



**VILLA SCALABRINI**  
**RETIREMENT CENTER & SPECIAL CARE UNIT**  
10631 Vinedale Street, Sun Valley, California 91352-2899  
(818) 768-6500 • FAX (818) 768-0684  
[www.villascalabrini.com](http://www.villascalabrini.com)

Dear Doctor,

Attached is the Physician's Report (LIC 602A), which is a State Licensing form that is required in our setting.

Please note in Section 14 (Mental Condition) the question "Unable to Leave Facility Unassisted" refers to the mental condition of the resident, not their physical limitations.

Please note in Section 16 (Medications)

- If the resident will be residing in our secure memory care unit, we will be providing all assistance with medications.
- For residents residing in assisted living who wish to handle their own medications, we conduct a comprehensive assessment to determine if the resident is capable of handling all aspects of self-administration without the assistance of family or resident spouse. Please indicate your opinion on their ability to perform these functions.

Thank you for your assistance. Please contact me if you have any questions.

Best regards,

Laura Mesrobian  
Director of Admissions  
[laura@villascalabrini.com](mailto:laura@villascalabrini.com)  
818-768-6500 ext. 228





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**Title: PRN Medication Ability Determination**

## VILLA SCALABRINI PRN MEDICATION ABILITY DETERMINATION & MED VERIFICATION

DATE & TIME:	PAGES INCLUDING COVER PAGE: #	
TO:	FAX #:	TEL #:
FROM:	FAX #:	TEL #:

Villa Scalabrini assists this resident with their medications. This assistance is provided by our Medication Technicians, who are not licensed professionals, but who are trained to assist residents with their medication(s). The State of California requires that residents who receive assistance with their PRN medication be evaluated for their ability to participate in managing their PRN medications. Please check the appropriate description below for your patient.

**NAME OF RESIDENT:** \_\_\_\_\_ **Room #:** \_\_\_\_\_

This resident **can** determine and communicate his/her need for prescription and non-prescription PRN medications. Instructions for all PRN medications are:

Medication	Exact Dosage	Route	Specific symptoms for use	Minimum hrs between doses	Maximum doses/ 24 hrs.
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This resident **cannot** determine his/her need but can clearly communicate his/her symptoms, which enables Villa Scalabrini staff to assist with **only non-prescription** PRN medications according to my written directions. For **prescription** PRN medications, I understand that Villa Scalabrini staff must contact me to receive directions **before each dose** is given. Instructions for non-prescription PRN medications are:

Medication	Exact Dosage	Route	Specific symptoms for use	Minimum hrs between doses	Maximum doses/ 24 hrs.
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This resident **cannot** determine or communicate symptoms indicating his/her need for PRN prescription and non-prescription PRN medications. I understand that a Villa Scalabrini staff member will contact me to receive directions **before each dose** is given. Instructions for these PRN medications are:

Medication	Exact Dosage	Route	Specific symptoms for use	Minimum hrs between doses	Maximum doses/ 24 hrs.
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Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician Signature \_\_\_\_\_ Lic. # \_\_\_\_\_ Date \_\_\_\_\_

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**Health Services Policies and Procedures**



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## *Diet Clarification Request*

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### VILLA SCALABRINI

RESIDENT'S NAME: \_\_\_\_\_

Your patient resides in an assisted living community. The following diets are offered in this setting. Please check below next to the diet you choose for your patient to follow:

\_\_\_\_\_ No dietary restrictions at this time

\_\_\_\_\_ No added salt

\_\_\_\_\_ Controlled or consistent carbohydrate (for diabetic management)

\_\_\_\_\_ Altered texture (specify): \_\_\_\_\_

\_\_\_\_\_ Resident may consume alcoholic beverages

Date: \_\_\_\_\_

\_\_\_\_\_  
Physician Name Lic. #

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Address & Telephone Number