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**SIGNIFICANT CHANGE FORM**

**Resident Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Nursing Facility:** \_\_\_\_\_

**“Significant change” means** that when an individual’s mental or physical condition has declined or improved such that the change:

- (1) If a decline, will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions;
- (2) Impacts more than one area of the resident’s health status; and,
- (3) Requires interdisciplinary review or revision of the plan of care, or both.

If any of the following events have occurred, please check the appropriate choice and fax this form to the KEPRO PASRR Office 1-844-490-9555.

**Type of Change:**

- Transferred, admitted, or readmitted to a nursing facility following an inpatient psychiatric stay or equally intensive treatment.
- Increased behavioral, psychiatric, or mood-related symptoms.
- Behavioral, psychiatric, or mood related symptoms have not responded to ongoing treatment.
- An improved medical condition that may require modifying the plan of care or placement recommendations.
- COS (Change of Status) is physical, but behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, may influence adjustment to an altered pattern of daily living.
- Indicates a preference (may be communicated verbally or through other forms of communication, including behavior) to leave the facility.
- Condition or treatment is or will be significantly different than described in the resident’s most recent PASRR Level II Evaluation and determination.
- Other: \_\_\_\_\_

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Signature of Facility Representative

Date