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Policies: Admission Processes

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Policy: Admission Processes

PURPOSE

Outline the process for admission to Swing Bed.

POLICY

1. All patients admitted to swing bed will receive statutorily required notices and disclosures.
2. All patients admitted to Swing Bed will have acute care discharge orders including a discharge summary; admission orders to swing bed status, appropriate progress notes, history and physical, and Swing Bed orders written by the attending physician.
3. The attending physician will certify the patient's need for swing bed, including expected goals, length of stay, and discharge disposition at admission or as soon as possible after admission.

PROCEDURES

A. Admission Processes

1. Health Information Management (HIM) will assign a new account number for the Swing Bed stay and create a new medical record.
2. The attending physician will write discharge orders from acute care if the patient is currently hospitalized at **Name of Hospital** and write admitting orders to Swing Bed. The admission order to Swing Bed will be in the Swing Bed medical record.
3. The attending physician will write new orders for Swing Bed. All acute care orders will be discontinued.
4. The attending physician will complete the following before or at the time of admission to Swing Bed:
 - a. A new history and physical examination.
 - b. Swing Bed certification at the time of admission or as soon as possible thereafter. (Note re-certification is required at day 14 and every 30 days thereafter.) The routine admission order established by a physician is not a certification of the necessity for post-hospital extended care services. The information may be on a separate form, included in the H&P, or progress notes. Elements will include:
 - Certification that swing bed care is necessary and can only as a practical matter be provided in a skilled nursing facility/swing bed on an inpatient basis
 - Reason(s) for swing bed care
 - A statement that swing bed care is for the same condition(s), or condition(s) that developed while the patient received inpatient hospital services
 - Estimated length of stay in a swing bed
 - Plans for post-swing bed care

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5. Care Management will review all admission documents with the patient or legal representative and ask them to sign (attest) that they have received and understand the documents. The documents will be reviewed verbally in a language that the patient can understand. The patient must be allowed to ask any questions that they may have. A written copy of all documents will be provided to the patient, including:
 - a. Swing Bed Information
 - b. Advance Directives
 - c. Rights and Responsibilities
 - d. Choice of Physician
 - e. Physician Contact Information
 - f. Financial Obligations
 - g. Choice of Visitors with 24-hour Access
 - h. Grievances and Complaints
 - i. Abuse and Neglect
 - j. Transfer and Discharge
 - k. Contact information for Hospital, QIO, and State Ombudsman
6. Care Management or designee will provide the Health Unit Coordinator (HUC) with all signed Swing Bed admission forms, and they will be placed in the medical record.
7. The HUC will notify the following departments of the patient's admission:
 - a. Dietary
 - b. Pharmacy
 - c. Rehab including PT, OT, and Speech
 - d. Social Work

REGULATORY REFERENCES

Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs (Rev. 200, 02-21-20) §483.20(b), §483.21(b), §485.642(a)(8),

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Policy: Swing Bed Patient Rights

PURPOSE

Describe Swing Bed patient rights and responsibilities and the process of informing patients of their rights and responsibilities.

POLICY

The Swing Bed patient rights will be explained verbally in a way that is easy for the patient and/or the patient's representative to understand. This includes, but is not limited to, communicating in plain language, explaining technical and medical terminology in a way that makes sense to the patient, offering language assistance services to patients who have limited English proficiency, and providing qualified sign language interpreters or auxiliary aids if hearing is impaired. This does not mean that a facility is required to supply and pay for hearing aids.

DEFINITIONS

Abuse: Willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain, or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse, including abuse facilitated or enabled using technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.

Advance Directive: Written instruction such as a living will or durable power of attorney for healthcare between individuals and their healthcare agents to understand, reflect on, discuss, and plan for future healthcare decisions when individuals are not able to make their own healthcare decisions.

Experimental Research: Development, testing, and use of clinical treatment, such as an investigational drug or therapy that has not yet been approved by the FDA or medical community as effective and conforming to accepted medical practice.

Confidentiality: Safeguarding the content of information, including video, audio, or other computer-stored information from unauthorized disclosure without the consent of the patient and/or the individual's surrogate or representative. If there is information considered too confidential to place in the record used by all staff, such as the family's financial assets or sensitive medical data, it may be retained in a secure place in the facility, such as a locked cabinet in the administrator's office. The record must show the location of this confidential information.

Neglect: Failure of the facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.

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Personal Privacy: Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.

Total Health Status: Total health status includes functional status, nutritional status, rehabilitation, and restorative potential, ability to participate in activities, cognitive status, oral health status, psychosocial status, and sensory and physical impairments.

