**Section 225.1010 Admission, Transfer and Discharge Policies**

a) No resident determined by professional evaluation to be in need of services not readily available in the facility, or through arrangement with a qualified outside resource, shall be admitted to or kept in the facility.

b) No resident shall be admitted to or kept in the facility:

1) Who is psychiatrically disturbed, in need of psychiatric therapy, and at risk because the person is reasonably expected to self-inflict serious physical harm or to inflict serious physical harm on another person in the near future as a result of the mental aberration, as determined by professional evaluation.

2) Who is or may be destructive of property, himself or herself, or others.

c) The licensee shall establish admission criteria that provide for:

1) The admission of clients who can be served by the facility; and

2) Nondiscrimination against clients based on disability, race, religion, sex, source of payment, and any other basis recognized by applicable State and federal laws.

d) Prior to admission, each client shall have a complete neurological examination with a Mini-mental Screening Test. The screening test shall be performed by a neurologist or an associate with recognized skill.

e) Persons with communicable, contagious, or infectious diseases may be admitted under the conditions and in accordance with the procedures specified in the Control of Communicable Diseases Code.

f) A Model shall not admit more residents than the number authorized by the license issued to it.

g) Physician orders for medications (if necessary) and information concerning any other immediate medical care needs shall be submitted to the licensee at the time of the resident's admission, with appropriate signature of the physician.

h) A Model shall not refuse to discharge or transfer a resident when requested to do so by the resident or, if the resident is incompetent, by the resident's guardian.

i) A resident may be voluntarily discharged from a facility after he or she gives the provost, a physician, or a nurse of the facility written notice of his or her desire to be discharged. The resident shall be discharged upon written consent of the resident's representative. In such cases, upon the resident's discharge, the facility is relieved from any responsibility for the resident's care, safety, or well-being.

j) A facility may only involuntarily transfer or discharge a resident for one or more of the following reasons:

1) For medical reasons;

2) For the resident's physical safety;

3) For the physical safety of other residents, the facility staff or facility visitors; or

4) For either late payment or nonpayment for the resident's stay. If payment is not received within 45 days after submission of a bill, the facility may send a notice to the resident and responsible party requesting payment within 30 days. If payment is not received within 30 days the facility may institute transfer or discharge proceedings by sending a notice of transfer or discharge to the resident and responsible party by registered or certified mail. The notice shall state that the responsible party has the right to pay the amount of the bill in full up to the date the transfer or discharge is to be made, and then the resident shall have the right to remain in the facility. Such payment shall terminate the transfer or discharge proceedings.

k) Prior to a planned involuntary discharge, the facility shall provide at least a 21-day written notice to the resident, the resident's representative and the Department. The notice shall state the reason for the discharge and shall offer assistance in finding another living arrangement.