

OASIS ITEM:
<p>(M0300) Current Residence:</p> <p><input type="checkbox"/> 1 - Patient's owned or rented residence (house, apartment, or mobile home owned or rented by patient/couple/significant other)</p> <p><input type="checkbox"/> 2 - Family member's residence</p> <p><input type="checkbox"/> 3 - Boarding home or rented room</p> <p><input type="checkbox"/> 4 - Board and care or assisted living facility</p> <p><input type="checkbox"/> 5 - Other (specify) _____</p>
DEFINITION:
Identifies where the patient is residing during the current home care episode (e.g., where the patient is receiving care).
TIME POINTS ITEM(S) COMPLETED:
Start of care Resumption of care Discharge from agency – not to an inpatient facility
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> • Response 1: Dwelling considered to be the patient's own. • Response 2: Dwelling considered to belong to family member. Patient may be a temporary or permanent resident. • Response 3: Room rented in a larger dwelling. Patient's room may be the only one rented or one of many. No specific health-related services or supervision are provided, though meals can be included. • Response 4: Some care or health-related services are provided in conjunction with living quarters.
ASSESSMENT STRATEGIES:
Observe the environment in which the visit is being conducted. Interview the patient/caregiver regarding others living in the residence, their relationship to the patient, and any services being provided.