Promptly: Delivery of mail or other materials to the patient within 24 hours of delivery by the postal service (including a post office box) and delivery of outgoing mail to the postal service within 24 hours, except when there is no regularly scheduled postal delivery and pick-up service.

Treatment: Medical care, nursing care, and interventions provided to maintain or restore health and well-being, improve the functional level, or relieve symptoms.

PROCEDURES

1. Care Management or designee will meet with the patient or legal representative prior to admission to Swing Bed or at the time of admission and will:
 - a. Provide a written copy of Swing Bed Rights and Swing Bed Responsibilities (Attachment 1 and Attachment 2)
 - b. Discuss the Rights and Responsibilities verbally in a way that the patient or legal representative can understand
 - c. Answer any questions that the patient or legal representatives may have
 - d. Request that the patient or legal representative attest (sign) that they have received a copy of the patient rights, have had the patient rights and responsibilities explained verbally, and have had their questions answered
 - e. Place the attestation in the medical record

REGULATORY REFERENCES

State Operations Manual. Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs (Rev. 200, 02-21-20) §485.645(d)(1), §483.10(b)(7), (c)(1), (c)(2)(iii), (c)(6), (d), (e)(2) and (4), (f)(4)(ii) and (iii), (g)(8) and (g)(17),(g)(18)

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Your Rights as a Swing Bed Patient

As a swing bed resident at **NAME OF HOSPITAL**, you have certain rights and protections under federal and state law.

1. If you are adjudged incompetent under the laws of a State by a court of competent jurisdiction, your rights will be exercised by the patient representative appointed under State law to act on your behalf. The court-appointed patient representative exercises your rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law.
2. Your wishes and preferences must be considered in the exercise of rights by the representative. To the extent practicable, you must be provided with opportunities to participate in the care planning process.
3. In the case of a patient representative whose decision-making authority is limited by State law or court appointment, you retain the right to make decisions outside the representative's authority.
4. You have the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.
5. You have the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising your rights. You have the right to be supported by the facility in the exercise of your rights.
6. You have the right to be informed of, and participate in, your treatment, including the right to be fully informed in a language that you can understand of your total health status, including but not limited to your medical condition.
7. You have the right to be informed, in advance, of changes to your plan of care.
8. You have the right to request, refuse, and/or discontinue treatment.
9. You have the right to participate in or refuse to participate in experimental research
10. You have the right to formulate an advance directive.
11. You have the right to choose an attending physician. You have the right to be informed if the physician you have chosen is unable or unwilling to be your attending physician, and to have alternative physicians discussed with you, and to honor your preferences, if any, in identifying options.
12. You have the right to be informed of the name, specialty, and way of contacting your physician and other primary care professionals responsible for your care.

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13. You have the right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights of health and safety or other residents.
14. You have the right to share a room with your spouse when you and your spouse are in the same facility, and both you and your spouse consent to the arrangement.
15. You have the right to immediate access by immediate family and other relatives, subject to your right to deny or withdraw consent at any time.
16. You have the right to immediate access by others who are visiting with your consent, subject to reasonable clinical and safety restrictions, and your right to deny or withdraw consent at any time.
17. You have the right to secure and confidential personal and medical records.
18. You have the right to personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and patient groups, but this does not require the facility to provide a private room for each resident.
19. You have the right to send and promptly receive unopened mail and other letters, packages, and other materials delivered to the facility, including those delivered through a means other than the postal service.
20. You have the right to be informed in writing, if you have Medicaid insurance, at the time of admission or when you become eligible for Medicaid of:
 - The items and services that are included in nursing facility services under the State plan and for which you may not be charged
 - Those other items and services that the Hospital offers and for which you may be charged, and the amount of charges for those services
 - Be informed when changes are made to items and services
21. You have the right to be informed before, or at the time of admission, and periodically during your stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/Medicaid or by the facility's per-diem rate.
22. You have the right to access stationery, postage, and writing implements at your own expense.
23. You have the right to secure and confidential personal and medical records. You have the right to refuse the release of personal and medical records except as required or provided by federal or state laws. The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine your medical, social, and administrative records in accordance with State law.

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24. You have the right to contact the Office of the State Long-Term Care Ombudsman.
- You have the right to remain in a swing bed and not be transferred or discharged unless:
 - The transfer or discharge is necessary for your welfare, and your needs cannot be met in the facility
 - The transfer or discharge is appropriate because your health has improved sufficiently so that you no longer need the services provided by the facility
 - The safety of individuals in the facility are endangered due to your clinical or behavioral status
 - The health of individuals in the facility would be endangered
 - You have failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Non-payment applies if you do not submit the necessary paperwork for third-party payment or after the third party, including Medicare or Medicaid, denies the claims and you refuse to pay for your stay.
 - The facility ceases to operate
25. The facility may not transfer or discharge you while an appeal is pending unless the failure to discharge or transfer would endanger the health or safety of you or other individuals in the facility.
26. You have the right to be free from abuse, neglect, misappropriation of property, and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat your medical symptoms.

