

Class Two Facility Resident Health Assessment

5122-30-23 (A)(2)(c) Facility Records

Date:

Facility Name:

License Number

Resident's Name:

DOB:

These components may be performed by different health professionals, consistent with the type of information required and the professionals' scope of practice, as defined by applicable law. If different health professionals are used, each professional must sign the section they complete. If a physician is completing the entire assessment, he/she need to only sign at the end of the form.

Medical Diagnosis:

Psychiatric or Psychological Diagnosis (if applicable):

Prescribed Medications:	Frequency:	Route:	Comment:

Dietary Requirements:

TB Test if completed (not required)

Date Given:

Date Read:

Weight:

TB Test Results:

Positive

Negative

Not Completed

Personal Care Services - Check all prompt/assistance required:

Bathing

Dressing

Feeding

Grooming

Walking

Ambulating

Toileting

Oral Hygiene

Comments:

Facility Name:

Resident's Name:

Capability for Medication Administration

To the Physician: Section 3722.011 of the Ohio Revised Code and Rule 5122-30-23 (A)(2)(c) of the Administrative Code requires that residents who live in adult care facilities be evaluated for their ability to self-administer medications with or without limited assistance. Please mark all statements that apply:

- No assistance is needed
- Needs assistance to open container and is able to request assistance.
- Needs reminders when to take medication.
- Needs watching to ensure resident follows directions on the container.
- Needs staff to take medications from locked storage and hand it to the resident.
- Needs staff to read label and directions upon request.
- Needs staff member to remind resident or other individual designated by the resident when prescribed medicine needs refilled
- Is physically impaired but mentally alert and therefore:
 - Needs assistance in removing oral or topical medication. As used in paragraph (C)(3) of rule 5122-33-17 of the administrative code, "topical medication" means a medication other than a debriding agent used in the treatment of a skin condition or minor abrasion, and eye, nose, or ear drops excluding irrigations.
 - Needs staff member to place a dose of medication in a container and place container to his or her mouth if resident is physically unable to do so without spilling it.

If the resident is not capable of self-administering medications because more assistance is needed than outlined above, e.g.. Unable to follow simple verbal commands. **Please Explain:**

Agency:

Address

City State Zip Code

Phone:

Scope of Practice

Physician's Signature

Agency:

Address

City State Zip Code

Phone:

Scope of Practice

Psychiatrist's Signature