



### ESF Resident Record Review

ENHANCED SERVICES FACILITY NAME				LICENSE NUMBER	INSPECTION DATE
LICENSOR'S NAME		Inspection Type: <input type="checkbox"/> Full <input type="checkbox"/> 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					
<b>Assessment</b>					
YES	NO	N/A			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preadmission Assessment (0040) – prior to admission. (Look at residents admitted in last six months.)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comprehensive Assessment (0070) – 14 days from admission		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ongoing Comprehensive Assessment (0080) – significant change or every 180 days		
NOTES					
<b>Monitoring Resident's Well-Being</b>					
YES	NO	N/A			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documented		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Action taken as needed		
NOTES					
<b>Person-Centered Service Plan (PCSP)</b>					
YES	NO	N/A			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initial PCSP (0110) – prior to admission. (Look at residents admitted in last six months.)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initial Comprehensive PCSP (0120) – 14 days from admission		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ongoing Comprehensive PCSP (0130)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly Plan Reviews by PCSP team (0100)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Updated as necessary – resident needs, resident request, following CARE assessment, or every 180 days		

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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contents meet resident's assessed needs and preferences (0120 and 0130) to include <ul style="list-style-type: none"> <li>• Care and Services provided</li> <li>• Documented modification to resident rights (if applicable)</li> </ul>																							
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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)																							
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contains a Behavioral Support Plan that: <ul style="list-style-type: none"> <li>• Documents interventions for behavioral support in response to a resident's de-escalation</li> <li>• Documents resident strengths that support preventative and intervention strategies</li> <li>• Documents steps to be taken by each of the facility staff if intervention strategies are unsuccessful</li> </ul>																							
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<b>Medication Services:</b> <input type="checkbox"/> Independent <input type="checkbox"/> Administration																							
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<b>Modified / Therapeutic Diet</b>																							
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