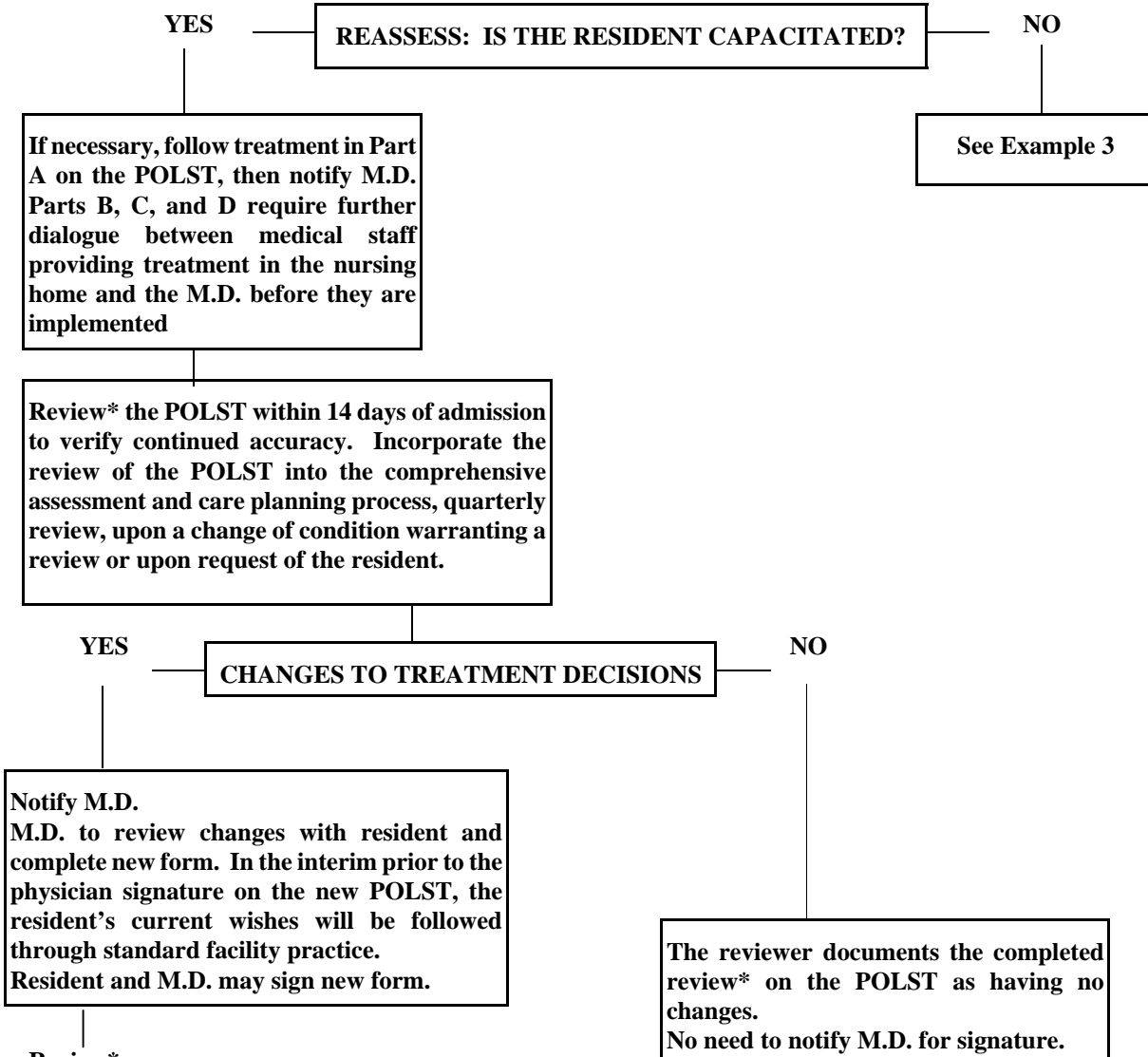


**ST. JOSEPH CARE CENTER
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**EXAMPLE 1
ADMITTED - HAS POLST
CAPACITATED**

Upon admission, the facility will complete, within the MDS assessment period, a comprehensive assessment and plan of care. If the resident has a POLST, the treatment decisions on the POLST need be honored during this assessment period (maximum of 14 days). The POLST requires review within 14 days of admission to verify whether there are changes requested by the resident or warranted by the resident's health status.



