**Unlicensed Long-Term Care Facility Complaint Intake Screening Tool**

Name of Unlicensed Facility: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Owner: Click or tap here to enter text.

Name of Complainant: Click or tap here to enter text.

Contact Information: Click or tap here to enter text.

Employee who Received Information: Click or tap here to enter text.

Date: Click or tap here to enter text.

Is this facility licensed by Health Facilities Commission? Choose an item.

Is this facility licensed by the Department of Mental Health? Choose an item.

Is this facility licensed by the Department of Intellectual & Developmental Disabilities (DIDD)? Choose an item.

Does the unlicensed facility assist resident(s) with toileting? Choose an item.

Does the unlicensed facility assist resident(s) with personal care (i.e. bathing Choose an item. and grooming)?

Does the unlicensed facility assist with transferring in and out of wheelchair? Choose an item.

Does the unlicensed facility provide personal services to protect resident(s) Choose an item.

from harm, crisis intervention, and knowledge of resident(s) whereabouts?

Does the unlicensed facility provide laundry services? Choose an item.

Does the unlicensed facility provide dietary services? Choose an item.

Does the unlicensed facility provide skilled nursing care? Choose an item.

Does the unlicensed facility provide care to bed bound resident(s)? Choose an item.

Does the unlicensed facility store and administer medications to resident(s)? Choose an item.

Does the unlicensed facility arrange medical appointments for residents? Choose an item.

Does the unlicensed facility transport resident(s) to medical appointments? Choose an item.

Does the unlicensed facility ensure residents are provided medical care for Choose an item.

acute injuries/illnesses?

Is the unlicensed facility the representative payee for the resident(s)? Choose an item.

Does the unlicensed facility have 4 or more residents? Choose an item.

Do you know the ages of the residents in the unlicensed facility? If so, Choose an item.

list below\*

Does the unlicensed facility have a medical director? Choose an item.

Does the unlicensed facility employ a nurse? Choose an item.

Are staff employed by the facility? Choose an item.

\*Additional Information Provided by Complainant (i.e. names of residents, physical condition of residents, ages, diagnoses, care required, and pertinent information provided by complainant):

Click or tap here to enter text.