

REGISTER OF FACILITY RESIDENTS - RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

FACILITY NAME:	FACILITY NUMBER:	LICENSEE NAME	DATE/UPDATE
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ROOM IDENTIFIER	RESIDENT NAME AND LANGUAGE READ	AMBULATORY STATUS	PHYSICIAN	REPRESENTATIVE
	LANGUAGE(S) READ <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER _____	AMBULATORY <input type="checkbox"/>	NAME: ADDRESS:	NAME: ADDRESS:
		NON-AMBULATORY <input type="checkbox"/>		
		BEDRIDDEN <input type="checkbox"/>	PHONE: ()	PHONE: ()
	LANGUAGE(S) READ <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER _____	AMBULATORY <input type="checkbox"/>	NAME: ADDRESS:	NAME: ADDRESS:
		NON-AMBULATORY <input type="checkbox"/>		
		BEDRIDDEN <input type="checkbox"/>	PHONE: ()	PHONE: ()
	LANGUAGE(S) READ <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER _____	AMBULATORY <input type="checkbox"/>	NAME: ADDRESS:	NAME: ADDRESS:
		NON-AMBULATORY <input type="checkbox"/>		
		BEDRIDDEN <input type="checkbox"/>	PHONE: ()	PHONE: ()
	LANGUAGE(S) READ <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER _____	AMBULATORY <input type="checkbox"/>	NAME: ADDRESS:	NAME: ADDRESS:
		NON-AMBULATORY <input type="checkbox"/>		
		BEDRIDDEN <input type="checkbox"/>	PHONE: ()	PHONE: ()
	LANGUAGE(S) READ <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER _____	AMBULATORY <input type="checkbox"/>	NAME: ADDRESS:	NAME: ADDRESS:
		NON-AMBULATORY <input type="checkbox"/>		
		BEDRIDDEN <input type="checkbox"/>	PHONE: ()	PHONE: ()

INSTRUCTIONS FOR REGISTER OF FACILITY RESIDENTS

Type or print clearly. The licensee shall ensure that a current register of all residents in the facility is maintained.

1. **Facility Name:** Enter the name used by to designate the single facility under application.
2. **Facility Number:** Enter facility number assigned by the California Department of Social Services.
3. **Licensee Name:** Enter the name of the licensee. "Licensee" means the individual, firm, partnership, corporation, association or county having the authority and responsibility for the operation of a licensed facility.
4. **Date/Update:** Enter the date information is being initially recorded or updated.
5. **Room Identifier:** Enter information that identifies the resident room, such as room number.
6. **Resident Name and Language Read:** Enter resident legal name. Enter language(s) read by resident in the spaces provided.
7. **Ambulatory Status:** Check appropriate box that indicates the resident mobility status. These definitions are for the purposes of a fire clearance.
 - Ambulatory:** Means a person who is capable of demonstrating the mental competence and physical ability to leave a building without assistance of any other person or without the use of any mechanical aid in case of an emergency.
 - Non-ambulatory:** Means a person who is unable to leave a building unassisted under emergency conditions. It includes any person who is unable or likely to be unable, to physically and mentally respond to a sensory signal approved by the State Fire Marshal, or an oral instruction relating to fire danger, and person who depend upon mechanical aids such as crutches, walkers, and wheelchairs. **A person who is unable to independently transfer to and from bed, but who does not need assistance to turn or reposition in bed, shall be considered non-ambulatory for fire safety requirements.**
 - Bedridden:** Means a person who is unable to independently turn or reposition in bed.
8. **Physician:** Enter the name, address, and telephone number of the resident attending physician.
9. **Representative:** Enter the name, address, and telephone number of the person who has authority to act on behalf of the resident. "Representative" is defined in California Code of Regulations, Title 22, Section 87101(r)(3).