**DPP-277A**

COMMONWEALTH OF KENTUCKY

CABINET FOR HEALTH AND FAMILY SERVICES

DEPARTMENT FOR COMMUNITY BASED SERVICES

**PERSONAL CARE HOME SEMI-ANNUAL ASSESSMENT PROCEDURES**

The Semi-Annual Assessment for PCH DPP 277A is to provide a periodic uniform assessment of the home, operator, and selected residents, to assist the worker in identifying problems or service needs.

**PROCEDURES:**

The initial assessment DPP-277A is to be completed within six (6) months of the date of licensure and every six months thereafter. The initial assessment to the PCH shall establish baseline information about the home and selected residents. Changes noted by the worker are of particular importance in subsequent visits. The worker shall not function as a licensing or regulatory agent. However, if the worker observes conditions which appears to be in violation of PCH regulations staff should forward the information to the Office of Inspector General, Division of Health Care.

ALL SECTIONS ARE TO BE COMPLETED AT EACH ASSESSMENT

**A. IDENTIFYING DATA**-Enter appropriate information.

**B. FACILITY ASSESSMENT**

1. Observe housekeeping standards and circle appropriate response.
2. Note staffing or administrative changes which may affect resident care.
3. Changes may be positive or negative and may affect the safety or comfort of residents. Examples: new A/C, new paint, carpet, uncomfortable temperatures.
4. List activities available to residents; both those provided by the facility and offered outside the facility.
5. Enter times of meals, any meals observed and date and assessment of food served.
6. Note any unpleasant odors which may include disinfectant, pesticide, urine, or stale cooking odors.
7. Indicate if phone is available to residents.
8. Indicate if any reports have been made to OIG or Protective Service Investigations have been completed.
9. List any training that has been provided to enhance staff’s ability to provide care.
10. List any death(s) and cause(s), if known.
11. Enter names of residents who have moved since last assessment and the reason(s).
12. Deaths shall be recorded regardless of whether or not the resident died in the home or in the hospital. State cause(s), if known.

The SSW may provide follow up services aimed at alleviating any problems identified.

**C. RESIDENT ASSESSMENT**-Answer as indicated using the following guidelines:

Complete the resident assessment on each resident unless the resident objects. Objections shall be documented. Efforts shall be made to talk privately with each resident.

1. The SSW’s goal is to determine resident’s satisfaction with living arrangement. Responses may indicate problem areas which the worker may wish to discuss with resident and operator to determine if action is needed. Responses may indicate the need for counseling, resident, relocation, or mental health services.
2. Through face-to-face contact determines if resident is oriented to person, place, and time. Describe if resident is alert, confused, forgetful, sad, happy, hostile, or withdrawn. When appropriate, obtain observations from other regarding emotional/mental status.
3. Note or describe resident’s weight or note any obvious weight change. Obesity, thinness or noticeable change in weight may indicate dietary, dental, denture, medical/health or emotional problems(s). Try to determine reason(s) for weight change.
4. Discuss problems with grooming or hygiene with resident and operator.
5. Residents in family care homes are to be ambulatory or mobile non-ambulatory. This means they are able to get in and out of bed or chair without assistance of another person. If assistance of another person is required to walk or transfer, notify Licensing and Regulation for purposes of assessment. “Family Care Home,” Mobile Non- Ambulatory” and “Ambulatory” and Bedfast Waiver,” definitions are in the appendix.
6. List any health services received.
7. The SSW may want to consult with the primary physician, if the resident appears over sedated, hyperactive or there are several medicines prescribed by different doctors.
8. Restraints shall be ordered by a physician.
	1. See Resident’s Rights, Appendix
9. Answer as indicated. List in-home and outside activities in which the resident participates.

COMMENTS AND RECOMMENDATIONS

Enter any additional information considered relevant to care of residents or enter continuation of information from Sections B and C of this form. Attach additional pages when necessary to adequately document visit.

**D. Enter next review date**

**E. Sign and date**