|  | ADULT FAMILY HOME’S (AFH) NAME | LICENSE NUMBER |
| --- | --- | --- |
| PROVIDER / LICENSEE’S NAME | INSPECTION DATE |
| LICENSOR’S NAME |
| ATTACHMENT IAGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)ADULT FAMILY HOME (AFH)**Resident Record Review (Resident:** **[ ]  1 [ ]  2)** |
| RESIDENT’S NUMBER | RESIDENT’S NAME | DATE OF BIRTH |
| PRACTITIONER’S NAME | TELEPHONE NUMBER |
| REPRESENTATIVE’S NAME | TELEPHONE NUMBER |
| ASSESSOR’S NAME | TELEPHONE NUMBER |
| NURSE DELEGATOR’S NAME | TELEPHONE NUMBER |
| CASE MANAGER’S NAME | TELEPHONE NUMBER |
| ADMIT DATE | [ ]  CLOSED RECORD DISCHARGE DATE[ ]  N/A | [ ]  Medicaid policy[ ]  Notice of services every 24 months[ ]  Disclosure of charges completed and available |
| DIAGNOSIS |
| **YES** | **NO** | **N/A** |  |
| [ ]  | [ ]  | [ ]  | Social Security Number included in the record? |  |
| [ ]  | [ ]  | [ ]  | Personal Belongings Inventory |  |
| **NOTE: “No” answers require narrative documentation.** |
| **YES** | **NO** | **N/A** |  **ASSESSMENT** | **DATE:** | **DATE OF PRIOR ASSESSMENT:** |
| [ ]  | [ ]  | [ ]  | Assessment prior to admission (if admitted since last inspection)? |  |
| [ ]  | [ ]  | [ ]  | Initial assessment incudes preliminary service plan (if admitted since last inspection)? |  |
| [ ]  | [ ]  | [ ]  | Assessment reflects the current health status / needs, preferences regarding resident rights? |  |
| [ ]  | [ ]  | [ ]  | Updated after a significant change in condition? |  |
| **YES** | **NO** | **N/A** | **NEGOTIATED CARE PLAN** | **DATE:** | **DATE OF PRIOR CARE PLAN:** |
| [ ]  | [ ]  | [ ]  | Negotiated care plan developed within 30 days (for admission since last inspection)? |  |
| [ ]  | [ ]  | [ ]  | Accurately addresses current:* Care / service needs?
* Hospice plan?
* Crisis plan (if applicable)?
 |  |
| [ ]  | [ ]  | [ ]  | Identifies preferences / choices? |  |
| [ ]  | [ ]  | [ ]  | Signed and dated by resident and/or representative? |  |
| **NOTE:** This form should be used to document any additional information or data that does not fit in the designated space. |
| NOTES |