



Accreditation Program: Long Term Care
Provision of Care, Treatment, and Services

Standard PC.01.01.01

The organization accepts the resident for care, treatment, and services based on its ability to meet the resident's needs.

Elements of Performance for PC.01.01.01

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| 1. | D | The organization has a written process for accepting a resident based on its ability to provide the care, treatment, and services required by the resident. (See also LD.01.03.01, EP 3) | A |
| M | 7. | The organization follows its written process for accepting a resident for care, treatment, and services. | 3 C |
| M | 20. | The interdisciplinary team is consulted when necessary to determine whether a prospective resident is eligible for admission. | C |
| M | 21. | D If a prospective resident is not accepted after referral and preadmission screening, the reasons for denying admission are documented. | C |
| M | 23. | When the organization cannot meet the resident's needs, it explains its reasons to the resident and the referring organization and, when possible, suggests another organization(s) that may be able to meet the resident's needs. | C |

Standard PC.01.02.01

The organization assesses and reassesses its residents.

Elements of Performance for PC.01.02.01

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| 1. | D | The organization defines, in writing, the scope and content of screening, assessment, and reassessment information it collects. (See also RC.02.01.01, EP 2) | A |
| 2. | D | The organization defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed. (See also PC.01.02.07, EP 1) | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

13. **D** The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following: **A**
- The resident's current diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments
 - The resident's physical and neuropsychiatric status
 - The resident's communication status
 - The resident's functional status
 - The resident's rehabilitation status, potential, and needs
 - The resident's nutritional and hydration status
 - The resident's oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures
 - The resident's pain status, including recent pain history, origin, location, severity, alleviating, and exacerbating factors; current treatment for pain; and response to treatment
 - The resident's psychosocial and spiritual needs
 - The resident's cultural and ethnic factors that can influence care, treatment, and services
 - The resident's personal preferences regarding schedules, activities, and grooming
 - For the dying resident, the social, spiritual, and cultural variables that influence both the resident's and family's perceptions and experience of the process of dying

- M** 23. During assessments and reassessments of the resident, the organization gathers the defined data and information. **3 C**

Standard PC.01.02.03

The organization assesses and reassesses the resident and his or her condition according to defined time frames.

Elements of Performance for PC.01.02.03

1. **D** The organization defines, in writing, for each discipline the time frame(s) within which it conducts the resident's initial assessment, in accordance with law and regulation. (See also RC.01.03.01, EP 1) **A**
- M** 2. The organization performs the initial assessments of the resident within its defined time frame(s). (See also RC.01.03.01, EP 3) **3 C**
- M** 3. Each resident is reassessed based on his or her plan of care or changes in his or her condition. **3 C**
 Note: Reassessments may also be based on the resident's diagnosis; desire for care, treatment, and services; response to previous care, treatment, and services; and/or his or her setting requirements.
4. The attending physician or licensed independent practitioner performs the resident's medical history and physical examination within 24 hours prior to or 72 hours after the resident's admission or readmission to the organization. **A**
 Note: When permitted by law and regulation, a medical history and physical examination performed by the attending physician or licensed independent practitioner within 30 days prior to the resident's admission or readmission can be used, provided it is updated with a summary of the resident's condition and course of care during the 30-day time period.

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| <p>M 5.</p> | <p>When the medical history and physical examination is performed by someone other than the attending physician or licensed independent practitioner within 30 days of admission, the attending physician or licensed independent practitioner does the following within 24 hours prior to or 72 hours after the resident's admission or readmission to the organization:</p> <ul style="list-style-type: none"> - Reviews the resident's medical history - Reexamines the resident - Updates any findings or other information as needed and provides a summary of the resident's physical condition and psychosocial status subsequent to the initial medical history and physical examination - Signs and dates the updated information and findings | <p>C</p> |
| <p>17. D</p> | <p>The organization specifies, in writing, the following time frames for completion of initial assessments:</p> <ul style="list-style-type: none"> - Each resident's comprehensive interdisciplinary assessment is to be completed within 14 days of admission. - Each oral health assessment is completed within 90 days before admission or within 14 days after admission. - Each assessment for residents with complex needs or short stays is completed within the time frame defined by the organization or law and regulation. | <p>A</p> |
| <p>M 23.</p> | <p>The organization reassesses each resident based on the following:</p> <ul style="list-style-type: none"> - The resident's plan of care - Changes in the resident's condition - The scheduled evaluation of the resident's interdisciplinary plan of care <p>(See also PC.01.03.01, EP 28)</p> | <p>C</p> |

Standard PC.01.02.05

Qualified staff or licensed independent practitioners assess and reassess the resident.

