MORAN VISTA SENIOR LIVING
Resident Admission Checklist
Licensed Nurse

Resident Name:___________________________________________________________

Apt. #:_____________________  Move In Date:_______________________________________

☐ Assessment signed/dated by LN. Level of care points given to Marketing Director, OM and ED within 24 hours

☐ Assure signed Physicians Orders are received and complete, prior to move-in. If resident is moving from hospital or nursing home obtain discharge orders.

☐ 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.

☐ Complete and document all required delegations, (i.e.: CBG, Insulin Injections, etc.) for each individual staff member requiring delegation

☐ Complete Service Plan in Vigilan

☐ Greet resident the day of move in and answer any questions resident or family may have

☐ Schedule a 30 day Service Plan review meeting with resident and family

_______________________________________________  _________________
Licensed Nurse Signature          Date