Review*

The review may be done by other health care professionals as defined by the facility. Each part will be explained to the resident/surrogate in language they can understand, to determine if there are changes desired by the resident.

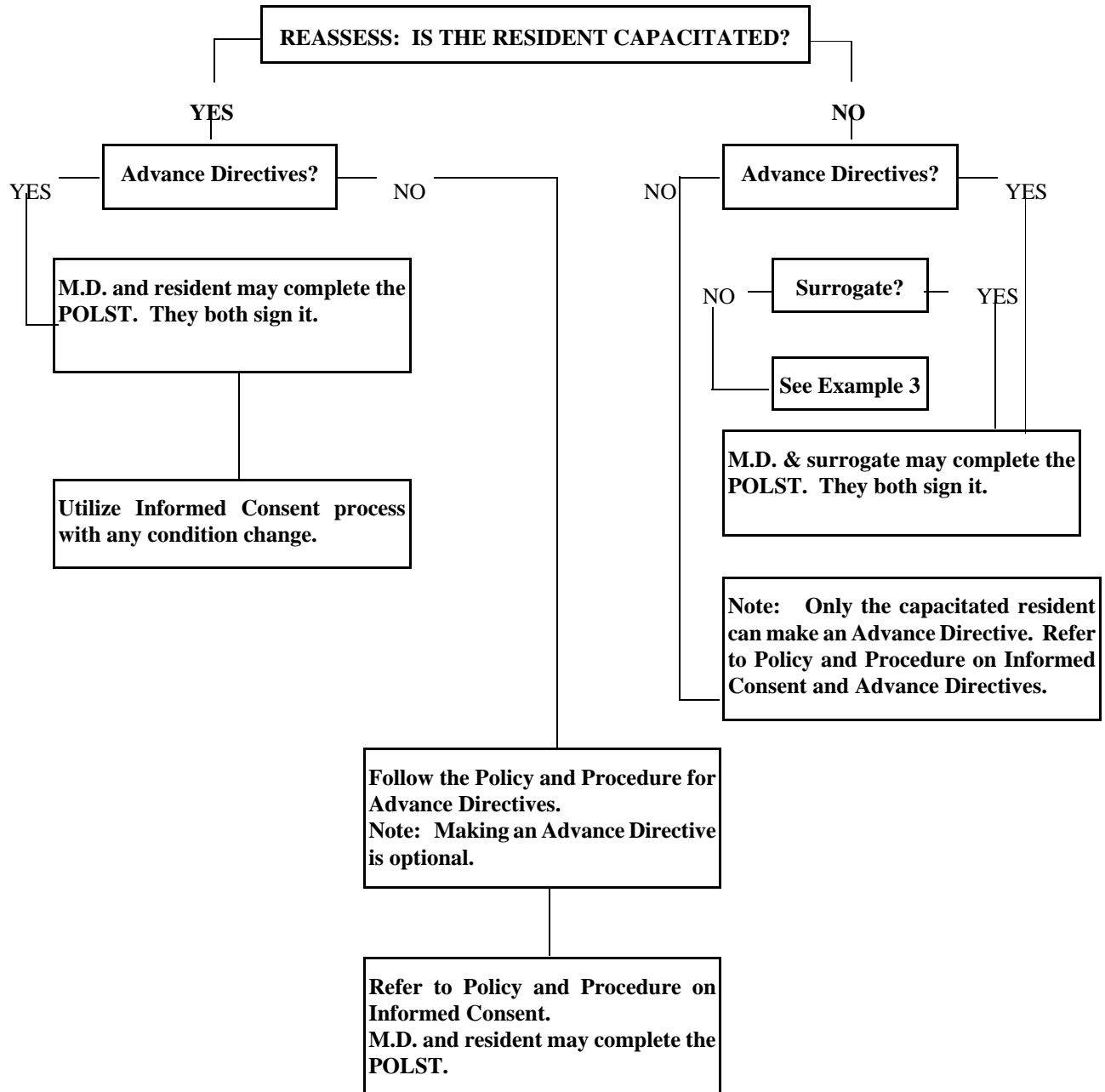
Note: Each facility needs to develop their own Policy and Procedure for how to document the dialogue with the resident during the review process.