Elements of Performance for PC.01.02.05

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| <p>1.</p> | <p>Based on the initial assessment, a registered nurse determines the resident's need for nursing care, as required by organization policy and in accordance with law and regulation.</p> | <p>A</p> |
| <p>M 7.</p> | <p>Residents who exhibit symptoms of dementia are evaluated in order to establish a differential diagnosis. This evaluation is conducted by a neurologist, psychiatrist, or geriatrician, if available, or another physician qualified to establish this diagnosis. Footnote: A useful reference on dementia evaluations can be found on the Alzheimer's Association Web site at http://www.alz.org/national/documents/CCN-AD03.pdf.</p> | <p>C</p> |

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Standard PC.01.02.07

The organization assesses and manages the resident's pain.

Rationale for PC.01.02.07

The identification and treatment of pain is an important component of the plan of care. Residents can expect that their health care providers will ask them about whether they have pain. When pain is identified the resident is assessed based on his or her clinical condition or symptoms and in accordance with the care, treatment, and services provided by the organization.

Elements of Performance for PC.01.02.07

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| M | 1. The organization conducts a comprehensive pain assessment of the resident that is consistent with the resident's condition. (See also PC.01.02.01, EP 2; RI.01.01.01, EP 8) | 3 C |
| M | 2. The organization uses methods to assess pain that are consistent with the resident's age, condition, and cognitive ability. | C |
| M | 3. The organization reassesses the resident's pain, based on its reassessment criteria. | 3 C |
| M | 4. The organization either treats the resident's pain or refers the resident for treatment. | 3 C |

Standard PC.01.02.09

The organization assesses the resident who may be a victim of possible abuse, neglect, or exploitation.

Rationale for PC.01.02.09


Elder abuse is a frequently reported occurrence. The National Center on Elder Abuse references a study that estimates that between 1 and 2 million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depend for care or protection.

Footnote: National Research Council Panel to Review Risk and Prevalence of Elder Abuse and Neglect: Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America. Washington, DC: NRC, 2003.

Elements of Performance for PC.01.02.09

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| D | 1. The organization has written criteria to identify those residents who may be victims of physical assault, sexual assault, sexual molestation, domestic abuse, elder or child abuse, neglect, or exploitation. (See also RI.01.06.03, EP 2)
Note: Criteria can be based on age, sex, and circumstance. | A |
| D | 2. To assist with referrals of possible victims of abuse, neglect, or exploitation, the organization maintains a list of private and public community agencies that can provide or arrange for assessment and care. | A |
| M | 3. The organization educates staff about how to recognize signs of possible abuse, neglect, and exploitation, and about their roles in follow-up, including reporting. (See also HR.01.05.03, EP 5) | C |
| | 4. The organization uses its criteria to identify possible victims of abuse, neglect, and exploitation, upon admission into the organization and on an ongoing basis. | 3 A |






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| 5. | The organization either assesses the resident who meets criteria for possible abuse, neglect, and exploitation, or refers the resident to a public or private community agency for assessment. |  A |
| 6. | The organization internally reports cases of possible abuse, neglect, and exploitation. (See also RI.01.06.03, EP 3) | A |
| 7. | The organization reports cases of possible abuse, neglect, and exploitation to external agencies, in accordance with law and regulation. (See also RI.01.06.03, EP 3) | A |

Standard PC.01.02.15

The organization provides for diagnostic testing.







Elements of Performance for PC.01.02.15





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|  | 1. Diagnostic testing and procedures are performed as ordered. (See also PC.02.01.03, EP 7) |  C |
|  | 2. Diagnostic testing and procedures are performed within time frames defined by the organization. | C |
|  | 3. When a test report requires clinical interpretation, information necessary to interpret the results is provided with the request for the test. |  C |
| 4. | The organization makes available radiologic and other diagnostic services, including pathology and clinical laboratory services, 24 hours a day, 7 days a week. | A |

Standard PC.01.03.01

The organization plans the resident's care.

