



ESF Resident Record Review

ENHANCED SERVICES FACILITY NAME		LICENSE NUMBER		ENTRANCE DATE
LICENSOR'S NAME		Inspection Type: <input type="checkbox"/> Full <input type="checkbox"/> 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				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preadmission Assessment (0040) – prior to admission (review if admitted within the last six months, expand if needed).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comprehensive Assessment (0070) – completed within 14 days from admission (review if admitted within the last six months, expand if needed).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ongoing Comprehensive Assessment (0080) – completed after a significant change or every 180 days.	
NOTES				
B. Monitoring Resident's Well-Being				
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				



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C. Person-Centered Service Plan (PCSP)			
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initial PCSP (0110) – completed prior to admission (review if admitted within the last six months, expand if needed).
<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) – updated after a significant change, resident request, following CARE assessment, or every 180 days.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCSP planning team meets at least monthly (or more often as needed) to review or modify plan (0100)
<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">Care and Services providedDocumented modification to resident rights (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contains a Behavioral Support Plan that: <ul style="list-style-type: none">Documents interventions for behavioral support in response to a resident's de-escalationDocuments resident strengths that support preventative and intervention strategiesDocuments steps to be taken by each of the facility staff if intervention strategies are unsuccessful
NOTES			
D. Medication Services: <input type="checkbox"/> Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Administration			
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication services provided by family (review plan)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication services provided by facility (review plan)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate for resident abilities and needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review of medication record
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of refusal (if applicable) (0350, 0360)
NOTES			



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E. Modified / Therapeutic Diet			
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receiving Food Services as ordered
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receiving eating assistance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residents can make or select snacks and beverages without staff assistance as indicted on PCSP.
NOTES			
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