Ohio Mental Health and Addiction Services

Flow Record/Skilled Nursing (Sample)
Adult Care Facilities
OAC Rule 3701-20-17 (D), (E), (F)

The ACF shall evaluate the individual receiving skilled nursing care not less than once every seven days to determine whether he or she should be transferred to a LTCF.

Facility Name _____ License No.: _____

Resident's Name:

Start Date of Skilled Nursing

Name of Home Health Agency:

Phone Number

Contact Person:

Date	Assessment and or Procedure Performed	Does Resident Need Transferred to LTC	
		◯ Yes ◯ No	Signed By ◯ Manager ◯ Home Owner ◯ Home Health Nurse
		◯ Yes ◯ No	Signed By ◯ Manager ◯ Home Owner ◯ Home Health Nurse
		◯ Yes ◯ No	Signed By ◯ Manager ◯ Home Owner ◯ Home Health Nurse
		◯ Yes ◯ No	Signed By ◯ Manager ◯ Home Owner ◯ Home Health Nurse
		◯ Yes ◯ No	Signed By ◯ Manager ◯ Home Owner ◯ Home Health Nurse
		◯ Yes ◯ No	Signed By ◯ Manager ◯ Home Owner ◯ Home Health Nurse

If transfer to Long-Term Care Facility, please explain: