

Temporary Conditions

What is a temporary condition?

- KAR 1:240 Section 1 (17) states: "Temporary condition" means a condition that affects a client as follows: (a) The client loses mobility either before or after entering a lease agreement with the assisted-living community but is expected to regain mobility within six (6) months of loss of ambulation or mobile non-ambulation; is documented by a licensed healthcare professional who is not the owner, manager, or employee of the assisted-living community; and the assisted-living community has a written plan in place to ensure that the client is not a danger; or (b) 1. The client loses mobility after entering a lease agreement; 2. The client is not expected to regain mobility; 3. Hospice or similar end-of-life services are provided in accordance with KRS 194A.705(2) documented by hospice or a licensed health care professional; and 4. The assisted-living community has a written plan in place to ensure that the client is not a danger.

Temporary Conditions

- The purpose of a temporary health condition is to allow residents to stay in place if ability to regain ambulation is expected, or the right to die in place as long as they are not a danger to ones self or others.
- Temporary Health Condition
 - 1. A condition that affects a resident and for which health services are being provided (by an outside service provider KRS 194A.711 and KRS 194A.705 (2)(3)).
 - 2. Loss of mobility before or after entering into a lease, but the expectation to regain mobility, or
 - 3. Loss of mobility after entering into a lease, with no expectation of recovery which includes end of life services that are in place, such as Hospice.

Temporary Health Condition

- Outside service providers are **not** to be used in order to make a resident appropriate for assisted living.
- The allowance of a temporary health condition is **not** meant to be a long-term arrangement for a resident in assisted living, including Hospice or other end of life services
- When receiving Hospice or end of life services, residents **must continue** to meet criteria for ALC and ALC shall have a written plan in place explaining how the resident is not a danger to self/others, including an evacuation plan.
- Residents **cannot** move into an assisted living if already a danger to self or others due to level of care need beyond the scope of assisted living.

Temporary Health Condition Continued

➤ Documentation needed for a temporary condition or hospice resident:

- 1) The facility must have on file documentation of the temporary condition or Hospice “end-of-life.”
 - a) The temporary condition document is typically from a therapist or a home health agency plan of care that notes the anticipated improvement of a resident condition with therapy and gives a time frame of how long it will take to show improvement.
 - b) The Hospice documentation should show that the resident is receiving “end-of-life” services and has been given less than six (6) months to live.
- 2) Verification of and how a resident is “not a danger to self.” There is not a required temporary condition/Hospice document to use but examples are available.

Temporary Health Condition Continued

- The facility needs to provide their own documentation on how the resident is “not a danger” while temporarily over the level of care.
- The document or format is for the facilities to decide.
- This form can be a simple paragraph on company letterhead, or a form created by the facility for when a resident is on a temporary condition/Hospice.
- The information provided needs to show how the resident is “not a danger” by identifying if the resident can get themselves out of the building in an emergency, or who will help them out if the resident is over the level of AL care and cannot do this on their own.
- Facilities should also document that they have caregivers available if the resident is currently over the level of care for AL staff. Facilities would also provide a plan for what will happen when the resident is no longer able to care for themselves. For example:

Question: Who is providing resident care if they are over the level of care?

Answer: Family takes turns or hires 24-hour sitters if Resident is not ambulatory. But if the residents disease progresses, family has agreed to hire 24-hour caregivers or resident will move home with family or to another level of care.

Reminder!!!

- ❖ Hospice “end of life” services is not the same as palliative care. A person can have palliative care and not meet criteria for “end of life” care

- ❖ The definition of **hospice care** is compassionate comfort care (as opposed to curative care) for people facing a terminal illness with a prognosis of six months or less, based on their physician's estimate if the disease runs its course as expected.
- ❖ The definition of **palliative care** is compassionate comfort care that provides relief from the symptoms and physical and mental stress of a serious or life-limiting illness. Palliative care can be pursued at diagnosis, during curative treatment and follow-up, and at the end of life.