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Attachment 2

Your Responsibilities as a Swing Bed Resident

1. To provide, to the best of your knowledge, accurate and complete information about your present illness, past illnesses, hospitalizations, medications, mobility, and other matters relating to your health.
2. To report unexpected changes in your condition to your physician or other members of the Health Care Team.
3. To let us know if you clearly understand your plan of care or need further explanation.
4. To actively participate in your plan of care.
5. To follow hospital rules and regulations.
6. To be considerate of the rights of other residents and facility personnel.
7. To be respectful of the property of other residents and of the hospital.
8. To follow the **Name of Hospital** smoke-free campus policy.

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Policy: Choice of Physician

PURPOSE

Outline the process for the patient to choose a physician and how the patient can contact providers associated with their care.

POLICY

Patients will be allowed to choose a personal physician prior to or at the time of admission to Swing Bed. The physician must be licensed to practice and on the medical staff of **Name of Hospital**.

Name of Hospital will ensure that each patient remains informed of the name, specialty, and way of contacting physicians and other primary care professionals responsible for their care.

PROCEDURE

1. Care Management or designee will discuss with the patient their choice of a physician before or at the time of admission to Swing Bed. Care Management will inform the patient that the physician must be on staff at **Name of Hospital**. The Choice of Physician form will be included in the Swing Bed Admission packet for documentation of the patient's choice. (Attachment 1)
2. If the patient chooses a physician does not currently provide Swing Bed care, Care Management or designee will contact the physician and determine if they are willing to provide care for the patient.
3. Care Management or designee will inform the patient if the physician chosen is unable or unwilling to act as the patient's physician. Care Management or designee will discuss other physicians that are available with the patient and determine the patient's choice of physicians.
4. If the patient subsequently selects another physician who meets the requirements of being on staff at **Name of Hospital**, and the physician is willing to provide care for the patient, the facility will honor that choice.
5. Care Management or designee will provide the patient with information about the physician(s) or licensed independent practitioners (LIPs) that will be caring for them, including the name, specialty, and way of contacting the physician and other primary care professionals responsible for his or her care. If the physician is part of a group and other physicians cover for the designated physician, information on how to contact the group will be included in the information provided to the patient. (Attachment 2)

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REGULATORY REFERENCES

Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs (Rev. 200, 02-21-20) §483.10(d)

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Attachment 1

Choice of Physician

Swing Bed care is typically provided by our Hospitalist group. If you are all right with the Hospitalist group, please check below:

_____ **Name of Hospital** Hospitalist Group
Include NAMES of all providers (physicians, NPs and PAs) in group

If you prefer a different physician, please let us know which physician you prefer. Please note that the physician must have privileges to practice at **Name of Hospital** and must agree to be your primary physician.

I would like _____ to be my physician while I am in Swing Bed.

PATIENT NAME

PATIENT SIGNATURE

DATE

WITNESS

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Attachment 2

Physician Contact Information

We understand you may want to contact your physician or other providers that are caring for you. You may let the nursing staff, or any member of the care team know that you would like to speak to your physician, and they will call the physician for you.

You may also contact the physician or other providers directly by calling the number below:

Provider Name

Contact Info

Provider Name

Contact Info

Provider Name

Contact Info

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Policy: Financial Obligations

PURPOSE

Identify the process for informing Swing Bed patients of their financial obligations.

POLICY

Name of Hospital will inform each patient who is entitled to Medicaid benefits, in writing, at the time of admission to Swing Bed or, when the patient becomes eligible for Medicaid of:

- The items and services that are included in nursing facility services under the State plan and for which the patient may not be charged.
- Those other items and services that the facility offers and for which the patient may be charged, and the amount of charges for those services
- Inform each patient when changes are made to the items and services

The following are general categories and examples of items and services that **Name of Hospital** may charge a patient with **Medicaid** insurance if they are requested and agreed to by the patient or legal representative:

- **INCLUDE ITEMS FROM STATE MEDICAID PROGRAM**

Name of Hospital will inform each patient, regardless of payor source, before, or at the time of admission, and periodically during the patient's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or Medicaid, or by the facility's per diem rate.

