



FACILITY NAME: _____ REVIEWER: _____ DATE: _____

Review records of approximately 20% of the residents, but no fewer than two residents (only use initials).

		Client #1	Client #2	Client #3
FACE SHEET INFORMATION				
1	Name, birth date, sex, and social security number			
2	Photograph and physical description			
3	Physician and dentist name address and phone number (including specialists)			
4	Emergency information, including names, address & phone numbers of authorized client representatives			
5	Documentation of Allergies (if none, then "No known Allergies to be listed)			
MEDICAL INFORMATION				
6	Physical Exam (not over one year old)			
7	TB Clearance			
8	Immunization Record (date of last record _____)			
9	Laboratory (not over one year old)			
10	Documentation of visit with specialists: gynecologist (every 2 yrs, unless sexually active or on contraceptives) neurologist (if on seizure medication) psychiatrist (if psychotropic medication is prescribed) prostate exam (if male over 50)			
11	Documentation of dental visit (<i>date of visit</i> _____)			
12	Medication side effects (yes or no)			
REGIONAL CENTER DOCUMENTS				
13	Consumer Profile or Annual Progress Report			
14	Current IPP (within three years)			
15	Consent for Medical Treatment			
16	Restricted Health Care Plan (if applicable)			
FACILITY DOCUMENTS				
17	Signed copy of Admission Agreement(w/ date of Admission) and Current Rate Page			
18	Special Incident Reports (if any)			
19	Client Notes (Supervisory Notes) are: a. kept and include medical/dental visits, overnight visits, community/ leisure activities, illness, and special incidents b. outings are documented weekly c. list types of outings _____, _____, _____, _____ d. date of last entry e. signed and dated (for each entry)			
20	Documentation that explanation of resident rights and house rules provided			
21	Inventory of Personal Belongings			

LEVEL 2 AND 3 FACILITIES ONLY		Client #1	Client #2	Client #3
22	Semi- Annual reports addressing IPP objectives are a. kept in file (dates of last two reports _____) b. are detailed			
LEVEL 4 FACILITIES ONLY				
23	Quarterly Report include: a. Summary of data collected b. Identification of barriers to progress and the action taken in response to barriers c. Date of completion and signature of person preparing the report d. Quarterly reports submitted to regional center within 30 days of the end of the quarter			
24	Current behavior treatment plan present (<i>date of plan</i> _____)			
25	Are objectives measurable and are plans written so that staff can understand them?			
26	Is data collection system current?			
27	Does data collection describe severity of behavior?			
28	Admission Agreement regarding physical containment (within one year)			