Record Keeping Checklist

Adult Care Facilities/OAC Rule 3701-20-15

Facility Name: _____ License No.: _____

Resident Name: _____ Date of Review: _____

Resident Record (for each resident):

- ◯ Yes ◯ No Name, and previous address
- ◯ Yes ◯ No Birth Date
- ◯ Yes ◯ No Date resident began living in the facility
- ◯ Yes ◯ No Name, address, and telephone number of any individuals designated by the resident
- ◯ Yes ◯ No Name, address, and telephone number of any referring entity
- ◯ Yes ◯ No Physician's name, address, telephone number
- ◯ Yes ◯ No Initial/Annual Health Assessments
- ◯ Yes ◯ No Resident's Rights Policy given to resident and sponsor
- ◯ Yes ◯ No Initial/Annual Mental Health Plan for Care
- ◯ Yes ◯ No Initial 2-step/Annual single step Mantoux skin test
- ◯ Yes ◯ No Annual assessment for TB symptoms by qualified health professional
- ◯ Yes ◯ No Adverse health changes
- ◯ Yes ◯ No Resident Agreement
- ◯ Yes ◯ No Emergency Information

Employee & Facility Records:

- ◯ Yes ◯ No Incident Reports
- ◯ Yes ◯ No Fire and evacuation procedures
- ◯ Yes ◯ No Record of Fire Drills
- ◯ Yes ◯ No Listing of Residents (to include name, date of birth, and date the resident move in, and moved out
- ◯ Yes ◯ No Procedure for obtaining emergency assistance
- ◯ Yes ◯ No Current licenses, approvals, inspections, plans of correction
- ◯ Yes ◯ No Heating system check (initial/annual)
- ◯ Yes ◯ No Smoke detector checks (monthly)
- ◯ Yes ◯ No Sprinkler checks (if applicable)
- ◯ Yes ◯ No Employee - initial 2-step Mantoux/Annual single step
- ◯ Yes ◯ No Documentation of positive Mantoux test for employees
- ◯ Yes ◯ No Facility policy and procedures
- ◯ Yes ◯ No Residents' Rights Policy
- ◯ Yes ◯ No Residents' Rights Posted
- ◯ Yes ◯ No Certificate of Use and Occupancy (if applicable)
- ◯ Yes ◯ No Fire Inspection (if applicable)
- ◯ Yes ◯ No Initial & Annual six hours of training for owner/manager
- ◯ Yes ◯ No Initial & Annual six hours of training for all staff in mental health (if applicable)
- ◯ Yes ◯ No First Aid training for all staff
- ◯ Yes ◯ No Correct Techniques Training in Personal Care Services to others by all staff
- ◯ Yes ◯ No Initial and every two years inspection of fireplace (if applicable)
- ◯ Yes ◯ No Initial and on-going training for all staff required by rules 3701-20-11; 3701-20-13; 3701-20-14; and 3701-20-14.1 of the Administrative Code.