

NAME OF ASSISTED LIVING FACILITY: _____

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.

RESPONSIBILITIES/FUNCTIONS	DATE(S) OVERSIGHT PROVIDED	SIGNATURE(S) OF LICENSED HEALTH CARE PROFESSIONAL(S)	COMMENTS, IF NEEDED
1. Recommend in writing changes to resident individualized service plans whenever plans do not appropriately address current health care needs.	_____ _____	_____ _____	
2. Monitor direct care staff performance of health-related activities.	_____ _____	_____ _____	
3. Advise administrator of need for staff training, as necessary.	_____ _____	_____ _____	
4. Provide consultation and technical assistance to staff, as needed.	_____ _____	_____ _____	
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.	_____ _____	_____ _____	
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.	_____ _____	_____ _____	
7. Monitor conformance to facility's medication management plan and maintenance of required medication reference materials, and advise administrator of any concerns.	_____ _____	_____ _____	
8. Monitor infection control measures and advise administrator of any concerns.	_____ _____	_____ _____	
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.	_____ _____	_____ _____	