

Resident: _____ Placement Date: _____

Provider: _____

RESIDENT RECORDS CHECKLIST

The operator shall ensure that an individual record is maintained in the adult foster home on each resident (9555.6245, Subp. 1).

1. Initial Assessment, 9555.5605, Subp. 1

To determine the individual's need for adult foster care.

Date Completed: _____

2. Placement Review, 9555.5705, Subp. 3

A visit must be completed within 30 days of placement to confirm the appropriateness of placement.

Date Completed: _____

3. Demographic Information, 9555.6245, Subp. 2

Can be included in the Individual Service Plan

Date Completed: _____

4. Medical Information, 9555.6245, Subp. 3

A. Physician exam must be completed 30 days before or three days after admission (9555.6225, Subp. 3). Transfer records from health care facilities can be substituted for this.

Date Completed: _____

B. Medication Authorization (9555.6225, Subp. 8)

Date Completed: _____

Medication Record (9555.6225, Subp. 8D)

Date Completed: _____

5. Cash Resources Information 9555.6245, Subp. 4

Cash Resources must be handled in accordance with 9555.6265

Date Completed: _____

6. Incident Reports, 9555.6245, Subp. 5

Any incident of serious injury, abuse, neglect or unusual occurrence should be documented.

Date Completed: _____

7. Individual Abuse Prevention Plan, 9555.6245, Subp. 6

Date Completed: _____

8. Individual Service Plan, 9555.6245, Subp. 7

Provider must have the initial and current ISP for each resident.

Date Completed: _____

9. Individual Resident Placement Agreement, 9555.6245, Subp. 8

Record must contain the initial placement agreement and the annual update. Initial agreement must be completed within 30 days of placement.

Date Completed: _____

10. Difficulty of Care Rating

To be completed within the first 30 days of placement and reviewed annually.

Date Completed: _____

11. Mobility Checklist, 9555.6245, Subp. 9

Complete only if resident has a mobility impairment.

Date Completed: _____

12. Statement of Rights, 9555.6255

Given at time of admission and reviewed annually.

Date Completed: _____

13. Consent to share bedroom, 9555.6205, Subp. 4

Written consent at time bedroom is at double occupancy. Reviewed annually.

Date Completed: _____

14. Transfer or Discharge, 9555.6245, Subp. 10

Must be documented in resident record date of discharge, forwarding address, and reason for discharge.

Date Completed: _____

Provider Signature: _____

Date: _____

Licenser Signature: _____

Date: _____