NORTH CAROLINA ADULT PROTECTIVE SERVICES

FACILITY EVALUATION

					County (Case #			
					SIS 1	1 Digit			
1. IDENTIFY	ING INFOR	RMATION							
Last Name of	Adult	First		Middle Initia		Fai	mily's Primary Language		
Birth Date	Age	Gender		Race		Marital Sta	tus	Social Security #	
Facility Name				Telephone Nu	mber	Room No.:	Le	vel of Care:	
Address							<u> </u>		
Driving Directi	Driving Directions to Current Address or Location								
Admission Da	te: Edu	cational Le	vel:					o Read: Yes / No O	
Religious Pref	erence:		•	I Consideration	` •		us, s	peaks foreign language,	
History of APS	Reports?	Yes / No		f Yes, provide	dates of	previous APS	repo	rts: (Within last two years)	
☐ Photos Tak	☐ Photos Taken of Adult Date:// Included in File: ☐ Yes ☐ No. If No, where?								
Same Perpetra	ator: Yes	s / No 🗍							
	Date of Curi		·	/ /		Time		_	
Contact with	n Facility Ad	dministrato		/ /				am / pm	
First Fac	e-to-Face C			/ /		Time		_	
First Priva	ate Interviev	Adult v with Adult	-	Time				_	
Data at lateral						Time			
Date of Initial I Reporter:	Letter to			Da	e of Fina	I Letter to Rep	orter	:	
Date	of Case Dec	cision:			D	ate 5026 Subm	nitted	:	
Dates of Requ	ired Notices	s (as neede	d) DA/LI	E, DHS	SR/AHS _	, DMA _		,,	
Other (list)									
Type of Allege	d Maltreatm	nent:							
Abuse Caus Abuse- othe Caretaker N At Substanti	r eglect			☐ Explo	Neglect itation of I itation of I	Person's Assets Person	S		

Summary of Allegations:		
Were there any problems accessing the adult		
If Yes, document dates of attempts to see the ac	dult and des	cribe problems and efforts taken to resolve them.
Did a life the section is a situation assisted.	/ / N	
Did a life-threatening situation exist? If Yes, describe situation and action(s) taken to a	Yes / No 🔲	dongori
if res, describe situation and action(s) taken to a	address trie	danger.
a Buyotan HEALTH		
2. PHYSICAL HEALTH	*******	Notes to a great consulty history functional impact
Diagnosis / Symptom	*Source	Notes (e.g., onset, severity, history, functional impact, untreated condition, needs professional assessment, current
		treatment)
Arthritis / osteoporosis / gout		
Asthma / emphysema / other respiratory	1	
Bladder / urinary problems or incontinence		
Bowel problems or incontinence		
Cancer		
Dental problems		
Diabetes		
Dizziness / falls		
Eye disease or conditions		
Headaches		
Hearing difficulty		
Heart disease / angina		
Hypertension / high blood pressure		
Kidney disease / renal failure		
Liver diseases		
M. Sclerosis / M. Dystrophy / C. Palsy		
Pain		
Paraplegia / quadriplegia / spinal problems		
Parkinson's disease		
Rapid weight gain / loss		
Seizures		
Shortness of breath / persistent cough	<u> </u>	
Skin Condition		
Speech impairment		
Stroke		
Other:		N FIGURE III ()
* Source Codes:		M = FL-2, M.D., other medical professional
C = Client's statement E = Family member/guardian/responsible party	v (apocify)	S = Social worker observation / judgment
F = Family member/guardian/responsible party	/ (specify)	O = Other collateral specify
		
Date adult was last seen by physician:	_	
		¬ ¬
APS worker contact with adult's physician?	∐ Yes / [_ No /
Eindings		
Findings		

	****MEDICA	L REPOR	TS REVIEWE	D (Check,	date	, atta	ch all	that apply)*****
Check if Document(s) Attached		Docum	ent		Date	e Rev	iewe	d Comments
	Resident/Patient	Incident R	eports					
	Physician Notes							
	Physician Orders							
	Nursing Assessm	ents						
	Nurses Notes							
	Social Work Asse	ssment &	Progress Note	es				
	Plan of Care							
	Medication Admir							
	Pertinent Staff Tra	aining Info	rmation					
	Staff Work Sched	ules						
	Other (specify):							
	Other (specify):							
Has Adult rece	ently been hospit	alized?	Yes / N	o If ye	s, gi	ve da	te an	d location:
3. MEDICAT	ION of Medicine		Note Dec	sage Eres		., of I	2000	ge, and any Side Effects
name (or weatcine		Note Dos	sage, rreq	uenc	y or i	Josa	ge, and any Side Effects
Name of Phari	AR Attached macy used:	_		_				
Is the adult red	ceiving medicatio	n as pres	cribed? 🗌 `	Yes / No [_ If	No, w	/hy n	ot?
	ES/ INSTRUMEN	1		DAILY LI				
ADL & IADL Tasks	Indonondent	Some	Totally	* Course		eeds I		Comments
	Independent	Assist	Dependent	* Source	Y	es	No	
Ambulation					$\perp \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$			
Bathing								
Dressing								
Eating								
Grooming		<u> </u>	<u> </u>					
Toileting		<u> </u>	<u> </u>					
Transfer	1 📙 💮				$\perp \mid \underline{\square}$		<u> </u>	
To/from bed	<u> </u>				<u> </u>		<u> </u>	
To/from chair	111	111	1 1 1	1	1.1	1	1 1	1

