

## Advanced Directive Disclosures

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

\_\_\_\_\_ (initial) I have received a copy of the  
"Your Right To Make Health Care Decisions" pamphlet.

- Yes No
1. I have an individual or individuals listed as my Medical Durable Power of Attorney.
- Yes No
2. I have a Living Will.
- Yes No
3. I have a legal guardian.
- Yes No
4. I have a Health Care Proxy.

Libby Bortz Assisted Living Center requires a copy of any of the above marked documents.

### Cardio Pulmonary Resuscitation (CPR Directive)

\_\_\_\_\_ I do have a CPR Directive signed by myself, or legal representative and my attending physician.

\_\_\_\_\_ I do not have a CPR Directive and choose not to initiate a CPR directive at this time.

The Resident Services Director or designee will review the CPR directive with the resident or the resident's legal representative during the pre-admission assessment. The Resident Services Director will document the CPR directive on the initial service plan. Upon the residents admission, the Admission/Marketing Director will be responsible to obtain a copy of the residents advance directives.

The original and copies of the residents advance directives will be kept on file at the receptionist desk, a copy in the resident's medical record and a copy in the Resident Services Directors office. The residents advance directives will be reviewed annually during each resident's service plan meeting, or upon a significant change in the residents' condition by the Resident Services Director.

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Facility Representative

\_\_\_\_\_  
Date

