A licensed health care professional’s signature certifies that he/she completed the specified responsibility/function. For residential living care residents, on-site visits are required at least every six months. For assisted living care residents, on-site visits are required at least every three months, or more often for intensive assisted living auxiliary grant recipients if required by DMAS. A separate form should be utilized for each six month or three month period.

<table>
<thead>
<tr>
<th>RESPONSIBILITIES/FUNCTIONS</th>
<th>DATE(S) OVERSIGHT PROVIDED</th>
<th>SIGNATURE(S) OF LICENSED HEALTH CARE PROFESSIONAL(S)</th>
<th>COMMENTS, IF NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recommend in writing changes to resident individualized service plans whenever plans do not appropriately address current health care needs.</td>
<td>_________________________</td>
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<tr>
<td>2. Monitor direct care staff performance of health-related activities.</td>
<td>_________________________</td>
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<td>3. Advise administrator of need for staff training, as necessary.</td>
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<tr>
<td>4. Provide consultation and technical assistance to staff, as needed.</td>
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<tr>
<td>5. Observe every resident for whom there is DMAS reimbursement for intensive living services and recommend in writing any needed changes in care provided or in resident individualized service plan.</td>
<td>_________________________</td>
<td>__________________________________________________</td>
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<tr>
<td>6. Review documentation of health care services, including medication and treatment records to assess that services are in accord with physicians' or other prescribers’ orders, and inform administrator appropriately.</td>
<td>_________________________</td>
<td>__________________________________________________</td>
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<tr>
<td>7. Monitor conformance to facility’s medication management plan and maintenance of required medication reference materials, and advise administrator of any concerns.</td>
<td>_________________________</td>
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<tr>
<td>8. Monitor infection control measures and advise administrator of any concerns.</td>
<td>_________________________</td>
<td>__________________________________________________</td>
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<tr>
<td>9. Review condition and records of residents for whom restraints are used to assess appropriateness of restraint and progress toward its reduction or elimination, and advise administrator of any concerns.</td>
<td>_________________________</td>
<td>__________________________________________________</td>
<td></td>
</tr>
</tbody>
</table>