

Adult Care Home (ACH) Policy Guidance

Policy Name: Care Planning

Written By: ACHP

Effective Date:

ACH Operator Name:

Policy applies to: Operator Resident Manager All ACH Staff

Who is performing this action?

The Operator is responsible for timely creation of and updates to the resident's care plan. This includes the training of ACH staff who will be tasked with performing the services and supports established in the care plan. The Operator is the only individual allowed by MCAR to create and update care plans.

See MCAR 023-110-400 for more details about care plans.

What actions are to be taken?

During the initial 14 days following the resident's admission to the home, the Operator must assess and monitor the resident and develop a resident-specific care plan. The care plan must describe the resident's needs, preferences, capabilities, and assistance needed for performing certain tasks. Prior to plan implementation, the care plan must be reviewed with the resident, and their legal representative when applicable, then signed by the Operator and by the resident, and their legal representative when applicable. Signature on the plan indicates informed consent to the services and supports included in the plan as written. The care plan must be completed, signed, and implemented by the 14th day of admission. Additionally, all new and/or updated plans that have been implemented must be reviewed and signed by each provider/caregiver prior to providing care to residents. The care plan must include:

- Legal name, preferred or chosen name, pronouns used, and gender identity;
- Who performs each task, how often, and when it must occur;
- The resident's ability to perform activities of daily living (ADLs);
- Any special equipment needs;
- Communication needs such as hearing or visual aids;
- Night needs;
- Medical or physical health problems relevant to their care and services;
- Cognitive, emotional, or physical disabilities or impairments that are relevant to care and services;
- Treatments, procedures, or therapies;
- RN consultations, delegations and teachings,

Policy Name: Care Planning

- Behavioral interventions including suggested interventions from the residents behavior support plan (if they have one);
- Social, spiritual and emotional needs including lifestyle preferences, activities, and natural supports involved;
- Their ability to evacuate in an emergency and what assistance or equipment may be needed for support;
- Any use of physical restraints or psychotropic medications;
- Dietary needs and preferences;
- Any individually-based limitations;
- Goals for maintaining and, if possible, improving or restoring the resident's level of functioning.

The Operator will review the care plan (and update if needed) when care needs change (change of condition) and at minimum every six (6) months. Note: A change of condition includes both improvements and declines in a resident's health and mobility.

Care plan reviews must be documented in the resident record. If the care plan is updated, all written-in additions or deletions must be dated and signed/initialed by the Operator and resident, and their legal representative when applicable. Care plans must be reviewed and rewritten annually. Care plans must be fully legible at all times. If a care plan contains changes that render it difficult to read or understand, a new care plan must be written at that time.

If a resident has a change that results in a decline that places their needs above the classification of the ACH license, contact the licenser about necessary next steps.

When are these actions taken?

The Operator will develop and implement the care plan within 14 calendar days of admission and review the care plan for necessary updates every six (6) months or sooner if the resident's health condition changes. All ACH staff will be trained on the care plan and understand their tasks so they can provide care that is reflective of resident health, safety and wellness needs.