

COMMONWEALTH OF KENTUCKY
Cabinet for Families and Children
Department for Community Based Services

DSS-277A

(R 4-99)

PERSONAL CARE HOME SEMI-ANNUAL ASSESSMENT

A. IDENTIFYING DATA

Facility Name _____ Number of Beds _____ Phone _____
Address _____ Administrator _____
Owner _____

B. FACILITY ASSESSMENT (circle appropriate responses)

1. Housekeeping standards: Excellent Good Fair Poor
2. Staffing or administrative changes? Yes No
 If yes, elaborate _____
3. Changes in physical environment? Yes No
 If yes, elaborate _____
4. Activities available to residents? Yes No
 List: _____
5. Nutrition: Times of Meals Breakfast _____ Lunch _____ Dinner _____ Snack _____
 Meals observed (include date) _____
 Do Meals appear adequate and well-balanced? Yes No
6. Unpleasant Odors? Yes No
 If yes, elaborate _____
7. Phone available to residents? Yes No
8. Since last assessment: Any DSS-284's? Yes No
 Any Protective Service Investigations Yes No
9. Any In-Service Training for staff? Yes No
 List: _____
10. Deaths occurring since last assessment? Yes No
 Comments _____
11. Is there a Resident Council? Yes No

C. RESIDENT OVERVIEW (circle appropriate responses)

1. Number of Guardianship Residents _____
2. Did you note any residents being restrained? Yes No
 If yes, was restraint ordered by physician? Yes No
3. Did you note any residents who was non-ambulatory? Yes No

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D. RESIDENT INTERVIEWS (circle appropriate responses)

1. List the names four (4) residents interviewed: _____

2. Is any problem consistently identified by residents interviewed? Yes No
If yes, explain _____

E. COMMENTS AND RECOMMENDATIONS INCLUDING DSS INVOLVEMENT AND FUTURE PLANS

F. DATE OF NEXT ASSESSMENT _____

WORKER'S SIGNATURE _____ **DATE** _____

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The Semi-Annual Assessment for PCH, DSS-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 DSS-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 appear to be in violation of PCH regulations, a DSS-284 is to be completed and forwarded to Licensing and Regulations.

ALL SECTIONS ARE TO BE COMPLETED AT EACH ASSESSMENT

A. IDENTIFYING DATA:

Enter the appropriate information.

B. FACILITY ASSESSMENT:

1. Observe housekeeping standards and circle appropriate response.
2. Note staffing or administrative changes which may effect resident care.
3. Changes may be positive or negative and may effect 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 DSS-284 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.