## INSTRUCTIONS:

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

Document required for facility category is complete and current.
 Document is lacking, incomplete or requires updating

N/A - Not applicable

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

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.

FACILITY NAME		LICENSE REPORT (LIC 809) DATE		
FACILITY NUMBER		TYPE OF VISIT PRELICENSING	EVALUATION	FOLLOW-UP
		PENEWAL	COMPLAINT	
*REFER-ENCE NAME OF CLIENT/RESIDENT AND	AGREBARY EVITER DATE SOURCE OF INCOME OF INCOME FINESCAL ASSESSMENT AMBELICA AND AND AND AND AND AND AND AND AND AN	STATUS AND THE STATUS	PARESUMA SECRETARIOS CON PROPERTIES	COMMENTS
		BAL. DATE		
LICENSING EVALUATOR SIGNATURE	DATE	•		