Elements of Performance for PC.01.03.01

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|  | 1. The organization plans the resident's individualized care, treatment, and services based on needs identified by the resident's assessment (including strengths and goals), reassessment, and results of diagnostic testing. |  C |
|  | 2. The resident's written plan for care, treatment, and services is developed by an interdisciplinary team comprised of health care professionals, including the attending physician. | C |
|  | 3. An interim plan for care, treatment, and services is developed and documented for each resident immediately after the resident is admitted. | C |
|  | 4. The organization develops the resident's plan for care, treatment, and services as soon as possible after admission in accordance with law and regulation, but no later than seven calendar days after the resident's comprehensive assessments are completed. | C |
|  | 7. The interdisciplinary team collaborates on the review and revision of the plan for care, treatment, and services. | C |

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| M | 8. The plan for care, treatment, and services identifies the following: <ul style="list-style-type: none"> - The care, treatment, and services, including interventions to facilitate the resident's return to the community, or discharge or transfer to an appropriate level of care - The frequency at which care, treatment, and services will occur - The team members responsible for providing care, treatment, and services | C |
| M | 28. At 90-day intervals, or more frequently based on response to the resident's condition, the interdisciplinary care team does the following: <ul style="list-style-type: none"> - Evaluates the resident's progress toward meeting the goals of care, treatment, and services - Revises the plan for care, treatment, and services - Collaborates with the family in revising the plan for care, treatment, and services (See also PC.01.02.03, EP 23) | C |

Standard PC.02.01.01

The organization provides care, treatment, and services for each resident.

Elements of Performance for PC.02.01.01

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| M | 1. The organization provides the resident with care, treatment, and services according to his or her individualized plan of care. | 3 C |
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Standard PC.02.01.03

The organization provides care, treatment, and services in accordance with orders or prescriptions, as required by law and regulation.

Elements of Performance for PC.02.01.03

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| | 1. Orders are obtained from a physician or other authorized individual, in accordance with law and regulation and professional practice acts, before care, treatment, and services are provided.
Note: For information on the credentialing process for physicians, refer to HR.02.01.03. | 3 A |
| | 7. The organization provides care, treatment, and services according to current orders. (See also PC.01.02.15, EP 1) | 3 A |
| M | 17. Each order is tailored to the resident's needs and includes all elements required by law and regulation. | C |
| M | 18. All orders are renewed or updated based on the following: <ul style="list-style-type: none"> - Changes in the care, treatment, and services being provided - Changes in the resident's physical or psychosocial condition - The resident's response to care, treatment, and services - The resident's outcome(s) related to care, treatment, and services - Changes in diagnosis - Changes in equipment used in the resident's care, treatment, and services - The minimum review time frame as defined by the organization - Applicable law and regulation | C |

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| M | 19. Each attending physician designates a covering or on-call physician whom the organization can contact to obtain orders for routine or emergency care when the attending physician is not available. (See also HR.02.01.07, EP 3) | C |
| M | 20. Before taking action on a verbal order or verbal report of a test result, staff uses a record and "read back" process to verify the information. | 3 C |

Standard PC.02.01.05

The organization provides interdisciplinary, collaborative care, treatment, and services.

Rationale for PC.02.01.05

A collaborative, interdisciplinary approach is integral to meeting the resident's needs and goals. Communication among care providers is required in order for the resident to receive seamless care, treatment, and services and achieve optimal outcomes. The absence of a truly interdisciplinary, collaborative approach to the resident's care, treatment, and services can jeopardize the resident's safety.

Elements of Performance for PC.02.01.05

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| M | 1. Care, treatment, and services are provided to the resident in an interdisciplinary, collaborative manner. | C |
| M | 9. Information about the resident is shared among all members of the interdisciplinary team, including the physician, within the organization's defined time frames.
Note: Examples of this information include changes in the resident's condition, consultation and evaluation reports, and diagnostic testing results. | C |
| | 13. Changes in the resident's condition are communicated to the attending physician or other authorized health care professional(s), the resident, and the resident's family. | A |
| | 14. Information from consultation and evaluation reports is communicated to the attending physician. | A |

Standard PC.02.01.07

The organization safely administers blood and blood component(s).

