



Adult Services Monitoring Entrance Form			
Program Name:		<input type="checkbox"/> ALP <input type="checkbox"/> ALP/D <input type="checkbox"/> EGH <input type="checkbox"/> ADS	
Address:		Entrance Date:	
City:	Zip Code:	County:	Phone:
Program Director:		Email:	
Phone:	Hire Date:	ALP Training Date:	
Delegating Registered Nurse:		Email:	
Phone:	Hire Date:	ALP Training Date:	

Program Characteristics	
<input type="checkbox"/>	ALP with General Population only (No Dementia Unit)
<input type="checkbox"/>	ALP with General Population & Dementia Unit (ALP/D)
<input type="checkbox"/>	ALP Dementia Specific (ALP/D)
<input type="checkbox"/>	Part of a Continuing Care Community
<input type="checkbox"/>	Respite Provider Tenant Names:

Program Census	
ALP	
# of Tenants Receiving No Services:	
# of Tenants without Cognitive Impairment (GDS 0-3)	
# of Tenants with GDS 4+	
Total Number of Tenants	
ALP/D (Total Program)	
# of Tenants Receiving No Services:	
# of Tenants without Cognitive Impairment (GDS 0-3)	
# of Tenants with GDS 4+	
Total Number of Tenants	

Contracted Providers	
Home Health Agency	
Hospice	
Staffing Agency	
Other	

Staffing		
The Program Employs: <input type="checkbox"/> LPNs <input type="checkbox"/> CNAs <input type="checkbox"/> CMAs <input type="checkbox"/> Med Managers <input type="checkbox"/> Universal Workers		
Staffing Patterns (# of Scheduled Staff)	General Population Unit	Dementia Unit
AM Shift		
PM Shift		
NOC Shift		

Medication Administration	
Medication Administration Times	
Narcotics Reconciliation (frequency)	
# of Tenants that Self-Administer	
# of Tenants who Receive Medication Administration	

Additional Information (Provide Tenant Names)	
Tenants/Spouses Receiving Veteran's Benefits	
Tenants for whom Funds are Managed by the Program	
Tenants on the Sex Offender Registry	
Tenants with Managed-Risk Agreements	
Tenants Utilizing Bed Rails	
Tenants Hospitalized in the Past Three (3) Months	
Tenants who have Eloped in the Past Three (3) Months	
Tenants with Wandering Behaviors	
Tenants with History of Suicidal Ideation	
Tenants who consistently refuse personal and/or health related cares	
Tenants Receiving Hospice Services	
Tenants with a Current Level of Care Waiver	