

**ADULT RESIDENTIAL LICENSING
ASSISTED LIVING RESIDENCE COGNITIVE-BEHAVIORAL- PHYSICAL
PREADMISSION SCREENING FORM**

**For Compliance with 55 Pa.Code § 2800.231(c)(1)-(2)
To be completed within 72 hours prior to admission to a special care unit**

PART I: Residence Information

Residence Name and Address:

PART II: Residence Information

Resident Name:

Diagnosis Requiring Special Care Services:

Type of Unit:

- Alzheimer's / Dementia Care
 Brain Injury / Head Trauma

Part III: Functional and Behavioral Screening

Functional/Behavioral Element	Level of Impairment				
	No Impairment	Minimal Impairment	Moderate Impairment	Extensive Impairment	Total Impairment
Orientation to time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation to place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation to person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding consequences of decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritability or anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinations or delusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wandering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep disturbances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggression toward others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-injurious behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to focus on a specific task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other functional or behavioral limitations related to the need for the services of a special care unit:

Part III: Determination

Date of Determination:

We have determined that, based on this screening, the above-named resident:

- Does not require the services of a special care unit, and may be served in a less-restrictive setting.
- Does require the services of a special care unit, and can be served in the unit operated by this residence.
- Does require the services of a special care unit, but cannot be served in this residence due to the resident's level of need.

Part IV: Participants

Name	Relationship to Resident	Participation Date

Part V: Screeners

Check if Participated	Title	Name(s)	Professional License Number(s), if Applicable
<input type="checkbox"/>	Administrator or designee		
<input type="checkbox"/>	Physician		
<input type="checkbox"/>	Neuropsychologist		
<input type="checkbox"/>	Geriatric assessment team		
<input type="checkbox"/>	CPB Team		