Assisted Living Residence - Documentation of Medical Evaluation (ADME)

INSTRUCTIONS FOR USE

Applicable Regulations

§ 2800.141(a) - A resident shall have a medical evaluation by at least annually. The medical evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.
11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of the chest x-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
12. Information about a resident's day-to-day assisted living service needs.

§ 2800.141(b)(1) - A resident shall have a medical evaluation:
(1) At least annually.
(2) If the medical condition of the resident changes prior to the annual medication evaluation.

It is important to remember that the primary focus of these requirements is the need for residents to be evaluated by a physician, physician's assistant or certified registered nurse practitioner – NOT that a form be properly completed. The Department specifies a form simply to ensure that all of the required elements of the evaluation are performed during the evaluation.

Residences are PERMITTED to:

- Complete all or a portion of the ADME prior to the in-person evaluation, except for the "Medical Professional Information" section, and present the ADME to the physician, physician's assistant or certified registered nurse practitioner for signature at the time of the examination.
- Complete all or a portion of the ADME after an in-person evaluation that was performed within the timeframes specified by this regulation, except for the "Medical Professional Information" section, and present the completed form to the physician, physician's assistant or certified registered nurse practitioner for signature in person, by facsimile, or via electronic mail.
- Correct a ADME upon discovering that the physician, physician's assistant or certified registered nurse practitioner has recorded inaccurate information or omitted information, IF a registered nurse (RN) or licensed practical nurse (LPN) contacts the person who performed the evaluation, AND receives permission from that person to correct the MER, AND documents the date, time, and person spoken to on the MER next to the correction.

Residences are PROHIBITED from:

- Completing the "Medical Professional Information" section, unless the residence employs a physician, physician's assistant or certified registered nurse practitioner.
- Completing all or a portion of the ADME without an in-person evaluation.
- Completing all or a portion of the ADME after an in-person evaluation that was performed outside of the timeframes specified by this regulation.

- Changing the content of an ADME without the consent of the person who performed the evaluation, or changing the content of an ADME by someone who is not a registered nurse (RN) or licensed practical nurse (LPN).

It is strongly recommended that residences carefully review ADME forms completed by a physician, physician's assistant, or certified nurse practitioner to verify that all of the required information was recorded. Although the evaluations must be completed by medical professionals, residences are responsible for ensuring that the evaluations were complete and that the ADMEs were filled out in their entirety.

Attachments

If an additional space is required for any portion of the ADME, the physician, physician's assistant, certified registered nurse practitioner, or the residence may attach supplemental pages as necessary. Attachments must include the resident's name and the date of the medical evaluation, but do not need to be signed or dated by the medical professional completing the evaluation.

Adult Residential Licensing - Documentation of Medical Evaluation (ADME)

Resident and Evaluation Information

Resident Name:	**Date of In-Person Evaluation:**	**Type of Evaluation:** ☐ INITIAL ☐ ANNUAL ☐ STATUS CHANGE
Date of Birth:	**Date ADME Completed:**	

Diagnosis	**In Case of a Medical Emergency Related to this Diagnosis, the Residence Should...**
1.	
2.	
3.	

Health and Service Needs

The resident's overall health status is:

☐ Excellent ☐ Poor
☐ Good ☐ The resident is actively dying
☐ Fair

Does resident require a special diet?

☐ YES If YES, please describe:
☐ NO

Does resident require specific body positioning and/or movement stimulation?

☐ YES If YES, please describe:
☐ NO

Does resident have any allergies?

☐ YES If YES, please describe:
☐ NO

Immunizations and Tuberculosis Testing

Are immunizations current?

☐ YES
☐ NO
☐ UNKNOWN

Td/Tdap Date:

Influenza Date:

Does resident require a new TB skin test or chest x-ray at this time?

☐ YES
☐ NO

TB Skin Test or Chest X-Ray Date:

Medications

☐ Resident CAN self-administer medications independently

☐ Resident CAN self-administer medications with (check all that apply)

- ☐ Assistance to store medications in secure place
- ☐ Assistance with remembering schedule
- ☐ Assistance by offering medications at prescribed times
- ☐ Assistance with opening container/storage area

☐ Resident CAN self-administer some medications, but not others - Residence must assess ability

☐ Resident CANNOT self-administer medications

Special Care Needs (for Secure Care Admissions only - ADME Supplement Required)

Dementia

Does resident require dementia - related care in a secured area?

☐ YES
☐ NO

Head Injury or Trauma

Does resident require care in a secured area as a result of head injury or trauma?

☐ YES
☐ NO

Mobility Needs			
☐ **Independent - Mobile** Resident has NO mobility needs and can evacuate independently in an emergency	☐ **Minimal - Mobile** Resident requires LIMITED oral or physical assistance to evacuate in the event of an emergency	☐ **Moderate - Immobile** Resident requires MODERATE oral or physical assistance to evacuate in the event of an emergency	☐ **Total - Immobile** Resident requires TOTAL oral or physical assistance from one or more staff persons to evacuate in the event of an emergency

Medical Professional Certification

By signing below, I certify that:

- I am a physician, physician's assistant or certified registered nurse practitioner whose license to practice is in good standing.
- I have reviewed the resident's current list of medications as indicated in the current Medication Administration Record or attached pages
- The information on this form, the addendum sheet, and any attached list of medications was generated based on my evaluation
- The care and services provided by an assisted living residence are appropriate for the above-named resident

Medical Professional Name:	**Professional License Number:**
Signature:	**Date Signed:**