

## Assisted Living for the Elderly Waiver Case File Review Tool

PSA \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

Facility Name \_\_\_\_\_

Identifier from random sample											
Initials											
LOC											
Freedom of choice (available programs)											
Date of admission											
Fair hearing											
Legal guardianship											
Eligibility documents											
Assessment is current											
Care Plan is current											
Dated and signed by case manager											
Signed by client or representative											
Care Plan meets assessed needs											
Significant change reassessments											
Quarterly updates											
Copies of medical records											
Legible and maintained in detail											
Annual reassessment											
Documentation of receipt of services											
Interviews with caregiver/family members											
Complaints/ Grievances											
Hospital visits (inpatient and ER)											
Client satisfaction											
Narratives/ Progress of care											
Initials and Comments											

Note: Indicate Y for yes, N for no, or NA for not applicable in boxes.