|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  ENHANCED SERVICES FACILTY (ESF)  **ESF Resident Record Review** | | | | | | | | | **Attachment H** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ENHANCED SERVICES FACILITY NAME | | | | | | LICENSE NUMBER | | INSPECTION DATE | | |
| LICENSOR’S NAME | | Inspection Type:  Full  Complaint | | | | | | | | |
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| 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 | | | | | | | | | | |
| 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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