Participant Assessment

Standard: 22VAC40-61-220

| Participant N | ame: | | Date of assessment: |
|------------------------------|--|---|--|
| when cente The w the d The p | there are or r's progran vritten asse irector, or a | changes to n of care. I essment sha a licensed h he assessm | e secured or conducted prior to or on the day of admission and reassessment indicate that needs can longer be met by the current plan of care (POC) or the The assessment shall be reviewed and updated at least every six months. All be completed by the director, a staff person who meets the qualifications of nealth care professional employed by the center. The nent is to identify a person's abilities and needs, and determine if and how the icipant. |
| 1. Medical a include diagr | | | dition, including ambulatory ability, ADLs, and health status to |
| Ambulatory | ability | | |
| | No help | Needs | |
| | needed | help | Describe what kind of help is needed: |
| Walking | | | |
| Using a wheelchair | | | |
| Climbing | | | |
| stairs | | | |
| ADLs (activ | ities of da | ailv living | () |
| Bathing | | , , | |
| Dressing | | | |
| Toileting | | | |
| Transferring | | | |
| Eating and feeding | | | |
| Bowel continence | | | |
| Bladder continence | | | |

| Participant Name: | Date of assessment: |
|---|--|
| Health Status to include diag | noses and medications |
| Diagnosis: | Medications (file the orders in participant chart): |
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| Mental status, including any | intellectual, cognitive, and behavioral impairment and known |
| psychiatric or emotional prol | |
| Intellectual impairment: | |
| | |
| Cognitive impairment: | |
| | |
| Behavioral Impairment: | |
| ' | |
| Known psychiatric or emotional | |
| problems: | |
| | |
| Social environment | |
| Living arrangements | |
| | |
| Anailabilia affactly fitters | |
| Availability of family, friends, other people or organizations in | |
| the community to provide | |
| services to the participant: | |

| Participant Name: | Date of assessment: |
|--|---|
| Economic conditions: | |
| Nutrition needs: | |
| Communication limitations | |
| Hobbies and Interests: | |
| Personal preferences that would enhance the participant's | |
| experience at the center: | |
| Other: - any other relevant infor | mation not covered in the required sections above |
| other dry other relevant more | mation not covered in the required sections above |
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| | |
| Signature, name, title of asses | sor: |
| Signature: | |
| Name (printed): | |
| Title (printed): | |
| Other individuals who contributed to development of plan and date of contribution. | |
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