

## Adult Foster Care Resident Enrollment Record Checklist

Residents Name: \_\_\_\_\_

Date of placement: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Licensing Agency Notified of Placement: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

\*Use the Report of Placement Admission and Discharge in packet

The operator shall ensure that an individual record is maintained in the adult foster home on each resident (9555.6245, Subp. 1). The template is an optional template to obtain this information.

**1. Privacy Rights, HIPAA & Data Practices**

Date \_\_\_\_\_

The provider is required by law to maintain privacy of resident's personal health information and provide that information about the privacy of health information to residents receiving services.

**2. Initial Assessment, 9555.5605, Subp.1**

Date \_\_\_\_\_

All residents have had an assessment by a social worker from the local agency or the county of responsibility to determine the person's need for adult foster care. This is either done through the individuals Individual Service Plan, MN Choices Assessment or other. MN Choices Assessments are available to anyone through the Public Health Department regardless of income.

**FOR PUBLIC PAY SOURCES:**

Assessment Completed by: (worker) \_\_\_\_\_  
of (agency) \_\_\_\_\_ by means of (Pick One):

Individual Service Plan  MN Choices Assessment  Other \_\_\_\_\_

**FOR PRIVATE PAY SOURCES:** The resident and family/guardian  was /  was not referred by me for a MN Choices Assessment

**3. Placement Review, 9555.6245, Subp 2**

Date \_\_\_\_\_

The service agency assigned to a resident in an adult foster home with an Individual Service Plan must visit the resident and operator within 30 days of the placement to confirm the appropriateness of the placement; provide consultation services to the operator in meeting the resident's assessed needs; provide a telephone number where care givers and the resident or resident's legal representative may call for emergency social services assistance 24 hours a day and; assist in developing the individual abuse prevention plan for the resident.

**4. Demographic Information, 9555.6245, Subp. 2**

Date \_\_\_\_\_

The individual record for each resident must contain required demographic information as listed in the rule. The Resident Information Sheet is designed to meet these requirements.

**5. Medical Information, 9555.6245, Subp 3**

Date \_\_\_\_\_

- A. A physician's exam must be completed 30 days before or 3 days after admission (9555.6225, Subp. 3). Transfer records from health care facilities may be substituted for this requirement.
- B. Medication Record--The individual's record must contain a medication record and consent to administer that medication. Special rules apply for administration of injectable medications.
- C. Authorization to give Injectable Medication. The provider shall not give injectable medication unless the requirements of the Authorization form are met.

**6. Individual Abuse Prevention Plan, 9555.6245, Subp 6** Date \_\_\_\_\_

This plan outlines the risks and vulnerabilities of the individual and the plans to address and minimize those risks. \*The Facility Abuse Prevention Plan must also be updated or reviewed to reflect the needs of the present residents receiving services.

**7. Individual Resident Placement Agreement, 9555.6245, Subp. 6** Date \_\_\_\_\_

The individual record must contain the initial placement agreement and the annual update. The initial agreement must be completed with 30 days of the placement.

**8. Individual Service Plan, 9555.6245, Subp. 6** Date \_\_\_\_\_

The individual record must contain a copy of the initial and current Individual Service Plan for the Resident for those residents receiving services from a supervising agency.

**9. Resident Rights, 9555.6255, Subp. 1** Date \_\_\_\_\_

Give at the time of admission and reviewed annually. This includes the review of the Vulnerable Adult Act.

**10. Notice of Complaint/Grievance Procedure and Facility Chemical Use Policy, Subp. 245A**

Date \_\_\_\_\_

Every facility must notify the resident and legal representatives of their policy.

**11. Consent to Share a Bedroom, 9555.6205, Subp. 4** Date \_\_\_\_\_

Written consent is required at the time bedroom is a double occupancy. This statement is located on the Resident Information Sheet in the packet and should be reviewed annually and upon any new admission for which a shared bedroom is part of the plan.

**12. Notification of admission of a predatory offender, MN 243.165, Subp. 4 & 4b**

Date \_\_\_\_\_

When a predatory offender is admitted to a residential housing unit, the individual must sign a consent form allowing the residential housing unit to release information to law enforcement about the person's admission to, or residence in the facility. The facility shall also notify other residents at the facility of this fact. If the facility determines that the notice to a resident is not appropriate given the resident's medical, emotional, or mental status, the facility shall notify the patient's next of kin or emergency contact.

**13. Mobility Assessment, 9555.6245, Subp. 9** Date \_\_\_\_\_

Completed only if resident has mobility impairment or when one becomes evident.

**14. Cash Resources, 9555.6245, Subp. 4** Date \_\_\_\_\_

Must be handled in accordance to the rule including plans to address receipts, quarterly reports, cash on hand.

15. **Incident Reports**, 9555.6245, Subp. 5

Date \_\_\_\_\_

Any incidents of serious injury, abuse, neglect or unusual occurrence should be documented.

**These documents must be reviewed at least annually or as changes occur. Please note review dates on the document or on this form. Resident records must be kept on file for four years after discharge.**