Into/out of car								
Shopping								
Using Transportation								
Money Management								
Telephone Use								
* Source Codes:				M =	FL-2, M.I	D., other m	edical professional	
C = Client's sta							vation / judgment	
F = Family mer	mber/guardian/re	esponsible	party (specify)) O =	Other co	lateral spe	city	
5. Mental/Emo	otional Function	oning						
Complete the	e following quest	ions to revi	ew the adult's	orientation	٦.			
TIME: Does the a								
PLACE: Does the	e adult know the nar	ne of facility v	vhere he/she is r	esiding?	Yes Refuse	☐ No ed to Answer	☐ Non-Responsive	
Does the	Does the adult know in whose home he/she is residing?					☐ No ed to Answer	□Non-Responsive	
SELF: Does the	e adult know his/her	name?	Yes	□No	☐ Non-R	esponsive	Refused to Answer	
Does the	e adult know his/her	relationship t	o significant othe	ers?	Yes	☐ No	☐ Non-Responsive☐ Refused to Answer	
B. Memory	/							
interview can 1 – Good	be used to com	plete the ra	atings. Enter 3 - Total	oonses to rone of the or Marked responsive	response I Impairn	s below on	estions asked during the the line in front of each area. 5 – Refused to Answer	
	DISTANT: Discontinuos of children) to a			adult's life (e.g., child	dhood, date	e of birth, school, marriage, birth	
	RECENT: Disc taking of medic				/family ev	vents, docto	or's visits, medical treatments,	
							ed earlier (e.g., Did I remember doing earlier in the day.	
Describe	any Memory Im	pairments:						
C. Judgme	ent							
	he client's respo ont of each area.		routine and e	emergency	situations	s. Enter on	e of the responses below on the	
2. Mild 3. Mode routi	erate deficit։ qւ ine decisions	ndle every lestionable	day decision e decision-m	s/problem aking/prol	olem-sol	ing skills	th complex issues ; may be able to handle some solve problems	

	5. Non-responsive 6. Refused to answer									
		everal routi	ne situations that may occur (e.g., light bulb burns out; need							
	assistance from staff;	assistance from staff; concern about food; staff treatment); and assess ability to gather and accept facts, weigh advice, make decisions, and understand their consequences.								
	EMERGENCY: Describe several emergency situations that may occur (e.g., power goes out; adult falls, roommate falls; client falls; sees or smells smoke); and assess ability to gather and accept facts, weigh advice, discern unsafe/threatening situations, make decisions, and understand their consequences									
	Comments:									
D.	Arithmetic									
	The adult's ability to handle simple arithmetic tasks provides an indication of mental function, distinguish between depression and dementia, and is linked to the capability to perform other such tasks as managing funds. Assessment of this area can be performed as part of other areas such as the assessment of economic status. The worker may also ask the client to perform simple tasks as subtracting by two's from twenty. Enter one of the responses below to indicate the adult's arithmetic ability.									
	 Client can perform simple tasks with no or minimal errors Client cannot perform simple tasks with reliable accuracy Client non-responsive 									
	4. Refused to answer									
	Arithmetic Ability									
E.	Arithmetic Ability Mental/Emotional Assessm	ent	Notes (e.g. onset severity functional impact history untreated condition							
	Mental/Emotional Assessm Diagnosis / Symptom	ent Source*	Notes (e.g., onset, severity, functional impact, history, untreated condition, needs professional assessment, current treatment)							
Aggres	Mental/Emotional Assessm Diagnosis / Symptom sive/abusive behavior									
Aggres: Agitatio	Mental/Emotional Assessm Diagnosis / Symptom sive/abusive behavior on/Anxiety/panic attacks									
Aggress Agitatio Change	Mental/Emotional Assessm Diagnosis / Symptom sive/abusive behavior on/Anxiety/panic attacks e in activity level									
Aggress Agitatio Change (sudder	Mental/Emotional Assessm Diagnosis / Symptom sive/abusive behavior on/Anxiety/panic attacks e in activity level n/extreme)									
Aggress Agitatio Change (sudder Change	Mental/Emotional Assessm Diagnosis / Symptom sive/abusive behavior on/Anxiety/panic attacks e in activity level									
Aggress Agitatio Change (sudder Change Cognitive impairm	Diagnosis / Symptom sive/abusive behavior on/Anxiety/panic attacks e in activity level n/extreme) e in appetite ve impairment/memory nent (specify)									
Aggress Agitatio Change (sudder Change Cognitive impairm	Mental/Emotional Assessm Diagnosis / Symptom sive/abusive behavior on/Anxiety/panic attacks e in activity level n/extreme) e in appetite ve impairment/memory									
Aggress Agitatio Change (sudder Change Cognitiv impairm Develop retardate	Diagnosis / Symptom sive/abusive behavior on/Anxiety/panic attacks e in activity level n/extreme) e in appetite ve impairment/memory nent (specify) pmental disability/mental tion (specify)									
Aggress Agitatio Change (sudder Change Cognitiv impairm Develop retardat Hallucir	Diagnosis / Symptom sive/abusive behavior on/Anxiety/panic attacks e in activity level n/extreme) e in appetite ve impairment/memory nent (specify) pmental disability/mental tion (specify) nations/delusions									
Aggress Agitatio Change (sudder Change Cognitiv impairm Develop retardat Hallucir Inappro	Diagnosis / Symptom sive/abusive behavior on/Anxiety/panic attacks e in activity level n/extreme) e in appetite ve impairment/memory nent (specify) pmental disability/mental tion (specify) nations/delusions opriate affect (flat or incongruent)									
Aggress Agitatio Change (sudder Change Cognitiv impairm Develop retardat Hallucir Inappro Impaire	Diagnosis / Symptom sive/abusive behavior on/Anxiety/panic attacks e in activity level n/extreme) e in appetite ve impairment/memory nent (specify) pmental disability/mental tion (specify) nations/delusions opriate affect (flat or incongruent) ed judgment									
Aggress Agitatio Change (sudder Change Cognitiv impairm Develop retardat Hallucir Inappro Impaire Mental	Diagnosis / Symptom sive/abusive behavior on/Anxiety/panic attacks e in activity level n/extreme) e in appetite ve impairment/memory nent (specify) pmental disability/mental tion (specify) nations/delusions opriate affect (flat or incongruent) ed judgment anguish									
Aggress Agitatio Change (sudder Change Cognitiv impairm Develop retardat Hallucir Inappro Impaire Mental Mental	Diagnosis / Symptom sive/abusive behavior on/Anxiety/panic attacks e in activity level n/extreme) e in appetite ve impairment/memory nent (specify) pmental disability/mental tion (specify) nations/delusions opriate affect (flat or incongruent) ed judgment anguish illness (specify)									
Aggress Agitatio Change (sudder Change Cognitive impairm Develop retardat Hallucir Inappro Impaire Mental Mental Orienta	Diagnosis / Symptom sive/abusive behavior on/Anxiety/panic attacks e in activity level n/extreme) e in appetite ve impairment/memory nent (specify) pmental disability/mental tion (specify) nations/delusions opriate affect (flat or incongruent) ed judgment anguish illness (specify) tion impaired:									
Aggress Agitatio Change (sudder Change Cognitiv impairm Develop retardat Hallucir Inappro Impaire Mental Orienta	Diagnosis / Symptom sive/abusive behavior on/Anxiety/panic attacks e in activity level n/extreme) e in appetite ve impairment/memory nent (specify) pmental disability/mental tion (specify) nations/delusions opriate affect (flat or incongruent) ed judgment anguish illness (specify) otion impaired: Person, self, place, time									
Aggress Agitatio Change (sudder Change Cognitiv impairm Develop retardat Hallucir Inappro Impaire Mental Mental Orienta P Persiste	Diagnosis / Symptom sive/abusive behavior on/Anxiety/panic attacks e in activity level n/extreme) e in appetite ve impairment/memory nent (specify) pmental disability/mental tion (specify) nations/delusions opriate affect (flat or incongruent) ed judgment anguish illness (specify) nition impaired: Person, self, place, time ent sadness									
Aggress Agitatio Change (sudder Change Cognitiv impairm Develop retardat Hallucir Inappro Impaire Mental Orienta Persiste Sleep d	Diagnosis / Symptom sive/abusive behavior on/Anxiety/panic attacks e in activity level n/extreme) e in appetite ve impairment/memory nent (specify) pmental disability/mental tion (specify) nations/delusions opriate affect (flat or incongruent) ed judgment anguish illness (specify) tion impaired: Person, self, place, time ent sadness disturbances									
Aggress Agitatio Change (sudder Change Cognitiv impairm Develop retardat Hallucir Inappro Impaire Mental Oriental Persiste Sleep d Substan	Diagnosis / Symptom sive/abusive behavior on/Anxiety/panic attacks e in activity level n/extreme) e in appetite ve impairment/memory nent (specify) pmental disability/mental tion (specify) nations/delusions opriate affect (flat or incongruent) ed judgment anguish illness (specify) ition impaired: Person, self, place, time eent sadness disturbances nce abuse (specify)									
Aggress Agitatio Change (sudder Change Cognitive impairm Develop retardat Hallucir Inappro Impaire Mental Orienta Persiste Sleep d Substar Though	Diagnosis / Symptom sive/abusive behavior on/Anxiety/panic attacks e in activity level n/extreme) e in appetite ve impairment/memory nent (specify) pmental disability/mental tion (specify) nations/delusions opriate affect (flat or incongruent) ed judgment anguish illness (specify) ition impaired: Person, self, place, time ent sadness disturbances nce abuse (specify) ints of death/suicide									
Aggress Agitatio Change (sudder Change Cognitiv impairm Develop retardat Hallucir Inappro Impaire Mental Orienta Persiste Sleep d Substan	Diagnosis / Symptom sive/abusive behavior on/Anxiety/panic attacks e in activity level n/extreme) e in appetite ve impairment/memory nent (specify) pmental disability/mental tion (specify) nations/delusions opriate affect (flat or incongruent) ed judgment anguish illness (specify) ition impaired: Person, self, place, time ent sadness disturbances nce abuse (specify) ints of death/suicide									

Other:

*	C = Client's sta F = Family me	atement	responsible pa	rty (specify)		work	ker obse	medical professional ervation / judgment		
6.	. MENTAL HEALTH									
	Does the adult	Does the adult have a Mental Health Diagnosis or Condition? Yes No If Yes, list diagnosis or condition:								
	1.				2.					
	3.				4.					
	Based on the i	nformation abo	out the adult's p	hysical/menta	al health, medic	cal st	atus and	d ADL/IADL functioning:		
		 Is the adult incapacitated? ☐ Yes ☐ No If Yes, briefly describe how the adult is incapacitated? 								
	2) Unable to	perform or obta	ain essential se	rvices for him	herself?	Yes	☐ No			
	3) Without an	other person v	villing to perforr	n or obtain es	ssential service	s for	him/her	self? Yes No		
	4) Performing or receiving help with ADLs and IADLs necessary to maintain his/her mental and/or physical health? ☐ Yes / ☐ No									
7.	7. SOCIAL SUPPORT A. Family and Significant Others Outside Facility									
	A. Talliny all	Name	others outside		ationship		Т	ype, Frequency of Contact		
								71 - 7 - 17 - 17 - 17 - 17 - 17 - 17 -		
	B. Describe		•		•					
			•		ther residents					
	D. Are there	any communi	ty agencies in	volved with	the adult? 📋	Yes	: / ∐ N	lo / If Yes, list:		
	Agency N	ame	Contac	t Person	Telephone	No.	Pur	pose and Frequency of Contact		
8.	ECONOMIC Adult's finance									
	Self Other: Na	me					Relatio	onship		
	Income	Monthly	Ex	penses	Monthly			Benefits Received		
Soc	cial Security	\$		& Board	\$			Medicare Part A		
SS				nt Trust				Medicare Part B		
			Accour	nt		1				

