

**INSTRUCTIONS:**

When reviewing client/resident records in a facility, enter an ✓, x, N/A, or complete the space with other appropriate response.

- ✓ - Document required for facility category is complete and current.
- x - Document is lacking, incomplete or requires updating
- N/A - Not applicable

Any item shown as "x" shall be documented on the Licensing Report (LIC 809) with a plan of correction date. File this form in the facility file.

**CLIENT/RESIDENT RECORDS REVIEW (RESIDENTIAL)**

FACILITY NAME					LICENSE REPORT (LIC 809) DATE																
FACILITY NUMBER					TYPE OF VISIT <input type="checkbox"/> PRELICENSING				<input type="checkbox"/> EVALUATION				<input type="checkbox"/> FOLLOW-UP								
					<input type="checkbox"/> RENEWAL				<input type="checkbox"/> COMPLAINT												
*REFER- ENCE NUMBER	NAME OF CLIENT/RESIDENT	ENTER DATE OF BIRTH	ADMISSION AGREEMENT	ENTER DATE OF ADMISSION	SOURCE OF INCOME	IDENTIFICATION AND EMERGENCY INFO	MEDICAL ASSESSMENT	AMBULATORY STATUS	T.B. TEST	CONSENT FORMS	APPRAISAL AND NEEDS AND SERVICES PLAN	SAFEGUARDS FOR CASH RESOURCES	ENTER INFO REGARDING CASH RESOURCES FROM EACH LEDGER	SAFEGUARDS FOR PROPERTY/VALUABLES	PERSONAL RIGHTS	WEIGHT RECORD	IMMUNIZATION RECORD	CENTRALLY STORED DESTROYED MED. CATION RECORDS	ENTER DATE OF DISCHARGE	COMMENTS	
													BAL.								
LICENSING EVALUATOR SIGNATURE															DATE						

\*Reference number corresponds to number used to identify individual client/resident on the field visit report.