

RESIDENT REVIEW WORKSHEET

Facility Name: _____ Resident Name: _____
Provider Number: _____ Resident Identifier: _____
Surveyor Name: _____ Birthdate: _____ Unit: _____ Rm #: _____
Surveyor Number: _____ Discipline: _____ Orig. Admission Date: _____ Readmission Date: _____
Survey Date: _____
Payment Source: Admission: _____
Current: _____

Diagnosis: _____

Interviewable: Yes No Type of Review: Comprehensive Focused Closed Record
Selected for Individual Interview: Yes No
Selected for Family Interview and Observation of Non-Interviewable Resident: Yes No
Focus/Care Areas: _____

Instructions: Any regulatory areas related to the sampled resident's needs are to be included in this review.

- Initial that each section was reviewed if there are no concerns.
- If there are concerns, document your investigation.
- Document all pertinent resident observations and information from resident, staff, family interviews and record reviews for every resident in the sample.

SECTION A: RESIDENT ROOM REVIEW: Evaluate if appropriate requirements are met in each of the following areas, including the accommodation of needs:

- Adequate accommodations are made for resident privacy, including bed curtains.
- Call bells are functioning and accessible to residents
- Resident is able to use his/her bathroom without difficulty.
- Adequate space exists for providing care to residents.
- Resident with physical limitations (e.g., walker, wheelchair) is able to move around his/her room.
- Environment is homelike, comfortable and attractive; accommodations are made for resident personal items and his/her modifications.
- Bedding, bath linens and closet space is adequate for resident needs.
- Resident care equipment is clean and in good repair.
- Room is safe and comfortable in the following areas: temperature, water temperature, sound level and lighting.

THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (Init.) _____

Document concerns and follow-up on Surveyor Notes sheet page 4.

SECTION B: RESIDENT DAILY LIFE REVIEW: Evaluate if appropriate requirements are met in each of the following areas:

- Resident appears well groomed and reasonably attractive (e.g., clean clothes, neat hair, free from facial hair).
- Staff treats residents respectfully and listens to resident requests. Note staff interaction with both communicative and non-communicative residents.
- Staff is responsive to resident requests and call bells.
- Residents are free from unexplained physical injuries and there are no signs of resident abuse. (e.g. residents do not appear frightened around certain staff members.)
- Facility activities program meets resident's individually assessed needs and preferences.
- Medically related social services are identified and provided when appropriate.
- Restraints are used only when medically necessary. (see 483.13(a))
- Resident is assisted with dining when necessary.

THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (Init.) _____

Document concerns and follow-up on Surveyor Notes sheet page 4.

Resident Review Worksheet
(continued)

SECTION C: ASSESSMENT OF DRUG THERAPIES

Review all the over-the-counter and prescribed medications taken by the resident during the last 7 days.

- Evaluate drug therapy for indications/reason, side effects, dose, review of therapy/monitoring, and evidence of unnecessary medications including antipsychotic drugs.
- Correlate drug therapy with resident's clinical condition.
- If you note concerns with drug therapy, review the pharmacist's report. See if the physician or facility has responded to recommendations or concerns.

THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (Init.)_____

Medications/Dose/Schedule	Medications/Dose/Schedule	Medications/Dose/Schedule

Document concerns and follow-up on page 4.

SECTION D: RAI/CARE REVIEW SHEET (Includes both MDS and use of RAPS):

Reason for the most current RAI: Annual Initial Significant Change

Date of Most Recent RAI _____ Date of Comparison/ Quarterly RAI _____

- For a *comprehensive review* complete a review of all care areas specific to the resident, all ADL functional areas, cognitive status, and MDS categories triggering a RAP.
- For a *focused review*:
 - Phase I:** Complete a review of those requirements appropriate to focus and care areas specific to the resident.
 - Phase II:** Complete a review of requirements appropriate to focus areas.
- **For both *comprehensive* and *focused reviews* record only the applicable sections and relevant factors about the clinical status indicating an impairment or changes between reviews.**
- If the current RAI is less than 9 months old, scan and compare with the previous RAI and most recent quarterly review.
- If the RAI is 9 months or older, compare the current RAI with the most recent quarterly review.
- Note any differences for the applicable areas being reviewed.
- Review the RAP summary and care planning.
- Look for implementation of the care plan as appropriate to the comprehensive or focused review.
- Note specifically the effects of care or lack of care.
- If the resident declined or failed to improve relative to expectations, determine if this was avoidable or unavoidable.
- For *closed records*, complete a review of the applicable areas of concern.
- Use the additional MDS item blocks on page 3 to document other sections or additional concerns.
- *Dining observation*; If there are concerns with weight loss or other nutritional issues, observe resident dining and review adequacy of meals served and menus.

THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (Init.)_____

Document concerns and follow-up on page 4.

Resident Review Worksheet

(continued)

MDS Items	RAI Status/Comparison	Care Plan Y/N	Notes/Dates/Times/Source and Tag: Observations and Interview for resident and implementation of care plan and TX, including accuracy, completeness, and how information from use of RAPs is incorporated into the resident's care. Outcome: improve/failure to improve/same/decline. If a decline or failure to improve occurred, was it avoidable or unavoidable?
Cognitive/ Decisionmaking			
Mood/Behavior/ Psychosocial			
Transfer			
Ambulation			
Dressing			
Eating			
Hygiene/ Bathing			
ROM Limits			
Bowel			
Bladder			
Activities			

