Resident Admission Checklist
Licensed Nurse

(If community does not have a full-time LN on staff, it is the Executive Directors responsibility to assure completion of tasks, either personally, or delegate to other appropriate staff. Delegations, and/or any and all resident needs requiring Nursing assessment, MUST be completed by the community LN.)

Resident Name:__________________________________________________________

Apt. #:____________________  Move In Date:_______________________________________

☐ Pre-Move-In Evaluation signed/dated by LN
☐ Assure signed Physicians Orders are received and complete, prior to move-in
☐ Diet order completed and delivered to kitchen, when special diet needs exist
☐ Review History and Physical, if available
☐ Review MAR to Move-In Physicians Orders to assure accuracy-if PRN psychotropic or PRN pain medications, assure MAR clearly denotes 3 non-pharmaceutical interventions, prior to administering the PRN med.

☐ Perform any needed assessments, when applicable, i.e.: Smoking Assessment, Pain Assessment, Self-Med Assessment, Skin Assessment, Bed Rail Assessment, etc.

☐ All required delegations, (i.e.: CBG, Insulin Injections, etc.) are completed and documented for each individual staff member requiring delegation

_______________________________________________
Licensed Nurse Signature

___________________________________________
Date