Definition found at: <https://www.vitas.com/hospice-and-palliative-care-basics/about-palliative-care/hospice-vs-palliative-care-whats-the-difference/>

Bluegrass Care Navigators (was Hospice of the Bluegrass and serves several counties across the state) descriptions of Hospice vs. Palliative are:

Hospice: "Hospice patients no longer receive treatments to cure their terminal illness, but instead choose care to improve their comfort and quality of life."

Palliative care is specialized medical care for people living with serious illness. It focuses on providing relief from the symptoms and stresses of a serious illness. The goal is to improve the quality of life for patients and families. Palliative care works alongside and does not replace your ongoing treatments and physicians." Found at <https://www.bgcarenav.org/our-care-services/home-primary-care>

Scenario #1

Mr. Smith has had increased episodes of falling and appears generally weaker, but after seeing his physician there is no underlying concern of a UTI or medical condition. Mr. Smith could be considered for a temporary condition by talking with him and his family about the resident being evaluated by a physical and/or occupational therapy to determine if therapy could help strengthen the resident and decrease falls. If the therapy report indicates that the resident could benefit and show signs of improvement with therapy within six (6) months then the resident could be put on a temporary condition. If the professional does not feel the resident would benefit, the resident would need to be assessed to see if they are over the level of care. An updated FNA needs to be completed either way to show a change in resident condition.

Scenario #2

Mrs. Jones fell and broke her hip, she had surgery and has completed rehab based upon the time available through her insurance, but upon her return to the facility, she is still dependent on others for assistance with transfers and ambulation. Therapist feels it will still be another three to four weeks before the resident returns to her baseline of independence and mobility. The resident would qualify for a temporary condition, but the family would need to provide caregivers for the resident to assist with her transfers, ambulation, any other care needs outside the level of care for assisted living, and exiting the building in case of an emergency. Sitters may not be required the entire time therapy continues to work with residents. They may only be needed until the resident becomes more independent and her level of care is within the guidelines of what can be provided by the assisted living staff. An updated FNA needs to be completed either way to show a change in resident condition.

Scenario #3

Mrs. Windy has had a stroke and the doctors feel it will take a few more months for the resident to become more independent. In completing her FNA, the resident is non-mobile ambulatory and can use her feet to get around the facility and needs some help with transfers and IADL's. The resident is receiving therapy and the physician and therapist feel that the resident will regain her independence with time. Though the resident is ambulatory, the resident is still dependent on others for a higher level of care than what the facility staff can provide, but it is anticipated that her mobility will improve. The resident would need to be placed on a temporary condition and caregivers provided by the family to assist with those areas of care that are beyond assisted living guidelines. Temporary condition documentation is needed and would include documentation of the therapy plan that resident is anticipated to improve and facility documentation that resident is not a danger indicating that caregivers are in place to provide over the level of care needs. An updated FNA needs to be completed either way to show a change in resident condition.

Scenario #4

Mr. Anderson has had a sudden decline and has become more dependent on others for transfers, feeding himself, ambulation is limited and the resident is unable to take medications with simple reminders. The resident is sleeping more and has had a decrease in activity level. Resident has been seen by his doctor and physician feels this is normal disease progression and resident does not want to seek any aggressive treatment. Before moving the resident, a hospice referral could be made to see if the resident qualifies for hospice services. If so then the resident could stay at the facility until his passing as long as the appropriate caregivers are in place. The facility would have to have documentation that the resident is receiving “end of life” care from a Hospice type program and document how a resident is “not a danger.” The resident’s family would need to ensure the resident has twenty-four (24) hour caregivers in place to help ensure the resident is not a danger and to provide for the over of level of care needs that cannot be provided within assisted living guidelines.

Scenario #5

Mr. Bell has been diagnosed with cancer, is still independent and able to care for himself, but has decided not to seek aggressive treatment for cancer, but needs some support with the management of symptoms and prefers comfort care. The resident has elected hospice services for end of life care. The resident does not need additional caregivers at this time. The facility would still need documentation from the Hospice "end of life" provider that the resident is receiving "end of life" services and provide a statement from the facility that the resident is not a danger. Due to the nature of potential decline, the facility should have discussions with the resident and family and develop an anticipated plan of how the resident will "not become a danger" and provide a tentative plan of who will provide support to resident with their disease progression. For example: "As the resident disease progresses and resident requires care beyond that which can be provided by assisted living staff within guidelines, resident's family has stated they will take turns staying with a resident at the facility or will provide 24-hour caregivers." Another option would be "As the resident disease progresses and resident requires care beyond that which can be provided by assisted living staff within guidelines, facility family has stated resident will move home with his daughter once he requires additional services beyond what can be provided by assisted living staff." Or "Resident will move to a higher level of care."

Scenario #6

Mrs. Adams is suffering from chronic pain in her back. The resident physician has tried various methods of treatment that have not been effective. The resident physician has referred the resident to Hospice and Palliative Care for additional support. The resident does not meet the criteria for end-of-life care but does meet the criteria to receive palliative care to help with the management of symptoms. In this case, the resident would NOT qualify for Hospice services for end of life care. It is possible that if the level of pain is impacting residents' mobility that the resident may qualify for a temporary condition to see if the palliative services help improve residents' mobility once symptoms are managed. In this case, temporary condition documentation is needed and would include documentation of the therapy plan that resident is anticipated to improve and facility documentation that resident is not a danger indicating that caregivers are in place to provide over the level of care needs.

Remember

a temporary condition is for six (6) months or less with anticipation a resident will show improvement. Be careful not to confuse end of life Hospice services for comfort care (not curative care) and palliative (comfort care that can be provided alongside curative treatment) services provided by a hospice agency. An end of life resident documentation should indicate with normal disease progression a resident has less than six (6) months to live. A resident may continue to qualify for “end of life” hospice services longer than six (6) months as an exact time cannot be placed on when a resident will pass away.

Examples

Additional Service Plan
(Required by Kentucky Revised Statute (KRS) 194A.711)

Resident: _____ Apartment #: _____

Check the statement below that applies to the resident

☐ This client has a temporary conditions defined as: the loss of mobility before or after entering into the lease but is expected to regain mobility within six months of loss of ambulation or mobility; is documented by a licensed health care professional.

☐ This client has a loss of mobility after entering into a lease, is not expected to regain mobility; hospice or similar end-of-life services are provided in accordance with Kentucky Revised Statute (KRS) 194A.705 (2) documented by hospice or a license health care professional.

Additional services allowing the resident to safely remain in their apartment has been arranged by the resident or responsible party through an outside service provider. With the addition of these outside services, it has been determined that the resident is not a danger to self or others.

Additional services being provided: (ensure to include any 24-hour plans and alternative plans to meet the continuing safe needs of the resident and others and evacuation plans for this resident)

Family will provide sitter for resident 24/7
The sitter will assist resident with
dressing, bathing, transfers and mobility to and
from dining room. Traditions will do med
reminders 2-4 x day and spot checks every 2 hrs
for safety. In case of emergency sitter will
assist resident out of building to safe area.

Sample

September 27, 2019

This serves as notice that [REDACTED] is not a danger per [REDACTED] Assisted Living policy. She is currently under the care of [REDACTED] Hospice and has sitters with her 24/7/365.

Resident Assistants make hourly rounds on the resident to check her needs in addition to when the sitters call for assistance. ADL's such as bathing and grooming are met by the hospice aid and sitters. Medication reminders are met by the Resident Assistant who hands the meds from the resident's medication organizer to the sitter and the sitter placing them in her mouth. The resident is fed all of her meals by the sitters.

In the case of emergency, the Resident Assistants will help the sitters to place the resident in a wheelchair, where the sitter will then push the resident outside the facility to safety.

A cartoon illustration of four people holding up a large, white banner. The banner has the words "THANK YOU :)" written on it in a large, grey, hand-drawn font. The people are positioned at the corners of the banner: a woman in a teal shirt at the top left, a man in a blue shirt at the top right, a woman in a yellow shirt at the bottom left, and a man in a red shirt at the bottom right. They are all smiling and holding the banner with ropes. The background is white with some faint, stylized grey lines suggesting a stage or a simple floor.

Thank you for attending the training on temporary conditions.

Remember that if you have questions or concerns please feel free to reach out to the DAIL staff by phone or email.

502-564-6930