emergency data sheet or update the previously copied emergency data sheet and attach all applicable attachments to ensure that they are ready should another emergency event occurs.