DRAFT

ASSISTED LIVING RESIDENCE – MEDICAL ASSESSMENT REVIEW

Readmission to ALR Following Hospitalization or Transfer from Other Healthcare Facility

ALL INFORMATION MUST BE COMPLETED

Adult Care Facility: _____ **Date of Readmission:** _____

Patient's/Resident's Name: _____ **Date of Birth:**_____ **Sex:**_____

Legal Address: _____
Street

_____
City State Zip

REASON FOR ASSESSMENT

Readmission following:

Discharge from hospital ☐

Other healthcare facility ☐ (Describe):_____

Date of discharge/transfer:_____

REVIEW OF MEDICAL INFORMATION

Hospital Discharge Summary Reviewed: ☐

OR

If not admitted following hospital discharge, review of other healthcare facility's discharge/transfer medical information: ☐

Reason for hospitalization/admission to other healthcare facility:_____

_____

Discharge/Transfer Diagnosis:_____

If applicable, Surgery(s) & Date(s):_____

Discharge Recommendations: _____

_____

Document any changes in resident's conditions or diagnosis since previous medical evaluation:_____

_____

ADDITIONAL SERVICES RECOMMENDED: ☐ None List all that are needed. Attach additional sheet if necessary)

	Reason		**Reason**
Physical Therapy ☐	_____	Speech Therapy ☐	_____
Occupational Therapy ☐	_____	Other (Specify) ☐	_____

Home Care: ☐Nursing ☐PCA ☐HHA ☐Other (describe) _____

_____

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ALR MEDICAL ASSESSMENT REVIEW

Patient/Resident Name: _____ Date: _____

LABORATORY SERVICES ORDERED: ☐ None

Lab Test	Reason/Frequency	Lab Test	Reason/Frequency
_____	_____	_____	_____
_____	_____	_____	_____

DIET: ☐ Regular ☐ No Added Salt ☐ No Concentrated Sweets ☐ Mechanical Soft ☐ Other: _____

VITAL SIGNS: BP: _____ Pulse:_____ Resp: _____ T: _____ Weight: _____

Pertinent medical/mental findings requiring follow-up by facility (e.g. skin conditions/acute or chronic pain issues) or any additional recommendations for follow-up : _____

_____

_____

MEDICATION REVIEW

Pursuant to NYCRR Title 18 487.7(f)(2), the patient is **NOT** capable of self-administration of medication if he/she needs assistance to properly carry out **ONE OR MORE** of the following tasks:

- ■ Correctly read the label on a medication container
- ■ Correctly follow instructions as the route, time dosage and frequency
- ■ Correctly ingest, inject or apply the medication
- ■ Measure or prepare medications, including mixing, shaking and filling syringes
- ■ Open the container
- ■ Safely store the medication
- ■ Correctly interpret the label

NEW MEDICATIONS: (List all new prescription, OTC medications, supplements and vitamins not listed under Medications on resident's previous Medical Evaluation)

Medication	Dosage	Type	Frequency	Route	Diagnosis	Prescriber (name of MD/NP)	Needs assistance with self - administration
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No

PHYSICIAN CERTIFICATION

I certify that I have physically examined this patient and have accurately described the individual's medical condition, medication regimen and need for skilled and/or personal care services. Based on this examination and my knowledge of the patient, this individual (see Statement of Purpose below for definitions):

☐ **IS** ☐ **IS NOT** mentally **suited** for care in an Adult Home or Enriched Housing Program.

☐ **IS** ☐ **IS NOT** medically **suited** for care in an Adult Home or Enriched Housing Program

☐ **IS** ☐ **IS NOT** in need of continual acute or long term medical or nursing care or supervision which would require placement in a hospital or nursing home.

☐ **IS** ☐ **IS NOT** in need of 24-hour skilled nursing care.

LEVEL OF CARE RECOMMENDATION: (see back for Statement of Purpose)

☐ Adult Home/Enriched Housing Program/Assisted Living Residence ☐ Enhanced ALR ☐ Special Needs ALR

Physician Signature: _____ **Date**: _____

STATEMENT OF PURPOSE

Adult Homes (AH), Enriched Housing Programs (EHP), Residences for Adults (RFA), Assisted Living Residences (ALR), Enhanced Assisted Living Residences (EALR) and Special Needs Assisted Living Residences (SNALR) provide 24-hour residential care for dependent adults. They are not medical facilities. Persons in need of constant medical care and medical supervision should not be admitted or retained in these settings because the facility lacks the staff and expertise to provide needed services. Persons who, by reason of age and/or physical and/or mental limitations are in need of assistance with activities of daily living, can be cared for in adult residential care settings listed above.

ALRs with certification to provide:

Enhanced ALR care may serve people who need chronic assistance from another person with ambulation, transfer, ascending / descending stairs; are dependent on medical equipment, have intermittent nursing needs (less than 24 hours a day); or have chronic, unmanaged urinary or bowel incontinence.

Special Needs ALR care may serve people who have a need for a secured environment and/or highly specialized services due to advanced dementia or other special need.