

# Class Two Facility Resident Health Assessment

5122-30-23 (A)(2)  
(c) Facility Records

Date:

Facility Name:

License Number

Resident's Name:

DOB:

A medical assessment must be conducted by a qualified healthcare practitioner within 12 months prior to the resident's date of admission to the facility. If different healthcare practitioners complete the assessment, each practitioner must sign the section they complete. If a physician is completing the entire assessment, he/she needs to only sign at the end of the form.

Medical Diagnosis (Must be completed):

Psychiatric or Psychological Diagnosis (Must be completed):

Medication Allergies:

Prescribed Medications:	Dosage:	Frequency:	Route:	Comment:

N/A  Regular

Diabetic  Pureed

Diabetic  Liquid

Other

TB Test if completed (not required)

Date Given:

Date Read:

Weight:

TB Test Results:

Personal Care Services - Check all prompt/assistance required:

Bathing  
 Dressing

Feeding

Grooming

Walking

Ambulating

Toileting

Oral  
Hygiene

Facility Name:

Resident's Name:

Personal Care Services - Check all prompt/assistance required (continued):

Transitioning from chair  Assistance with standing

**Capability for Medication Administration**

**To the Physician:** Section 3722.011 of the Ohio Revised Code and Rule 5122-30-23 (A)(2)(c) of the Administrative Code requires that residents who live in adult care facilities be evaluated for their ability to self-administer medications with or without limited assistance. Please mark all statements that apply:

No assistance is needed

Needs assistance with self-administration of medication (Check below)

Needs staff to open container and can request assistance

Needs reminders when to take medication

Needs watching to ensure resident follows directions on container

Needs staff to take medications from locked storage and hand to resident

Needs staff to read label and directions upon request

Needs staff member to remind resident/other designee when prescribed medicine needs refilled

Is physically impaired but mentally alert and therefore (List physical impairment and check 1 and/or 2 below):

Needs assistance in removing oral or topical medication. As used in paragraph (C)(3) of rule 5122-33-17 of the administrative code, "topical medication" means a medication other than a debriding agent used in the treatment of a skin condition

or minor abrasion, and eye, nose, or ear drops excluding irrigations.

Needs staff member to place a dose of medication in a container and place container to his or her mouth if resident is physically unable to do so without spilling it.

Resident unable to self-administer medication. **Please explain:**

Agency:

Scope of Practice

Address

City

State

Zip Code

Phone:

Physician's Name (Print and Signature)

Date

Facility Name:

Resident's Name:

Agency:

Scope of Practice

Address

City

State

Zip Code

Phone:

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Psychiatrist's Name (Print and Signature)

Date