

ENHANCED HOUSING SERVICES

RESIDENT SERVICE COORDINATION FILE REVIEW

Apartment/Unit _____ Service Coordinator _____
 Property _____ Date _____

Reviewer (Signature and Credentials) _____

Performance Areas

I. DOCUMENTATION CHECKLIST

Intake	Y	N	N/A
Assessment	Y	N	N/A
Is resident reevaluated annually or sooner if needed?	Y	N	N/A
Case Management Plan	Y	N	N/A
Confidentiality Agreement	Y	N	N/A
Release of Information	Y	N	N/A
Correspondence	Y	N	N/A
Report of Violation	Y	N	N/A
Volunteer Waiver	Y	N	N/A
Progress Notes	Y	N	N/A
Non-Participation Form	Y	N	N/A

COMMENTS:

II. SERVICE MANAGEMENT PLANS

	Services Coordinated	Follow-Up Documented
Activities of Daily Living and Other Services Coordinated	1) Plan appropriate to identify needs 2) Plan needs more details 3) Progress notes reflect process of the plan	1) Not Addressed 2) On going monitoring in progress notes 3) Plan Resolved N/A) Not Applicable
Eating		
Bathing		
Grooming		
Dressing		
Home Management		
Transferring		
Benefits		
Other		

Is the RSC encouraging and empowering the resident to be as independent as possible?
Y N

III. PROGRESS NOTES

DATES

1) Notes are in the proper format: Date, description of action or contact, line drawn from end of entry to end of page, initials are present					
2) Notes are objective and factual – no personal opinions are included					
3) A plan for follow-up is described					
4) Progress notes are timely					
5) Progress notes are easily understood, thorough					
6) Resident’s perspective is documented and their involvement is evident					

COMMENTS

(2)

CHART SUMMARY

Staff Reviewed: _____ Date Reviewed: _____

FOLLOW-UP

A. By Quality Assurance Director: Areas that require follow up:

- 1.
- 2.
- 3.
- 4.
- 5.

B. By Service Coordinator

- 1.
- 2.
- 3.
- 4.
- 5.

C. Areas of Training Identified and Action Plan

- 1.
- 2.
- 3.

Comments

Supervisor (Signature, Credentials) _____ Date _____

Staff (Signature, Credentials) _____ Date _____

(3)