|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)ENHANCED SERVICES FACILTY (ESF)**ESF Resident Record Review** | **Attachment H** |
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| ENHANCED SERVICES FACILITY NAME | LICENSE NUMBER | INSPECTION DATE |
| LICENSOR’S NAME | Inspection Type: [ ]  Full [ ]  Complaint |
|  |
| NAME | ID NUMBER | DATE OF BIRTH | ROOM NUMBER | MOVE-IN DATE | PAY STATUS |
| FAMILY / MEMBER / RESIDENT’S REPRESENTATIVE NAME PHONE NUMBER (INCLUDE AREA CODE) |
| PERTINENT MEDICAL HISTORY / DIAGNOSES |
| **Assessment** |
|  YES NO N/A [ ]  [ ]  [ ]  Preadmission Assessment (0040) – prior to admission. (Look at residents admitted in last six months.) [ ]  [ ]  [ ]  Comprehensive Assessment (0070) – 14 days from admission [ ]  [ ]  [ ]  Ongoing Comprehensive Assessment (0080) – significant change or every 180 days |
| NOTES |
| **Monitoring Resident’s Well-Being** |
|  YES NO N/A [ ]  [ ]  [ ]  Documented [ ]  [ ]  [ ]  Action taken as needed |
| NOTES |
| **Person-Centered Service Plan (PCSP)** |
|  YES NO N/A [ ]  [ ]  [ ]  Initial PCSP (0110) – prior to admission. (Look at residents admitted in last six months.) [ ]  [ ]  [ ]  Initial Comprehensive PCSP (0120) – 14 days from admission [ ]  [ ]  [ ]  Ongoing Comprehensive PCSP (0130) [ ]  [ ]  [ ]  Monthly Plan Reviews by PCSP team (0100) [ ]  [ ]  [ ]  Updated as necessary – resident needs, resident request, following CARE assessment, or every 180 days [ ]  [ ]  [ ]  Contents meet resident’s assessed needs and preferences (0120 and 0130) to include* Care and Services provided
* Documented modification to resident rights (if applicable)

 [ ]  [ ]  [ ]  Signed by Person Centered Service Planning Team (0100) to include: resident, resident representative (if applicable), MHP, nursing staff, and Medicaid department case manager (0120)(3)(c) [ ]  [ ]  [ ]  Contains a Behavioral Support Plan that:* Documents interventions for behavioral support in response to a resident’s de-escalation
* Documents resident strengths that support preventative and intervention strategies
* Documents steps to be taken by each of the facility staff if intervention strategies are unsuccessful
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| NOTES |
| **Medication Services:** **[ ]  Independent** **[ ]  Administration** |
|  YES NO N/A [ ]  [ ]  [ ]  Facility [ ]  [ ]  [ ]  Appropriate for resident abilities and needs [ ]  [ ]  [ ]  Review of medication record [ ]  [ ]  [ ]  Documentation of refusal (if applicable) (0350, 0360) |
| NOTES |
| **Modified / Therapeutic Diet** |
|  YES NO N/A [ ]  [ ]  [ ]  Receiving Food Services as ordered [ ]  [ ]  [ ]  Receiving eating assistance |
| NOTES |
| **Notes** |
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