

CERTIFICATION BY LICENSED HEALTH CARE PROFESSIONAL

Certified by:

- Physician
- Physician Assistant Certified (PA-C)
- Nurse Practitioner
- Registered Nurse

Admission (including admission from a Category B status to a Category A status):

- Category A
- Category B
- Category C

- Quarterly** for Category B assessment
- Quarterly** for Category C assessment

1. I visited _____ within the past calendar quarter.
(Name of Facility)
2. There has ____ has not ____ been any significant change in health care status of this resident that would require another level of care.

I certify that:

- The particular needs of resident _____ **can be** met in this facility
(Name of Resident)
- The particular needs of resident _____ **CAN NOT be** met in this facility
(Name of Resident)

COMMENTS:

Signature/Title of Licensed Health Care Professional: _____

Date: _____

50-5-226 MCA. Placement in assisted living facilities.

(3) An assisted living facility licensed as a **category B facility under 50-5-227** may not admit or retain a category B resident unless each of the following conditions is met:

(f) The resident must have a signed health care assessment, **renewed on a quarterly basis by a licensed health care professional who:**

- (i) **actually visited the facility within the calendar quarter** covered by the assessment;
- (ii) **has certified that the particular needs of the resident can be adequately met in the facility;** and
- (iii) **has certified that there has been no significant change in health care status** that would require another level of care.