Policies and Procedures (below): Relevant Federal and State Requirements (refer to page 6)

- | | |
|-------------------------------|------------------------------|
| 1. <i>Decisional Capacity</i> | 3. <i>Guardianship</i> |
| 2. <i>Informed Consent</i> | 4. <i>Advance Directives</i> |

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**EXAMPLE 2
ADMITTED - NO POLST
CAPACITATED**

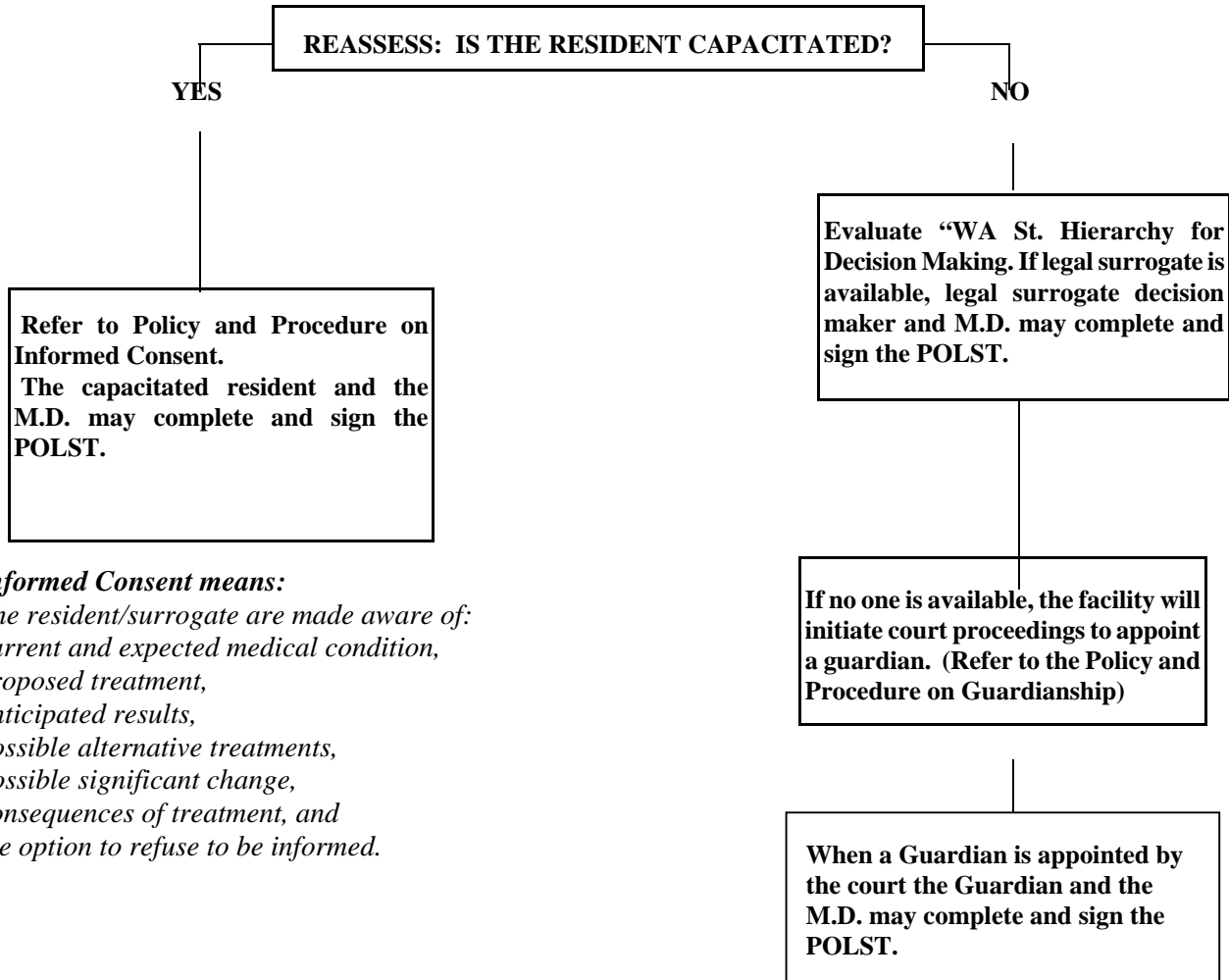


Policies and Procedures (below): Relevant Federal and State Requirements (refer to page 6)

Refer to Example 1

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**EXAMPLE 3
ADMITTED WITH NO POLST
NO SURROGATE AND NO ADVANCE DIRECTIVE
INCAPACITATED**



