

# APPENDIX “G”

## **Resident Admission; Resident Discharge; & Resident Safety and Rights**

1. Hold state and local hospitals accountable for discharge planning that matches individual needs and desires to an appropriate and available setting that best integrates individuals into the community. Modify Chapter 395, F.S., to require hospital document consideration of an individual’s choices in discharge placements. Address hospitals that do not consider the individual’s preferences and community integration in discharge planning.
2. Adopt an ALF pre-admission screening process implemented by an independent body (a simplified and expedited version of PASRR). This “single point of contact” would permit choice counseling and referral to an ALF most appropriate to align with the individual resident needs.
3. Enact legislation that provides ALF residents a formal appeal process for disputed discharge.
4. Afford ALF residents discharge protection that mandates specific reasons for relocation, provides ample notice to residents, and provides residents with an administrative appeal hearing.
5. Increase amount and quality of activities made available to ALF residents. Require ALFs to seek out individualized activities and services independent of the facility that are chosen by each resident and expedite participation in these activities and services. Activities must be meaningful activities and allow residents the opportunity for productive learning, life skills, and job experience. This may include meaningful part-time work or volunteer activities, depending on the preferences of the resident. Some structured and meaningful activities can be provided in the ALF, but those integrated in the community with non-disabled persons should be encouraged.
6. Examine ALF staffing ratios.
7. Prohibit ALF related staff from serving as Representative Payees. This creditor / debtor relationship places the resident under the control of the ALF for all aspects of their life, preventing them from moving to another ALF or a more independent living environment.
8. Prohibit any binding arbitration agreement language in resident contracts. These contract clauses limit a resident’s right to access due process whenever care disputes arise.
9. Enact legislation that encourages residents and families to establish independent groups within each ALF focused on improving conditions and care for residents without interference from staff.
10. Ensure an anonymous method of regularly seeking input from ALF residents about the nature of the care received in a facility without relying only on complaint investigations or on-site surveys. CARF provides such a mechanism, as does the LTCOC.
11. Clarify in statute that the ALF administrator is responsible for ensuring that the resident receives adequate care and services.
12. Enact public record exemption for AHCA complaints. Complaints filed with AHCA are not protected from disclosure. Consider adding confidentiality to AHCA complaints equivalent to that of the Ombudsman.

