

Allegan County Medical Care Facility Admission and Inquiry Policy

Inquiry Policy:

Individuals inquiring about possible future needs for nursing home care will be sent a facility brochure, an Admission and Inquiry Policy, and a [Waiting List Application](#) form. Individuals are not added to the Facility Waiting List from an inquiry. A Waiting List Application form must be received by the facility to be added to the list. Facility tours are welcome.

Admissions Waiting List Policy:

The facility maintains an Admissions Waiting List for Allegan County residents who require nursing home placement for both skilled and basic levels of care. Applications are placed in one of three priorities on the list based on their current living status, medical condition, and rehabilitation needs. The priorities are summarized as follows:

Priority 1 (Served first): Applicants currently in an acute care hospital referred by the hospital itself. (The facility will contact the hospital at least weekly to maintain current with the applicant's status.)

Priority 2 (Served after priority 1): Applicants at home, in adult foster care or assisted living facilities. These applicants must provide the Medical Care Facility with:

- A physician's written referral for nursing home placement that includes current diagnoses and medications, including dosage and route of administration.
- A recent history and physical examination by the referring physician.
- The most recent chest X-ray report (Must be within 90 days of admission.)
- A preadmission screening (Form DCH-3877) completed by the referring physician.

(The facility will contact the applicant or the applicant's representative periodically to update the status of the application.)

Priority 3 (Served after priorities 1 and 2): Applicants currently in a nursing home who desire to transfer to this facility.

****Note:** An applicant's priority may change repeatedly while waiting for a vacancy depending on their current status. For example: An applicant may be transferred from a nursing facility (priority 3) to a hospital. This would move that particular applicant into priority 1. If the same applicant is then transferred back to the nursing home, but still wishes to transfer to the Medical Care Facility when a vacancy becomes available, the applicant returns to priority 3.

ALLEGAN COUNTY MEDICAL CARE FACILITY
3265 122ND AVENUE
ALLEGAN, MI 49010

WAITING LIST APPLICATION

**** In compliance with County ordinance, the facility is a smoke-free environment ****

DATE _____

NAME _____ BIRTH DATE _____ SEX _____

ADDRESS _____

SOCIAL SECURITY # _____ MEDICARE # _____

MEDICAID # _____ VETERAN # _____

PRIVATE INSURANCE _____

NAME/ADDRESS OF LEGAL REPRESENTATIVE _____

INDICATE THE TYPE OF LEGAL OVERSIGHT (LIST ALL THAT APPLY)

___ GUARDIAN ___ CONSERVATOR ___ DPOA HEALTH ___ DPOA FINANCIAL

LIST WHO SHOULD BE CONTACTED WHEN AN OPENING IS AVAILABLE:

NAME _____ RELATIONSHIP _____

ADDRESS _____

HOME PHONE _____ WORK/CELL PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____

HOME PHONE _____ WORK/CELL PHONE _____

DESCRIBE THE CURRENT LIVING SITUATION OF THE PROSPECTIVE RESIDENT. _____

WHY IS ADMISSION TO THE ALLEGAN COUNTY MEDICAL CARE FACILITY NEEDED/DESIRED? _____

IS THE PROSPECTIVE RESIDENT AWARE OF THIS APPLICATION? _____

NAME OF REFERRING PHYSICIAN _____

PHYSICIAN ADDRESS _____

PHYSICIAN PHONE _____

DATE OF LAST CHEST XRAY _____ WHERE _____

HAS THE APPLICANT EVER TESTED POSITIVE FOR TB? _____

ALLEGAN COUNTY MEDICAL CARE FACILITY
WAITING LIST APPLICATION (PAGE 2)

DATES/PLACE OF LAST HOSPITALIZATION AND REASON _____

PREVIOUS NURSING HOME ADMISSIONS (LOCATION(S)/DATES) _____

MEDICAL CONDITIONS/DIAGNOSES _____

CURRENT MEDICATIONS _____

ANY CURRENT EVIDENCE OF:

___ DEPRESSION ___ CONFUSION ___ HALLUCINATIONS ___ PARANOIA
___ AGITATION ___ DEMENTIA ___ MENTAL ILLNESS ___ SUBSTANCE
ABUSE

DESCRIBE ANY BEHAVIOR PROBLEMS AND WHEN THEY OCCUR _____

ALCOHOL/DRUG/TOBACCO USE _____

DIET RESTRICTIONS _____

ALLERGIES/DRUG REACTIONS _____

SKIN PROBLEMS (RASHES, PRESSURE SORES, ETC.) _____

OXYGEN USE _____

ASSISTIVE DEVICES USED:

___ GLASSES
___ HEARING AIDS, ___ BOTH EARS ___ LEFT ___ RIGHT
___ DENTURES ___ FULL ___ PARTIAL ___ UPPER ___ LOWER
___ WALKER
___ CANE
___ WHEELCHAIR, OWNED BY APPLICANT? ___ YES ___ NO

ADDITIONAL INFORMATION _____

ALLEGAN COUNTY MEDICAL CARE FACILITY
WAITING LIST APPLICATION (PAGE 3)

WHAT ASSISTANCE IS NEEDED FOR:

EATING:

- ___ INDEPENDENT—ABLE TO FEED SELF
- ___ MINIMUM—CONGREGATE MEALS, HOME DELIVERED
- ___ MODERATE—SET UP OF PLATE, OPENING OF ITEMS, CUTTING
- ___ MAXIMUM—SUPERVISION, CUEING NEEDED
- ___ TOTAL ASSISTANCE—DEPENDS ON OTHERS TO BE FED

BATHING:

- ___ INDEPENDENT—BATHES/SHOWERS SELF
- ___ MINIMUM—REQUIRES BATHING ITEMS SET UP
- ___ MODERATE—NEEDS PHYSICAL ASSISTANCE IN & OUT OF BATH
- ___ MAXIMUM—NEEDS PARTIAL “HANDS ON” ASSISTANCE
- ___ TOTAL ASSISTANCE—DEPENDS TOTALLY ON OTHERS FOR BATHING

MOBILITY

- ___ INDEPENDENT—MOVES AROUND WITH NO ASSISTANCE
- ___ MINIMUM—USES ASSISTIVE DEVICES (WALKER/CANE), NEEDS CUES
SUPERVISION— STAND BY ASSISTANCE
- ___ MODERATE—NEEDS ONE PERSON TO PHYSICALLY ASSIST WITH MOVING
- ___ MAXIMUM—NEEDS TWO PEOPLE TO PHYSICALLY ASSIST WITH MOVING
- ___ TOTAL—DEPENDS COMPLETELY ON OTHERS, IS LIFTED

ELIMINATION

- ___ INDEPENDENT—USES THE BATHROOM WITHOUT ANY ASSISTANCE
- ___ MINIMUM—USES INCONTINENT PRODUCTS
- ___ MODERATE—OCCASIONAL INCONTINENCE, NEEDS VERBAL CUES
- ___ MAXIMUM—FREQUENT INCONTINENCE OF BOWEL/BLADDER,
CATHETER
- ___ TOTAL—INCONTINENT, DEPENDENT ON OTHERS.

FALLS

- ___ NO FALLS IN THE LAST 12 MONTHS
- ___ ONE FALL IN THE LAST 12 MONTHS, WITHOUT INJURY
- ___ TWO OR MORE FALLS IN THE LAST 12 MONTHS, WITHOUT INJURY
- ___ TWO OR MORE FALLS IN THE LAST 12 MONTHS, WITH INJURY
- ___ FREQUENT FALLS, UNSAFE