

Assisted Living Residence Request to Admit a Resident with an Excludable Condition (RAREC)

Chapter 2800 includes a list of conditions that prohibit residency in an assisted living residence. Pursuant to 55 Pa.Code § 229(a) and (e), a residence may not admit, retain or serve an individual with any of the following conditions or health care needs:

- Ventilator dependency
- Stage III and IV decubiti and vascular ulcers that are not in a healing stage
- Continuous intravenous fluids
- Reportable infectious diseases, such as tuberculosis, in a communicable state that requires isolation of the individual or requires special precautions by a caretaker to prevent transmission of the disease unless the Department of Health directs that isolation be established within the residence
- Nasogastric tubes
- Physical restraints
- Continuous skilled nursing care 24 hours a day
- Gastric tubes that are not managed by the resident or a health care professional
- Tracheostomy that is not managed by the resident
- Intermittent intravenous therapy that is not managed by a licensed health care professional
- Insertions, sterile irrigation and replacement of a catheter that are not managed by the resident or a health care professional
- Oxygen that is not managed by the resident or a health care professional
- Inhalation therapy that is not managed by the resident or a health care professional

The only way that a resident with one or more of the above needs can be admitted or served in an assisted living residence is if the Department determines that the residence can safely meet the resident's needs. The Request to Admit a Resident with an Excludable Condition (RAREC) form must be completed and submitted to the Department before admitting a resident with any of the above conditions. If a resident develops one or more of the above conditions after admission, and the residence wishes to continue to serve the resident, the residence must complete and submit this form as soon as the condition is identified.

Four (4) attachments are required to accompany this form. They include:

- 1. An explanation of why the resident will benefit from this request.** The explanation must clearly demonstrate that the resident will benefit from the approval.
- 2.** A statement demonstrating that the residence has the staff, skills, or expertise necessary to meet the resident's needs as they relate to the excludable condition. The statement must specifically address the number of staff and clearly demonstrate how their skills are adequate to meet the resident's needs.
- 3.** If the resident's needs will be met by a supplemental health care services provider other than the residence, a statement demonstrating that the service provider has the staff, skills, or expertise necessary to meet the resident's needs as they relate to the excludable condition. The statement must specifically address the number of staff and clearly demonstrate how their skills are adequate to meet the resident's needs.
- 4. A written alternate care plan that ensures the availability of staff with the skills and expertise necessary to care for the resident's needs related to the excludable condition in the event the supplemental health care provider is unavailable.** The alternate care plan should address both short-term alternatives (such as care provision during a natural disaster) and long-term alternatives (such as a situation where the supplemental health care services provider terminates its relationship with the residence).

55 Pa.Code § 2800.229(c)(1) reads that a "support plan which includes the residence accommodations for treating the excludable condition" be included with the request. The Department does not require an Assessment-Support Plan to be included with an exemption request; only the four items listed above must be included.

The Department will only permit residents with the above conditions to be served in an assisted living residence if a physician, physician's assistant or certified registered nurse practitioner certifies that the resident's needs can be met by the residence.

Assisted Living Residence Request to Admit a Resident with an Excludable Condition (RAREC)

I. Resident Information

Resident Name:	This Resident is: <input type="checkbox"/> An applicant for admission to the residence <input type="checkbox"/> A current resident
Date of Admission/Application:	

II. Excludable Condition (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Ventilator dependency

<input type="checkbox"/> Stage III or IV decubiti and vascular ulcers that are not in a healing stage

<input type="checkbox"/> Continuous intravenous fluids

<input type="checkbox"/> Reportable infectious disease in a communicable state that requires isolation of the resident or requires special precautions

<input type="checkbox"/> Nasogastric tubes

<input type="checkbox"/> Physical restraints

<input type="checkbox"/> Continuous skilled nursing care 24 hours a day | <input type="checkbox"/> Gastric tubes, not managed by the resident or a health care professional

<input type="checkbox"/> Tracheostomy, not managed by the resident

<input type="checkbox"/> Intermittent intravenous therapy, not managed by a licensed health care professional

<input type="checkbox"/> Insertions, sterile irrigation or replacement of a catheter, not managed by the resident or a health care professional

<input type="checkbox"/> Oxygen, not managed by the resident or a health care professional

<input type="checkbox"/> Inhalation therapy that is not managed by the resident or a health care professional |
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III. Required Attachments

- An explanation of why the resident will benefit from this request
- A statement demonstrating that the residence has the staff, skills or expertise necessary to meet the resident's needs as they relate to the excludable condition
- If the resident's needs will be met by a supplemental health care services provider other than the residence, a*
- statement demonstrating that the service provider has the staff, skills, or expertise necessary to meet the resident's needs as they relate to the excludable condition
- A written alternate care plan that ensures the availability of staff with the skills and expertise necessary to care
- for the resident's needs related to the excludable condition in the event the supplemental health care provider is unavailable

IV. Certifications

We the undersigned certify that:

- This request is desired by the resident
- The residence has or can make available the staff, skills, and expertise necessary to care for the resident as set forth in the attachments

Resident Signature:	Date Signed:
Administrator Name:	
Administrator Signature:	Date Signed:
Medical Professional Name:	Professional License Number:
Signature:	Date Signed: