 Cretsinger Care Homes. Ltd.

PO Box 279 ~ Battle Creek MI 49016 ~ (269) 964-8292

www.cretsingercarehomes.com

Resident: Facility:

Physician name: Date

Licensing adult foster care rules define Assistive Device as "the use of an item such as a pillow or pad or medically supplied therapeutic support that is intended to achieve or maintain the proper position, posture, or balance of a resident. An assistive device may also be an item that is intended to promote, achieve, or maintain the resident's independence. Anything that is used with the intent to restrain a resident and that does not permit the resident to remove the device by himself or herself is a restraint and not an assistive device. If a device is a restraint, then it’s use is prohibited, even for the purpose of safety (example – seat belt the person can’t unlatch independently).

Effective January 2018, bed rails are no longer acceptable. Assistive devices such as bed canes MUST be mounted/attached directly to the bed frame (they can not slip under the mattress).

As a licensed adult foster care home, we are required to meet the following rule:

*R 400.15306 Use of Assistive devices*

*(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.*

The following assistive devices are authorized for the above resident:

DEVICE REASON EXPIRATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Independence | Other | Until Revoked in writing OR | OR Date of expiration |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Physician signature Date

Medical practice name and phone number