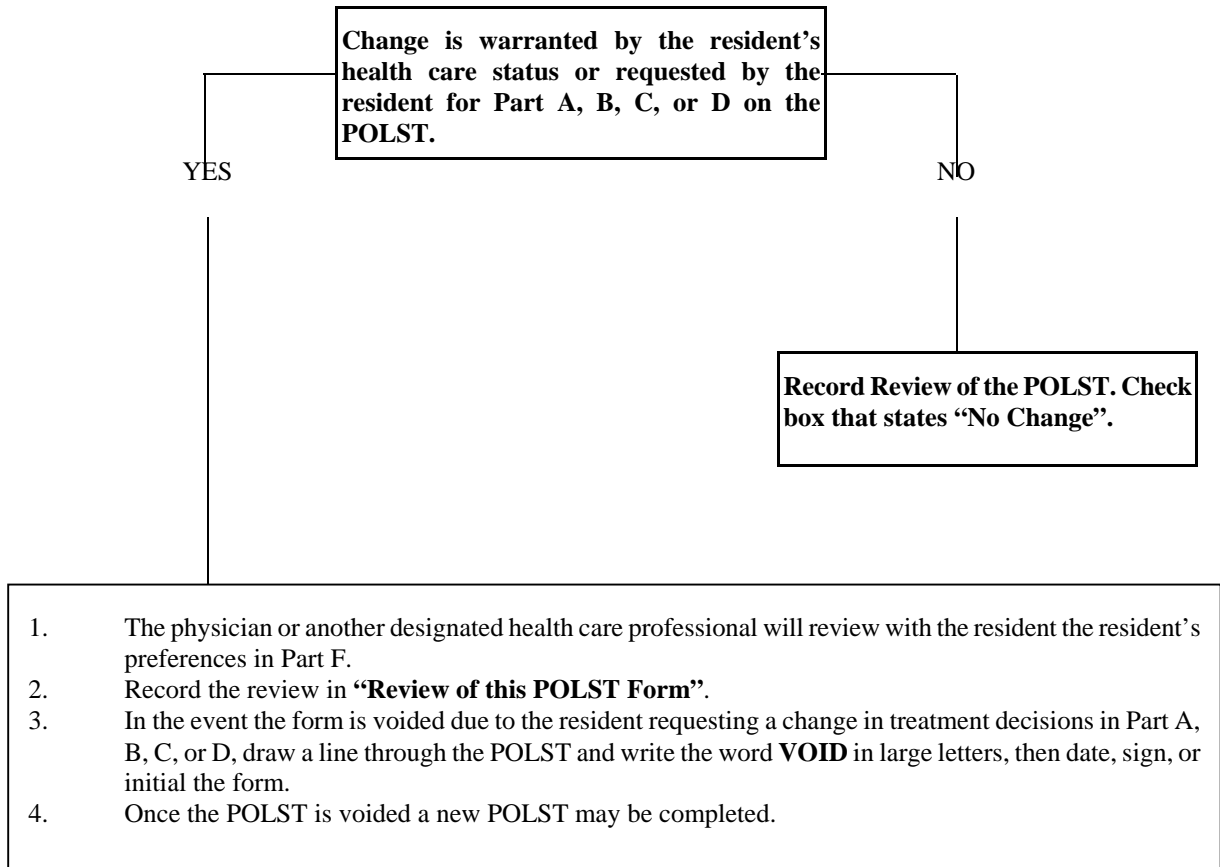
Informed Consent means:
The resident/surrogate are made aware of:
current and expected medical condition,
proposed treatment,
anticipated results,
possible alternative treatments,
possible significant change,
consequences of treatment, and
the option to refuse to be informed.

Policies and Procedures (below): Relevant Federal and State Requirements (refer to page 6)

