



**Resident Functional Evaluation (RFE)**

The Resident Functional Evaluation (RFE) is an assessment toll conducted **BEFORE MOVE IN, 14 DAYS AFTER MOVE IN, UPON RETURN FROM HOSPITAL STAY, WHEN THERE IS A CHANGE IN A RESIDENT’S SERVICE NEEDS, AND/OR EVERY 3 MONTHS THEREAFTER.**

In each category any needs that may apply to the Resident’s care needs.

Resident’s Name: \_\_\_\_\_ Move-In Date: \_\_\_\_\_

Diagnosis’ (all): \_\_\_\_\_

Assessor: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

<b>Dressing</b>		<b>Resident’s Needs</b>	
	Independent, no assistance needed		
	Verbal reminders & cueing		
	Stand-by assistance		
	Physical assistance		
<b>\$200</b>	<b>2<sup>nd</sup> Person required for assistance</b>		
<i>Additional Comments / Preferences:</i>			
<b>Grooming</b>		<b>Resident’s Needs</b>	
	Independent, no assistance needed		
	Verbal reminders & cueing		
	Stand-by assistance		
	Physical assistance		
	Assistance with locating dentures		
	Cares for dentures independently		
<i>Additional Comments / Preferences:</i>			
<b>Bathing</b>		<b>Resident’s Needs</b>	
	Independent, no assistance needed		
	Verbal reminders & cueing		
	Stand-by assistance		
	Physical assistance		
<b>\$200</b>	<b>2<sup>nd</sup> Person required for assistance</b>		
<i>Additional Comments / Preferences(Routine Shower Schedule or Shower Devices Used):</i>			

### Resident Functional Evaluation (RFE)

Continance		Resident's Needs	
	No Incontinence		
	Incontinence managed by Resident		
	Reminders / Toileting Schedule		
	Assistance emptying catheter bag		
	Hands-on assistance		
	Occasional accidents ( <i>weekly</i> )		
	Frequent accidents ( <i>daily</i> )		
\$200	2 <sup>nd</sup> Person required for assistance		
<i>Additional Comments / Preferences:</i>			
Mobility		Resident's Needs	
	Walks Independently		
	Cane, Walker or other help device		
	Wheelchair - Independent		
	Wheelchair – Needs Assistance		
	Escort / Assistance with walking		
	Fall Risk (per fall risk assessment)		
	Fall in the past 12 months		
	Electric Wheelchair / Scooter		\$1,000 non-refundable deposit
\$200	2 <sup>nd</sup> Person required for assistance		
<i>Additional Comments / Preferences:</i>			
Vision		Resident's Needs	
	Does not wear eyewear		
	Independent with eyewear		
	Needs assistance locating eyewear		
	Assistance with mail, tasks, etc.		
	Severe Vision Impairment		
<i>Additional Comments / Preferences:</i>			
Speech		Resident's Needs	
	Communicates clear & distinct		
	Difficult to understand		
	Severe speech dysfunction		

**Resident Functional Evaluation (RFE)**

Meals / Diet		Resident's Needs	
	No assistance or special diet		
	Special Diet		
	Food Allergies		
	Verbal cueing & guidance		
	Physical Assistance		Must eat in the Cottage
	Assistance		
	Nutritional Supplements		
	Texture Modification		Requires Physician's Orders
<i>Additional Comments / Preferences:</i>			
Sleeping		Resident's Needs	
	No Sleep Disorders		
	Takes Sleep Aid Medication		
	Easily redirected back to bed		
	Night terrors / Nightmares		
	Not easily redirected / req. sitter		
	Frequent nighttime toileting		
	Wakes up for midnight snack		
<i>Additional Comments / Preferences:</i>			
Willingness to Accept Care		Resident's Needs	
	Willing to accept care		
	Reluctance to accept care		
<i>Additional Comments / Preferences:</i>			
Supervision / Monitoring		Resident's Needs	
	Checks 2x's per day (8am/8pm)		Document
	Checks every 2 hours		Document
	Checks every hour		Document   All Cottage Residents
	No checks per Resident / Family		Risk Management Waiver
\$200	2 <sup>nd</sup> Person required for assistance		
<i>Additional Comments / Preferences:</i>			