Elements of Performance for PC.02.01.07

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| | 11. If the organization administers blood or blood components, it does so in accordance with law and regulation. | A |
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Standard PC.02.01.09

The organization plans for and responds to life-threatening emergencies.

Elements of Performance for PC.02.01.09

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| | 1. D The organization has written policies and procedures for responding to life-threatening emergencies. (See also RI.01.01.01, EP 18) | A |
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KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| 2. | Policies and procedures that address life-threatening emergencies include the following:
- Availability of first aid and Basic Life Support (CPR) services
- Emergency transfer to another organization
- Placement of a phone call to outside emergency assistance | A |
| 3. | The organization responds to life-threatening emergencies according to its policies and procedures. |  A |

Standard PC.02.01.13

The attending physician visits the resident in accordance with the resident's needs and at least once during the 30 days after admission.



Elements of Performance for PC.02.01.13





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| | 1. The attending physician visits the resident in accordance with the resident's needs. | A |
|  | 2. The attending physician visits the resident at least once during the 30 days following admission. | C |
|  | 3. For planned stays of less than 30 days, the resident's attending physician visits the resident at least once before discharge. | C |
|  | 4. The resident is seen within 72 hours of admission when the attending physician is different from the resident's primary physician. | C |
|  | 5. Physicians' visiting schedules comply with law, regulation, and organization policy. | C |
|  | 6. Physician assistants' and advanced practice registered nurses' visiting schedules comply with law, regulation, and organization policy. | C |

Standard PC.02.01.15

Residents at risk for health-related complications receive preventive care.

Elements of Performance for PC.02.01.15

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| | 1. The organization provides preventive care to avoid complications resulting from the resident's inactivity, including the following:
- Encouraging and helping residents to spend time out of bed, except when prohibited by a physician's order
- Maintaining proper body position and alignment
- Helping with ambulation, including maintenance of gait training
- Providing active and passive range-of-motion exercises | C |
|  | 2. The organization provides the resident with preventive care to avoid complications resulting from incontinence, including implementing the following:
- A skin integrity program
- A bowel management program
- A bladder management program | C |
|  | 3. The organization provides preventive care to avoid aspiration, dehydration, and malnutrition. | C |

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| M | 4. The organization provides preventive care to avoid complications arising from social isolation, including the following:
- Encouraging and helping chair-fast residents to leave their rooms for a change in environment
- Helping residents cope with the effects of illness, disability, treatment, or stay in the organization | C |
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Standard PC.02.01.17

Residents receive restorative services, including assistance with activities of daily living.

Elements of Performance for PC.02.01.17

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| M | 1. The organization provides supplies, equipment, and adaptive self-help devices to residents to support restorative services. | C |
| M | 2. The organization keeps residents clean and well-groomed. | C |
| M | 3. Residents are helped with activities of daily living, based on their needs, including the following:
- Bathing
- Dressing
- Eating
- Oral hygiene (including cleaning of any prostheses)
- Ambulation
- Toileting activities | C |
| M | 4. Residents are free from body odor that is attributable to lack of cleanliness. | C |
| | 5. The organization takes steps to keep residents safe from accident and injury as they receive restorative services. | A |

Standard PC.02.02.01

The organization coordinates the resident's care, treatment, and services based on the resident's needs.

Elements of Performance for PC.02.02.01

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| | 1. The organization has a process to receive or share resident information when the resident is referred to other internal or external providers of care, treatment, and services. (See also PC.04.02.01, EP 1) | A |
| M | 2. The organization's process for hand-off communication provides for the opportunity for discussion between the giver and receiver of resident information.
Note: Such information may include the resident's condition, care, treatment, medications, services, and any recent or anticipated changes to any of these. | 3 C |
| M | 3. The organization coordinates the resident's care, treatment, and services.
Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services. | C |
| M | 10. When the organization uses external resources to meet the resident's needs, it coordinates the resident's care, treatment, and services. | C |

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- M** 17. The organization coordinates care, treatment, and services within a time frame that meets the resident's needs and preferences. **C**

Standard PC.02.02.03

The organization makes food and nutrition products available to its residents.