VA Pension			dicine					Medicaid
RR Retirement		Life	Insurance)				Special Assistance (SA)
Other Pension		Hea	alth Insurar	nce				Other Health Insurance
Public Assistance		Bur	rial					Food Stamps \$
Interest/dividends		Oth	ner Medical					Other (specify)
		Exp	penses					
Other, specify								
Othor, opcony								
					I			
Medicare						N	ledicaid Number	
Number								
Health Insurance (compar	ny & policy num	ber)					
ASSETS Provide va	alue, des	scription and loca	ation of ass	ets. if k	now	'n.		
Checking Account	, , ,			,				
Savings Account								
Real Estate								
Securities								
Personal								
Burial								
Other (specify)								
9. LEGAL STAT								
Does the adult	have on	e or more person	is who repr	esent t	hem	as:		
			_	_		_		
Legal Guardia		Person	tate 🔲	Genera	al	D	ate of Appointme	nt:
Identify any line	mitations	placed on the G	Buardianshi					
Identify any lin	mitations	s placed on the G	Guardianshi					
		·		p:				
☐ Power of Atto	rney (Ide	entify Type):		p:	d in		County / 🗌 State	
Power of Atto	rney (Ide	entify Type):]Durable	Reç	p: gistered			•	
☐ Power of Atto	rney (Ide	entify Type):	Reç	p: gistered			County / State	
Power of Atto Health Car	rney (Ide	entify Type):]Durable]Living Will	Reç	p: gistered			•	
Power of Atto	rney (Ide	entify Type):]Durable]Living Will	Reç	p: gistered			•	
Power of Atto Health Car General Representativ	rney (Ide re e Payee	entify Type):]Durable]Living Will for:	Reç Dat	p: gistered te Auth	ority	□C Giv	en:	
Power of Atto Health Car General Representativ	rney (Ide re e Payee	entify Type):]Durable]Living Will for: ee representative	Reç Dat es, list cont	p: gistered te Auth	ority	□C Giv	below:	check(s)
Power of Atto Health Car General Representativ	rney (Ide re e Payee	entify Type):]Durable]Living Will for: ee representative	Reç Dat	p: gistered te Auth	ority	□C Giv	en:	
Power of Atto Health Car General Representativ	rney (Ide re e Payee	entify Type):]Durable]Living Will for: ee representative	Reç Dat es, list cont	p: gistered te Auth	ority	□C Giv	below:	check(s)
Power of Atto Health Car General Representativ	rney (Ide re e Payee	entify Type):]Durable]Living Will for: ee representative	Reç Dat es, list cont	p: gistered te Auth	ority	□C Giv	below:	check(s)
Power of Atto Health Car General Representativ	rney (Ide re e Payee	entify Type):]Durable]Living Will for: ee representative	Reç Dat es, list cont	p: gistered te Auth	ority	□C Giv	below:	check(s)
Power of Atto Health Car General Representativ	rney (Ide re e Payee id/or pay	entify Type):]Durable]Living Will for: ee representative	Req Dat es, list cont Address	p: gistered te Auth	ority	□C Giv	below:	check(s)
Power of Atto Health Car General Representativ If adult has legal an Name Contact made with	rney (Ide re e Payee id/or pay	entify Type):]Durable]Living Will for: ee representative	Req Dat es, list cont Address	p: gistered te Auth tact info	ority	Giv	below: Telephone #:	check(s) Type
Power of Atto Health Car General Representativ If adult has legal an Name Contact made with What is the adult's	rney (Ide re e Payee d/or pay adult's le	entify Type):]Durable]Living Will for: ee representative egal representative	Req Dates, list content Address ve? Yestonse to the	p: gistered te Auth tact info	ority orma No tions	Giv	below: Telephone #:	check(s) Type le adult (e.g., does the
Power of Atto Health Car General Representative If adult has legal an Name Contact made with What is the adult's representative have	rney (Ide re e Payee id/or pay adult's le legal rep	entify Type): Durable Living Will for: ee representative egal representative resentative responsers related to	Req Date es, list content Address ve? Yesonse to the the reporter	p: gistered te Auth tact info	ority orma No tions	Giv	below: Telephone #:	check(s) Type
Power of Atto Health Car General Representativ If adult has legal an Name Contact made with What is the adult's	rney (Ide re e Payee id/or pay adult's le legal rep	entify Type): Durable Living Will for: ee representative egal representative resentative responsers related to	Req Date es, list content Address ve? Yesonse to the the reporter	p: gistered te Auth tact info	ority orma No tions	Giv	below: Telephone #:	check(s) Type le adult (e.g., does the
Power of Atto Health Car General Representative If adult has legal an Name Contact made with What is the adult's representative have	rney (Ide re e Payee id/or pay adult's le legal rep	entify Type): Durable Living Will for: ee representative egal representative resentative responsers related to	Req Date es, list content Address ve? Yesonse to the the reporter	p: gistered te Auth tact info	ority orma No tions	Giv	below: Telephone #:	check(s) Type le adult (e.g., does the
Power of Atto Health Car General Representative If adult has legal an Name Contact made with What is the adult's representative have	rney (Ide re e Payee id/or pay adult's le legal rep	entify Type): Durable Living Will for: ee representative egal representative resentative responsers related to	Req Date es, list content Address ve? Yesonse to the the reporter	p: gistered te Auth tact info	ority orma No tions	Giv	below: Telephone #:	check(s) Type le adult (e.g., does the
Power of Atto Health Car General Representativ If adult has legal an Name Contact made with What is the adult's representative have response to the alles	e Payee d/or pay adult's leteral reperse any consegrations	entify Type): Durable Living Will for: ee representative egal representative resentative responsers related to	Req Date es, list content Address ve? Yesonse to the the reporter	p: gistered te Auth tact info	ority orma No tions	Giv	below: Telephone #:	check(s) Type le adult (e.g., does the
Power of Atto Health Car General Representativ If adult has legal an Name Contact made with What is the adult's representative have response to the alle	e Payee d/or pay adult's le legal rep e any core egations	entify Type): Durable Living Will for: ee representative egal representative resentative responderns related to of mistreatment,	Req Date es, list content Address ve? Yesonse to the the reporter	p: gistered te Auth tact info	ority orma No tions	Giv	below: Telephone #:	check(s) Type le adult (e.g., does the
Power of Atto Health Car General Representative If adult has legal an Name Contact made with What is the adult's representative have response to the allese to the allese to the allese to the allese to the representation of the service of the ser	e Payee d/or pay adult's le legal rep e any core egations	entify Type): Durable Living Will for: ee representative egal representative resentative responderns related to of mistreatment,	Reg Dat es, list cont Address ve? Yes onse to the the reporte etc.)?	gistered te Auth tact info	No stions atio	Giv	below: Telephone #:	check(s) Type le adult (e.g., does the
Power of Atto Health Car General Representative If adult has legal an Name Contact made with What is the adult's representative have response to the alles 10. ENVIRONME Environmenta Yes No	e Payee d/or pay adult's le legal repe e any coregations	entify Type): Durable Living Will for: ee representative egal representative resentative responderns related to of mistreatment,	Reg Dat es, list cont Address ve? Yes onse to the the reporte etc.)?	p: gistered te Auth tact info	ority orma No tions	Giv	below: Telephone #: mistreatment of the what does the rep	check(s) Type le adult (e.g., does the
Power of Atto Health Car General Representative If adult has legal an Name Contact made with What is the adult's representative have response to the alles 10. ENVIRONME Environmental Yes No Sleepii	e Payee d/or pay adult's le legal rep e any cor egations	entify Type): Durable Living Will for: ee representative egal representative resentative responderns related to of mistreatment, actors	Reg Dat es, list cont Address ve? Yes onse to the the reporte etc.)?	gistered te Auth tact info	No stions atio	Giv	below: Telephone #: mistreatment of the what does the rep	check(s) Type le adult (e.g., does the
Power of Atto Health Car General Representative If adult has legal an Name Contact made with What is the adult's representative have response to the alles 10. ENVIRONME Environmenta Yes No Sleepin Deterice	e Payee d/or pay adult's le legal rep e any cor egations NT I Risk Fa	entify Type): Durable Living Will for: ee representative egal representative resentative responderns related to of mistreatment, actors	Reg Dat es, list cont Address ve? Yes onse to the the reporte etc.)?	gistered te Auth tact info	No stions atio	Giv	below: Telephone #: mistreatment of the what does the republication. Lighting Pests/vermin	check(s) Type le adult (e.g., does the
Power of Atto Health Car General Representative If adult has legal an Name Contact made with What is the adult's representative have response to the alles 10. ENVIRONME Environmenta Yes No Sleepin Deteric Eating	e Payee Id/or pay adult's letteral repeations NT I Risk Fang according Sarea	entify Type): Durable Living Will for: ee representative egal representative resentative respondencerns related to of mistreatment, actors mmodations etructure	Reg Dat es, list cont Address ve? Yes onse to the the reporte etc.)?	gistered te Auth tact info	No stions atio	Giv	below: Telephone #: mistreatment of the what does the republication. Lighting Pests/vermin Toilet facilities	check(s) Type le adult (e.g., does the
Power of Atto Health Car General Representative If adult has legal an Name Contact made with What is the adult's representative have response to the alles 10. ENVIRONME Environmenta Yes No Sleepin Deterio Eating Heatin	e Payee d/or pay adult's leterations Transport on the payor of the	entify Type): Durable Living Will for: eee representative egal representative resentative respondencerns related to of mistreatment, actors mmodations tructure	Reg Dat es, list cont Address ve? Yes onse to the the reporte etc.)?	gistered te Auth tact info	No stions atio	Giv	below: Telephone #: mistreatment of the what does the reputation project facilities Water/plumbing	check(s) Type le adult (e.g., does the resentative plan to do / not do in
Power of Atto Health Car General Representative If adult has legal an Name Contact made with What is the adult's representative have response to the alles 10. ENVIRONME Environmenta Yes No Sleepin Deterion Heatin Heatin Fire have	e Payee addor pay adult's le legal repe any coregations NT I Risk Farmag according Sarea g/cooling	entify Type): Durable Living Will for: ee representative egal representative resentative respondencerns related to of mistreatment, actors mmodations etructure	Reg Dat es, list cont Address ve? Yes onse to the the reporte etc.)?	gistered te Auth tact info	No stions atio	Giv	below: Telephone #: mistreatment of the what does the reputations Lighting Pests/vermin Toilet facilities Water/plumbing Lack of access to	check(s) Type Type Te adult (e.g., does the resentative plan to do / not do in from general areas in facility
Power of Atto Health Car General Representative If adult has legal an Name Contact made with What is the adult's representative have response to the alles 10. ENVIRONME Environmenta Yes No Sleepin Deteric Eating Heatin Fire had Laund	e Payee addor pay adult's le legal rep e any cor egations NT I Risk Fa ng accor orating S area g/cooling azards/nery	entify Type): Durable Living Will for: eee representative egal representative resentative respondencerns related to of mistreatment, actors mmodations tructure	Reg Dat es, list cont Address ve? Yes onse to the the reporte etc.)?	gistered te Auth tact info	No stions atio	Giv	below: Telephone #: mistreatment of the what does the reputations Lighting Pests/vermin Toilet facilities Water/plumbing Lack of access to	check(s) Type Type Te adult (e.g., does the resentative plan to do / not do in from general areas in facility from general exterior of facility

