

Resident Assessment Planning Form

Nursing homes are required to conduct initially and periodically a comprehensive and accurate assessment of each resident's functional capacity. Federal law requires that it identify and respond to "a resident's needs, strengths, goals, life history and preferences." It is very important because it forms the basis for a resident's care plan, which outlines to services the facility promises to provide.

Federal standards also state "that the assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts." The purpose of this form is to assist residents, families, and those working with them to prepare for and participate effectively in the assessment process. It can be used to identify areas of concern related to the required components of the assessment.

Identification & Demographic Background:

Customary Routine:

Cognitive Patterns or Issues (e.g., memory loss, dementia, Alzheimer's, etc...):

Communication Challenges or Problems:

Vision Problems (e.g., blurry vision, floaters, flashes, etc...):

Mood or Behavioral Concerns (e.g., depression, anxiety, anger, etc...):

Concerns with Psychosocial Well-being (e.g., appropriate activities, social environment, etc...):

Physical Functioning and Structural Problems (e.g., trouble walking, backaches, arthritis, etc...):

For additional information and resources, please visit
www.nursinghome411.org.

Continence Issues (e.g., bladder or bowel function, constipation, relying on assistance to go to the bathroom, etc...):

Disease diagnoses and health conditions:

Dental Problems or Concerns (e.g., toothaches, dental hygiene concerns, dentures, etc...):

Nutritional Concerns (e.g., weight loss, lack of interest in eating, difficulty eating, etc...)

Skin Conditions (e.g., pressure ulcer concerns, itching, bruises, abnormal lumps, sore areas, etc...):

Activities (e.g., are activities engaging for resident, tailored to mental and physical abilities, etc...):

Medication Issues or Concerns (e.g., receiving antipsychotic drugs off-label, not receiving medications to relieve pain or anxiety, etc...):

Special Treatments and Procedure Concerns (e.g., staff members are not mindful of resident's food allergies, facility does not provide vegetarian options for meals, etc...):

If you have any further issues or concerns not described earlier, please write them below:

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