

ADULT FOSTER CARE LICENSING GROUP HOME WORKSHEET #4 RESIDENT RECORD WORKSHEET

Facility: _____ Lic#: _____ Date Reviewed: _____

316 (1)(a)(i)	RESIDENT NAME		
316 (2)	Kept for 2 years after discharge		
316 (1)(b)	ADMISSION DATE		
316(1)	Resident ID Info SS#, DOB, case #, marital status, former address, name, address, phone # of next of kin, emergency contact person, responsible agency, and preferred physician, medical insurance, funeral provisions and religious preference.		
301 (5-8) 316 (1) (e)	Resident Care Agree. completed		
301 (10) 316 (1) (d)(i)	Health Care Appraisal completed		
301 (11) 316 (1)(d)(iv)	Physician's instructions & contacts recorded		
316 (1) (d)(v)	Emergency care and advanced medical directives, if applicable.		
301 (2)(4)(5) 316 (1) (f)	Assessment Plan completed		
303 (2)	Care provided per Assessment Plan		
306 (2)	Assistive Device use in Assessment Plan		
306 (3)	Assistive Device authorizations in file		
310 (3), 316 (1)(g)	Resident weight record kept 2 years		
312(2)	Meds administered per label		
312 (4)(b)(c) 316 (1)(d)(ii)	Medication Logs Maintained		
315(3) 316 (1)(i)	Funds & Valuables Part I in file		
315(3)(8)	Funds & Valuable Part II maintained, accurate & w/ applicable signatures		
315(9)	Resident funds separate from licensees		
315 (11)	Prior written approval of charges		
311 (1-6)	Incident/Accident Reports, completed & on department form		
311 (7) 316 (1)(h)	Incident/Accident Reports on file 2 yrs.		
302 (3-8)	Discharge procedures in compliance		
316 (1)(c)	Discharge date and where went		
313 (3)	Special Diets prescribed by physician		
	Special diet provided		
313 (5)	Record of Special Diet served and menus maintained		

NOTES/ COMMENTS: