ADULT RESIDENTIAL LICENSING
PERSONAL CARE HOME PREADMISSION SCREENING
For Compliance with 55 Pa.Code § 2600.224 and § 2600.231
To be completed within 30 days prior to admission

INSTRUCTIONS FOR USE

Completion of the Preadmission Screening is essential to ensure that the admitting home is aware of a resident's medical, psychological, and behavioral needs, and that the home can safely meet those needs. The Preadmission Screening MUST be completed PRIOR TO ADMITTING THE APPLICANT TO THE HOME AS A RESIDENT.

The information captured on this document represents the most basic information homes must have to make an informed decision about admitting a resident. Homes may and are encouraged to include other information as part of their preadmission screening process.

Each part of the screening is separated into different elements. Completion of the entire form is required for complete compliance; however, some elements will not result in a regulatory violation if they are not completed. The table below shows the primary benefit of each element, and regulatory response if the element is not completed:

Element	Primary Benefit	Regulatory Response if not Completed
I-A: Title of Person Completing Screening	Ensures completion by qualified person	Violation
I-B: Printed Name of Person Completing Screening	Documents actual completion by qualified person	Violation
I-C: Signature of Person Completing Screening	Documents actual completion by qualified person	Violation
I-D: Name of Admitting Personal Care Home	Records home considering admission of resident	Technical Assistance
I-E: Date Screening Completed	Ensures completion prior to admission	Violation
I-F: Screening Information Sources	Documents sources of information to ensure validity of information	Violation
II-A: Name	Documents the name of the applicant	Violation
II-B: Date of Birth	Documents the age of the applicant	Violation
II-C: Primary Language Spoken / Means of Communication	Ensures home can effectively communicate with applicant if admitted	Violation
II-D: Current Residence	Documents resident's social history; offers insight into social needs	Technical Assistance
II-E: Length of Time at Current Residence	Documents resident's social history; offers insight into social needs	Technical Assistance
II-F: Reason for Leaving Current Residence	Establishes the medical, psychological, behavioral, or social basis for seeking PCH admission	Violation
II-G: Level of Supervision Needed	Ensures that home is aware of resident's supervision needs	Violation
II-H: Mobility Needs	Ensures that home is aware of resident's mobility needs	Violation
II-I: Ability to Self-Administer Medications	Ensures that home is aware of resident's medication needs	Violation
II-J: Personal Care and Medical Needs (ALL)	Ensures that home is aware of resident's personal care and medical needs	Violation
PART III: DETERMINATION	Establishes that home can meet applicant's needs	Violation
PART IV: COGNITIVE SCREENING	Establishes that resident requires secured care	Violation

PART I: SCREENER INFORMATION

I-A: Title of Person Completing Screening: (Check ONE)

- ☐ Personal Care Home Administrator
- ☐ Designated Personal Care Home Staff Person
- ☐ Human Services Agency Staff (List Agency):

I-B: Printed Name of Person Completing Screening:

I-C: Signature of Person Completing Screening:

I-D: Name of Admitting Personal Care Home:

I-E: Date Screening Completed:

I-F: Screening Information Sources:

☐ Applicant ☐ Applicant's Informal Supports ☐ Medical records ☐ Other (specify):

PART II: APPLICANT INFORMATION

II-A: Name:

II-B: Date of Birth:

II-C: Primary Language Spoken / Means of communication:

II-D: Current Residence:

- ☐ Private home or apartment with…
  - ☐ …no formal or informal supports
  - ☐ …informal support (family/friends)
  - ☐ …formal support (home health, day services, etc)
  - ☐ …both formal and informal supports
- ☐ Other personal care home
- ☐ Nursing facility
- ☐ MH/ID Community setting
- ☐ Homeless
- ☐ Other (specify):

II-E: Length of Time at Current Residence:

- ☐ <3 months
- ☐ 3 months - 1year
- ☐ 1 - 5 years
- ☐ 5 or more years

II-F: Reason for Leaving Current Residence:

