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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)  **DDA PASRR Significant Change Invalidation** | | | DATE SIGNIFICANT CHANGE REPORTED TO DDA |
| NAME | | | | ADSA ID NUMBER |
| NURSING FACILITY NAME | | | | |
| FACILITY ADDRESS CITY STATE ZIP CODE | | | | |
| GUARDIAN / NSA NAME | | | | PHONE NUMBER (WITH AREA CODE) |
| GUARDIAN ADDRESS CITY STATE ZIP CODE | | | | |
| 1. Describe significant change reported: | | | | |
| 1. Does the reported change have a potential impact on PASRR determinations?  Yes  No | | | | |
| 1. Why or why not? | | | | |
| **If the reported significant change has a potential impact on PASRR determinations, a PASRR Level II Determinations Planned Action Notice is attached. The full Level II report will follow within 30 days.**  **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.** | | | | |
| SIGNATURE OF PERSON COMPLETING EVALUATION | | COMPLETION DATE | PRINTED NAME OF PERSON COMPLETING EVALUATION | |
| ADDRESS CITY STATE ZIP CODE | | | | |
| PHONE NUMBER (WITH AREA CODE) | | EMAIL ADDRESS | | |