

# REGISTER OF FACILITY CLIENTS/RESIDENTS

FACILITY NAME:		FACILITY NUMBER:	LICENSEE NAME	DATE/UPDATE
ROOM IDENTIFIER (If applicable)	CLIENT/RESIDENT NAME	AMBULATORY STATUS RESTRICTED CONDITION(S) (If applicable)	PHYSICIAN	RESPONSIBLE PERSON
		AMBULATORY <input type="checkbox"/> NON-AMBULATORY <input type="checkbox"/> BEDRIDDEN <input type="checkbox"/>	NAME: ADDRESS: PHONE: (    )	NAME: ADDRESS: PHONE: (    )
		AMBULATORY <input type="checkbox"/> NON-AMBULATORY <input type="checkbox"/> BEDRIDDEN <input type="checkbox"/>	NAME: ADDRESS: PHONE: (    )	NAME: ADDRESS: PHONE: (    )
		AMBULATORY <input type="checkbox"/> NON-AMBULATORY <input type="checkbox"/> BEDRIDDEN <input type="checkbox"/>	NAME: ADDRESS: PHONE: (    )	NAME: ADDRESS: PHONE: (    )
		AMBULATORY <input type="checkbox"/> NON-AMBULATORY <input type="checkbox"/> BEDRIDDEN <input type="checkbox"/>	NAME: ADDRESS: PHONE: (    )	NAME: ADDRESS: PHONE: (    )
		AMBULATORY <input type="checkbox"/> NON-AMBULATORY <input type="checkbox"/> BEDRIDDEN <input type="checkbox"/>	NAME: ADDRESS: PHONE: (    )	NAME: ADDRESS: PHONE: (    )
		AMBULATORY <input type="checkbox"/> NON-AMBULATORY <input type="checkbox"/> BEDRIDDEN <input type="checkbox"/>	NAME: ADDRESS: PHONE: (    )	NAME: ADDRESS: PHONE: (    )

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## INSTRUCTIONS FOR REGISTER OF FACILITY CLIENT/RESIDENTS

Type or print clearly. the licensee shall ensure that a current register of all clients/residents in the facility is maintained.

1. **Facility Name:** Enter the name used by to designate the single facility under application.
  2. **Facility Number:**
  3. **Licensee Name:** Enter the name of the Licensee. "Licensee" means the individual, firm, partnership, corporation, association or county having the authority and responsibility for the operation of a licensed facility.
  4. **Date/Update:** Enter the date information is being initially recorded or updated.
  5. **Room Identifier:** Applicable to Residential Care for the Elderly only. Enter information that identifies the resident room, such as room number.
  6. **Client/Resident Name:** Enter client/resident legal name.
  7. **Ambulatory Status:** Check appropriate box that indicates the client/resident mobility status. These definitions are for the purposes of a fire clearance.
    - Ambulatory:** Means a person who is capable of demonstrating the mental competence and physical ability to leave a building without assistance of any other person or without the use of any mechanical aid in case of an emergency.
    - Non-ambulatory:** Means a person who is unable to leave a building unassisted under emergency conditions. It includes any person who is unable or likely to be unable, to physically and mentally respond to a sensory signal approved by the State Fire Marshal, or an oral instruction relating to fire danger, and person who depend upon mechanical aids such as crutches, walkers, and wheelchairs. **A person who is unable to independently transfer to and from bed, but who does not need assistance to turn or reposition in bed, shall be considered non-ambulatory for fire safety requirements.**
    - Bedridden:** Means a person who is unable to independently turn or reposition in bed.
- Restricted Health Conditions means those conditions required by sections 80071(a)(1)(D) and 82071(a)(4), and only applies to facilities governed by these sections.
8. **Physician:** Enter the name, address, and telephone number of the client/resident attending physician.
  9. **Responsible Person:** Enter the name, address, and telephone number of the person responsible for the client/resident. "Responsible Person" means that individual or individuals, including a relative, health care surrogate decision maker, or placement agency, who assists the resident in placement or assume varying degrees of responsibility for the resident's well-being.