



## Ohio Administrative Code Rule 3701-16-08 Resident health assessments.

Effective: July 12, 2024

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(A) The residential care facility, in accordance with this rule, will ensure that written initial and periodic health assessments of prospective and current residents are conducted. The different components of the health assessment may be performed by different licensed health professionals, consistent with the type of information being collected and the professional's scope of practice, as defined by applicable law. In conducting the assessment, the licensed health professional may use resident information obtained by or from unlicensed staff as long as the licensed health professional evaluates such information in accordance with their applicable scope of practice. The residential care facility is obligated to ensure that all components of the assessments obligated by this rule are completed and that residents do not need accommodations or services beyond those that the residential care facility provides. Each residential care facility is obligated to, on an annual basis, offer to each resident a vaccination against influenza and a vaccination against pneumococcal pneumonia as obligated by section 3721.041 of the Revised Code.

(B) Each resident is obligated to be initially assessed within forty-eight hours of admission, except that paragraphs (C)(11) and (C)(12) of this rule are obligated to be performed within fourteen days after admission. If the resident had an assessment meeting the criteria set forth in paragraph (C) of this rule performed no more than ninety days before beginning to reside in the residential care facility, the resident does not need to obtain another initial assessment.

(C) The initial health assessment is obligated to include documentation of the following:

- (1) Preferences of the resident including hobbies, usual activities, bathing, sleeping patterns, socialization and religious;
- (2) Medical diagnoses, if applicable;
- (3) Psychological, intellectual disabilities, and developmental diagnoses history, if applicable;



- (4) Health history and physical, including cognitive functioning and sensory and physical impairments, and the risk of falls;
- (5) Prescription medications, over-the-counter medications, and dietary supplements;
- (6) Nutrition and dietary needs, including any food allergies and intolerances, food preferences, and need for any adaptive equipment, and needs for assistance and supervision of meals;
- (7) Height, weight, and history of weight changes;
- (8) A functional assessment which evaluates how the resident performs activities of daily living and instrumental activities of daily living. For the purposes of this paragraph, "instrumental activities of daily living" means using the telephone, acquiring and using public and private transportation, shopping, preparing meals, performing housework, laundering, and managing financial affairs;
- (9) Type of care or services, including the amount, frequency, and duration of skilled nursing care the resident needs as determined by a licensed health professional in accordance with the resident's assessment under paragraph (C) of this rule;
- (10) A determination by a physician or other licensed healthcare professional working within their scope of practice, as to whether or not the resident is capable of self-administering medications. The documentation will specify what assistance with self-administration, as authorized by paragraph (F) of rule 3701-16-09 of the Administrative Code, if any, is needed or if the resident needs to have medications administered in accordance with paragraphs (G) and (H) of rule 3701-16-09 of the Administrative Code;
- (11) If skilled care is provided to the resident by staff members, a determination by a physician or other licensed healthcare professional working within their scope of practice of:
  - (a) Whether the resident's personal care needs have been affected by the skilled nursing care needs, other than the administration of medication or supervision of special diets; and
  - (b) Whether any changes are necessary in the manner personal care services are provided. The



individual conducting the assessment is obligated to establish the extent, if any, of the changes necessary.

(12) If skilled nursing care is provided to the resident by staff members, the resident's attending physician or other licensed healthcare professional working within their scope of practice, will sign orders documenting the need for skilled nursing care, including the specific procedures and modalities to be used and the amount, frequency, and duration. This care is obligated to be provided and reviewed pursuant to paragraph (B) of rule 3701-16-09.1 of the Administrative Code.

(13) If the resident has been determined to have medical, psychological, or developmental or intellectual impairment, the assessment is obligated to include:

(a) A plan for addressing the resident's assessed needs;

(b) The need for physical environment and design features to support the functioning of the resident;  
and

(c) The need for increased supervision, due to decreased safety awareness or other assessed condition.

