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| FACILITY: _____ | REVIEWED BY: _____ |
| RESIDENT ID: _____ | INTAKE DATE: _____ |

ADMISSION TO THE HOME (OAR 309-035-0360)
These documents are to remain in the resident record:

- Face Sheet** (Name, admission date, DOB, sex, legal status, marital status, religious preference, physician & dental info, evacuation capability, diagnosis, health concerns, medication allergies, MH and adv. health directives, burial plan, emergency contact
- Referral** (ECMU, State Hospital, etc.)
- Background Information Documents** (From referral)
- Admission Criteria**
- TB and HEP B** (TB test results *prior* to admission. HEP B if available.)
- Initial Health Screening** (Within 1 yr. *prior* to admission or within 3 months *after* admission.)
- Guardianship Documents** (If applicable)
- Safety & Emergency Orientation** (Within 72 hours of admission)
- Release of Info Forms** (*Update only when specified timeframe has expired or at resident request*, HIPAA, emerg. contact.)
- Informed Consent for Services** (Signed by resident or guardian)
- Advance Health Directives** (Evidence of offering them, noted on face sheet and docs or declination in file)
- Mental Health Directives** (If they have them, noted on face sheet and docs in file or declination)
- Money Management Support** (If so, request or authorization signed by resident)
- Abuse Reporting** (Required to be reviewed periodically as changes are made)
- House Rules** (Required to be reviewed periodically as changes are made)
- Grievance Procedures** (Required to be reviewed periodically as changes are made)
- Resident Rights** (Required to be reviewed periodically as changes are made)

RESIDENT ASSESSMENT / RESIDENTIAL SERVICE PLAN (OAR 309-035-0360)

- Initial Assessment** (Within 30 days of admission. ***New residents this licensing period only.***)
- Initial Service Plan** (Within 30 days of admission. ***New residents this licensing period only.***)
 - Signed** by the resident, administrator or other staff, & case worker (Guardian if applicable)
- Annual Update or Re-Assessments/Changes to Service Plan** (Updated **at least** annually)
 - Signed** by the resident, administrator or other staff, & case worker (Guardian if applicable)
- Progress Notes** (Once a month reflecting the Service Plan) (Daily for crisis respite)

HEALTH SERVICES (OAR 309-035-0440)

- Regular Health Examinations** (At least once every 3 years)
- Dental Examinations** (At least once every 3 years)
- Special Needs** (Should also be noted on the MAR if prosthesis, etc.)
- Emergency Admit Health Screening** (**Applies to emergency admissions only** – screening required within 24 hours, urgent admission within 72 hours)

TERMINATION OF RESIDENCY
Termination or discharge documentation should address the following areas:

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|--|-------------------|-----------------------------------|--------|
| Date of Discharge: _____ | Reason: Voluntary | Emergency | Other: |
| Where the resident went | Referral Sent? | Any letters about the Termination | |
| Incident Reports Leading to Termination | | Disposition of Medications | |
| Personal Inventory Disposition signed by all | | Money Disposition Records | |

RESIDENT RECORD REVIEW FINDINGS

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