**DPP-277**

COMMONWEALTH OF KENTUCKY

CABINET FOR HEALTH AND FAMILY SERVICES

DEPARTMENT FOR COMMUNITY BASED SERVICES

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

The purpose of the FCH Semi-Annual Assessment, DPP-277 is to provide a periodic uniform assessment of the home, operator, residents, and to assist the social worker in identifying problems of service needs.

**PROCEDURES:**

The initial assessment and profile (DPP-278) shall establish baseline information about the family care home and the residents. Six months after the worker receives the notification of licensure of the family care home the first semi-annual assessment is to be completed and a new assessment every six (6) months thereafter. Some information gathered on the initial visits shall be more descriptive of current status than of change, since the SSW may not have previously assessed the home. In subsequent visits, changes noted by the SSW are of particular importance. The SSW shall assess the physical and emotional condition of the residents. The SSW shall also assess conditions which appear to be in violation of FCH regulations, and forward the concerns to the Office of Inspector General, Division of Health Care.

ALL SECTIONS ARE TO BE COMPLETED AT EACH ASSESSMENT

**A. IDENTIFYING INFORMATION**-Enter appropriate information. The relief person is the person responsible for supervising residents when the operator is out of the home. Unless there have been changes in this section since the last visit, provide only facility’s full name.

**B. HOME ASSESSMENT**-Answer as indicated using the following guidelines:

1. Compare instructions on prescription containers against medication sheets. All medications including OTC (over-the-counter) require a doctor’s order. Operator or resident may have some awareness of why medicine is ordered and any special precautions. This information may be found on prescription label.
2. Check posted menus.
3. The SSW may want to visit at mealtime or during food preparation to determine quality and quantity of food. However, if there are complaints or other concerns regarding meals, SSW shall visit during mealtime or during meal preparation.
4. Be alert for changes that affect residents’ care/comfort such as children or grandchildren moving into home resulting in crowding or loss of privacy.
5. Be alert for any changes in health of operator or family members that affect the care for residents. Caregiving ability may be affected by such events as death, divorce, social isolation, hospitalization or financial stress.
6. Changes may be positive or negative and may affect the safety or comfort of both residents and the operator. Negatives might be such things as unlocked weapons, kerosene heaters, unvented space heaters, broken windows, broken steps, handrails, or ramps in disrepair, uncomfortable temperatures, deterioration of housekeeping standards. Positives may be such things as air conditioners, new furniture, remodeling, cable TV or fenced yard.
7. List in home activities, Examples: TV, radio, indoor games, magazines, newspapers, pets, yard games, gardening.
8. List outside activities, Examples: Shopping trips, park/picnic trips, sheltered workshops, community mental health programs, senior citizens programs, church.
9. Indicate if any protective service investigations or DSS-284s have been completed.
10. Enter names of residents who have moved since last assessment and the reason(s).
11. 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**