(D) Subsequent to the initial health assessment, the residential care facility will assess each resident's health at least annually unless medically indicated sooner. The annual health assessment is obligated to be performed within thirty days of the anniversary date of the resident's last health assessment and include documentation of at least the following:

(1) Changes in medical diagnoses, if any;

(2) Updated nutritional needs, including any food allergies and intolerances;

(3) Height, weight and history of weight changes;

(4) Prescription medications, over-the-counter medications, and dietary supplements;



(5) A functional assessment as described in paragraph (C)(8) of this rule;

(6) If the resident has been determined to have medical, psychological, or developmental or intellectual impairment, an assessment as described in paragraph (C)(13) of this rule;

(7) Type of care or services, including the amount, frequency, and duration of skilled nursing care, the resident needs as determined by a licensed health professional in accordance with paragraph (D) of this rule;

(8) A determination by a physician or other licensed healthcare professional working within their scope of practice, as to whether or not the resident is capable of self-administering medications. The documentation will specify what assistance with self-administration, as authorized by paragraph (F) of rule 3701-16-09 of the Administrative Code, if any, is needed or if the resident needs to have medications administered in accordance with paragraphs (G) and (H) of rule 3701-16-09 of the Administrative Code; and

(9) If skilled care is provided to the resident by staff members, a determination by a physician or other licensed healthcare professional working within their scope of practice, of:

(a) Whether the resident's personal care needs have been affected by the skilled nursing care needs, other than the administration of medication or supervision of special diets; and

(b) Whether any changes are necessary in the manner personal care services are provided. The individual conducting the assessment will establish the extent, if any, of the changes necessary.

(E) The residential care facility will ensure that each resident's health is assessed if a change in condition or functional abilities warrants a change in services or equipment. The assessment is obligated to include, as applicable, documentation of paragraphs (D)(1) to (D)(9) of this rule. The facility is obligated to make a good faith effort to obtain information from residents about assessments independently obtained outside the facility.

(F) Prior to admitting or transferring a resident to a special care unit that restricts the resident's freedom of movement, the residential care facility is obligated to ensure that a physician or other



licensed healthcare professional working within their scope of practice, has made a determination that the admission or transfer to the special care unit is needed. The facility is obligated to update this determination to include both improvement and decline, during the periodic reassessment obligated by paragraph (D) of this rule. Prior to admission to the special care unit, the residential care facility is obligated to provide the resident with an updated resident agreement obligated by rule 3701-16-07 of the Administrative Code and with the facility's policy on care of residents by means of a special care unit obligated by paragraph (E)(5) of that rule. No resident is allowed to be admitted to a secured special care unit based solely on his or her diagnosis.

(G) If a resident needs services or accommodations beyond that which a residential care facility is authorized to provide or beyond that which the specific facility provides, refuses needed services, or fails to obtain needed services for which the resident agreed to be responsible under the resident agreement obligated by rule 3701-16-07 of the Administrative Code, the residential care facility is obligated to take the following action:

(1) Except in emergency situations, the residential care facility is obligated to meet with the resident, and, if applicable, the resident's sponsor and discuss the resident's condition, the options available to the resident including whether the needed services may be provided through a medicaid waiver program, and the consequences of each option;

(2) If the lack of needed services has resulted in a significant adverse change in the resident, the residential care facility is obligated to seek appropriate intervention in accordance with paragraph (A) of rule 3701-16-12 of the Administrative Code. If an emergency does not exist the facility is obligated to provide or arrange for the provision of any needed services that the resident has not refused until the resident is discharged or transferred or the resident and the facility have mutually resolved the issue in a manner that does not jeopardize the resident's health or the health, safety or welfare of the other residents. This paragraph does not authorize a facility to provide skilled nursing care beyond the limits established in section 3721.011 of the Revised Code; and

(3) The residential care facility is obligated to transfer or discharge the resident in accordance with section 3721.16 of the Revised Code and Chapter 3701-61 of the Administrative Code if the resident needs skilled nursing care or services beyond what the facility provides and the residential care facility, based on the meeting with the resident obligated by paragraph (G)(1) of this rule, determines



that such action is necessary to assure the health, safety and welfare of the resident or the other residents of the facility. The residential care facility may retain a resident who refuses available services if doing so does not endanger the health, safety, and welfare of other residents and the resident does not need services beyond that which a facility is authorized to provide under Chapter 3721. of the Revised Code and rules 3701-16-01 to 3701-16-18 of the Administrative Code.