

**OUR PROGRAM BEGINS AT 12:30**



# WELCOME: August 12, 2025



**THE CHECK-IN**



**WHAT IF WE AREN'T ABLE  
TO TAKE A RESIDENT  
BACK FROM THE  
HOSPITAL DUE TO ACUITY  
CHANGES?**



**ALL TEACH.  
ALL LEARN.**



# THE CHECK-IN

*Is it common for you to have challenges in accepting someone returning from a hospitalization? What types of challenges have you encountered?*



# WELCOME



## AUGUST 12, 2025

### WHAT IF WE AREN'T ABLE TO TAKE A RESIDENT BACK FROM THE HOSPITAL DUE TO ACUITY CHANGES?

#### FEATURING



**BOBBIE GUIDRY**  
LEADINGAGE MINNESOTA

# How do we minimize this occurrence?

- Advance Planning
- Communication
- Resource Development



# Necessary Mindset

- Assisted Living is not an institution like a hospital or nursing home – we are categorized a home and community-based setting, and if participating in the customized living (waiver programs) we are required to demonstrate that we meet the standards as a HCBS
- This is the person's home, and we are in a landlord/tenant relationship with the person
- As a provider of care and services, we have an obligation to facilitate care we may not be able to provide (professional duty not legal requirement)



# Understanding...

- Some of the laws we have now are due to providers not holding this mindset and leaving individuals stranded
- There may be outlier situations—



# Transition Planning Starts Pre-Admission

Be thoughtful and thorough in assessing a person's needs and your ability to meet their needs over the course of time before admitting the individual – remember the person will make your setting their new home and that terminations are virtually unrealistic:

**144G.70 SERVICES.** Subdivision 1. **Acceptance of residents.**

An assisted living facility may not accept a person as a resident unless the facility has staff, sufficient in qualifications, competency, and numbers, to adequately provide the services agreed to in the assisted living contract.





# 4659.0140 INITIAL ASSESSMENTS AND CONTINUING ASSESSMENTS

## Subpart 1. Admissions.

- A. The assisted living director, in cooperation with the clinical nurse supervisor, is responsible for admitting residents to the facility according to the facility's admission policies.
- B. Unless otherwise provided by law, an assisted living facility must not admit **or retain** a resident unless it can provide sufficient care and supervision to meet the resident's needs, based on the resident's known physical, mental, cognitive, or behavioral condition. The facility is in compliance with this provision if the resident has voluntarily elected to receive care and supervision for the resident's needs through the use of an unaffiliated service provider as permitted under Minnesota Statutes, section [144G.50, subdivision 2](#), paragraph (e), clause (4).
- C. Prospective residents who are denied admission must be informed of the reason for the denial.



# Advance Planning

- Discuss the future upfront and frequently over the course of time – especially if changes are occurring – assist the person to join waiting lists of other settings if appropriate
- Use the UDALSA: All assisted living facilities must provide to prospective residents: (3) an oral explanation of the services offered under the contract.
- Have regular care conferences with the individual and their support system – technology like Facetime or Teams can be a tool.
- Consider the resources available to meet needs outside of your staff – consider the person's support system, financial resources, external providers...
- Develop a resource list for yourself of home care, therapy and hospice providers – along with other care settings in your area.



# Communication & Creativity

- Whenever possible, develop relationships with other community providers – hospitals, physicians, nursing homes, home care agencies...
- If a person is hospitalized – connect **immediately** to discuss with the person, their designated representative and the hospital – what is the anticipated condition of the person upon discharge – is a rehab stay indicated? – how is this being arranged? Are the concerns behavioral? If so – is there a correct diagnosis and treatment in place? What triggered the issues? What can we change or utilize to prevent a reoccurrence? Is there a more appropriate setting and is the person open to a change?
- If not an alternative setting – what services will be needed? Can you adapt and provide the services or access additional services from the person's support network or from other providers.
- Identify and address any barriers to accepting needed services.
- Are there additional trainings, tools, case consultations that will support and enable your staff



# Terminations are a last resort...

- Engage legal counsel
- Engage Case Managers – New ascribed role:
- 256B.092 Subd. 1a. **Case management services.**(a) Each recipient of a home and community-based waiver shall be provided case management services by qualified vendors as described in the federally approved waiver application..... (9) assisting and cooperating with facilities licensed under chapter 144G with the licensee's obligations under section 144G.55.(Coordinated Moves)



# CASE SCENARIO: MR. JONES



Mr. Jones became belligerent with staff and other residents and went to the Emergency Department for evaluation. This is not characteristic behavior. He did have a pre-existing diagnosis of Parkinson's Disease.