Medicare-Covered Services include:

- Semi-private room (a room you share with other patients)
- Meals
- Skilled nursing care
- Physical and occupational therapy
- Medical social services
- Medications
- Medical supplies and equipment in the facility
- Ambulance transportation (when other transportation endangers health) to the nearest supplier of needed services that are not available in the Swing Bed
- Dietary counseling

PROCEDURES

1. Each patient will be informed of financial obligations prior to or at the time of admission by Care Management. This will include examples of items and services that the facility may charge the patient as well as any copays for Medicare or other third-party payors.

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2. Each patient will be informed of any changes to financial obligations when they occur by Care Management.
3. A patient who has been adjudicated incompetent or incapacitated will be advised of financial obligations to the extent the patient is able to understand them. The individual with decision-making authority for the patient will be notified of financial obligations.
4. Patients or their legal representatives who have questions may be referred to Care Management or the Business Office.
5. The Business Office is responsible for updating the Medicare co-pay annually and ensuring that patient notifications have been updated.

REGULATORY REFERENCES

State Operations Manual. Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs (Rev. 200, 02-21-20) §483.10(g)(17)

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Policy: Swing Bed Assessment

PURPOSE

Outline the process for completing an interdisciplinary assessment and the development of a baseline plan of care.

POLICY

Name of Hospital will complete an interdisciplinary patient assessment.

PROCEDURES

1. An interdisciplinary assessment will be completed within 48 hours of admission. The nursing assessment will be completed within 12 hours of admission. Other disciplines will complete an assessment within 48 hours.
2. The interdisciplinary assessment will include direct observation and communication with the patient as well as communication with both licensed and non-licensed direct care staff on all shifts.
3. The interdisciplinary assessment will include, but is not limited to:
 - a. Identification and demographic information
 - b. Customary routine
 - c. Cognitive patterns
 - d. Communication
 - e. Vision
 - f. Mood and behavior patterns
 - g. Psychosocial well-being including a history of traumatic events
 - h. Physical functioning and structural problems
 - i. Continence - Bladder and bowel
 - j. Active diagnoses
 - k. Health conditions
 - l. Dental
 - m. Swallowing and Nutritional status
 - n. Skin condition
 - o. Activity pursuit
 - p. Medications
 - q. Special treatments, procedures, and programs
 - r. Restraints and alarms
 - s. Participation by patient in assessment
4. Each assessment will be documented in the medical record by the appropriate discipline.
5. A baseline plan of care will be developed by nursing within 48 hours of admission and include: instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care and Include the minimum healthcare information necessary to properly care for a resident including, but not limited to—

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- Initial goals based on admission orders.
- Physician orders
- Dietary orders
- Therapy services
- E) Social services
- PASARR recommendation, if applicable

REGULATORY REFERENCES

Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs (Rev. 200, 02-21-20) §483.20(b), §483.21(b), §485.642(a)(8)

Appendix PP - State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities s (Rev. 208, 10-21-22) §483.21, §483.21(a)

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Policy: Personal Privacy and Confidentiality

PURPOSE

Describe Swing Bed patient right to personal privacy and confidentiality.

POLICY

The patient has a right to personal privacy and confidentiality of his or her personal and medical records.

Name of Hospital will respect the patients right to personal privacy, including the right to privacy in:

- Oral (spoken) communications
- Written communication
- Electronic communications

The patient has the right to send and promptly receive unopened mail and other letters, packages, and other materials delivered to the facility for the patient, including those delivered through a means other than the postal service.

The patient has a right to secure and confidential personal and medical records.

The patient has the right to refuse the release of personal and medical records except as provided by applicable federal or state laws.

Name of Hospital will allow representatives of the Office of the State Long-Term Care Ombudsman to examine a patient's medical, social, and administrative records in accordance with State law.

DEFINITIONS

Confidentiality: Safeguarding the content of information, including video, audio, or other computer-stored information from unauthorized disclosure without the consent of the patient and/or the individual's surrogate or representative. If there is information considered too confidential to place in the record used by all staff, such as the family's financial assets or sensitive medical data, it may be retained in a secure place in the facility, such as a locked cabinet in the administrator's office. The record must show the location of this confidential information

Personal Privacy: Personal privacy includes

- Accommodations
- Medical treatment
- Written and Telephone communications
- Personal care
- Visits and meetings of family and patient groups
- Personal privacy does not require the facility to provide a private room for each patient

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Promptly: Delivery of mail or other materials to the patient within 24 hours of delivery by the postal service (including a post office box) and delivery of outgoing mail to the postal service within 24 hours, except when there is no regularly scheduled postal delivery and pick-up service.