Elements of Performance for PC.02.02.03

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| M 3. | The organization plans menus in advance of providing residents with their meals, according to time frames established by the organization. | C |
| M 4. | Menus are easy to read, dated, and posted in areas that residents can access. | C |
| 5. | Cycled menus are rotated over a period of at least three weeks. | A |
| M 6. | The organization prepares food and nutrition products under proper conditions of sanitation, temperature, light, moisture, and ventilation. | C |
| M 7. | Food and nutrition products are consistent with each resident's care, treatment, and services. | C |
| M 8. | The organization accommodates a resident's diet schedule, unless contraindicated. | C |
| M 9. | When possible, the organization accommodates the resident's cultural, religious, or ethnic food and nutrition preferences, unless contraindicated. | C |
| M 10. | When a resident refuses menu items, the organization offers substitutes of equal nutritional value. | C |
| M 11. | The organization stores food and nutrition products, including those brought in by residents or their families, under proper conditions of sanitation, temperature, light, moisture, ventilation, and security. | 3 C |
| M 13. | Staff assist those residents who require help eating. | 3 C |
| 14. | Resident dining areas are supervised consistent with residents' needs. | A |
| 21. | A food service supervisor oversees general kitchen management. | A |

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Standard PC.02.02.07

The organization arranges for academic education to children and youth, as needed.

Rationale for PC.02.02.07

Providing academic education is important because it helps maintain the education and intellectual development of children and youth so they do not fall behind their peers. When school-age children or youth are in the organization for long periods, state or local laws may specify the requirements for meeting their schooling needs.

Elements of Performance for PC.02.02.07

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| M | 1. The organization arranges for a child or youth to receive academic education based on his or her condition, in accordance with law and regulation. | C |
| | 2. Educational resources are selected based on the child's or youth's identified needs. | A |
| M | 3. The organization makes educational resources available that offer special education experiences for children or youth whose learning is hindered by their special needs. | C |

Standard PC.02.02.09

Residents are provided with opportunities to participate in social and recreational activities.

Elements of Performance for PC.02.02.09

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| M | 1. The organization offers residents a variety of social and recreational activities according to their abilities and interests. | C |
| | 2. The organization makes an activity schedule available to all residents, staff, and visitors. (See also RI.01.01.03, EP 3) | A |
| M | 3. The organization helps residents to participate in social and recreational activities according to their abilities and interests. | C |

Standard PC.02.02.13

The resident's comfort and dignity receive priority during end-of-life care.

Elements of Performance for PC.02.02.13

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| M | 1. To the extent possible, the organization provides care and services that accommodate the resident's and his or her family's comfort; dignity; and psychosocial, emotional, and spiritual end-of-life needs. | C |
| M | 2. The organization provides staff with education about the unique needs of dying residents and their families. | C |

Standard PC.02.03.01

The organization provides resident education and training based on each resident's needs and abilities.

Elements of Performance for PC.02.03.01

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| M | 1. The organization performs a learning needs assessment for each resident. This assessment includes the resident's cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication. | C |
| M | 4. The organization provides education and training to the resident based on his or her assessed needs. | C |
| M | 5. The organization coordinates the resident's education and training provided by all disciplines involved in the resident's care, treatment, and services. | C |
| M | 10. Based on the resident's assessed needs, the education and training provided to the resident by the organization include, but are not limited to, the following: <ul style="list-style-type: none"> - Education regarding his or her illness - An explanation of the plan for care, treatment, and services - Basic health practices and safety - Information on the safe and effective use of medications (See also MM.06.01.01, EP 9; MM.06.01.03, EPs 3-6) - Nutrition interventions (for example, supplements) and modified diets - Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management (See also RI.01.01.01, EP 8) - Information on oral health - Information on the safe and effective use of medical and nonmedical equipment or supplies provided by the organization - Habilitation or rehabilitation techniques to help the resident reach maximum independence - Physical risks within the environment of care | C |
| M | 25. The organization evaluates the resident's understanding of the education and training it provided. | C |
| M | 27. The organization provides the resident education on how to communicate concerns about resident safety issues that occur before, during, and after care is received. | C |

Standard PC.03.02.09

The organization designs a system to achieve a restraint-free environment.

