Confidential #:

CBC Resident Review Form

Facility _____ Facility # _____ Review date _____

Surveyor _____

Resident name:	Rm #:	Birth date:	Move-in date:

Diagnoses:

Change of Condition, Monitoring, Health Services

___ Staff reported on and documented changes in condition
___ Short term change of condition = Intervention determined and communicated to all staff, all shifts, weekly progress notes
___ Significant change of condition = Evaluation, referral to RN, RN assessment documented, update service plan
___ Monitoring = consistent with needs, changes and interventions reported to all staff in writing
___ If needed, further medical action taken timely
___ Delegation
___ Intermittent Direct Nursing Services provided as needed
___ Coordination with on-site and off site services provided by other health care providers
___ Abuse Reporting / Injuries of Unknown Cause

Focus areas

___ Heavy care ADLs
___ 2-person transfers
___ Incontinence
___ Catheter / Ostomy
___ ER / Hospital visits / Urgent care
___ Recent decline
___ Fall risk / History
___ Hospice / HH / Dialysis
___ Weight changes
___ Tube feeding / Meal assistance
___ IDDM / SS / CBGs
___ Home & Community Based Services (HCBS)
___ Skin issues
___ Siderails /Restraints
___ Self administration
___ Routine coumadin
___ Pain management / PRN narcs
___ Behaviors / Altercations
___ Elopement / Dementia
___ Behavior PRNs / Psych meds
___ Injuries of unknown cause
___ Smoking/O2
___ Move-In Evaluation
___ Other

Date of evaluation:
The initial evaluation must address the following elements:

☐ **Customary routines:** sleeping, eating, bathing. ☐ **Interests, hobbies, social, leisure activities.** ☐ **Spiritual, cultural preferences & traditions.** ☐ **Physical health status including**: ◊ List of current diagnoses; ◊ List of medications and PRN use; ◊ Visits to health practitioner(s), ER, hospital or NF in the past year; ◊ Vital signs if indicated by dx, health problems, or medications. ☐ **Mental Health issues including**: ◊ Presence of depression, thought disorders or behavioral or mood problems; ◊ History of treatment; and ◊ Effective non-drug interventions. ☐ **Cognition, including**: ◊ Memory, Orientation, Confusion and decision making abilities. ☐ **Personality:** including how the person copes with change or challenging situations. ☐ **Communication and sensory including**: ◊ Hearing, Vision, Speech, Assistive devices; and ◊ Ability to understand and be understood. ☐ **Activities of daily living including**: ◊ Toileting, bowel and bladder management; ◊ Dressing, grooming, bathing and personal hygiene; ◊ Mobility – ambulation, transfers, assistive devices; ◊ Eating, dental status, assistive devices. ☐ **Independent activity of daily living including**: ◊ Ability to manage medications; ◊ Ability to use call system; ◊ Housework and laundry; and ◊ Transportation. ☐ **Pain:** pharmaceutical and non-pharmaceutical interventions, including how a person expresses pain or discomfort. ☐ **Skin condition**. ☐ **Nutrition habits, fluid preferences & weight if indicated.** ☐ **List of treatments:** type, frequency and level of assistance needed. ☐ **Indicators of nursing needs including potential for delegated nursing tasks.**	_____ _____

☐ **Review of risk indicators including:**

- ◊ Fall Risk or history;
- ◊ Emergency evacuation ability;
- ◊ Complex medication regimen;
- ◊ History of dehydration or unexplained weight loss or gain;
- ◊ Recent losses;
- ◊ Unsuccessful prior placements;
- ◊ Elopement risk or history; and
- ◊ Smoking, ability to smoke safely;
- ◊ Alcohol and drug use – not prescribed by a physician must be evaluated and addressed

☐ **Environmental factors that impact the resident's behavior including, but not limited to:** noise, lighting, room temperature.

If the information has not changed from the previous evaluation period, the information does not need to be repeated. A dated and initialed notation of no changes is sufficient. *The prior evaluation must then be kept in the current resident record for reference.*

Resident service plan date: _____

Time frames

Quarterly evaluations, changes dated and initialed, historical info must be maintained, significant change of condition.

General

Reflects the resident's needs; based on evaluation; includes resident preferences; supports dignity, privacy, choice, individuality, independence; readily available; provides clear direction to staff; who, what, when, how, how often service provided; and changes & entries dated & initialed.

Service Planning Team

Notes