

Residential Care Services (RCS)

ALF / ESF / AFH Request for Records

Entity Name				License Number
Visit Data	Damileton Neme			Computation Number
Visit Date	Regulator Name			Complaint Number
	Please provide the following checked do	cumentatio	n for RCS revie	ew hv
Resident Information				
Resident Name:		Resident Name:		
☐ Face Sheet:		☐ Face Sheet:		
Assessment:		Assessment:		
☐ Care Plan:		☐ Care Plan:		
☐ Progress Notes:		☐ Progress Notes:		
Physician Orders:		☐ Physician Orders:		
MAR Months:		☐ MAR Months:		
☐ Incident Report / Investigation:		☐ Incident Report / Investigation:		
Other:		Other:		
Other:		Other:		
Resident Name:		Resident Name:		
☐ Face Sheet:		☐ Face Sheet:		
Assessment:		Assessment:		
☐ Care Plan:		☐ Care Plan:		
Progress Notes:		☐ Progress Notes:		
☐ Physician Orde	ers:	☐ Physician Orders:		
☐ MAR Months:		☐ MAR Months:		
☐ Incident Repor	t / Investigation:	☐ Incident Report / Investigation:		
Other:		Other:		
Other:		Other:		
Resident Name:		Resident Name:		
☐ Face Sheet:		☐ Face S	Sheet:	
Assessment:		Assessment:		
☐ Care Plan:		☐ Care Plan:		
☐ Progress Notes:		Progress Notes:		
☐ Physician Orders:		Physician Orders:		
MAR Months:		MAR Months:		
☐ Incident Repor	t / Investigation:	☐ Incident Report / Investigation:		
Other:		Other:		
Other:		Other:		
Resident Information Notes				

Entity Information						
☐ Characteristics Roster:						
☐ Staff Trainings or Inservice:						
Policies:						
Other:						
Staff Information						
Staff Name:	Staff Name:					
☐ Background / Fingerprint Results:	☐ Background / Fingerprint Results:					
☐ TB Testing Information:	☐ TB Testing Information:					
☐ Continuing Education:	☐ Continuing Education:					
☐ Schedule:	☐ Schedule:					
Other:	Other:					
Other:	Other:					
Staff Name:	Staff Name:					
☐ Background / Fingerprint Results:	☐ Background / Fingerprint Results:					
☐ TB Testing Information:	☐ TB Testing Information:					
☐ Continuing Education:	☐ Continuing Education:					
☐ Schedule:	☐ Schedule:					
Other:	Other:					
Other:	Other:					
	Staff Name:					
Staff Name:	Stall Name:					
Staff Name: Background / Fingerprint Results:	Background / Fingerprint Results:					
Background / Fingerprint Results:	☐ Background / Fingerprint Results:					
☐ Background / Fingerprint Results: ☐ TB Testing Information:	☐ Background / Fingerprint Results:☐ TB Testing Information:					
☐ Background / Fingerprint Results:☐ TB Testing Information:☐ Continuing Education:	☐ Background / Fingerprint Results:☐ TB Testing Information:☐ Continuing Education:					
 □ Background / Fingerprint Results: □ TB Testing Information: □ Continuing Education: □ Schedule: 	 □ Background / Fingerprint Results: □ TB Testing Information: □ Continuing Education: □ Schedule: 					
 □ Background / Fingerprint Results: □ TB Testing Information: □ Continuing Education: □ Schedule: □ Other: 	 □ Background / Fingerprint Results: □ TB Testing Information: □ Continuing Education: □ Schedule: □ Other: 					