Adult Foster Home Resident Records Checklist

This is a guide, to view all current requirements see OAR for Adult Foster Homes rules sets 411-49, 50, 51, and 52 link to State of Oregon: APD-AFH - APD-AFH Laws, Rules and Policies

Prior to admission

- ☐ Conduct and document a screening (APD0902): medical diagnoses, medications, personal care needs, nursing care needs, cognitive needs, communication needs, night care needs, nutritional needs, activities and lifestyle preferences. Evaluate whether:
  - ☐ The potential resident's care needs exceed the home's license classification;
  - ☐ The potential resident, in addition to all other occupants, can be evacuated in three minutes or less; and
  - ☐ The licensee and all caregivers can meet the potential resident's care needs.
- ☐ Provide a signed copy of completed screening.
- ☐ Offer private-pay residents the opportunity to have a long-term care assessment. (APD0913)
- ☐ Disclose if the AFH serves Medicaid client(s).
- ☐ Review:
  - ☐ House Policies;
  - ☐ Residents' Bill of Rights (APD0305A); and
  - ☐ Residency Agreements: Medicaid OR Private Pay

At time of admission

- ☐ Obtain signed copy:
  - ☐ House Policies;
  - ☐ Resident's Bill of Rights; and
  - ☐ Residency Agreements: Medicaid OR Private Pay
- ☐ Obtain:
  - ☐ Physician or nurse practitioner orders for any medication, special diet, treatment and/or therapy;
  - ☐ Nursing instruction and delegations OR make arrangements for a qualified relative OR a medical professional (e.g., home health nurse) to perform the nursing tasks until AFH caregivers are trained or delegated as appropriate; and
  - ☐ Copies of Guardianship, Conservatorship, Advance Directive for Health Care, Health Care Power of Attorney and Physician's Order for Life Sustaining Treatment (POLST).

After admission

- ☐ **Within 24 hours of arrival**, give resident(s) an orientation on basic fire safety and emergency procedures (APD0342A), including:
  - ☐ How to respond to smoke alarms;
  - ☐ How to participate in an evacuation drill; and
  - ☐ Location of the emergency exits from the home.
- ☐ Assess resident's needs with input from resident, family, case manager, doctor and other involved person. Develop a **care plan within 14 days of admission**. (se0340 or create your own but must contain same information)

All resident records must include

- ☐ The initial screening assessment.
- ☐ General information: Date of admission, date of birth and prior living arrangement of the resident; names, addresses and phone numbers of relatives, significant persons, case manager and medical providers; and medical insurance number if applicable.
  - ☐ For private-pay residents: Retain a signed notice of right to receive a long-term care assessment **and** signed Private Pay Residency Agreement.
  - ☐ For Medicaid residents: Retain signed Medicaid Residency Agreement.
- ☐ If the licensee manages or handles a resident's money, keep a detailed record on an expenditure form (APD 0713).
- ☐ Medical and legal information:
  - ☐ Medical history;
  - ☐ **Current** physician or nurse practitioner orders for medications, special diet, treatment and therapy;
  - ☐ Written parameter to clarify "as needed" or "P.R.N." orders for medications and treatment;
  - ☐ Nursing instructions, delegations and assessments;
  - ☐ If restraints are deemed necessary.
    - ☐ A written assessment signed by medical professional, which includes:
      - ☐ Documentation of all other alternatives and less restrictive measures tried;
      - ☐ Identification of alternative, less restrictive measures that must be used in
      - ☐ place of the restraint whenever possible;
      - ☐ Written procedural guidance for the correct use of the restraint;
      - ☐ The frequency and procedures for nighttime use, if applicable; and
      - ☐ Dangers and precautions related to the use of the restraint.
    - ☐ Reassessments as indicated on the original assessment;
    - ☐ Written order from the resident's physician, nurse practitioner or Christian Science practitioner, that includes specific parameters including: type, circumstances, duration of use and procedures for nighttime use; and
    - ☐ Written consent by the resident or resident's legal representative to use the specific type of physical restraint.
  - ☐ Medication administration records (MAR); (APD0812a)
  - ☐ Non-confidential information pertaining to care needs of the resident;
  - ☐ Complete and current care plan, **updated and signed every 6 months**;
  - ☐ **Current** copies of Guardianship, Conservatorship, Advance Directive for Health Care, Health Care Power of Attorney and Physician's Order for Life Sustaining Treatment (POLST) documents, as applicable;
  - ☐ Signed **current** copies of the house policies and Residents' Bill of Rights;
  - ☐ Written reports of all incidents related to the health or safety of resident; and
  - ☐ **Weekly narrations** of resident's progress signed and dated by the person writing them.

Links to other forms:

Links to other forms:	APD0346	— AFH Resident Personal Possessions
	DHS0902B	— Food Likes and Dislikes
	DHS0419B	— Resident or Legal Rep. Authorization to Release Confidential Information