|  | 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 | 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 |
| 1. **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 |
| 1. **Monitoring Resident’s Well-Being**
 |
|  YES NO N/A [ ]  [ ]  [ ]  Documented [ ]  [ ]  [ ]  Action taken as needed |
| NOTES |
| 1. **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
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| NOTES |
| 1. **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 |
| 1. **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** |
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