**Policy**

1. Residents are never segregated by payment source or on a basis other than care needs
2. Residents are never asked to waive potential facility liability in the case of personal property loss
3. Residents are never asked to waive their rights to federal or local licensing or certification laws, including but not limited to their rights to Medicare or Medicaid
4. All Ohio Living facilities provide equal access to quality care regardless of diagnosis, severity of condition, or payment source.
5. Ohio Living facilities do not request orrequire a third-party guarantee of payment to the facility as a condition of admission or expedited admission or continued stay in the facility.
6. Information for comprehensive assessment of the resident will be obtained
7. Ohio Living facilities assure that lines of communication between the long-term care facility and the resident, the resident’s representatives and the resident’s attending physician will be followed upon admission

**Procedure**

1. Review all available transfer information
2. Interview resident and individual(s) accompanying resident
3. Perform all appropriate observations and events in the EMR

ORDERS UPON ADMISSION

1. Must obtain physician orders for the resident to be admitted to the facility
	1. Upon a return from a hospital stay or readmission, when an order to “resume all previous orders” is given, the attending physician will be contacted to review the previous orders to assure that they are still appropriate and will not conflict with any new orders
2. Diet orders
	1. Type of therapeutic diet
	2. Number of cc’s if on fluid restriction
3. ADL activity orders
4. Medication orders must include
	1. Dose, frequency and route of administration, if other than oral
		1. If the route is not indicated it is assumed to be oral
	2. Dosage must be specific-NO DOSE RANGES WILL BE ACCEPTED
	3. All PRN orders must include reason for prescribing
	4. Two or more orders for the same condition must state which is to be used first
5. Laboratory orders must include
	1. Diagnosis for lab work
	2. Frequency of lab work
6. Treatment orders must include
	1. Site to be treated
	2. Frequency and duration of treatment “until healed”
	3. All PRN orders must include reason for treatment
	4. Catheter orders must include the type of catheter, size of catheter, size of bulb and diagnosis for indwelling catheters
7. Enteral Feeding orders must include
	1. Type and size of feeding tube
	2. Type of formula
	3. Amount of formula
	4. Route of administration
	5. Method of administration (gravity, pump, etc.)
	6. Amount of calories per 24 hours
	7. Frequency of tubing change
	8. Frequency of administration
	9. Amount and frequency of flush
	10. Care of stoma
8. Intravenous orders must include
	1. Type and size of IV catheter
	2. Type and amount of solution to be administered
	3. Frequency of administration of solution
	4. Type and amount of solution if catheter is to be flushed
9. Therapy orders must include
	1. Type of therapy and frequency
	2. Reason for evaluation
	3. Type of modalities, frequency and duration of treatment
	4. Diagnosis for treatment purposes
10. Documentation to be completed on admission
	1. Clinical Admission Observation
		1. All other Observations required are list on the Clinical Admission Observation