Elements of Performance for PC.03.02.09

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| 1. | The organization develops processes to minimize the use of restraint. | A |
| 2. | The organization implements processes to minimize the use of restraint. | A |

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| 3. | The processes used to minimize the use of restraint emphasize alternatives to restraint, including the following:
- Use of restorative programs
- Management of the resident's personal environment
- Use of well-trained staff who support each resident
- Support of the resident's rights
- Recognition of and respect for the resident's interests
- Use of supportive devices and special equipment
- Involvement of nursing assistants, housekeeping staff, secretaries, and other administrative staff who have been trained in resident-orientation techniques | A |
| 4. | Restraint is not used to discipline residents, as a staff convenience, or to prevent residents from wandering. | A |
| 5. | Restraint is only used to facilitate or support the resident's medical treatment. (See also RC.02.01.05, EP 2) | A |
| 6. | Residents or their surrogate decision-makers are permitted to refuse restraint. | A |
| 7. | The use of restraint is based on the resident's assessed needs; it is not based solely on a request from the resident's surrogate decision-maker. | A |

Standard PC.03.02.13

When alternatives to restraint are ineffective, restraint is safely used.

Elements of Performance for PC.03.02.13

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| 1. | The organization tries alternatives before using restraint. (See also RC.02.01.05, EP 2) | A |
| 2. | Restraint is used only as follows:
- When alternatives to restraint do not meet the resident's needs as determined by the interdisciplinary team, with resident and family involvement
- When necessary to protect the safety of the resident, other residents, and staff | A |
| 3. | Medication to control the resident's behavior is part of a therapeutic plan and is only used after a physician or qualified licensed independent practitioner assesses the resident. | A |
| M 4. | The organization educates the resident and family about restraint and its alternatives. | C |
| 5. | A licensed independent practitioner provides a written order that does not exceed 30 days for the use of restraint. | A |
| 6. | The organization determines time limitations for the use of restraint. | A |
| 7. | The organization assesses the competence of staff who apply restraint. | A |
| 8. | When restraint devices are used, they are correctly and safely applied. | A |
| 9. | The organization determines the frequency of observing and assessing the resident who is restrained. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| 10. | Staff interact with the resident and attend to the resident's needs while he or she is restrained. | A |
| 11. | While the resident is in restraint, the interdisciplinary team monitors the continued need for restraint. | A |
| 12. | The interdisciplinary team requests a new physician order if there are changes in the resident's condition that require removing or modifying restraint. | A |
| 13. | Restraint is removed or released in accordance with law and regulation and the resident's needs. | A |
| 14. | The organization-wide use of restraint is measured and assessed, and staff implements actions to minimize its use. | A |

Standard PC.04.01.01

The organization has a process that addresses transitions in the resident's care.

Elements of Performance for PC.04.01.01

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| 1. | The organization documents the reason(s) for and conditions under which the resident is transferred or discharged. | A |
| 2. | The organization documents the method for transitioning the responsibility for a resident's care from one clinician, organization, program, or service to another. | A |
| 4. | The organization agrees with the receiving organization about each of their roles to keep the resident safe during transfer. | A |
| 5. | The organization includes in its transfer and discharge processes: Interdisciplinary team planning. | A |
| 6. | The organization includes in its transfer and discharge processes: The resident's and caregiver's knowledge of and demonstration of all necessary activities. | A |
| 7. | The organization includes in its transfer and discharge processes: Evaluation of the environment (home, hospital, other facility) to which the resident is being discharged.
Note: The evaluation may be conducted through interview, review of services offered, or other methods that provide the information needed to meet the resident's needs. | A |
| 9. | The organization includes in its transfer and discharge processes: Planning for providing necessary care, treatment, and services; assistance; and instruction. | A |
| M 14. | The organization transfers or discharges a resident upon order of his or her attending licensed independent practitioner. | C |
| 20. | The organization follows an established process for emergency transfer or discharge resulting from medical necessity. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard PC.04.01.03

The organization transfers or discharges the resident based on his or her assessed needs and the organization's ability to meet those needs.

