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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-02400A (01/2019) | | | | | | | | | | | **STATE OF WISCONSIN** | | | | | | | | |
| **CLIENT TRANSFER: ASSISTED LIVING FACILITY CAPABILITY** | | | | | | | | | | | | | | | | | | | |
| * See DQA publication [P-02067, *Assisted Living Facility and Hospital Interface*](https://www.dhs.wisconsin.gov/publications/p02067.pdf). * This form is used to fully inform hospital staff as to the services an ALF is able to provide and to assist the hospital in determining whether or not the assisted living facility can meet all of the required needs of the client. * This form should always be included in the blue envelope packet. | | | | | | | | | | | | | | | | | | | |
| **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | |
| Name – Facility | | | | | | | | | | | | Preferred Contact Person | | | | | | Phone No. | |
| Facility Address | | | | | | | | | | | | Community Director | | | | | | | |
| Facility Phone No. | | | | Facility Fax No. | | | | | | | | Community Nurse | | | | | | | |
| Minimum Lead Time Required for New Admission to ALF: | | | | | | | | |  | | | | | Can ALF admit on weekend or holiday?  Yes  No | | | | | |
| **CLIENT POPULATION SERVED** | | | | | | | | | | | | | | | | | | | |
| Ambulatory: Client must be able to walk without difficulty or help.  Non-ambulatory: Client unable to walk, but who may be mobile with the help of a wheelchair or other mobility devices.  Semi-ambulatory: Client must be able to walk with difficulty or only with assistance of an aid; e.g., crutches, cane, walker. | | | | | | | | | | | | | | | | | | | |
| **FACILITY** | | | | | | | | | | | | | | | | | | | |
| Assessment required for admission / readmission | | | | | | | | | | Mechanical lifts used | | | | | | | Frequent vital signs | | |
| Remote (phone consult / document review) | | | | | | | | | | Dementia Unit | | | | | | | Daily weights | | |
| Face-to-face | | | | | | | | | | Clinical monitoring | | | | | | | Accu-Cheks for glucose | | |
| Contracted with Family Care / managed care org. | | | | | | | | | | Fluid restriction monitoring | | | | | | | INR | | |
| Name: |  | | | | | | | | | Face-to-face | | | | | | |  | | |
| **CONSULTATION AVAILABLE ON-SITE TO CLIENT** | | | | | | | | | | | | | | | | | | | |
| Audiology | | Hearing aid care | | | | | | Podiatry | | | | | | | Registered Dietician | | | | Vision care |
| Dental care | | Hospice | | | | | | Psychiatry | | | | | | | Respiratory care | | | | Wound care |
| **CLINICAL SERVICES** | | | | | | | | | | | | | | | | | | | |
| Licensed nurse on site (RN or LPN):  PT  FT  Phone Consultation  None | | | | | | | | | | | | | | | | | | | |
| Private duty nurses per family private pay | | | | | | | | | | | | | | | | | | | |
| Physician services per visiting physician services | | | | | | | | | | | | | | | | | | | |
| Home health care available per third-party vendor | | | | | | | | | | | | | | | | | | | |
| Hospice available per third-party vendor | | | | | | | | | | | | | | | | | | | |
| Respite care – Minimum stay of | | | | | |  | days | | | | | | | | | | | | |
| Able to accommodate:  Walker  Wheelchair  Mechanical lift  2-person transfer  None | | | | | | | | | | | | | | | | | | | |
| Transportation to/from hospital:  Facility  Third-party vendor – Preferred vendor: | | | | | | | | | | | | | | | |  | | | |
| Bariatric services – Comment: | | | | |  | | | | | | | | | | | | | | |
| Oxygen therapies:  CPAP  BiPap  Oxygen  None | | | | | | | | | | | | | | | | | | | |
| Special medical diets | | | Fluid restriction monitoring | | | | | | | | | Catheter care | | | | | Sliding scale insulin | | |
| Texture modified diets | | | Tube feeding | | | | | | | | | Suprapubic catheter care | | | | | IV medication therapies | | |
| Fluid thickening ability | | | Colostomy care | | | | | | | | | Insulin | | | | | IV site care | | |
| **CALL FACILITY ASAP IF OUR CLIENT HAS:** | | | | | | | | | | | | | | | | | | | |
| Medication change prior to return to ALF (no pharmacy on site) | | | | | | | | | | | | | Change in mobility status | | | | | | |
| Newly placed IV or dialysis port that will remain upon discharge | | | | | | | | | | | | | Change in mental status | | | | | | |
| New wound or wound care needs | | | | | | | | | | | | |  | | | | | | |