Assisted Living Facility Capability Form

(Add Facility Logo)

Facility Name _____

Facility Address _____

Preferred Contact Person _____ and phone number_____

Facility Phone _____ Facility Fax _____

Name of Community Nurse _____

Name of Community Director _____

Minimum lead time required for new Admission to Facility _____

Can admit on weekend or holiday? Y N

Resident Population Served

Ambulatory: resident must be able to walk without difficulty or help.

Non-ambulatory: resident unable to walk, but who may be mobile with the help of a wheelchair or other mobility devices.

Semi-ambulatory: resident must be able to walk with difficulty or only with the assistance of an aid such as crutches, cane or a walker.

Facility			Clinical Services		
Mechanical Lifts used at Facility	Y	N	Licensed Nurse on site (RN or LPN): Part time Full time Phone consultation None		
Dementia Unit	Y	N	Oxygen therapies: CPAP BiPap Oxygen None		
Contracted with Family Care/Managed Care Organization Name of Family Care/Managed Care Organization: _____	Y	N	Able to accommodate: Walker Wheel chair Mechanical lift 2 person transfer None		
Assessment required for admission/ readmission?	Y	N	Transportation to/from hospital: Facility Third Party Vendor Preferred vendor: _____		
Face to face?	Y	N	Respite Care Minimum stay of _____ days	Y	N
Remote (phone consult/document review)	Y	N	Home Health Care available per third party vendor	Y	N
Clinical Monitoring Available	Y	N	Hospice available per third party vendor	Y	N
Frequent Vital Signs	Y	N	Physician services per Visiting Physician services	Y	N
Daily Weights	Y	N	Private duty nurses per family private pay	Y	N

Accu-Cheks for glucose	Y	N	Bariatric services Comment:_____	Y	N
INR	Y	N	Special medical diets	Y	N
Fluid Restriction Monitoring	Y	N	Texture modified diets	Y	N
Consultations Available on-site to Resident			Fluid thickening ability	Y	N
Audiology	Y	N	Fluid restriction monitoring	Y	N
Dental Care	Y	N	Catheter care	Y	N
Hearing Aide Care	Y	N	Suprapubic catheter care	Y	N
Hospice	Y	N	Colostomy care	Y	N
Podiatry	Y	N	Tube Feeding	Y	N
Psychiatry	Y	N	Insulin	Y	N
Registered Dietician	Y	N	Sliding scale insulin	Y	N
Respiratory Care	Y	N	IV Medication Therapies	Y	N
Vision Care	Y	N	IV site care	Y	N
Wound Care	Y	N			

Please Call Facility ASAP if our Resident has:		
Change in medications prior to returning to facility (there is no pharmacy on site)	Y	N
Change in mobility status	Y	N
Change in mental status	Y	N
Newly placed IV or dialysis port that will remain upon discharge	Y	N
New wound or wound care needs	Y	N