



Date: September 5, 2014

DQA Memo 14-009

To: [Nursing Homes](#)

From: Juan Flores, Director
Bureau of Nursing Home Resident Care

Via: Otis Woods, Administrator
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Clarification Concerning Emergency Protective Placement

The purpose of this memo is to clarify issues related to DQA Memo 13-017 on the Supreme Court Decision Regarding Chapter 51 Residents with Dementia or Alzheimer's disease. It is recognized that in an emergency or crisis situation normal operations may not be feasible or practical. Emergency Protective Placement (EPP) is needed to protect the health, safety and welfare of the individual in distress or those others around them.

The following are questions raised after the issuance of DQA memo 13-017:

Can facilities legally accept an EPP without a legal decision maker (Guardian of Person or Activated POA-HC)?

- Yes. In an emergency situation (Ch. 55 protective placement), the person in distress exhibiting behaviors may not have arranged for a legal decision maker (Guardian of Person or Activated POA-HC) at the time of the emergency. However, there should be a GN 4000 Statement of Protective Placement completed by law enforcement officials and available for record keeping by the designated Emergency Protective Placement (EPP) facility.

What if a facility cannot guarantee an available bed 24/7/365?

- Current information indicates that nursing homes on average have an 85% occupancy rate. However, it is possible that the designated EPP facility may not have a bed available for use and it is also possible and likely the designated facility may not have staff members with the needed skills available to allow for the admission of someone under protective placement. It is advisable that an alternate EPP facility is designated by county officials to deal with these kinds of situations. There is no limit to the number of EPP facilities in a given county or the number of EPPs that can be admitted to the designated facility. The facility, in admitting the individual in need of care, is guaranteeing that the facility is able to meet the individual's needs, including sufficient staffing levels, during this crisis period. However, we also recommend that communication between local law enforcement agencies and the EPP facility occur in order to be prepared for whenever an emergent situation occurs.

Is an assessment required prior to admission to determine if the facility can meet the person's needs?

- Normally, resident assessments are required to ensure that the facility has the ability to meet the resident's needs. The EPP facility designation includes an evaluation that the facility can meet the needs of a resident in an emergency or crisis situation. EPP facilities can use information obtained from an emergency room to begin development of the Comprehensive Plan of Care. That same information may not be available if the resident comes from the community. In this situation assessments and care plans need to be developed as soon as feasible and practicable. What is critical at this juncture is meeting the individual's immediate needs. EPP facilities need to know the capabilities of its staff members and the types of emergent residents and behaviors they can handle. Otherwise, it cannot admit anyone for whom it does not have the resources to manage the resident's behaviors as required at DHS 132.51(2)(c)1.

Are admission documents required to be signed prior to admission?

- In an emergency situation normal operations are not always possible or feasible. Facilities that are designated as an EPP Facility should have been evaluated as being able to deal with an emergency placement under Ch. 55. In most cases the GN 4000 signed by law enforcement will serve as the emergency admission documents. DHS 132.52(2)(b) requires receipt of information from a MD, PA, APNP, on day of admission not before admission.

What if the facility is not staffed to respond to emergency (EPP) admission (within a couple hours) but say they need at least two to three days to do their assessment and determine if they can accept and take care of the person?

- If this is the case then perhaps the facility should not seek primary designation as an Emergency Protective Placement facility. If additional staff members with specific skills are needed, advance planning should occur on how to bring those skilled staff members to the facility as soon as possible. It is recognized that there may be a short delay for select staff members to arrive to provide care. As stated earlier the facility needs to know beforehand what types of behaviors they can handle during a crisis situation. A quick assessment can be made to determine if the facility has the ability to care for the person in distress.

Does a facility need a Physician's Plan of Care (Doctors Orders) at the time of admission?

- EPP facilities should work with their Medical Directors to develop standing orders to handle an emergency situation when a Physician's Plan of Care has not been provided by a physician from the community.

Questions related to this memo should be directed to your appropriate Regional Office.

Contact information for the regional offices can be found at the following:

http://www.dhs.wisconsin.gov/rl_dsl/Contacts/reglmap.htm