



DETERMINATION FOR ADMISSION

Arizona State Regulation R9-10-807.B

requires that the following information be provided by a Licensed Physician, Nurse Practitioner, Physician's Assistant, or Registered Nurse before or at time of acceptance into an assisted living facility. The individual below is a candidate to receive Supervisory, Personal, or Directed Care Services by

at

Candidate's Name

Date of Birth

Please check one of the following levels of care the individual will receive:

- ☐ Supervisory Care Services: General supervision, no hands-on assistance including daily, awareness of resident functioning and continuing needs the ability to intervene in a crisis and can self-administer prescribed medications.
- ☐ Personal Care Services: Assistance with any activities of daily living (ADLs) which can be performed by a certified caregiver, including the coordination of intermittent nursing services and medication administration.
- ☐ Directed Care Services: Means program and services, including personal services, provided to persons who are incapable of recognizing danger, summoning assistance, expressing needs, or making basic decisions about their care.

Please answer the following questions:

- 1) Does this candidate require **continuous** medical services? (hospitalization, sub-acute care):
☐ YES ☐ No
- 2) Does this candidate require **continuous** nursing services? (i.e. skilled nursing facility, RN/LPN 24/7):
☐ YES ☐ No
- 3) Does this candidate require **intermittent** nursing services? (i.e. Home Health, Hospice, Wound Care, If "YES", please explain:
☐ YES ☐ No

- 4) *Does this candidate require continuous behavioral health care services (i.e. under the Direction of a behavioral health professional)?
☐ YES ☐ No
- 5) *Is this candidate confined to a chair or bed and is unable to ambulate on their own?
☐ YES ☐ No



DETERMINATION FOR ADMISSION

- 6) *Does this candidate have Stage 3 or 4 pressure sore?
☐ YES ☐ No
- 7) Does this candidate require restraints (include bedrails)?
☐ YES ☐ No
- 8) Certified Caregivers and Manager may set up medication in a medication organizer?
☐ YES ☐ No
- 9) Certified Caregiver and Manager may administer medications per medication order approved by the PCP, Pharmacist and RN?
☐ YES ☐ No
- 10) Certified Caregivers and Manager may perform treatment as prescribed by the medication orders per this facility's Policies and Procedure for treatment?
☐ YES ☐ No

Physician, PA, or RN Signature

Date

**Candidate requires a Determination of Residency/Continued Residency.*