

**Checklist #9**

**Functional Area: Records**

Yes = In Compliance  
 No = Further Action

**Objective:** Ensure facilities maintain accurate, complete and authenticated records.

Specific Criteria	Yes	No
<p><b>Policy and Procedure: IDAPA 16.03.22.153.03</b></p> <p>1. Do you have policies and procedures on whom staff are to notify and how staff are to notify of any changes in residents' health or mental status? {IDAPA 16.03.22.153.03}</p>		
<p><b>Policy and Procedure: IDAPA 16.03.22.159.01</b>  <b>Complete and Accurate Records</b></p> <p>1. Have you developed written policies and procedures to assure complete, accurate, and authenticated records? {IDAPA 16.03.22.159.01}</p>		
<p><b>Policy and Procedure: IDAPA 16.03.22.159.02 Electronic Records</b></p> <p>1. If you implement an electronic record or signature, do you have written policies in place to assure the following:</p> <ul style="list-style-type: none"> <li>a. Proper security measures to protect the use of an electronic signature by anyone other than the person to which the electronic signature belongs?</li> <li>b. The privacy and integrity of the record?</li> <li>c. Includes which records will be maintained and signed electronically?</li> <li>d. How an e-signature code is assigned and the code and associated staff identities are protected?</li> <li>e. How passwords are assigned and the frequency for which they are changed?</li> <li>f. Allows resident access to his records within 1 business day of the request?</li> <li>g. Allows immediate access to records by surveyors, and others who are authorized by law? {IDAPA 16.03.22.159.02}</li> </ul>		
<p><b>Requirements: IDAPA 16.03.22.330.01</b>  <b>Individual Resident Care Record</b></p> <p>1. Do you maintain an individual resident care record for each admission with all entries kept current, dated and signed?                  2. Are all paper records recorded legibly in ink? {IDAPA 16.03.22.330.01}</p>		
<p><b>Requirements: IDAPA 16.03.22.330.02 Resident Record Retention</b></p> <p>1. Are your records preserved in a safe location protected from fire, theft, and water damage for a period of not less than 3 years? {IDAPA 16.03.22.330.02}</p>		
<p><b>Requirements: IDAPA 16.03.22.330.03 Resident Record Confidentiality</b></p> <p>1. Do you safeguard resident information against loss, destruction, and unauthorized use? {IDAPA 16.03.22.330.03}</p>		
<p><b>Requirements: IDAPA 16.03.22.330.04 Staff Access &amp; IDAPA 16.03.22.700.02 Availability of Records</b></p> <p>1. Are resident care records of current residents available to direct care staff at all times? {IDAPA 16.03.22.330.04 &amp; 700.02}</p>		

Specific Criteria	Yes	No
<b>Requirements: IDAPA 16.03.22.330.05 Electronic Records</b> 1. Are you able to print records maintained electronically in the facility? {IDAPA 16.03.22.330.05}		
<b>Requirements: IDAPA 16.03.22.330.06 Accessibility of Records to Survey Staff</b> 1. Do survey staff have complete and immediate access to resident and facility records? {IDAPA 16.03.22.330.06}		
<b>Requirements: IDAPA 16.03.22.700.01 Records Information</b> 1. Do your record entries include date, time, name, and title of the person making the entry? 2. Do staff sign each entry made by them during their shifts? {IDAPA 16.03.22.700.01}		
<b>Requirements: IDAPA 16.03.22.700.02 – See above in 330.04</b>		
<b>Requirements: IDAPA 16.03.22.700.03 Electronic Records</b> 1. Can you print electronic records in the facility at the request of the resident, legal guardian, payer, or survey agency? {IDAPA 16.03.22.700.03}		
<b>Requirements: IDAPA 16.03.22.710 Resident Care Records</b> Do you assure the facility's policies and procedures for resident care records are implemented and meet the requirements? 1. Do you include in the records for admission, the following: a. Name? b. Permanent address, if other than the facility? c. Marital Status? d. Gender? e. Date and Place of Birth? f. Name and address of emergency contact(s)? g. Admission date and where admitted from? 2. Providers of choice including address and telephone numbers: a. Physician or authorized provider? b. Dentist? c. Pharmacy? d. Others - such as, outside service providers, home health, hospice, psychosocial services rehabilitation specialist, case manager? 3. Religious affiliation, if the resident chooses to state? 4. Results of a history and physical examination performed by a physician or authorized provider within 6 months prior to admission? 5. A list of medications, diet, treatments, and any limitations, prescribed for the resident that is signed and dated by a physician or authorized provider giving the order 6. Social information, obtained by the facility through interviews with the resident, family, legal guardian, conservator or outside service provider; and the information must include the resident's social history, hobbies, and interests? 7. The resident's initial uniform assessment? 8. The resident's initial signed and dated interim plan and Negotiated Service Agreement? {IDAPA 16.03.22.710}		

Specific Criteria	Yes	No
<p><b><u>Ongoing Resident Care Records</u></b>  <b>In addition to those rules noted on other checklists, which are related to specific facility processes, the following are rule items to consider in your quality improvement efforts.</b></p>		
<p><b>Requirements: IDAPA 16.03.22.711.03 Involuntary Discharge</b>  1. Do you maintain facility records documenting the following:  a. The facility's efforts to resolve the situation related to an involuntary discharge?  b. A copy of the signed and dated notice of discharge?  {IDAPA 16.03.22.711.03}</p>		
<p><b>Requirements: IDAPA 16.03.22.711.07 Outside Services Care Plans</b>  1. Do you maintain in your resident records signed and dated copies of all care plans prepared by outside service agencies, if appropriate, to include who is responsible for the integration of care and services?  {IDAPA 16.03.22.711.07}</p>		
<p><b>Requirements: IDAPA 16.03.22.711.08 Care Notes</b>  1. Do you maintain care notes that are signed and dated by the person providing the care and services, and do you assure they include:  a. When the Negotiated Service Agreement is not followed, such as resident refusal, and the facility's response?  b. Delegated nursing tasks, such as treatments, wound care, and assistance with medications?  c. Unusual events such as incidents, reportable incidents, accidents, altercations and the facility's response?  d. Calls to the physician or authorized provider, reason for the call, and the outcome of the call?  e. Notification of the licensed professional nurse of a change in the resident's physical or mental condition?  f. Notes of care and services provided by outside contract entities, such as nurses, home health, hospice, case managers, psychosocial rehabilitation specialists, or service coordinator?  {IDAPA16.03.22.711.08}</p>		
<p><b>Requirements: IDAPA 16.03.22.711.14 Discharge Information</b>  1. Do you document in the resident's record the date of discharge, location to where the resident was discharged, and disposition of the resident's belongings?  {IDAPA16.03.22.711.14}</p>		

**The check lists can be used as a quality improvement tool and are offered as a helpful guide. They do not take the place of the rule requirements. It is highly recommended that the check lists be used in conjunction with the rules themselves.**