

Participant Assessment

Standard: 22VAC40-61-220

Participant Name: _____ Date of assessment: _____

- Written assessment shall be secured or conducted prior to or on the day of admission and reassessment when there are changes to indicate that needs can longer be met by the current plan of care (POC) or the center’s program of care. The assessment shall be reviewed and updated at least every six months.
- The written assessment shall be completed by the director, a staff person who meets the qualifications of the director, or a licensed health care professional employed by the center.
- The purpose of the assessment is to identify a person’s abilities and needs and determine if and how the program can serve the participant.

1. Medical and functional condition, including ambulatory ability, ADLs, and health status to include diagnoses and medications			
Ambulatory ability			
	No help needed	Needs help	Describe what kind of help is needed:
Walking			
Using a wheelchair			
Climbing stairs			
ADLs (activities of daily living)			
Bathing			
Dressing			
Toileting			
Transferring			
Eating and feeding			
Bowel continence			
Bladder continence			

Participant Name: _____ Date of assessment: _____

Health Status to include diagnoses and medications	
Diagnosis:	Medications (file the orders in participant chart):

Mental status, including any intellectual, cognitive, and behavioral impairment and known psychiatric or emotional problems	
Intellectual impairment:	
Cognitive impairment:	
Behavioral Impairment:	
Known psychiatric or emotional problems:	

Social environment	
Living arrangements	
Availability of family, friends, other people or organizations in the community to provide services to the participant:	

Participant Name: _____ Date of assessment: _____

Economic conditions:	
Nutrition needs:	
Communication limitations	
Hobbies and Interests:	
Personal preferences that would enhance the participant's experience at the center:	

Other: - any other relevant information not covered in the required sections above	

Signature, name, title of assessor:	
Signature:	
Name (printed):	
Title (printed):	
Other individuals who contributed to development of plan and date of contribution.	