

# *St. Ann's Residence*

## *Admission and Continued Stay Criteria*

In order to maintain the safety of all who live at St. Ann's Home, residents of each unit must be willing and able to take responsibility for themselves and their environment. Each resident must meet the following criteria:

1. Must have History and Physical within 3 months prior to moving to St. Ann's and supply a copy of the report to one of the Registered Nurses at St. Ann's.
2. Agree to provide the information requested in the admission packet.
3. Agree to abide by all terms set forth in the lease agreement(s).
4. Agree to abide by all terms set forth in the resident handbook.
5. Be free of communicable disease which cannot be effectively treated or safely contained at St. Ann's, posing a risk of infection to others. Must provide documentation of having Tuberculosis testing done within 3 months of moving to St. Ann's.
6. Meet the age requirement of 62 years of age.
7. Capable of self-preservation:
  - Able to remove self from danger in case of fire, high winds or other environmental emergency with cueing and/or direction.
8. Independent with activities of daily living :
  - Able to dress, feed, bathe (perform own perineal care), toilet, and take care of own personal hygiene.
  - If unable, must arrange for additional services through Resident Care Services or outside agency.
9. Management of Incontinence/Hygiene:
  - Able to independently manage incontinence through the use of pads or other incontinence products.
  - Must be able to manage incontinence without unmanaged odor.
  - If unable, resident must contract for additional services through Resident Care Services or outside agency.
  - Residents will supply their own incontinence materials.
10. Housekeeping:
  - You are responsible to maintain your unit in an orderly fashion between weekly cleanings.
  - If unable, you must contract with Resident Care Services or other outside agency for further assistance.
11. Independent mobility:
  - Able to walk independently or with a cane or walker.
  - Able to propel wheelchair. If using power mobility device you must complete and pass a power mobility device assessment done by St. Luke's PT/OT department.
  - Able to reposition self while in bed or chair.

- Must have cognitive ability to call for assistance with transfers when needed.
- Must have ability to bear weight and stand to transfer independently or with assist of one person; no mechanical lifts or sit to stand devices etc.

12. Medications:

- Must accept assistance with medications when staff and/or family determine help is needed.
- Must contract for medication management with Resident Care Services or outside agency when staff and/or family determine help is needed.
- May be oxygen dependent if able to monitor own oxygen or contract with Resident Care Services for assistance.
- Must be able to manage injections independently, unless otherwise determined by St. Ann's on an individual basis.

13. Dietary:

- Able to independently choose foods to meet special dietary needs.
- Able to feed self with minimal chewing and/or swallowing difficulties.(Dietary will cut up food upon request)
- If changes in chewing and/or swallowing occur, St. Ann's will request a swallowing evaluation.

14. Socialization:

- Resident is able to function within the facility without a threat of harm to self or others.
- Will not wander into areas that could be potentially harmful.
- Will not demonstrate behavior that may be disruptive to self or others.
- Cannot have a felony record.
- Cannot have a history of violent or disruptive behavior.
- Able to relate appropriately with other residents to maintain home stability.
- Resident cannot exhibit behavior that is verbally offensive or physically abusive to other residents, staff or visitors.
- Can be forgetful or slightly confused. Must accept and respond to re-direction.

Residents must meet St. Ann's Continued Stay Criteria or arrange for additional services through Resident Care Services or outside agency to meet the above criteria. If a resident is for some reason unable to meet the said Continued Stay Criteria, then a Care Conference will be held and alternative housing arrangements will be recommended.

I have read and agree to abide by the Admission and Continued Stay Criteria:

\_\_\_\_\_

Resident Name

\_\_\_\_\_

Date

\_\_\_\_\_

Friend or Family Member of Resident (Witness)

\_\_\_\_\_

Date