Attachment H

ESF Resident Record Review

ENHANCED SERVICES FACILITY NAME			LICENSE NUMBER	ENTRANCE DATE
LICENSOR'S NAME	Inspection Type: ☐ Full ☐ Complaint: Number _____			
NAME	ID NUMBER	DATE OF BIRTH	ROOM NUMBER	MOVE-IN DATE
FAMILY / MEMBER / RESIDENT'S REPRESENTATIVE'S NAME	REPRESENTATIVE'S PHONE NUMBER		REASON FOR SAMPLE SELECTION	

PERTINENT MEDICAL HISTORY / DIAGNOSES

A. Assessment

YES	NO	N/A	
☐	☐	☐	Preadmission Assessment (0040) – prior to admission (review if admitted within the last six months, expand if needed).
☐	☐	☐	Comprehensive Assessment (0070) – completed within14 days from admission (review if admitted within the last six months, expand if needed).
☐	☐	☐	Ongoing Comprehensive Assessment (0080) – completed after a significant change or every 180 days.

NOTES

B. Monitoring Resident's Well-Being / Rights

YES	NO	N/A	
☐	☐	☐	Documented
☐	☐	☐	Action taken as needed
☐	☐	☐	Signed Residency Agreement (Medicaid resident only)

NOTES

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C. Person-Centered Service Plan (PCSP)

YES	NO	N/A	
☐	☐	☐	Initial PCSP (0110) – completed prior to admission (review if admitted within the last six months, expand if needed).
☐	☐	☐	Initial Comprehensive PCSP (0120) – 14 days from admission
☐	☐	☐	Ongoing Comprehensive PCSP (0130) – updated after a significant change, resident request, following CARE assessment, or every 180 days.
☐	☐	☐	PCSP planning team meets at least monthly (or more often as needed) to review or modify plan (0100)
☐	☐	☐	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), Mental Health Professional, 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

D. Medication Services: ☐ Independent ☐ Assistance ☐ Administration

YES	NO	N/A	
☐	☐	☐	Medication services provided by family (review plan)
☐	☐	☐	Medication services provided by facility (review plan)
☐	☐	☐	Appropriate for resident abilities and needs
☐	☐	☐	Review of medication record
☐	☐	☐	Documentation of refusal (if applicable) (0350, 0360)

NOTES

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E. Modified / Therapeutic Diet

YES	NO	N/A	
☐	☐	☐	Receiving Food Services as ordered
☐	☐	☐	Receiving eating assistance
☐	☐	☐	Residents can make or select snacks and beverages without staff assistance as indicted on PCSP.

NOTES

Notes