



ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER
PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR'S NAME	

ATTACHMENT I

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
ADULT FAMILY HOME (AFH)

Resident Record Review (Resident: 1 2)

RESIDENT'S NUMBER	RESIDENT'S NAME	DATE OF BIRTH
PRACTITIONER'S NAME		TELEPHONE NUMBER
REPRESENTATIVE'S NAME		TELEPHONE NUMBER
ASSESSOR'S NAME		TELEPHONE NUMBER
NURSE DELEGATOR'S NAME		TELEPHONE NUMBER
CASE MANAGER'S NAME		TELEPHONE NUMBER

ADMIT DATE	<input type="checkbox"/> CLOSED RECORD _____ DISCHARGE DATE	<input type="checkbox"/> Medicaid policy <input type="checkbox"/> Notice of services every 24 months <input type="checkbox"/> Disclosure of charges completed and available
	<input type="checkbox"/> N/A	

DIAGNOSIS

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Security Number included in the record?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Belongings Inventory

NOTE: "NO" ANSWERS REQUIRE NARRATIVE DOCUMENTATION.

YES	NO	N/A	ASSESSMENT	DATE:	DATE OF PRIOR ASSESSMENT:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment prior to admission (if admitted since last inspection)?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initial assessment includes preliminary service plan (if admitted since last inspection)?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment reflects the current health status / needs, preferences regarding resident rights?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Updated after a significant change in condition?		

YES	NO	N/A	NEGOTIATED CARE PLAN	DATE:	DATE OF PRIOR CARE PLAN:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Negotiated care plan developed within 30 days (for admission since last inspection)?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accurately addresses current: <ul style="list-style-type: none"> • Care / service needs? • Hospice plan? • Crisis plan (if applicable)? 		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identifies preferences / choices?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signed and dated by resident and/or representative?		



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NOTE: This form should be used to document any additional information or data that does not fit in the designated space.

NOTES