

5122-33-18 Resident assessments; mental health plan for care.

(A) In accordance with this rule, an ACF shall require written initial and periodic health assessments of prospective and current residents. The health assessments shall be conducted by physicians or other licensed health professionals, acting within their scope of practice. The purpose of the assessments shall be to ensure that the residents do not require a level of care beyond that which is provided by the ACF, including assessment of the residents' capacity to self-administer the medications prescribed for them with or without assistance. The different components of the assessment may be performed by different health professionals, consistent with the type of information required and the professionals' scope of practice, as defined by applicable law.

(B) An initial health assessment shall be performed within the time frames and in the manner specified in this paragraph.

(1) The assessment shall be done upon admission but no later than fourteen days after the resident begins to reside in the facility. A resident is not required to obtain another initial assessment if the resident had an assessment meeting the requirements of paragraph (B)(2) of this rule no more than one year before beginning to reside in the facility.

(2) The initial health assessment shall include documentation of the following:

(a) Health history and physical;

(b) Tuberculosis testing and results in accordance with paragraph (C) of this rule;

(c) Prescription medications;

(d) Dietary requirements including any food allergies;

(e) Height and weight;

(f) Medical diagnoses;

(g) Diagnosis of mental illness, if applicable;

(h) Type of care or services required as determined by a licensed health professional in accordance with paragraph (B)(2) of this rule; and

(i) The resident's capability, as determined by the resident's personal physician, to self-administer medications. The documentation also shall specify what assistance with self-administration, as authorized by paragraph (C) of rule 5122-33-17 of the Administrative Code, if any, is needed.

(C) In addition to the requirements of paragraphs (A) and (B) of this rule, prior to or within forty-eight hours after admission, residents who have not had previous known significant blood assay for M. tuberculosis (BAMT) or Mantoux tests and who do not have a record of BAMT or two-step Mantoux testing within the twelve months preceding admission, shall have a single BAMT, or two-step Mantoux test using five tuberculin units of purified protein derivative. The first step should be read within forty-eight to seventy-two hours following application. Only a single Mantoux or BAMT is required if the resident has documentation of either the BAMT test, a single Mantoux test or a two-step Mantoux test within one year of admission.

(1) The first step of the Mantoux test should be read within forty eight to seventy two hours following application. If the first step in the Mantoux test is nonsignificant, the second step shall be performed no less than seven or more than twenty-one days from the date of the first step.

(2) The ACF shall assure that residents with significant BAMT or Mantoux tests are reviewed for history and symptoms by a physician, or other appropriate licensed health care professional acting within their applicable scope of practice, and that they have had a chest x-ray within thirty days before admission or within forty-eight hours of notification of significant test results. If appropriate, the physician or applicable health care professional shall order a repeat x-ray. Additional tuberculosis testing is not required after one medically documented significant test. The ACF shall assure that a resident who exhibits signs and symptoms of tuberculosis is reassessed. A subsequent chest x-ray is not required unless the individual develops symptoms consistent with active tuberculosis.

(3) Residents with nonsignificant BAMT or Mantoux tests shall receive a single BAMT or Mantoux test if they are exposed to a known case of tuberculosis. If Mantoux testing is used, a second Mantoux test shall be performed no less than ninety days after exposure. If either the BAMT or Mantoux tests reveal evidence of conversion, the resident shall have a chest x-ray unless the resident has had a chest x-ray no more than thirty days before the date of conversion and the physician or other appropriate licensed health professional determines another x-ray is not needed.

(a) If the chest x-ray does not reveal active pulmonary tuberculosis, the ACF shall document that the resident has been evaluated and considered for preventive treatment, or shall obtain a written statement from a physician that treatment is contraindicated. During the annual health assessment performed in accordance with this rule, the facility shall assure a physician or other licensed health professional, acting within their scope of practice, assesses the resident for signs and symptoms suggesting tuberculosis and shall document and report the presence or absence of symptoms in the resident's record.

(b) If the chest x-ray reveals active pulmonary tuberculosis, the ACF shall, in accordance with rule 5122-33-24 of the Administrative Code, immediately transfer the resident to a facility capable of appropriately caring for a resident with active pulmonary tuberculosis. The resident shall not be transferred back to an ACF until the appropriate local public health authority determines the resident is no longer infectious.

(4) If a resident is transferred to the facility from another component of a retirement community and the other component had performed tuberculosis testing that complies with paragraph (C) of this rule, the facility need not perform any additional tuberculosis testing that otherwise would be required by this paragraph.

