

BUREAU OF SURVEY AND CERTIFICATION

RESIDENTIAL CARE FACILITY (RCF)

ENTRANCE AND MANAGEMENT AUDIT CHECKLIST

Facility Name:	Licensure Number:
Survey Entrance Date:	Survey Exit Date:
Surveyor(s):	

<input type="checkbox"/> Census with room numbers. (R034)	<input type="checkbox"/> Any physical changes since last survey? (R030)
<input type="checkbox"/> Floor plan with room numbers.	

Identification of Services:

<input type="checkbox"/> Medication administration (R335, R336, R337)	Med pass times: _____
<input type="checkbox"/> Supervision of therapeutic diets (R550, R562-R568)	
<input type="checkbox"/> Dressings (R302, R350)	
<input type="checkbox"/> Tube feedings (R508, R570)	
<input type="checkbox"/> Skilled care beyond exempted skilled cares (R502-R507)	
<input type="checkbox"/> Special Care Unit 3701-17-50 (II) (R305, R315)	
<input type="checkbox"/> Animals/pets (R369)	
<input type="checkbox"/> Resident rooms locks/keys (R678)	
<input type="checkbox"/> Adult day care on-site (R124, R400)	
<input type="checkbox"/> Any volunteers > 10 hrs. per month	
<input type="checkbox"/> Admits residents with late stage cognitive impairment (w/ADL, emotional, or behavior issues) or serious mental illness	<input type="checkbox"/> Needs met by private physician or psychologist (or) experienced physician on staff or consultant basis (R105)

Required Information:

<input type="checkbox"/> Admission packet, including resident agreement (R302, R303, R304)	
<input type="checkbox"/> List of residents with risk agreements (R306, R307)	
<input type="checkbox"/> List of residents who were given discharge notices (R770, R771, R772)	
<input type="checkbox"/> Activity calendar (R360)	<input type="checkbox"/> Local newspaper (R360)
<input type="checkbox"/> Resident funds (i.e., surety bond, written authorizations, five (5) accounts since last survey).	<input type="checkbox"/> Transportation information (R360)
<input type="checkbox"/> Meal times.	_____
<input type="checkbox"/> Copies of the current week's menus and spreadsheet for day of survey (R561, R566)	
<input type="checkbox"/> Incident log since last annual inspection (R391, R802)	
<input type="checkbox"/> Monthly self inspection for fire safety (R625)	
<input type="checkbox"/> Fire and disaster drill reports for past twelve (12) months (R614-R619)	
<input type="checkbox"/> State Fire Marshal's most recent report (R803)	
<input type="checkbox"/> Transfer agreement (R630)	
<input type="checkbox"/> Inspection report of the central heating system (R660)	
<input type="checkbox"/> Staffing schedules for previous week (R102-R113)	
<input type="checkbox"/> Employee personnel files (i.e., administrator, four (4) new employees, two (2) long term employees).	
<input type="checkbox"/> Criminal background check log (R098)	
<input type="checkbox"/> Grievance Committee Information (R701)	
<input type="checkbox"/> Evidence that facility checked new admissions since September 2014 in the sex offender and child-victim offender database (R301)	
<input type="checkbox"/> TB control plan and facility's TB risk assessment (R393)	
<input type="checkbox"/> Infection Control Designee (R392)	

Comments/Remarks/Observations: