|  | | | | ADULT FAMILY HOME’S (AFH) NAME | | | | | LICENSE NUMBER |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PROVIDER / LICENSEE’S NAME | | | | | INSPECTION DATE |
| LICENSOR’S NAME | | | | | |
| ATTACHMENT I  AGING 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 | | | | | | | | | |