

Health and Medical Condition, Informing Residents of

| Highlights | Policy Statement | | | | | | | | |
|--|---|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|
| <p>Residents' Total Health Status</p> <p>Informing Resident of His/Her Health Status</p> <p>Translation</p> <p>Assessment and Care Planning</p> <p>Informing Sponsor of Resident's Medical Condition</p> | <p>Residents shall be informed of their total medical condition.</p> <p style="text-align: center;">Policy Interpretation and Implementation</p> <ol style="list-style-type: none"> 1. Each resident admitted to our facility will be informed of his/her total health status and medical condition (e.g., in advance of treatment, initial decisions about treatment, changes in treatments, etc.) on an on-going basis, unless otherwise instructed by the resident's legal surrogate. 2. The resident's Attending Physician, the facility's Medical Director, or the Director of Nursing Services will be responsible for informing the resident of his or her medical condition. Such information will include providing the resident with information relative to his/her: <ol style="list-style-type: none"> a. Functional status; b. Medical care and nursing care needs; c. Rehabilitation and restorative potential; d. Activities potential; e. Cognitive status; f. Oral health status; g. Psychosocial status; and h. Sensory and physical impairments. 3. The person informing the resident of his or her medical condition will present such information in a language that the resident can understand. 4. Each resident is encouraged to participate in his or her assessment and care planning program, including the discussion of his or her diagnoses, treatment options, risks, and prognoses. Each resident will be informed of scheduled care plan meetings at least 24 hours in advance. 5. Should the Attending Physician determine that the resident is medically incapable of understanding his/her medical condition, the resident's representative (sponsor) will be informed of the resident's medical condition and asked to participate in the development of the resident's plan of care. | | | | | | | | |
| References | | | | | | | | | |
| OBRA Regulatory Reference Numbers | 483.10(a)(4); 483.10(b)(3)(4); 483.10(d)(2)&(3) | | | | | | | | |
| Survey Tag Numbers | F152; F154; F155; F280 | | | | | | | | |
| Related Documents | | | | | | | | | |
| Policy Revised | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Date: _____</td> <td style="width: 50%;">By: _____</td> </tr> <tr> <td>Date: _____</td> <td>By: _____</td> </tr> <tr> <td>Date: _____</td> <td>By: _____</td> </tr> <tr> <td>Date: _____</td> <td>By: _____</td> </tr> </table> | Date: _____ | By: _____ | Date: _____ | By: _____ | Date: _____ | By: _____ | Date: _____ | By: _____ |
| Date: _____ | By: _____ | | | | | | | | |
| Date: _____ | By: _____ | | | | | | | | |
| Date: _____ | By: _____ | | | | | | | | |
| Date: _____ | By: _____ | | | | | | | | |