

APD/MH Adult Care Home Self-Audit Checklist

Last updated 5.30.19

Records to Review:	Resident #1	Resident #2	Resident #3	Resident #4	Resident #5
Resident Name:					
Representative (POA, Guardian, etc) Documentation & contact information Y/N or N/A?					
Do you have a case manager name and contact info Y/N or N/A?					
Current care plan signed Y/N? Date:					
Appropriate staffing for supervision or care (1:1, 2 person transfer, etc) Y/N					
Current RN delegation Y/N? or N/A? Date:					
Screening & Rescreening Sheet, Classification Worksheet Y/N?					
Resident meets license classification Y/N?					
Admission Packet Completed with Resident: (ACHP approved Residency Agreement, Bill of Rights, Release of Information, LTC Option) Y/N?					

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Resident Name:					
Weekly Progress Notes Y/N?					
Documentation of 6 hrs of Activites Y/N?					
Money Management Records Y/N?					
Incident reports submitted and in resident records Y/N					
Current Physician Orders Signed, within last year Y/N? Date:					
Physician Name & Date of Last Visit (medical evaluation required every 2 years) Y/N? Date:					
MAR Matched Physician Orders Y/N? Date of reconciliation:					
MAR are being immediately initialed Y/N?					
All Medications are present in the home. Y/N?					

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Records to Review:	Resident #1	Resident #2	Resident #3	Resident #4	Resident #5
Resident Name:					
MAR lists all over the counter meds, treatments Y/N?					
PRN guidelines for each ordered PRN medication Y/N?					
Staffing plan appropriate for resident care needs and supervision requirements Y/N?					
Complete EPP plan for each resident and to-go bags Y/N?					
All narcotics are tracked on ACHP controlled substance log Y/N?					
Care plan includes reasons for psychotropic meds Y/N?					

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Caregiver Records to Review:	Caregiver #1	Caregiver #2	Caregiver #3	Caregiver #4
Caregiver Name:				
Current Background Check Y/N? Date expires:				
Current First Aid and CPR Y/N? Date expires:				
Mandatory Abuse Reporting Y/N?				
Record Keeping B Training Y/N?				

Operational Records Review	
Complete Emergency Plan (including updated care plan, current physician orders, information sheet for each resident) Y/N? Last updated:	
Monthly Smoke Detector Testing log Y/N?	
Monthly Carbon Monoxide Testing log Y/N?	
Furnace inspected annually Y/N?	
Pet vaccines up to date?	