

## 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.

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## RESIDENT REVIEW WORKSHEET

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### 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.
- If you note concerns with drug therapy, review the pharmacist's report. See if the physician or facility has responded to recommendations or concerns.
- Correlate drug therapy with resident's clinical condition.

**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.

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

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 CAA.
- 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 CAA 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 CAAs 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			