**Resident Functional Evaluation (RFE)**

Medication Management		Resident's Needs	
	Residents does not take medication		
	Manages Independently		Self-Administration Test on File
	Assistance with Oral Medications		
	Assist w/ vitamin supplement		
	Assist w/ Prescription Medications		
	Assist w/ PRN		
	Assist w/ OTC		
	Assist w/ Liquid Fiber Supplements		
	Assist w/ lotions / creams / ointment		
	Assist w/ topical patch		
	Assist w/ ear / eye drops		
	Assist w/ nasal spray		
	Assist w/ inhalers / nebulizers		
	Assist w/ Oxygen		
	Assist w/ CPAP / BIPAP		
	Assist w/ Blood Sugar Monitoring		
	Assist w/ Insulin Injections		
	Assist w/ INR / CoaguCheck, etc.		
	Assist w/ TED Hose		
	Assist w/ special brace / boot		
	Crush Medication per Dr. order		
	Mix with pudding per Dr. order		
<i>Additional Comments / Preferences:</i>			
Weights / Vital Signs		Resident's Needs	
	Monthly weights / Vital Signs		ALL RESIDENTS
	Vital Signs / Weights weekly		Per Physician or Family Request
	Vital Signs / Weights daily		Per Physician or Family Request
<i>Additional Comments / Preferences:</i>			
Sensory Devices		Resident's Needs	
	Does not have hearing aids		
	Independent with hearing aids		
	Requires assist with hearing aids		
<i>Additional Devices / Details:</i>			

**Resident Functional Evaluation (RFE)**

<b>Orientation / Communication</b>		<b>Resident's Needs</b>	
	Oriented in place and time		
	Occasional Confusion		
	Requires regular prompting		
	Severe Orientation Deficits		
<i>Additional Comments / Preferences:</i>			
<b>Challenging Behaviors</b>		<b>Resident's Needs</b>	
	No Challenging Behaviors		
	Easily Redirected / Calmed		
	Occasional Behaviors		
	Frequent Behaviors		Should be in the Cottage
	Depression		Routine Comm. w/ Dr. & Family
	Anxiety		Routine Comm. w/ Dr. & Family
	Paranoia		Routine Comm. w/ Dr. & Family
	Other Mental Health Diagnosis		Routine Comm. w/ Dr. & Family
<i>Additional Comments / Preferences:</i>			
<b>Safety / Self Awareness</b>		<b>Resident's Needs</b>	
	Understands safety / self aware		
	Occasional Reminders		
	Continued Monitoring		
	Issued Emergency Call Pendant		
	Not Issued Emergency Call Pendant		All Cottage Residents
<i>Additional Comments / Preferences:</i>			
<b>Aging in Place Service Coordination</b>		<b>Resident's Needs</b>	
	CMA or Proxy Caregiver		
	Hospice		
	Home Health		
	Home Care / Sitter / Companion		
	AHSLJ One-on-One Care Partner		\$16 per hour
	Appointment Reminders		
	Appointment Companion		All Cottage Residents



**Resident Functional Evaluation (RFE)**

The attached Resident Functional Evaluation (RFE) completed on \_\_\_\_\_, was reviewed and explained in full detail to the Resident and their Responsible Party in a Care Plan Meeting. Any questions associated with this RFE have been answered to the satisfaction of the Resident and their Responsible Party.

It is also known that all services set forth in this RFE are deemed inclusive in the monthly base rate, however, if it is required for two (2) Care Partners to assist the Resident, consistently (on a routine basis), for any service there will be an additional fee of \$200 per service that requires the additional Care Partner. If the Resident or Responsible Party opt to utilize the One-on-One Care Partner Service offering an inhouse Sitter / Companion, there is an hourly rate of \$16.

If at any time additional monthly services such as Two (2) Care Partner Assist are required a thirty (30) day written notice will be delivered by certified mail explaining the charges and services will start immediately.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

A Care Plan Meeting was conducted via phone. An electronic signature / statement received via email from the Resident's Responsible Party was sent to <a href="mailto:executivedirector@athomeofjesup.com">executivedirector@athomeofjesup.com</a> to confirm such meeting and attached to this RFE.	_____ ED initial
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\_\_\_\_\_  
Resident Services Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date