Refer to Example 1

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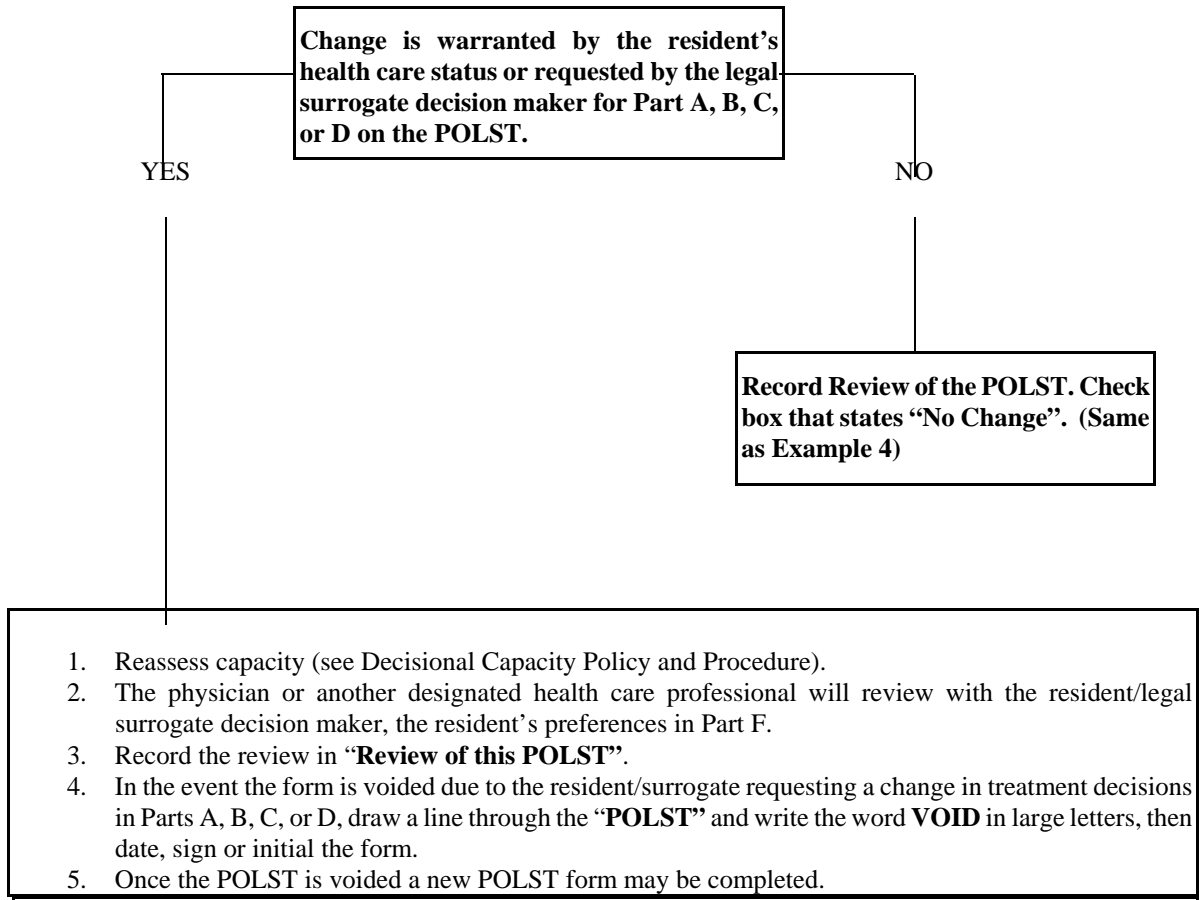
**EXAMPLE 4
HOW TO CHANGE THE POLST
FOR THE CAPACITATED RESIDENT**



NOTE: In the interim prior to the physician signature on the new POLST, the resident's current wishes will be followed through standard facility practice.

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Spokane, Washington**

**EXAMPLE 5
HOW TO CHANGE THE POLST
FOR THE INCAPACITATED RESIDENT**



NOTE: In the interim prior to the physician signature on the new POLST, the resident's current wishes will be followed through standard facility practice.

**ST. JOSEPH CARE CENTER
Spokane, Washington**

POLST PILOT PROJECT

Relevant Requirements*

FEDERAL	42 CFR 482.	F-TAG	STATE	
Resident Rights (exercise of rights, informed of health status, accept/refuse treatment, notification of changes)	483.10(a)(1)-(4) 483.10(b)(3)&(4) 483.10(b)(11)	F151, F152 F154,F155 F157	WAC 388-97-055 7.70 RCW WAC 388-97-060 WAC 388-97-07005(3) WAC 388-97-07010	Resident decision making Informed consent Informed consent Informed of health, accept/refuse Treatment Notification of changes
Comprehensive assessment Significant change Quarterly assessment (what/when) Comprehensive care plans (what/when)	483.20(b)(1)&(b)(2) 483.20(b)(2)(ii) 483.20 (c) 483.20 (k)	F272, F273, F275 F274 F276 F279, F280	WAC 388-97-085 WAC 388-97-090	Resident assessment Comprehensive plan of care
Advance Directives	Patient Self-Determination Act (42 CFR 489.100-104)		70.122 RCW WAC 388-97-065	Health Care Directive (“Living Will”) Advance directives
<ul style="list-style-type: none"> • Other state and/or federal requirements may also apply. 				