(5) Within thirty days of the anniversary date of the previous testing, each resident shall have a single BAMT or Mantoux test repeated annually unless the resident previously had a significant BAMT or Mantoux test.

(D) An annual health assessment shall be performed within twelve months of the resident's last health assessment unless the owner or manager of the facility determines that an assessment should be performed sooner. This health assessment shall include documentation of at least the following:

(1) Prescription medications;

(2) Updated dietary requirements;

(3) Weight;

(4) Any change in medical and/or mental health diagnosis since the most recent assessment;

(5) Type of care or services required as determined by a licensed health care professional in accordance with paragraph (D) of this rule; and

(6) If the resident is taking prescribed medication, the resident's capability, as determined by a physician, to self-administer medications. The documentation also shall specify what type of assistance with self-administration, as authorized by paragraph (C) of rule 5122-33-17 of the Administrative Code, if any, is

needed.

(E) If an adult care facility intends to serve or serves residents with mental illness or severe mental disability, the owner or manager of an adult care facility shall enter into a mental health resident program participation agreement with the ADAMHS board serving the alcohol, drug addiction, and mental health services district in which the adult care facility is located. This agreement shall be a standardized format as developed by the director of mental health under section [5119.613](#) of the Revised Code.

(F) The owner or manager of the adult care facility shall comply with the requirements of the owner's or manager's mental health resident program participation agreement and any other process regarding referrals and effective arrangements for ongoing mental health services as may be established by the public health council in consultation with the director of health and the director of mental health.

(G) When an individual diagnosed with mental illness is referred to an ACF by or is receiving services from a mental health agency, the ACF owner or manager shall work with the lead mental health agency and with the prospective resident, or sponsor if appropriate, to obtain a written, individualized mental health plan for care prior to admission. If there is a question regarding the identity of the lead mental health agency, the ACF owner or manager shall contact the ADAMHS board serving the area in which the facility is located for assistance in this matter. The mental health plan for care shall:

(1) Specify the types of medication and possible severe adverse side effects of each medication and dangerous interactions or possible reactions of medications to conditions of the prospective resident's environment;

(2) Specify each entity that is to provide special services including personal care and transportation services currently needed to enhance or optimize the mental health care of the prospective resident;

(3) Include information regarding the prospective resident to promote appropriate admission to the facility and allow appropriate preparation of the ACF and staff to provide optimal care for the prospective resident.

(4) Include a crisis plan which includes procedures for obtaining immediate assistance from the board, agency and any other authorized provider(s) to appropriately address adverse changes or emergency mental health needs of the prospective resident;

(5) Include any advanced directives;

(6) Include any specific instruction necessary for the optimal care of the prospective resident, so long as the implementation of such instruction(s) does not violate the rights of residents in the ACF, pursuant to section 5119.81 of the Revised Code and rule 5122-33-23 of the Administrative Code; and

(7) Be signed by the ACF owner or manager, the prospective resident or sponsor, if appropriate, and the lead mental health agency. If a mental health plan for care is not signed by all parties, the adult care facility shall not admit the prospective resident.

(H) The ACF owner or manager shall review each mental health plan for care at least annually to assure that the duties, responsibilities, and obligations of the facility as specified in the mental health plan for care are continuing to be met by the facility or to determine any necessary revisions or changes required in accordance with paragraph (D) of this rule. It shall be the responsibility of the owner or manager to advise the resident, the resident's sponsor, and the resident's mental health case manager of any changes made or anticipated by the facility for the following year. Any revisions made by the facility will be annotated on the plan for care and the date of review and name of person conducting the review shall be annotated on the signature page of the plan for care.

(I) After an adult care operator or manager has entered into a mental health plan for care, the operator or

manager shall provide all services as stated in the terms of the plan unless provision of such services is precluded by non-compliance or plan modification on the part of the resident, sponsor, or mental health agency, after the effective date of the plan. The adult care facility operator or manager shall ensure that;

(1) All staff involved with direct care of residents are trained in understanding and following the mental health plan for care; and

(2) All staff are retrained on the mental health plan for care if they do not understand or fail to follow the plan.

(J) If a resident's condition requires care beyond that which an adult care facility is authorized to provide or beyond that which the specific facility provides, the facility shall transfer or discharge the resident in accordance with section 5119.83 of the Revised Code and rule 5122-33-04 of the Administrative Code.

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