MODEL FORM – ALF

REVIEW OF APPROPRIATENESS OF CONTINUED RESIDENCE IN SPECIAL CARE UNIT

_____ _____

NAME OF RESIDENT NAME OF ALF

Completion Date of Most Recent Uniform Assessment Instrument: _____

As required by section 22 VAC 40-71-700 C 5 of the Standards and Regulations for Licensed Assisted Living Facilities, a review of the appropriateness of the resident's continued residence in the special care unit was performed in consultation with the following (c*heck all that apply):*

- ☐ Resident
- ☐ Guardian
- ☐ Resident's Mental Health Provider
- ☐ Resident's Physician
- ☐ Direct Care Staff
- ☐ Responsible Family Member
- ☐ Personal Representative
- ☐ Licensed Health Care Professional Providing Health Care Oversight
- ☐ Other Professional Involved with Resident

_____(*Title)*

IS CONTINUED RESIDENCE IN THE SPECIAL CARE UNIT APPROPRIATE FOR THIS INDIVIDUAL?

☐ **YES** ☐ **NO**

Justification for this Determination: _____

_____

_____

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_____

_____

_____

(Signature of Licensee/Administrator or Designee)

_____

(Title)

_____

(Date)

032-05-081/1 (11/04)