
APPENDIX F**HEALTH CRITERIA
FOR PLACEMENT
AND CONTINUED
RESIDENCY IN AFC
AND HA**

1. AFC and HA are appropriate settings for residents who need assistance with activities of daily living. Residents who need continuous nursing care shall not be admitted or retained in AFC and HA facilities. This does not preclude the accommodation of a resident who becomes temporarily ill while in the home, but who does not require continuous nursing care. Continuous nursing care is defined as the ongoing (at least daily) interaction between patient (client/resident) response and nurse (provider) judgment based on observation, assessment and identification of patient risk (See Appendix F).
2. Residents may take prescription drugs as prescribed by a physician, and may be given assistance in taking their medication in accordance with the physician's directions.
3. Since insulin and vitamin B are usually self-administered, unlicensed facility personnel can administer them if appropriately trained. Other scheduled injections may be arranged through the resident's physician.
4. Residents dependent on walker, wheelchair, or motorized device, should be in a barrier free facility with access to the out-of-doors. Residents should be independently mobile with the use of such devices.

Note: If residents are not able to transfer independently from bed to wheelchair, it must be determined how many such persons a home can reasonably care for at one time. In case of emergency, adequate staff must be available.

5. Physical restraints are permitted in Family Home per Rule 400.1414 to minimize or eliminate substantial risk to the resident. The need for such must be documented in the client's assessment plan. The use of physical restraint to punish or to restrict movement by binding, tying or confining is prohibited per Family Home rule 400.1412. The need for assisting devices to promote the enhanced mobility, physical comfort, and well-being of the resident is allowable. The need must be

documented in the client's assessment plan and agreed upon by the resident or his designee. therapeutic supports must be authorized in writing by the resident's physician. (Small Group rule 400.14306, Large Group 400.15306.)

6. The following health care conditions or characteristics would preclude placement or continued residence in AFC or HA.
 - a. Intravenous fluids*
 - b. Nonemergent oxygen administration
 - c. Mechanical life support, i.e., respirator
 - d. An infectious disease (or diseases) which require isolation in a separate health care facility.
 - e. An unstable or uncontrolled medical condition which required (at least daily) medical dispensation, evaluation, and intervention by health care profession.

*This does not include occasional or future anticipated need for intravenous injection when such injections are performed by health care professionals not directly employed by the licensee.