



Assisted Living Residence (ALR) Resident Review Worksheet

Resident Background Information

Residence:	Resident name:		
Surveyor:	Resident ID#:	Resident DOB:	
Survey date:	Admission date:		
Incident/Complaint number (if applicable):	Resident room#:	Special Care unit: YES	NO

Outside Temporary Services Review all outside services that the resident is currently receiving.

I. Hospice Services: NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, then complete the following:
Hospice start date: _____ Reason for Hospice: _____ If the resident has been receiving services for more than 45 days, has a variance been requested? If no, then see Section 2.4.14 Residency Requirements . Review the resident's Comprehensive Assessment, Service Plan, and recent Nurse Review . Do all of these documents indicate that the resident is receiving Hospice services? 1. Comprehensive Assessment: YES <input type="checkbox"/> NO <input type="checkbox"/> If No, then see Section 2.4.16 (A-E) Resident Assessments . 2. Service Plan: YES <input type="checkbox"/> NO <input type="checkbox"/> If No, then see Section 2.4.16 (G) Service Plans . 3. Nurse Review: YES <input type="checkbox"/> NO <input type="checkbox"/> If No, then see Section 2.4.16 (F) Nurse Review .
II. Outside Services (i.e. skilled nursing therapy): NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, then complete the following:
Healthcare services start date: _____ Reason for services: _____ If the resident has been receiving services for more than 45 days, has a variance been requested? If no, then see Section 2.4.14 Residency Requirements . Review the resident's Comprehensive Assessment, Service Plan, and recent Nurse Review . Do all of these documents indicate that the resident is receiving healthcare services? 1. Comprehensive Assessment: YES <input type="checkbox"/> NO <input type="checkbox"/> If No, then see Section 2.4.16 (A-E) Resident Assessments . 2. Service Plan: YES <input type="checkbox"/> NO <input type="checkbox"/> If No, then see Section 2.4.16 (G) Service Plans . 3. Nurse Review: YES <input type="checkbox"/> NO <input type="checkbox"/> If No, then see Section 2.4.16 (F) Nurse Review .
III. Limited Health Services: NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, then complete the following:
Limited health services start date: _____ Reason for services: _____ Review the resident's Comprehensive Assessment, Service Plan, Nurse Review, Physician Orders, and Notification of Rights . Do all of these documents indicate that the resident is receiving limited healthcare services? 1. Comprehensive Assessment: YES <input type="checkbox"/> NO <input type="checkbox"/> If No, then see Section 2.4.16 (A-E) Resident Assessments . 2. Service Plan: YES <input type="checkbox"/> NO <input type="checkbox"/> If No, then see Section 2.4.16 (G) Service Plans . 3. Nurse Review: YES <input type="checkbox"/> NO <input type="checkbox"/> If No, then see Section 2.4.16 (F) Nurse Review . 4. Physician orders: Has the resident's physician signed orders indicating the need for the limited health service? YES <input type="checkbox"/> NO <input type="checkbox"/> If No, then see Section 2.6.2 5. Notification of Rights: Was the resident provided, in writing, his/her right to access an outside, licensed provider for services? YES <input type="checkbox"/> NO <input type="checkbox"/> If No, then see Section 2.6.2

