



**ALBERTA PROFESSIONAL SERVICES, INC.
AFL MONTHLY MONITORING CHECK LIST**

| | | |
|------------------|---|----------------------|
| Date: | Visit: <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced | AFL Provider: |
| Reviewer: | | Location: |
| Capacity: | # of current clients: | MCO(s): |

THE FOLLOWING WERE OBSERVED AND MET CRITERIA

- Stocked First Aid Kit

- Fire Escape Plan Posted

- Fire Drills completed

- Severe Weather Drill completed quarterly

- Workplace Violence Drill completed quarterly

- Medical Emergency Drill completed quarterly

- OSHA supplies: gloves, sharps container, bio-hazard bags, eye wash

- Appropriate plugs, surge protectors, etc. No extension cords

- Emergency Contact Numbers

- Medications Secured, oral & topical medications stored correctly

- Current Medication Orders available

- Fire Extinguishers & smoke detectors, present, working and serviced in the last 12 months

- Water Temp (between 110° - 116°) _____
- Cleanliness of home is within normal limits

- Proper bedding, hygiene items, & clothing are appropriate/ample

- Documentation of Goals is occurring daily on the correct form, etc.

- Ample food for client, including favorite snack(s)?

- Client has a key and goals related to it's use?

- Site continues to be physically accessible to the client(s)?

- Client has privacy to talk on the phone or have visitors?

- Client has decorated sleeping & living units?

- Client has North Carolina photo ID?

Supervision given to care giver(s):



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Individual Interview with client: *(use a separate sheets for each client, include client initials)*

Client's input in monthly planning:

| | Meals Planning | Activities input by client(s) | Schedule input by client(s) |
|-------------------|-----------------------|--------------------------------------|------------------------------------|
| Mondays | | | |
| Tuesdays | | | |
| Wednesdays | | | |
| Thursdays | | | |
| Fridays | | | |
| Saturdays | | | |
| Sundays | | | |

Favorite Snacks: _____

Activities I would like to do soon: _____

Upcoming appts: _____

Planned visitors & times: _____

I have had the opportunity to provide input into planning activities, schedules, and meals

Client signature: _____ Date: _____

Agency Representative: _____ Date: _____

| |
|--|
| This forms meets these standards |
| Authority: 42 C.F.R. § 441.301(c)(4)(iv); 10A NCAC 27F .0208 (a)(3)(c); 10A NCAC 27D .0301; CARF 2013 BH 1.H.13; |