

SIGNIFICANT CHANGE IN HEALTH SCREENING INSTRUMENT MODEL FORM

This form may be used when documenting a resident's significant change in condition under DHS 83.42(1)(j).

DEFINITIONS

Significant Change

- (a) Decline in a resident's medical condition that resulted in further impairment of a long-term nature.
- (b) Decline in two (2) or more *activities of daily living*.
- (c) A pronounced decline in communication or cognitive abilities.
- (d) Decline in behavior or mood to the point where relationships have become problematic.
- (e) Significant improvement in any of the conditions in items (a) to (d).

Decline

In this context, "decline" is defined as a negative change since the resident was last reviewed.

Name - Resident	Name - Facility
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Does this resident currently require nursing procedures that can only be performed by an RN or LPN?

NO YES If "YES," how many hours per week? _____

1. Has there been deterioration in the resident's medical condition that results in further impairment of a long-term nature?

NO YES If "YES," explain deterioration.

2. Is there deterioration in two or more activities of daily living?

NO YES If "YES," list.

3. Is there a pronounced deterioration in communication or cognitive abilities?

NO YES If "YES," explain.

4. Is there a deterioration in behavior or mood to the point where relationships have become problematic?

NO YES If "YES," explain.

- If the answer to any of the above is "YES," the resident should be seen by a physician or other appropriate medical professional. *[DHS 83.38(1)(g), Wis. Admin. Code]*
- Attach or explain results of medical assessment.
- Residents who require **MORE THAN 3 HOURS PER WEEK** of nursing care for **MORE THAN 90 DAYS**, exclusive of personal care, may not remain in a CBRF unless the department grants a waiver or variance. *[DHS 83.27(1)(b), Wis. Admin. Code]*

SIGNATURE	Date Signed
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