



**Audit Name**

Residential Case Record Review Tool

**Passing % (Scores falling below this percentage will be subject to a Provider Response/Corrective Action)**

95

**General Documentation**

**1. There is a current guardianship paperwork present in the case record.**

Not Met/Met N/A

**2. There is a current, signed and dated copy of the current Consent to Treatment present in the case record.**

Not Met/Met N/A

**3. There is a current, signed and dated copy of the Statement of Notification present in the member's case record.**

Not Met/Met N/A

**4. There is a current, signed and dated Medication Consent (including a description of the prescribed medication) present.**

Not Met/Met N/A

**5. There is evidence of a signed and dated Assessment Plan by the Home (before or on admission date and annually).**

Not Met/Met N/A

**6. There is a copy of current, signed and dated Individual Plan of Service (IPOS) present in the case record.**

Not Met/Met N/A

**7. There is evidence of the staff having been trained on the IPOS.**

Not Met/Met N/A

**8. If there is a Behavior Treatment Plan in the member's case record, there is evidence of staff training on the Behavior Treatment Plan.**

Not Met/Met N/A

**9. If there is a Behavior Treatment Plan in the member's case record, there is evidence of staff charting specific behaviors as indicated in the Behavior Treatment Plan.**

Not Met/Met N/A



**10. If consumer has a Crisis Plan, the Crisis Plan is present in member's record and there is evidence that staff has been trained on the Crisis Plan.**

Not Met/Met N/A

**11. Does member have any incident reports within the last 6 months? If so was action to prevent reoccurrence?**

Not Met/Met N/A

**12. Does member have any incident reports within the last 6 months? If so was action to prevent reoccurrence?**

Not Met/Met N/A

**13. There is evidence that Case Management/Supports Coordination Services are provided as prescribed in the IPOS. (Progress Notes)**

Not Met/Met N/A

**14. There is evidence of a Health Care Appraisal completed annually?**

Not Met/Met N/A

**15. There is evidence of a Release of Information form completed and signed by member and/or guardian.**

Not Met/Met

**16. There is evidence of monthly weight checks documented.**

Not Met/Met N/A

**17. There is evidence of a Resident Care or Lease Agreement signed annually.**

Not Met/Met N/A

**18. There is evidence of monthly accounting of resident's funds dispersed.**

Not Met/Met N/A