DEPARTMENT OF HEALTH SERVICES **STATE OF WISCONSIN**
Division of Quality Assurance
F-02400A (01/2019)

CLIENT TRANSFER: ASSISTED LIVING FACILITY CAPABILITY

- See DQA publication P-02067, *Assisted Living Facility and Hospital Interface*.
- 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
☐ Remote (phone consult / document review)
☐ Face-to-face
☐ Contracted with Family Care / managed care org.
Name:
☐ Mechanical lifts used
☐ Dementia Unit
☐ Clinical monitoring
☐ Fluid restriction monitoring
☐ Face-to-face
☐ Frequent vital signs
☐ Daily weights
☐ Accu-Cheks for glucose
☐ INR

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)
☐ Newly placed IV or dialysis port that will remain upon discharge
☐ New wound or wound care needs
☐ Change in mobility status
☐ Change in mental status