

DD 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) Documentation and Contact info Y/N or N/A?					
Service Coordinator info Y/N or NA					
Current ISP signed Y/N? Date?					
Provider Risk Management Strategies Y/N? (index of safety plans and protocols)					
Appropriate staffing for supervision or care (1:1, 2 person transfer, etc) Y/N					
Individual based limitation documentation Y/N?					
Functional Needs Assessment and Current BSP Y/N or N/A?					
Risk Identification Tool Y/N or N/A?					
Fatal 4 Protocols (as identified in RIT) Y/N? or N/A?					
Safety Plan, other protocols or support documents (identified in RIT) Y/N or N/A					

If you include any HIPAA-protected information on this self-audit checklist, please keep the document secured.

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	Resident #1	Resident #2	Resident #3	Resident #4	Resident #5
Resident Name:					
Current RN Delegation Y/N? or N/A? Date:					
Current Nursing Service Plan 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?					
Incident Reports including use of Protective Physical Intervention Y/N? Dates:					
Weekly Progress Notes Y/N?					
Documentation of 6 hrs of Activities Y/N?					

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Records to Review:	Resident #1	Resident #2	Resident #3	Resident #4	Resident #5
Resident Name:					
Money Management Records Y/N?					
Current Physician Orders Signed, within last year Y/N? Date:					
MAR are initial immediately Y/N? Comment:					
MAR Lists All Over The Counter Y/N?					
PRN Guideline for each ordered PRN Medication Y/N?					
All medications present and in the home Y/N?					
Annual balancing test for each psychotropic med ordered (retained 7 years) Y/N?					
Resident EPP Sheet and To-Go bags Y/N?					
All narcotics tracked on ACHP controlled substance log? 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 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 Y/N	