



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
 PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)
DDA PASRR Significant Change Review

DATE SIGNIFICANT CHANGE REPORTED TO DDA

NAME	ADSA ID NUMBER
GUARDIAN / NSA NAME	
GUARDIAN ADDRESS	CITY STATE ZIP CODE
NURSING FACILITY NAME	
NURSING FACILITY ADDRESS	CITY STATE ZIP CODE
<p>1. Describe significant change reported:</p> <p>2. Does the reported change have a potential impact on PASRR determinations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Why or why not?</p> <p>If the reported significant change has a potential impact on PASRR determinations, a PASRR Level II Determinations Planned Action Notice, DSHS 10-573, is attached. The full Level II report will follow within 30 days.</p> <p>If no potential impact on PASRR determinations is identified, the current PASRR plan remains in effect. A new Level II is not needed at this time.</p>	
NAME OF PERSON COMPLETING EVALUATION	DATE OF COMPLETION
SIGNATURE OF PERSON COMPLETING EVALUATION	EMAIL PHONE (INCLUDE AREA CODE)
ADDRESS	CITY STATE ZIP CODE

cc: Nursing facility resident
 Guardian / NSA
 Nursing facility