

NEW ADMISSION CHECKLIST

Resident Name _____ DOB _____

Prior to occupying space, the following information is required:

- _____ Tour of Facility
- _____ Admission Agreement
- _____ Resident Date / Face Sheet
- _____ ACH Form, completed
- _____ Advanced Directives Checklist
- _____ Emergency Consents Form
- _____ Media Consent
- _____ All Doctors' Information (name, address, telephone and fax number)
- _____ Physicians Health Assessment (30 days prior or 14 days post admission)
- _____ Current Medications (as prescribed by a physician)
- _____ Health Assessment/Service Plan HHS Form 3050, signed
- _____ Policy on Electronic Monitoring
- _____ Policy on Advance Directives
- _____ Resident's Bill of Rights
- _____ Provider's Bill of Rights
- _____ Ombudsman Information
- _____ Receipt Acknowledgement

Make copies of:

- _____ ID
- _____ Insurance Cards
- _____ Advance Directives
- _____ Living Will
- _____ Guardianship Docs or POA

Resident Receives copies of:

- _____ Alzheimer's ALF Disclosure Statement, HHS Form 3641
- _____ Policy on Electronic Monitoring
- _____ Policy on Advance Directives
- _____ Resident's Bill of Rights
- _____ Provider's Bill of Rights
- _____ Ombudsman Information

- _____ EMAR Set Up

Admission Representative _____ Title _____

Scanned to file by _____ on _____