

## Tenant Record Review for [Program Name]

Date \_\_\_\_\_

*Note: This document allows space to review five tenant records.*

PART I - Testing Elements R/T Tenant Record	001	002	003	004	005
Occupancy Agreement 69.21					
Is the occupancy agreement in 12 pt. type or larger and in language that is easy to read for the tenant or the tenant's legal representative?					
Does the occupancy agreement include the telephone number for filing a complaint with the Department?					
Does the occupancy agreement include the telephone number for the office of long-term care ombudsman?					
Does the occupancy agreement include the telephone number for reporting dependent adult abuse?					
Does the occupancy agreement include a copy of the program's statement on tenant rights?					
Does the occupancy agreement include a statement that the tenant landlord law applies to assisted living programs?					
Does the occupancy agreement include a statement to notify 90 days in advance of cessation?					
Is the occupancy agreement reviewed and updated as needed to reflect change in services or financial arrangements?					
Was a copy of the most recent occupancy agreement provided to the tenant or the tenant's legal representative, if any, and a copy kept by the program?					
Is the occupancy agreement available to the public upon request and does the basic marketing material include a statement that a copy of the occupancy agreement is available to all persons upon request?					
If the program has additional occupancy and transfer criteria (in addition to what is listed in 69.23), is it disclosed in the written occupancy agreement?					
Admission/Retention 69.23					
Is/was the tenant bed-bound?					
Does the tenant require routine 2-person assist with standing, transfers, or evacuation?					
Is/was the tenant dangerous to self or others to include staff despite intervention including but not limited to: chronically elopes, displays sexual or physical aggression, abusive (physical or verbal) or other unmanageable or aggressive behavior?					

PART I - Testing Elements R/T Tenant Record	001	002	003	004	005
<i>(Admission/Retention Criteria cont.)</i>					
Is/was the tenant in an acute stage of alcoholism, drug addiction, or uncontrolled mental illness?					
Is the tenant under age 18?					
Does the tenant require more than part-time or intermittent health-related care?					
Is/was the tenant medically unstable					
Does the tenant require maximal assistance with activities of daily living?					
Despite intervention, does the tenant chronically urinate or defecate in places that are not considered acceptable according to societal norms, such as, on the floor or in a potted plant?					
<b>Tenant Documents 69.25</b>					
Are the following included in the tenant record?					
<ul style="list-style-type: none"> <li>Occupancy record including the tenant's name, birth date, and home address; identification numbers, date of occupancy; name, address and telephone number of health professionals; diagnosis; and names, addresses and telephone numbers of family members, friends or other designated people to contact in the event of illness or an emergency</li> </ul>					
<ul style="list-style-type: none"> <li>Application form</li> </ul>					
<ul style="list-style-type: none"> <li>Initial evaluations and updates</li> </ul>					
<ul style="list-style-type: none"> <li>Nutritional assessment as necessary</li> </ul>					
<ul style="list-style-type: none"> <li>Initial service plan and updates</li> </ul>					
<ul style="list-style-type: none"> <li>Signed authorizations to release medical information, photographs, and other media</li> </ul>					
<ul style="list-style-type: none"> <li>Signed managed risk policy and consensus agreement, if any</li> </ul>					
<ul style="list-style-type: none"> <li>Medical information sheet when personal or health related care is delegated to include health professional orders, treatments, therapy, medications, and nurses' notes written by exception</li> </ul>					
<ul style="list-style-type: none"> <li>Medication lists maintained in accordance with 67.5(4)</li> </ul>					
<ul style="list-style-type: none"> <li>Advanced directives</li> </ul>					
<ul style="list-style-type: none"> <li>Occupancy agreements with updates (complete copies)</li> </ul>					
<ul style="list-style-type: none"> <li>Acknowledgement of tenant rights</li> </ul>					
<ul style="list-style-type: none"> <li>Guardianship information</li> </ul>					
<ul style="list-style-type: none"> <li>DPOA, POA, Conservatorship</li> </ul>					
<ul style="list-style-type: none"> <li>Incident Reports</li> </ul>					

PART I - Testing Elements R/T Tenant Record	001	002	003	004	005
<i>(Tenant Documents cont.)</i>					
<ul style="list-style-type: none"> <li>▪ Waivers for exceeding admission/retention criteria as applicable</li> </ul>					
<ul style="list-style-type: none"> <li>▪ Accurate documentation of the completion of routine personal or health-related care on task sheets (if the resident is unable to self-advocate or has multiple service providers, such as hospice)</li> </ul>					
<ul style="list-style-type: none"> <li>▪ Medication Administration Record (MAR)</li> </ul>					
<ul style="list-style-type: none"> <li>▪ Authorization to release information</li> </ul>					
<i>*Note: tenant records must be retained for a minimum of 3 years after the transfer or death of the tenant. All records must also be protected from loss, damage, and unauthorized use.</i>					
<b>Evaluation 69.22</b>					
Was a functional, health, and cognitive evaluation completed prior to participation and prior to signing the occupancy agreement and taking occupancy of a dwelling unit?					
If the cognitive evaluation that was completed prior to participation identified a moderate decline, was a GDS completed? <i>Note: if the initial cognitive evaluation triggered a GDS, then a GDS should be completed for all subsequent evaluations, unless the tenant's cognitive status reverts to a mildly cognitive impaired state.</i>					
Was the cognitive evaluation or GDS completed by a health care or human services professional?					
Was a functional, health, and cognitive evaluation completed within 30 days of participation?					
Was a functional, health, and cognitive evaluation completed with *significant change of condition, but not less than annually?					
Were the evaluations completed by a health care or human services professional? <i>Note: An LPN may complete the evaluations via nurse delegation when the tenant has not exhibited a significant change.</i>					
<b>Service Plans 69.26</b>					
Was a service plan developed based on the functional, health, and cognitive evaluations completed prior to participation and prior to signing the occupancy agreement and taking occupancy of a dwelling? <i>Note: should include tenant needs and preferences, assistance, services, service providers, and activities.</i>					
If the tenant has delegated personal or health related care, was the service plan updated within 30 days of the tenant's participation?					
Was the service plan updated annually and as needed?					

PART I - Testing Elements R/T Tenant Record	001	002	003	004	005
<i>(Service Plans cont.)</i> Are all service plans signed by all parties? <i>Note: If minor discretionary changes are added to the service plan and there is no *significant change, new signatures are not required.</i>					
Are tenant or tenant legal representative preferences for health-related care listed on the service plan as applicable?					
Are person-centered planned and spontaneous activities added to the care plan for tenants who are unable to plan their own activities, including tenants with dementia?					
Nurse Review 69.27					
If a tenant does not receive personal or health related care and a *significant change occurs, was a nurse review completed?					
If a tenant has delegated personal or health related care: <ul style="list-style-type: none"> <li>Was a nurse review completed at least every 90 days to include meds, referrals, and adverse reactions to medications?</li> </ul>					
<ul style="list-style-type: none"> <li>Did the nurse review validate medications were checked for accuracy?</li> </ul>					
<ul style="list-style-type: none"> <li>Did the nurse review assess and document the tenant's health status?</li> </ul>					
<ul style="list-style-type: none"> <li>Did the nurse review include written documentation showing the time, date, and RN signature?</li> </ul> <i>Note: An LPN via nurse delegation may complete the tasks required by rule, except when a tenant experiences a *significant change in condition.</i>					

*\*Significant Change (as defined in Chapter 67) means a major decline or improvement in the tenant's/tenant's status which does not normally resolve itself without further interventions by staff or by implementing standard disease-related clinical interventions that have an impact on the tenant's mental, physical, or functional health status.*