Ontario

Admission, Absences and Discharge

Inspection Guide

This Inspection Guide provides ***guidance*** to the inspector during the initial planning of an inspection. Not all sections will be applicable in every situation and the inspector may need to adjust the inspection based on information collected.

PROFILE FOR RESIDENT

- Name, room number, home area
- Date of birth, date of admission, date of discharge (if applicable)
- Diagnoses
- Other resident information, as applicable: Physician, SDM, Advanced Directives, Activities of Daily Living, and RAI-MDS Outcome Scores, e.g., CPS

CLINICAL RECORD REVIEW (ELECTRONIC AND HARD COPY)

PAPER CHART

- Admission documents (short stay or long stay, type of accommodation) – application (including authorization), health and behavioural assessments, RAI-MDS, involvement and approval of Placement Co-ordinator.
- Documents and consents related to admission, transfers, absences (medical, psychiatric, and casual leaves and/or vacations), discharged from the home, reason-resident/SDM or licensee initiated, e.g., exceeded absence timeframe, discharged as per licensee decision.

ASSESSMENTS

- RAI-MDS – section A (demographic info), section B (cognition, ability to make decisions), section Q (potential for discharge).
- Admission assessments completed, with follow up as determined from outcomes.
- Care conferences – 6 weeks post admission, annually and as required.

PLAN OF CARE

- Admission plan of care – completed within 24 hours – required areas completed.
- Potential for discharge, LOA focus – includes strategies/interventions – licensees' involvement with discharge, e.g., assistance provided with discharge, stayed in contact when absent or on vacation.

PROGRESS NOTES

- Notes specific to the incident and/or care item being inspected.
- Interdisciplinary team involvement with admission process, absences and/or discharge, as indicated.
- Resident and/or SDM involvement

OBSERVATIONS

- Related to specific concern/inspection item.

INTERVIEWS

RESIDENT/SDM

- As indicated, discuss their involvement with the admission and discharge process; were they provided written information package based on requirements.
- As indicated, discuss their understanding of the absences process, any identified concerns, request details.
- Discuss their participation with care conferences (6 weeks post admission, annually and as indicated).

PERSON(S) WHO COORDINATES ADMISSIONS

- Discuss the admission, absence and discharge processes – their involvement, application acceptance/refusal process.
- Discuss details of specific inspection, e.g., refusal of applicant, unauthorized admission/discharge of a resident, issue with absences.

HOME AND COMMUNITY CARE SUPPORT SERVICES (HCCSS)

Placement Co-ordinator

- Discuss their involvement with the licensee for placement of residents.
- Discuss the specific details of item(s) being inspected, e.g., licensee refusal, unauthorized admission/discharge.

MANAGEMENT

Director of Care, Administrator/Delegate

- Discuss their involvement with the processes and their involvement with the specific inspection items.
- Discuss the legislative areas of concern, if identified.

OTHER RECORD REVIEW

- CI or Complaint report, internal investigation notes, if applicable.
- Business chart – required material and information, including accommodation agreements, SDM documents.
- Relevant policies – Admissions, Absences, Discharges, Plan of Care.
- If applicant refused, LTC application and licensees' letter of refusal – followed process, refusal reasons as per FLTCA, 2021.
- Census – admission, LOA, discharge.
- Capacity assessment, if applicable.

FOR FURTHER GUIDANCE

Please refer to policies, guidance documents, and job aids available in the eInspectors' Handbook.