Elements of Performance for PC.04.01.03

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| M | 2. | The organization identifies, prior to transfer or discharge, any needs the resident may have for continuing psychosocial and physical care, treatment, and services after transfer or discharge. (See also RI.01.01.01, EP 19) | C |
| M | 3. | The resident, the resident's family, licensed independent practitioners, and staff involved in the resident's care, treatment, and services participate in planning the resident's transfer or discharge. (See also RI.01.01.01, EP 19) | C |
| M | 4. | Prior to discharge, the organization arranges or assists in arranging the services required by the resident after discharge in order to meet his or her continuing needs for care, treatment, and services. (See also RI.01.01.01, EP 19) | C |

Standard PC.04.01.05

Before the organization transfers or discharges a resident, it informs and educates the resident about his or her follow-up care, treatment, and services.

Elements of Performance for PC.04.01.05

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| M | 1. | When the decision is made to transfer or discharge the resident, the organization determines the resident's transfer or discharge needs and informs the resident about the kinds of care, treatment, and services the resident will require.
Note: Residents may rely on surrogate decision-makers to participate in situations in which the resident cannot or chooses not to make a decision. Instead of stating "resident and/or surrogate decision-maker" in each occurrence where the surrogate decision-maker may need to play a role, "resident" is used with the understanding that if the resident is unable or chooses not to make decisions or participate in education, the surrogate decision-maker may do so, in accordance with law and regulation. | C |
| M | 3. | Before the resident is transferred or discharged, the organization provides the resident with information about why the he or she is being transferred or discharged. | C |
| M | 4. | The organization notifies the resident's family and encourages a family member to participate in the transfer, whenever possible.
Note: If the resident has a surrogate decision-maker, he or she will be informed of and involved with the transfer process. | C |
| M | 5. | Before the resident is transferred, the organization provides the resident with information about any alternatives to the transfer. | C |
| M | 6. | Before the resident is transferred, the organization provides the resident with information on the facility or program to which the resident is being transferred. | C |
| M | 7. | The organization educates the resident about how to obtain any continuing care, treatment, and services that he or she will need. | C |
| M | 8. | The organization provides written discharge instructions in a manner that the resident and/or the resident's family or caregiver can understand. (See also RI.01.01.03, EP 1) | 3 C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard PC.04.01.07

Residents are not transferred or discharged from the organization unless they meet specific criteria, in accordance with law and regulation.

Elements of Performance for PC.04.01.07

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| M | 1. The organization transfers or discharges residents only when at least one of the following conditions is met: <ul style="list-style-type: none"> - The resident's health has improved to the point where he or she no longer needs the organization's services. - The transfer or discharge is necessary for the resident's benefit or if the organization cannot meet the resident's needs. - The health or safety of the resident is endangered by remaining in the organization. - The resident's presence endangers the safety of other residents. - The resident has not paid for his or her stay, and, as defined by the organization and in accordance with law and regulation, the organization has provided the resident with reasonable notice of transfer or discharge. - The organization ceases operation. - The resident leaves against medical advice and signs a form stating that his or her action runs contrary to medical advice. | C |
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Standard PC.04.02.01

When a resident is transferred or discharged, the organization gives information about the care, treatment, and services provided to the resident to other service providers who will provide the resident with care, treatment, and services.

Elements of Performance for PC.04.02.01

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| M | 1. At the time of the resident's transfer or discharge, the organization informs other service providers who will provide care, treatment, and services to the resident about the following: <ul style="list-style-type: none"> - The reason for the resident's transfer or discharge - The resident's physical and psychosocial status - A summary of care, treatment, and services it provided to the resident - The resident's progress toward goals - A list of community resources or referrals made or provided to the resident
(See also PC.02.02.01, EP 1) | C |
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Standard PC.04.02.03

The organization tells residents and their families of its bed-hold policy.

Elements of Performance for PC.04.02.03

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| M | 1. D At admission and when a resident transfers to a hospital, the organization explains, in writing, the conditions of its bed-hold policy to the resident and a family member or surrogate decision-maker. | C |
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