Assisted Living Residence (ALR) Resident Review Worksheet

General Record Review

IV. Comprehensive Assessment <i>Sections 2.4.16 (A-E)</i>	YES (√)	NO (√)
The residence uses the Department of Health (RIDOH) approved assessment form or another form that has been approved by RIDOH.		
A nurse completed the Comprehensive Assessment as required, prior to admission.		
Comprehensive Assessment was signed by the nurse and the Administrator.		
All sections of the assessment are complete.		
The assessment has been reviewed and updated on a periodic basis (annually) and each time the resident's condition changed significantly.		
V. Service Plans: <i>Sections 2.4.16 (G)</i>	YES (√)	NO (√)
A service plan has been developed within a reasonable time after move-in and it is based on the initial assessment. The plan includes at least the following: <ul style="list-style-type: none"> a) Services and interventions needed; b) Description, frequency, duration relating to the service or intervention, including personal assistance, medication, special diets, recreational activities, and other similar services rendered; c) Party responsible for arranging the service; and d) Resident's requested and/or therapeutically needed recreational and social activities. 		
The service plan shall be developed by a registered nurse and/or the certified assisted living residence administrator, and shall be signed, approved, and dated by both parties.		
The service plan is reviewed by both parties annually and when there is a significant change in the resident's condition (acknowledged in writing.)		
The copy is in the resident's record.		
VI. Nurse Review: For the last six months: <i>Sections 2.4.16 (F)</i>	YES (√)	NO (√)
Every 30 days or every 90 days for residences that have one or more nurses that are onsite full time. An accurate review includes the following: <ul style="list-style-type: none"> a. Monitor the medication regimen for all residents; b. Review any new physician orders and evaluate the health status of all residents by identifying symptoms of illness and/or changes in mental/physical health status; c. Evaluate the appropriateness of placement; d. Make any necessary recommendations to the administrator; e. Follow up on previous recommendations; A signed, written report in the residence documenting: <ul style="list-style-type: none"> a. Date and time of visit; b. Recommendations for follow-up; c. Progress on previous recommendations; d. Verification that the medication listed by the pharmacist on the mediset, blister pack, or medication container is current with physician orders (M-1 level only); e. Physical assessment identifying symptoms of illness and/or changes in mental or physical health status and appropriateness of placement. 		
VI. Resident Rights and Fire Safety Orientation:	YES (√)	NO (√)
The resident's record contains written acknowledgments that the resident has signed and received copies of the <u>resident rights</u> as provided in RI Gen Laws 23-17.4-16.		
The resident's record contains a copy of the residency <u>agreement/contract</u> as described in Section 2.4.14		

Assisted Living Residence (ALR) Resident Review Worksheet

VII. Appropriateness of Placement: <i>Section 2.4.14 Residency Requirements & Section 2.4.16 Resident Assessment and Service Plans</i>	YES (√)	NO (√)
<p>In reviewing the resident's record, does it appear that the resident is appropriate for the setting?</p> <p>Some things to consider in making this determination:</p> <ol style="list-style-type: none"> 1. Are there recommendations made by the nurse for a different level of care that have not been followed up on by the Administrator? 2. Is the resident receiving outside healthcare services for an extended period of time (more than 45 days) and does not have a variance approval by RIDOH? 3. Is there evidence that the resident may require dementia care? Criteria for dementia services include: <ul style="list-style-type: none"> • Safety concerns due to elopement risk or other behaviors; • Inappropriate social behaviors that adversely impact the rights of others; • Inability to self preserve due to dementia; • A physician's recommendation that the resident needs dementia support. 4. The resident is bed-bound or requires a two-person assist (or mechanical lift) for ambulation. <p>If the record review/observations reveal the resident may be inappropriate for ALR, then the surveyor should interview the resident/resident family (if possible), the Administrator, Director of Wellness, and any other appropriate staff to validate findings.</p>		
Residents are instructed in all alternative methods of escape since the primary exit may be unusable due to fire and/or smoke. Such instruction shall be documented in the record. Section 2.4.30		
Each new resident shall be oriented to the fire drill procedure on admission, with documentation of the orientation placed in the resident's record. Section 2.4.30		

Surveyor Instructions: Complete this section, as appropriate, based upon the Medication Level of facility. (M1/M2)

VIII. Medication Record Review and Observations	YES (√)	NO (√)	N/A (√)
<p>Residences licensed as M1</p> <p>May administer medications to residents including, but not limited to, removing medication containers from storage, assisting with the removal of a medication from a container for residents with disability which prevents independence in this act, and/or administering the medication directly to the resident.</p> <ol style="list-style-type: none"> a. The resident or guardian must provide written authorization for the residence to provide administration of medications. b. Medications shall be administered in accordance with written orders of a physician. The residence must provide in writing, a description of services provided by the residence to each physician, including limitations on service. c. All medications must be checked against a physician's orders by a licensed nurse or pharmacist. d. Individual medication records must be retained for each resident to whom medications are being administered and each dose administered to the resident must be properly recorded. e. Any medication administered by the residence and refused by a resident shall be documented and reported, as appropriate. f. Injectable medications, including, but not limited to, insulin, which cannot be self-administered by the resident, must be administered by a licensed nurse. 			

