MODEL FORM – ALF

- REVIEW OF APPROPRIATENESS OF CONTINUED RESIDENCE IN SPECIAL CARE UNIT

__________________________________________

NAME OF RESIDENT

NAME OF ALF

Date of Placement of Resident in Special Care Unit: ____________________________

Date of Last Review of Appropriateness of Resident’s Continued Residence in Special Care Unit: ____________________________

As required by 22 VAC 40-73-1110 D of the Standards 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 (check all that apply):

☐ Resident

☐ Resident’s Mental Health Provider

☐ Responsible Family Member

☐ Licensed Health Care Professional Providing Health Care Oversight

☐ Guardian or Other Legal Representative

☐ Resident’s Physician

☐ Designated Contact Person

☐ Other Professional(s) Involved with Resident

☐ Direct Care Staff Who Provide Care and Supervision to Resident

__________________________________________ ______________________

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

☐ YES ☐ NO

Justification for this Determination: __________________________________________________________

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______________________________________________________________________________________

______________________________________________________________________________________

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______________________________________________________________________________________

__________________________________________

(Signature of Licensee/Administrator or Designee)

__________________________________________ (Title)

__________________________________________ (Date)

032-05-0081-02-eng (02/18)