		Other (specify):								Internal Risk I	Hazards
Ir P N	Level of Endangerment Immediate life threat Potential of serious harm No evident danger At substantial risk										
Desc	Description of Conditions and Risk Factors:										
	If there are environmental conditions that place the adult and other residents/patients of the facility at risk, identify the date and method of reporting the conditions to the Adult Home Specialist or Division of Facility Services:										
р	ossibl		a	nd re	qu	iires	s ca	reful ev	aluati	on. "Yes" to a	e of these "red flags" indicate a ny of these indicators requires fety.
Α	. Res	sident Risk Factors		Yes		No	*	Source			Comments
Alcoh	ol/dru	g abuse	[_			
	Blamin		Ī								
Assau	ultive/h	nostile									
Histo	ry of m	nultiple incidents	ĪĪ								
		aregivers	ĪĪ								
		o Emotions)	ĪĪ		Ħ						
		ng out behavior(s)	Ħ		Ti	ī					
		e behavior(s)	ΤĒ	7	TÌ	╗					
	anding	\ /	ΤĒ		Ti	=					
		ssive aggressive	Ť		1	=					
		Codes:					1		М	= FL-2. M.D c	ther medical professional
		ent's statement									observation / judgment
F	= Fan	nily member/guardian/res	spo	onsibl	le p	arty	(sp	pecify)		= Other collate	
		,			·	•	` '	• ,			· · · · · · · · · · · · · · · · · · ·
В	. Fac	ility Risk Factors						Yes	No	* Source	Comments
Accept facility	_	esidents whose needs ca	ınr	not be	m	et b	У				
		oncentration of vulnerable	e a	adults	;						
		nnel turnover			-			Ħ			
		eorganizations"						Ħ			
		ne demands									
		and uninformed administ	tra	tor/m	an	age	r	Ħ			
		Abuse/Neglect/Exploitat				9-					
		t and unclear job expecta			st	aff					
		f training which means th					t				
		act wisely									
		ges (e.g., facility not mee	tir	ng mir	nim	num					
staffir	ng requ	uirements per State regul	lat	ions,	lea	st					
		d staff required to work he	olic	days	wh	en					
		keletal, etc.)									
staff (in botl	unication between admin h directions)	ist	trator	s a	nd					
Numb	er of	APS Reports									
		ng maintenance (ventilation	on	, light	ing	, etc	c.)				
								1	1		

 Source Codes: C = Client's statement F = Family member/guardian/responsible 	e party (sp	pecify	/)	S	= Social v	vorker o	er medical professional bservation / judgment (specify)
C. Alleged Perpetrator Risk Factors		Ye	es	No	* Sou	rce	Comments
Alcohol/drug abuse							
Lack of training in job responsibilities		ĪĒ					
Excessive absenteeism							
Blaming adult / hypercritical							
Private gifts to the adult							
Reluctance to provide care							
Favoritism toward the adult							
Numerous disciplinary actions							
Overeager to provide care							
Role reversal (i.e., looking to resident to fulfineeds)	ll their						
Tardiness/unexplained absences							
Social isolation							
Works excessive hours							medical professional
C = Client's statementF = Family member/guardian/responsible	e party (sp	oecify	/)				servation / judgment specify)
Collateral contacts MUST be made with of mistreatment. Collaterals can include health professionals, individuals the adu additional pages, if needed) Date of Contact:	but are no	ot lim s wh	o m	d to: re ay hav	elatives, fr	iends, ne	eighbors, medical and/or mental
Address (optional)					To	elephon	e Number(s):
Information Given:							
Date of Contact:	Name of	f Col	late	eral:			
Address (optional)					To	elephon	e Number(s):
Information Given:							
Date of Contact:	Name of	f Col	late	eral:			
Address (optional)	•				To	elephon	e Number(s):
Information Given:							