II-G: Level of Supervision Needed:

☐ **None** Applicant requires no supervision either in the home or when in the community	☐ **Minimal** Applicant requires no supervision in the home or when in familiar surroundings, but needs attendance in unfamiliar places	☐ **Moderate** Applicant requires some supervision in the home and needs attendance when outside the home, and/ or tends to wander	☐ **Extensive** Applicant requires regular supervision in the home and cannot leave home unattended; unaware of unsafe areas	☐ **Total** Applicant requires 24-hour direct supervision

II-H: Mobility Needs:

☐ **Independent** Applicant has **no** mobility needs and can evacuate independently in an emergency	☐ **Minimal (Mobile)** Applicant requires **limited** physical or oral assistance to evacuate in an emergency	☐ **Moderate (Immobile)** Applicant requires **moderate** physical or oral assistance to evacuate in an emergency	☐ **Total(Immobile)** Applicant requires **total** physical or oral assistance to evacuate in an emergency from one or more staff persons

II-I: Ability to Self-Administer Medications:

☐ **Applicant can self-administer without assistance**

☐ **Applicant can self-administer with (check all that apply)…**

- ☐ …assistance in remembering schedule
- ☐ …assistance in offering medications at prescribed times
- ☐ …assistance in opening container or locked storage area

☐ **Applicant cannot self-administer medications**

II-J: Personal Care and Medical Needs – Check all that Apply:

Activities of Daily Living (ADLs):

- ☐ Eating
- ☐ Drinking
- ☐ Transferring in/out of bed/chair
- ☐ Toileting
- ☐ Bladder Management
- ☐ Bowel Management
- ☐ Ambulating
- ☐ Personal Hygiene
- ☐ Managing Health Care
- ☐ Securing Health Care
- ☐ Turning and positioning in bed/chair

Instrumental Activities of Daily Living (IADLs):

- ☐ Doing laundry
- ☐ Shopping
- ☐ Securing and using transportation
- ☐ Managing finances
- ☐ Using the telephone
- ☐ Making and keeping appointments
- ☐ Caring for personal possessions
- ☐ Written correspondence
- ☐ Engaging in social and leisure activities
- ☐ Using a prosthetic device
- ☐ Obtaining clean, season clothing

Sensory Needs:

- ☐ Total hearing impairment
- ☐ Hears with device (specify):
- ☐ Total visual impairment
- ☐ Sees with device (specify):

Medical, Psychological, and Behavioral Diagnoses (list):

History of Problematic Behavior (Check all that apply):

- ☐ Suicide attempts
- ☐ Substance abuse
- ☐ Fire-starting
- ☐ Other (describe):
- ☐ Physical violence toward others
- ☐ Sexually abusive or inappropriate acts

This resident CAN SAFELY USE AND AVOID POISONOUS MATERIALS: ☐ YES ☐ NO

PART III: DETERMINATION

Based on this screening, I verify that the needs of this applicant can be met in this personal care home:

☐ YES ☐ NO

If "No" is checked, specify local assessment agency to which applicant was referred. Please be advised that this referral is required by § 2600.224(b):

PART IV: COGNITIVE SCREENING

Note: This section applies only if the applicant is seeking admission to a Secured Dementia Care Unit. This section must be completed by a physician or geriatric assessment team within 72 hours prior to admission to the Secured Dementia Care Unit.

Title of Person Completing Screening: (Check ONE)

- ☐ Physician
- ☐ Geriatric Assessment Team Representative

Printed Name of Person Completing Screening:

Signature of Person Completing Screening:

Diagnosis:

Date Screening Completed:

Behaviors Exhibited (Check all that Apply):

☐ Anxiety ☐ Disorientation ☐ Agitation ☐ Hostility ☐ Confusion ☐ Sadness
☐ Physically violent ☐ Delusional ☐ Lethargy ☐ Wandering ☐ Hallucinations

Based on this screening, I verify that the needs of this applicant require secured care due to Alzheimer's Disease or other dementia: ☐ YES ☐ NO