

**RESIDENTIAL LIVING CENTER RESIDENT EVALUATION**

Resident's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Provider's Name \_\_\_\_\_ Town \_\_\_\_\_

Surveyor \_\_\_\_\_ Survey Date \_\_\_\_\_

***IF there are any 'NO' responses determined during this evaluation the residential resident requires a higher level of care. The resident should be transferred to an appropriate setting to receive the care they require.***

<b>EVALUATION OF THE RESIDENT:</b>	<b>YES</b>	<b>NO</b>
Is able to bath independently or receives assistance to bath only one part of their body, i.e. back, feet?		
Is able to transfer independently or with limited assistance to transfer to/from the bathing facilities? Provision of safety is acceptable getting in or out of the tub or shower.		
Is able to independently obtain clothes and dress themselves?		
Is able to independently perform grooming tasks i.e. washing face, brushing teeth, combing hair, etc?		
Is able to independently feed self? (No cueing or assistance may be provided). If applicable, is able to independently manage their own feeding tube?		
Is able to independently transfer into and out of a bed or chair? <i>A mechanical lift is not allowable in the RLC.</i>		
Is able to independently go to the bathroom, clean self, and arrange clothing? If applicable, is able to independently complete own ostomy or catheter cares?		
Is able to independently manage incontinent products and maintain personal cleanliness? Has awareness of the need to change the incontinent product when soiled?		
Is able to independently operate a telephone?		
Is able to independently shop for necessary personal items?		
Is able to independently maintain living area cleanliness or making the bed? <i>Occasional assistance by the provider is acceptable for heavy work.</i>		
Is able to independently travel on public transportation, drives their own car, and/or arranges own travel?		

Is capable of self-administering their oral medications?		
Are the medications kept in a secure location to prevent unauthorized access?		
Is the diabetic resident able to independently perform all steps for testing blood sugars?  Is the diabetic resident able to independently ( <b>without assistance</b> ) prepare the insulin in a syringe or insulin pen and self-inject the insulin?		
If skilled services are required are they provided by a Medicare certified home health agency? Skilled services include nursing, physical therapy, occupational therapy, or speech therapy.  <i>Care from a Medicare certified hospice agency is not an allowable service in the RLC. The resident must be transferred to a higher level of care.</i>		
Is able to display normal expected behaviors for condition that do not place self or others at risk?  Does not pose a danger to self or others?		
Is free of a communicable disease that would place other residents or staff at risk?		
Has a health condition that is stable and does not required frequent medical interventions from a physician, physician assistance, or certified nurse practitioner?		
<b>Is the resident able to answer the following questions appropriately:</b>	<b>YES</b>	<b>NO</b>
What is the: <ul style="list-style-type: none"> <li>• Month/date/year?</li> <li>• Day of the week?</li> <li>• Current season?</li> <li>• Name of the town you live in?</li> <li>• Current President of the United States?</li> </ul>		
What are your current medication(s) your physician has ordered for you to take? What is the purpose of the medication(s) prescribed and the proper time to take them?		
What would you do in the event of a fire or other unsafe situations? Explanation from the resident:		

Observations or other comments:

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