Right to Personal Privacy: Includes the patient's right to meet or communicate with whomever they want without being watched or overheard. Private space may be created as needed and need not be dedicated solely for visitation purposes.

PROCEDURES

A. Personal Privacy

1. Staff will respect the patient's right to privacy.
2. Staff will provide privacy for written, telephone, electronic and verbal communications, including visits and meetings with family or friends. Hospital staff will offer a separate area if the patient's room does not provide sufficient privacy or as requested by the patient.

B. Mail and Packages

1. All mail or packages will be delivered to the patient or the nursing floor by the purchasing department within 24-hours of being received, including Saturdays and Sundays, except when there is no regularly scheduled postal delivery and pick-up service.
2. If the mail is delivered to the nursing unit, the nursing staff will promptly deliver mail to the patient.
3. Nursing staff will notify the purchasing department of any mail or packages to be mailed in a timely fashion to comply with the 24-hour timeline for mailing.
4. All mail or packages being sent by the patient will be mailed by the purchasing department within 24 hours, including Saturdays and Sundays, except when there is no regularly scheduled postal delivery and pick-up service.

REGULATORY REFERENCES

State Operations Manual. Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs (Rev. 200, 02-21-20) §483.10(e)(2), §483.10(f)(4)(ii), §483.10(f)(4)(iii), §483.10(g)(8)

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Policy: Visitation Rights

PURPOSE

Outline the swing bed patient's right to visitation.

POLICY

Name of Hospital will provide immediate access by the patient's family members and other relatives of the patient, subject to the patient's right to deny or withdraw consent at any time.

Name of Hospital will provide immediate access to a patient by other individuals who are visiting, with the consent of the patient, subject to reasonable clinical and safety restrictions, and the patient's right to deny or withdraw consent at any time.

Name of Hospital will provide reasonable access to a patient by any entity or individual that provides health, social, legal, or other services to the patient, subject to the patient's right to deny or withdraw consent at any time.

Name of Hospital will provide immediate access to any patient by:

- Any representative of the Secretary
- Any representative of the State
- Any representative of the Office of the State long term care ombudsman
- The patient's individual physician
- Any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000
- Any representative of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000)
- The patient representative

DEFINITIONS

Family: Immediate family is not restricted to individuals united by blood, adoptive, or marital ties, or a State's common-law equivalent. It is important to understand that there are many types of families, each of which being equally viable as a supportive, caring unit. For example, it might also include a foster family where one or more adult serves as a temporary guardian for one or more children to whom they may or may not be biologically related. Patients have the right to define their family.

Reasonable Clinical and Safety Restrictions: Procedures or practices that protect the health and security of all patients and staff. These may include, but are not limited to:

- Restrictions placed to prevent community-associated infection or communicable disease transmission to the patient. A patient's risk factors for infection (e.g., immunocompromised condition) or current health state (e.g., end-of-life care) will be

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considered when restricting visitors. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of influenza-like illness) should defer visitation until he or she is no longer potentially infectious (e.g., 24 hours after resolution of fever without antipyretic medication). If deferral cannot occur, such as end-of-life, the visitor should follow respiratory hygiene/cough etiquette as well as other infection prevention and control practices such as appropriate hand hygiene.

- Keeping the facility locked or secured at night with a system in place for allowing visitors approved by the patient.
- Denying access or providing limited and supervised access to an individual if that individual is suspected of abusing, exploiting, or coercing a patient until an investigation into the allegation has been completed or has been found to be abusing, exploiting, or coercing a patient.
- Denying access to individuals who have been found to have been committing criminal acts such as theft.
- Denying access to individuals who are inebriated or disruptive.

PROCEDURES

1. During the admissions process, Care Management or designee will ask the patient who they define as family and any others that they would like to have visitation privileges with 24-hour immediate access. The information will be recorded in the medical record. If the patient is unable to express or communicate with whom they would like to have access and visit, Care Management will discuss with the patient's representative.
2. If the patient makes any changes in whom they would like to have immediate 24-hour access, it will be noted in the medical record and communicated to the nursing staff.
3. Staff will allow immediate access by visitors defined in the policy statement, subject to reasonable safety and clinical restrictions.
4. Staff will allow immediate access by:
 - Any representative of the Secretary
 - Any representative of the State
 - Any representative of the Office of the State Long Term Care Ombudsman,
 - The patient's individual physician
 - Any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000
 - Any representative of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000)

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REGULATORY REFERENCE

State Operations Manual. Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs (Rev. 200, 02-21-20) §483.10(f)(4)(ii), §483.10(f)(4)(iii)