- *What further information is needed and what are some strategies to consider?*

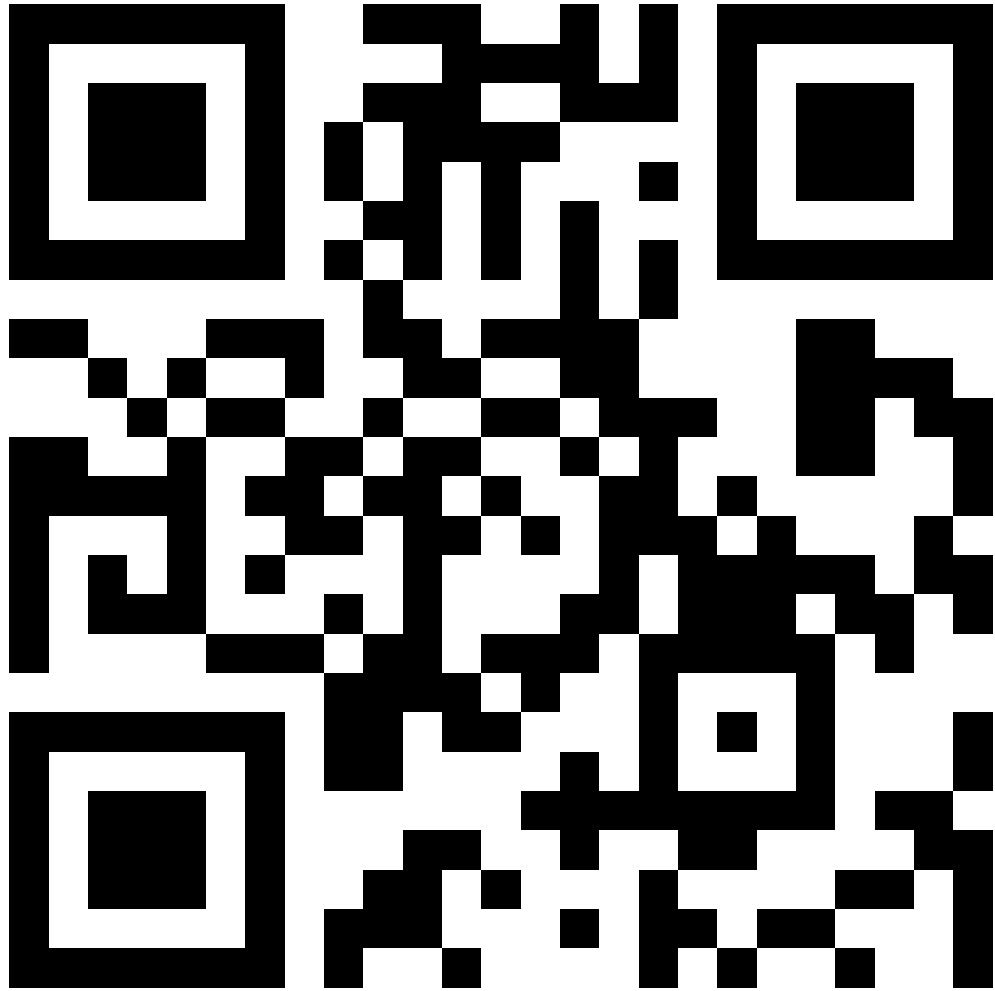


# ALL TEACH. ALL LEARN.



- What themes emerged in your small group?
- What questions do you have for the group?
- What lessons do you have to share on this topic?





**Verify Your  
Attendance!**

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**COMING  
SOON**



# NEXT SESSION: August 26

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**Are we ready for  
respiratory illness  
season?**

