

Admission Checklist



Resident Name _____ **Admit Date** _____

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|---|--|
| <input type="checkbox"/> Admission Record | <input type="checkbox"/> Admission Agreement |
| <input type="checkbox"/> Approved LOCA (Level of Care Assessment) | <input type="checkbox"/> Operation Policy/ Resident Orientation |
| <input type="checkbox"/> Rate Sheet | <input type="checkbox"/> Emergency Policy/Evacuation plan |
| <input type="checkbox"/> Temporary Care plan with resident care sheet | <input type="checkbox"/> Media Release |
| <input type="checkbox"/> Living Will | <input type="checkbox"/> Resident's Property List |
| <input type="checkbox"/> POA (Power of Attorney) | <input type="checkbox"/> Resident Information Sheet with ACH paperwork |
| <input type="checkbox"/> POST (DNR or Full Code) | <input type="checkbox"/> Home Health/Hospice notes (if applicable) |
| <input type="checkbox"/> Insurance Information | <input type="checkbox"/> RIS (Resident Information Sheet) |
| <input type="checkbox"/> History & Physical within 6 Months | <input type="checkbox"/> Foot Clinic |
| <input type="checkbox"/> Pharmacy Consent / Agreement | <input type="checkbox"/> Picture |
| <input type="checkbox"/> Resident's Right Policy | <input type="checkbox"/> Vitals |
| <input type="checkbox"/> Shadow Tracker | <input type="checkbox"/> Signed Med List |
| <input type="checkbox"/> Face Sheet | <input type="checkbox"/> Social History |