

INTERPRETIVE GUIDELINE
KEEPING BEDRIDDEN RESIDENTS AFTER ADMISSION

6 CCR 1011-1 Chapter VII Assisted Living Residences Regulations

1.105 (1) (b) *Who May Not be Admitted to the Facility.* A facility shall not admit or keep a resident requiring a level of care or type of service which the facility does not provide or is unable to provide, and in no event shall a facility admit or keep a resident who:

- (ii) *Is totally bedridden with limited potential for improvement. A facility may keep a resident who becomes bedridden after admission if there is documented evidence of each of the following:*
- (A) *an order by a physician describing the services required to meet the health needs of the resident, including but not limited to, the frequency of assessment and monitoring by the physician or by other licensed medical professionals.*
 - (B) *ongoing assessment and monitoring by a licensed or Medicare/Medicaid certified home health agency or hospice service. The assessment and monitoring shall be in accordance with resident needs, but shall be conducted no less frequently than weekly.*
 - (C) *Adequate staff, with staff who are trained in the provision of care for bedridden residents and provision of services to meet the needs of the resident.*

The intent of the regulation is to protect the health and safety of the resident by ensuring that a facility does not admit or keep a resident that requires care or services that the facility cannot provide. The regulation prohibits the admission of a bedridden resident, with limited potential for improvement. However, if a resident becomes bedridden after continued stay in the facility, the resident can remain in the facility only if there is documented evidence that the requirements set forth in sections (A) (B) and (C) of this regulation are met.

Bedridden as defined, in Section 1.102 (8) of the Assisted Living Residence regulations means “a resident who is unable to ambulate or move about, independently or with the assistance of an auxiliary aid, who also requires assistance in turning and repositioning in bed.”

Prior to admission a comprehensive assessment must be completed that includes an evaluation of the resident’s physical, social and behavioral needs. Based upon this information a determination should be made as to whether or not the facility can meet the needs of the resident. If a current resident’s behavioral, social or physical needs have increased, the resident must be reassessed, and the care plan must be revised to determine if the facility can meet the changing needs. If the resident’s physical condition has declined to bedridden status with limited potential for improvement, the facility must determine whether it can meet the resident’s needs, ensuring that the physician has approved continued stay and that at least weekly assessment and monitoring by a licensed or certified hospice or home health agency is in place.

In making this determination, the facility must follow its admission policy. Section 1.104 (5) (a) of the Assisted Living Residence regulations requires the facility to base its criteria for admission upon its ability to meet all the identified care needs of residents and

to consider at least all of the following in making its admission decision: the facility's physical plant, financial resources, and availability of adequately trained staff.

Questions to consider when determining whether the facility can meet the needs of the bedridden resident:

- Location of the facility – are Hospice and/or Home Health services available
- Payment for the external service providers. Are the services affordable for the resident. Does the facility have staff that have been trained in the provision of services for a bedridden resident. Specifically have they been trained on: proper positioning and turning of the resident; transfer of the resident to minimize skin shearing; provision of skin and peri-care and; adequate nutrition and hydration of the resident.
- Can the behavioral, social and physical needs of the resident be met round the clock, with the existing staffing schedule. Specifically, are there adequate staff for: two person transfers; frequent repositioning of the resident for hygiene and prevention of skin breakdown and; for 1:1 assistance with feeding if needed.
- Can the bedridden resident's social needs be met, to prevent feelings of loneliness and isolation.
- If the resident develops behavioral problems such as combativeness or calling out, can those behavioral needs be met by the staff.
- Most importantly, can the needs of the bedridden resident be met, as well as those of the other facility residents, without causing increased stress on staff or other facility residents.

Probes

Review the physician's orders for the resident

Does the care plan address all of the behavioral, physical and social needs of the resident

Does the care plan outline the services that will be provided by the external provider (Hospice or Home Health) and the frequency of visits

Are the visits and observations/care, by the outside agency, documented in the record

Interview the resident and family members to determine if the resident's needs are being met

Interview the external providers (Hospice/Home Health) to see if the resident's needs are being met

Interview staff that provide care for the resident about their training, care routine for residents, staffing pattern and ability to meet the resident's needs

Is the care plan consistent with staff's explanation of the care routine

Observe the resident's care, including repositioning, toileting, nutrition and hydration

If possible, arrange to observe the resident's skin condition

Has the resident developed skin breakdown that could have been avoidable.

Has the facility care planned for the resident's social needs and is there evidence the needs are being met, i.e. how does the facility promote involvement in activities

Observe whether other residents have adequate access to staff; i.e. are call lights answered, meals and meds provided in a timely manner

Observe the facility layout – physical plant – how is staff alerted to resident's needs, how does resident request assistance

Are there two means of egress

If there has been a change in the resident's evacuation score, is the facility still in compliance with the life safety code requirements

Review admit and discharge policy

Review physician assessments for any patterns of concern

Review external provider notes for any concerns

Review the training materials and/or the qualifications of staff, i.e. certified nursing assistant certifications

Review staffing records for documentation of training