Date of Contact:	Name of Collateral:	
Address (optional)		Telephone Number(s):
Information Given:		
Date of Contact:	Name of Collateral:	
Address (optional)		Telephone Number(s):
Information Given:		
13. EVIDENCE OF ABUSE, NEGLEC is defined as allegations that do not indexploited, but conditions exist, that if ne	dicate that a disabled adult has b	
A. ABUSE BY CARETAKER – ch	eck all that apply	
☐ Hitting, slapping, or kicking	Old and/or New bruises, welt bruises, or injuries	s,
Restrained, tied, locked in, isolated	☐ Non-consenting sexual activi	ty Dbjects thrown at adult
☐ Verbal assaults, threats	☐ Threatened / injured with a w	reapon Prolonged interval between injury and treatment
☐ Injuries in odd places	Demonstrates fear of caretak	ters Explanation inconsistent with injury
Adult fearful of others	☐ Willful Deprivation	☐ Not Applicable
Other (specify):		
Level of Endangerment		
☐ Immediate life threat ☐ Potential of serious harm ☐ At substantial risk ☐ No evident danger	Adult understands Adult does not understand	☐ Adult willing to accept assistance☐ Adult unwilling to accept assistance☐ Not Applicable
Comments/Description (if needed):		

B. NEGLECT – Check Condition	ns Present	
Excess dirt, fleas, lice on person	☐ Malnourished or dehydrated	Fecal/urine smell or presence
☐ Bedsores or other ulcerated sores	☐ Doesn't get/take medications	☐ Inadequate clothing
☐ Dental problems	Skin rashes, discoloration	Overgrown nails
Lack of glasses/hearing aid or other prosthetic devices	☐ Untreated medical needs (specify):	☐ Lack of needed supervision
Lack of needed assistance with ADLs	Prolonged time between illness/ injuries and medical care	☐ Other (specify): ——— ☐ Not Applicable
Level of Endangerment		
☐ Immediate life threat ☐ Potential of serious harm ☐ At substantial risk ☐ No evident danger	Adult does not understand	willing to accept assistance unwilling to accept assistance Applicable
Comments/Description (if needed):		
C. SELF ENDANGERING BEHAVIO	DRS – check all that apply	
☐ Suicidal threats ☐ F	Refuses medical treatment	Wandering
☐ Suicidal acts ☐ □		Frequenting dangerous places (specify)
☐ Self-inflicted injuries ☐ A		Substance Abuse: (specify):
☐ Refused Medication ☐ C	Other (specify):	Refuses Mental Health Tx
-		Not Applicable
Level of Endangerment Immediate life threat Potential of serious harm At substantial risk No evident danger	Adult does not understand	willing to accept assistance unwilling to accept assistance Applicable
Comments/Description (if needed):		

D. EXPLOITATION OF ASSETS		
Unexplained disappearance of funds or valuables	Caretaker refuses to use adult's funds to meet daily care needs	Chronic failure to pay for services and/or bills
Depleted funds/bank account, Questionable reason	☐ Checks un-cashed ☐ Money lost or misplaced	 Transfer of other assets without adult's knowledge & benefit
Adult unaware of income amount & expenses	☐ Unusual activity in bank account	☐ Facility misusing adult's
☐ Family misusing adult's money	Significant Debt	money
Lack of payment arrangements to facility & responsible party evasive about making arrangements		☐ Other (specify): ☐ Other (specify): ———
		☐ Not Applicable
Level of Endangerment Immediate life threat Potential of serious harm At substantial risk No evident danger		Adult willing to accept assistance Adult unwilling to accept assistance
Comments/Description (if needed):		
E. EXPLOITATION OF THE PERS	ON	
☐ Sexual exploitation	Coerced to perform tasks	Other (specify):
Other (specify):	Not Applicable	☐ Not Applicable
Level of Endangerment Immediate life threat Potential of serious harm At substantial risk No evident danger		Adult willing to accept assistance Adult unwilling to accept assistance
Comments/Description (if needed):		
Summary of adults understanding and	d willingness to accept assistance:	
14. Adult	☐ One time ☐ Severa over a long period of time ☐ Unkno	al times over a short period of time wn
15. Alleged Perpetrator Information	n:	
a) Current alleged perpetrator's nar	me:	Date of Birth:
Address:		Telephone Number(s):
Relationship:		Date of Contact

b)	Alleged perpetrator's contact with client: Daily Weekly Other: Explain					
c)	Alleged Shift Worked: Days Worked: perpetrator's Employment:					
d)	Alleged perpetrator's reaction to APS Worker Cooperative Refused to be interviewed Uncooperative Interviewed with legal counsel					
e)	Summary of perpetrator's statement concerning APS allegations:					
f)	Criminal records checked: (optional): Date:/ Relevant Information obtained:					
g)	□ No contact made with perpetrator and reason:					
h)	□ No contact made with perpetrator and reason:					
CASE FINDINGS DISABLED ADULT: An individual 18 years of age or a lawfully emancipated minor, present in North Carolina and has a disability that physically or mentally incapacitates them.						
Is a dis	abled adult. Yes No Why or Why Not?					
An indi	TAKER: vidual who has the responsibility for the care of the disabled adult as a result of family relationship or who has ed the responsibility for the care of the disabled adult voluntarily or by contract. A caretaker would have thensive responsibility for the adult's day-to-day well being.					
Has a	caretaker.					
☐ Yes	s 🗌 No					

