

**CORE SAMPLE RECORD AUDIT**

<b>Agency/Area Program:</b>	<b>Reviewer Name:</b>
<b>Core Sample Individual Name/#:</b>	<b>Review Date:</b>
<b>Date of Admission:</b>	<b>Date of Annual IPP:</b>

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
<b>PERSONAL INFORMATION (404 NAC 4-013)</b>					
Date of entry to services					
Name, gender, birth date					
Current physical description or current photo					
Language or means of communication utilized					
Legal status and name/phone #/address of legal guardian					
Name/phone #/address of persons to contact in an emergency					
Notice of charges (4-013.01 #15 & 4-005.04)					

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RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
Notification of rights					
Name/phone # of Service Coordinator					
Social history information					
<b>MEDICAL INFORMATION (404 NAC 4-005.06)</b>					
Name/phone # of current personal physician					
Name/phone # of any other applicable health care professionals					
History of seizures					
Illness					
Current physician orders (for care, treatments, medications, and therapies)					
Treatments					
Medications					

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RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
Medication side effects					
Medication history					
Immunizations					
Physician contacts					
Emergency room visits					
Dental visits					
Counseling visits					
Hospitalizations					
<b>HEALTH SERVICES (404 NAC 4-005.06)</b>					
Medical evaluation					
Dental evaluation					

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RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
Psychological evaluation					
Physical therapy evaluation					
Occupational therapy evaluation					
Speech therapy evaluation					
Audiologic evaluation					
Visual evaluation					
Nutrition therapy evaluation					
Recommendations from other health care professionals (OT, PT, Speech Therapy, Nutritionist, Audiologist, etc.)					
Other related health assessments					
Documentation of illness, injury, and other health concerns					
Documentation of treatment and medication administration					

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RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
Documentation of provision of health-related services					
Height/Weight record					
Records of visits to physician or other health care professionals AND recommendations					
Information related to hospitalization, nursing facility stays, or other types of health care providers					
<b>INCIDENTS/ACCIDENTS (404 NAC 4-013)</b>					
Records of incidents and accidents (including notification, review, and resolution)					
<b>FBA/BSP/SAFETY PLAN (404 NAC 4-005.03)</b>					
Functional Behavioral Assessment					
Positive Behavioral Support Plan					
Safety Plan					
Documentation of emergency safety intervention usage and rationale for use					

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RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
<b>CONSENTS (404 NAC 4-013)</b>					
Consents as appropriate					
Personal funds/property for restitution					
Release of information (including release of photographs)					
Restrictive measures					
Psychotropic meds					
<b>IPP (404 NAC 4-013)</b>					
Current IPP					
<b>PERSONAL FUNDS/PROPERTY (404 NAC 4-005.05)</b>					
Designation of who manages funds/property					
Charges for management of funds/property					
Minimum of annual review by IPP team of funds/property management					

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RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
Documentation of all cash funds, savings & checking accounts, deposits, and withdrawals					
Individual ledger providing a record of all funds received & disbursed and current balance					
Review/authorization for non-routine expenditures exceeding \$100 (including notification of IPP team)					
<b>NOTICE OF COSTS (404 NAC 4-005.04)</b>					
Written notice of costs (any associated cost for service or items and terms of payment)					
Designation of responsibility for replacing/compensation when individual's personal items are damaged or missing.					
Designation of responsibility for compensation when staff or other individuals in service (who do not reside in the location) use the environment and eat food paid for by the individuals. (Excludes any visitors/guests invited by individuals to socialize in his/her residence)					
<b>PROGRAMS/SUPPORTS/HABILITATION (404 NAC 4-005.01 &amp; 4-005.01C)</b>					
Specific written plan (enough detail to consistently implement services)					
Comprehensive assessments					

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RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
Individualized plan					
Training and supports					
Documentation of service delivery					
Measured progress of plan					
<b>ASSESSMENTS (404 NAC 4-005.01A)</b>					
Individual's history					
Individual's preferences, strengths, and abilities					
Individual's needed services					
<b>DATA COLLECTION</b>					
Program data collection forms					
Program attendance					

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Objectives as Indicated in the IPP	Data for the last 6 months					

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Objectives as Indicated in the IPP	Data for the last 6 months					

Additional Comments or Follow-up Recommendations:

Record Audit Completed by: \_\_\_\_\_ Date: \_\_\_\_\_