

FORM ALF 102: Functional Screening for Assisted Living Facilities

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Name: \_\_\_\_\_  
 (Last) (First) (MI)  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Facility: \_\_\_\_\_  
 Anticipated Admit Date: \_\_\_\_\_  
 Referral Source: \_\_\_\_\_ Referral Date: \_\_\_\_\_  
 Significant Medical Conditions (include allergies): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Instructions:** Check appropriate response under each category. Responses marked with an X will require the incorporation of services provided by outside sources which will need to be listed on the bottom of the form.

**1. MEDICATION ADMINISTRATION (requires administration by licensed nursing staff. If licensed staff not available administration must be done by an outside contracted service.)**

- a. Requires dose-related medical monitoring for cardiac rate depressors, hypertensives, insulin, anticoagulants, etc.
- b. Frequent professional monitoring is required for need or dosage regulations, e.g., insulin, narcotics, anticoagulants, etc. Requires med box or insulin syringes filled by facility staff. Oxygen administration by facility staff.

**2. MEDICATION SELF MANAGEMENT**

- a. PRN self-administered medications or no medications.
- b. Requires minimal (1-4) self-administered medications on a regular basis, oral or topical, including vitamins.
- c. Requires multiple (5 or more) maintenance self-administered medications as a daily regime, oral or topical, including vitamins. Weekly or monthly self-administered injections.

**3. EATING/MEAL PREPARATION/DIET**

- a. Independently feeds self.
- b. Independently feeds self but needs someone to prepare meals.
- c. Requires occasional supervision to assure nutritional needs are met
- d. Requires a therapeutic diet, i.e., renal dialysis diet.
- e. Swallowing or choking precautions.
- f. Requires constant attention and hand feeding by assistant, tube feedings. Requires monitoring of diet to assure nutritional needs are met.

**4. SKIN CARE, DRESSING, TREATMENT**

- a. Skin intact.
- b. Superficial skin conditions, fragility, rashes or chronic dermatitis.
- c. Pressure areas, small skin tear, with or without dressing, or minor skin lesions that are not infected.
- d. Open skin lesions present (post-op wounds with complications, decubitus, and sterile/special dressings).

**5. SPEECH, VISION, HEARING**

- a. Unimpaired or impaired, but not dependent on assistance.
- b. Communication impairment that results in the need for occasional assistance.
- c. Completely dependent in areas of communications.

**6. DRESSING AND PERSONAL GROOMING**

- a. Appropriate and independent dressing, undressing or grooming with little assistance (assist with TED hose/minor braces).
- b. Inability to button or zip or choose wardrobe.
- c. Significant assistance or cuing needed on a regular basis.

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**7. BATHING**

- a. Independent bathing with little assistance.
- b. Mobile, but unable to bathe without regular assistance and supervision. Occasional peri-care for hygiene.
- c. Cannot bathe without total assistance (tub, shower, whirlpool, or bed bath).
- d. Unable or unwilling to maintain an acceptable level of personal hygiene with minimal staff assistance.

**8. CONTINENCE**

- a. Continent of bowel and bladder.
- b. Occasional incontinence or stress incontinence, needs occasional help to clean self.
- c. Frequent to total incontinence and unable to manage. his/her self; facility maintenance of colostomies and ileostomies.
- d. Requires catheterization and catheter care by facility staff.

**9. MOBILITY**

- a. Independently and appropriately able to transfer and/or ambulate with or without a device.
- b. Able to transfer and/or ambulate with minimal or standby assistance.
- c. Completely dependent, frequent transfers, frequent positioning, frequent falls, unable to evacuate building.
- d. Requires a two-person transfer.

**10. BEHAVIOR/MOTIVATION**

- a. Appropriate behavior, well-motivated to, and capable of, performing ADLs.
- b. Intermittently confused and/or agitated; requires occasional reminders as to person, place, or time.
- c. Potential for substance abuse, including alcohol or prescription drugs, alone or in combination.
- d. Frequently under the influence of alcohol or drugs, aggressive, abusive or disruptive.
- e. Safety concerns. In danger of self-inflicted harm or self-neglect. Continuous surveillance required. Excessive wandering.

**11. SOCIALIZATION**

- a. Independent participation in social or therapeutic activities by choice. Isolated or reclusive by personal history.
- b. Requires special assistance or encouragement for participation in planned social activities.
- c. Requires one-on-one assistance to maintain safety within the facility.

**12. MEDICAL CARE REQUIREMENTS**

- a. Medically stable.
- b. Acutely ill; able to maintain safely without 24 hour RN assessment, supervision.
- c. Acutely ill; requires 24 hour RN care/supervision to ensure medical needs are met/addressed.
- d. Requires skilled nursing care for chronic conditions.

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Services beyond Assisted Living authority to be provided by the following outside entities.

Service	Service Provider	Physician	Arranged by

Signature of RN completing form: \_\_\_\_\_ Date: \_\_\_\_\_