EXPLO	DITATION:
The ille	egal or improper use of a disabled adult or his resources for another's profit or advantage.
Has be	een exploited.
☐ Ye	s No If yes, state how.
IN NE	ED OF PROTECTIVE SERVICES:
to perf	oled adult shall be in need of protective services if that person, due to his physical or mental incapacity, is unable orm or obtain for himself essential services and if that person is without able, responsible, and willing persons to n or obtain for him essential services.
Abuse	, Neglect, Exploitation or Substantial Risk <u>has</u> been Confirmed
RECO	MMENDED SOCIAL WORK PRACTICE FOR MAKING A CASE DECISION:
1.	Do not consider the disabled adult's capacity to consent to APS at the case decision juncture; this may result in denying the victim access to APS.
2.	Do not unsubstantiate the need for APS for the disabled adult due to lack of a thorough evaluation, lack of staffing resources, lack of formal resources, lack of access to the court system, or prior history with same victim who has historically refused APS services.
3.	Do not unsubstantiate the need for APS for the disabled adult due to elements of the case decision being unclear; more information may need to be obtained.
4.	Do not assume that because it appears that the disabled adult can perform an essential service but chooses not to, that they are in fact capable. There may be many reasons why a "seemingly" capable adult chooses to not act on their own behalf. "Learned Helplessness", fear, and/or cognitive issues may be present.
5.	Unless the social worker is reasonably assured that the identified "able, willing, and responsible" person will be able to act comprehensively on the adult's behalf to provide essential services, the determination must be made that this person is not able, willing and responsible. Consider these questions:
a.	Is the person physically capable and have the skill to provide or mobilize all protective services needed?
b.	Is the person emotionally mature, trustworthy, reliable, and have a history of using good judgment and sound thinking?
C.	Does this identified person understand the protective services needs and willing to make sure that all of the needs are met?
d.	Does the identified person have a physical or mental illness, substance abuse or other issues that may impact their ability to mobilize all protective services?
e.	Are there any legal or relational issues between the identified person and the victim that may present as

- e. Are there any legal or relational issues between the identified person and the victim that may present as problematic, i.e., victim had been an abusive parent to identified person?
- f. Is the person physically capable and have the skill to provide or mobilize all protective services needed?
- g. Is the person emotionally mature, trustworthy, reliable, and have a history of using good judgment and sound thinking?
- h. Does this identified person understand the protective services needs and willing to make sure that all of the needs are met?

i.		Does the identified person have a physical or mental illness, substance abuse or other issues that may impact their ability to mobilize all protective services?							
j.	Are there any legal or relational issues between the identified person and the victim that may present as problematic, i.e., victim had been an abusive parent to identified person?								
k		Is the person physically	capable and have	the skill to pro	vide or mobilize all protective services needed?				
I.		Is the person emotionally mature, trustworthy, reliable, and have a history of using good judgment and sound thinking?							
m	n. Does this identified person understand the protective services needs and willing to make sure that all of the needs are met?								
n	n. Does the identified person have a physical or mental illness, substance abuse or other issues that may impact their ability to mobilize all protective services?								
0	٠.	Are there any legal or relational issues between the identified person and the victim that may present as problematic, i.e., victim had been an abusive parent to identified person?							
Need	l fo	or APS is substantiated							
.		- ADO ' - (('- (-)							
neea	110	or APS is unsubstantiated							
If Ne	ed	for APS is substantiated,	then complete Att	tachment A: De	etermination of Ability to Consent to Protective Services				
					,				
SUBS	ST	ANTIAL RISK OF ABUS	E, NEGLECT, OR	REXPLOITATI	•				
Allega	atio		nat a disabled adu	It has been or	ON is being abused, neglected, or exploited but conditions				
Allega exist,	ation the second	ons that do not indicate tl	nat a disabled adu	It has been or glect or exploit	ON is being abused, neglected, or exploited but conditions				
Allega exist,	ation the second	ons that do not indicate that if not addressed may rasubstantial risk	nat a disabled aduresult in abuse, ned	It has been or glect or exploit Offered No	ON is being abused, neglected, or exploited but conditions ation.				
Allega exist,	ation the second	ons that do not indicate that if not addressed may rasubstantial risk	nat a disabled aduresult in abuse, ned	It has been or glect or exploit Offered No	ON is being abused, neglected, or exploited but conditions ation.				
Allega exist,	ation the second	ons that do not indicate that if not addressed may range a substantial risk No Seed Accepted	nat a disabled aduresult in abuse, ned	lt has been or glect or exploit Dffered ☐ No ☐Refused	ON is being abused, neglected, or exploited but conditions ation.				
Allega exist,	ation the second	ons that do not indicate that if not addressed may range a substantial risk No Ised Accepted Signa	Services C Services C Accepted Ature of APS Work	It has been or glect or exploit Offered No Refused	on is being abused, neglected, or exploited but conditions ation. Client Referred to: Date				
Allega exist,	ation the second	ons that do not indicate that if not addressed may reasonable a substantial risk Noused Accepted	nat a disabled aduresult in abuse, ned Services C Yes Accepted	It has been or glect or exploit Offered No Refused	ON is being abused, neglected, or exploited but conditions ation. Client Referred to:				
Allega exist,	ation the second	ons that do not indicate that if not addressed may reasonable a substantial risk Noused Accepted	Services C Services C Accepted Ature of APS Work	It has been or glect or exploit Offered No Refused	on is being abused, neglected, or exploited but conditions ation. Client Referred to: Date				

SUMMARY (Additional notes or narrative should indicate which section of the evaluation it refers to. May list agency staff involved in the case decision here.)						