



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF REGULATION AND LICENSURE
 SECTION FOR LONG-TERM CARE REGULATION

RESIDENT CARE SURVEY – RCF/ALF

INSTRUCTIONS: A facility representative will complete the following based on a census which includes residents who are currently out of the facility for any reason, but whose return is anticipated.

FACILITY NAME	<input type="checkbox"/> RCFI <input type="checkbox"/> RCFII <input type="checkbox"/> ALFI <input type="checkbox"/> ALFII	FACILITY ID NUMBER
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ADDRESS (STREET, CITY)

CAPACITY	CENSUS	ADULT DAY CARE PARTICIPANTS	DMH PLACED RESIDENTS
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NO. OF RESIDENTS	CATEGORY
	1. Residents using canes _____ walkers _____ wheelchairs _____ (List number of each)
	2. Residents requiring staff assistance with transfer or ambulation - List names in comments or attach a list
	3. Residents who are blind _____ or deaf or require use of hearing aids _____ (List number of each)
	4. Residents with catheters
	5. Residents who are frequently to totally incontinent of bladder and/or bowel
	6. Residents with a mental illness diagnosis and/or a developmental disability
	7. Residents who receive a physician prescribed special diet (other than regular)
	8. Residents who have pressure sores/ulcers _____ or other skin issues _____ (List number of each)
	9. Residents who self-administer prescription or over-the-counter medication
	10. Residents who are diabetic and insulin dependent
	11. Residents who have experienced falls in the past 60 days
	12. Residents with a diagnosis of Alzheimer's disease or dementia
	13. Residents hospitalized during the last 45 days
	14. Residents experiencing a short period of incapacity (45 day timeframe) due to illness, injury or recuperation from surgery
	15. Residents who required infectious disease treatment within the last 30 days
	16. Residents receiving hospice
	17. New residents in the last 30 days
	18. Residents who reside above the first floor
	19. Residents who require the use of oxygen
	20. Residents who are an elopement risk
	21. Residents who require physical or chemical restraints
	22. Residents who have exhibited behaviors that present a reasonable likelihood of harm to themselves or others
	23. Residents who are mentally incapable and/or require physical assistance or the use of an assistive device in order to negotiate a pathway to safety. List names in comments or attach a list.
	24. ALF IIs only: Residents with a physical, cognitive, or other impairment who require more than minimal assistance in order to safely evacuate the facility. The following actions required of staff are considered to be more than minimal assistance: assistance to traverse down stairways, assistance to open a door, and assistance to propel a wheelchair. List names in comments or attach a list.

COMMENTS

I AFFIRM THE ABOVE INFORMATION TO BE AN ACCURATE STATEMENT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF FACILITY REPRESENTATIVE	DATE
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