|  |  |
| --- | --- |
| Text  Description automatically generated |  Residential Care Services (RCS) **ALF / ESF / AFH Request for Records** |
| Entity Name | License Number |
| Visit Date | Regulator Name | Complaint Number |
| Please provide the following checked documentation for RCS review by . |
| **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 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 Orders:  | [ ]  Physician Orders:  |
| [ ]  MAR Months:  | [ ]  MAR Months:  |
| [ ]  Incident Report / 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:**  |
| [ ]  Background / Fingerprint Results:  | [ ]  Background / Fingerprint Results:  |
| [ ]  TB Testing Information:  | [ ]  TB Testing Information:  |
| [ ]  Continuing Education:  | [ ]  Continuing Education:  |
| [ ]  Schedule:  | [ ]  Schedule:  |
| [ ]  Other:  | [ ]  Other:  |
| [ ]  Other:  | [ ]  Other:  |
| **Staff Information Notes** |
|  |