

AMDC EMPLOYEE RECORD REVIEW

PLEASE NOTE: This form requires documentation/records that minimally will be reviewed during the survey process. The surveyor may request additional documentation/records as needed to complete the survey process in accordance with 10.12.04.07 B. Records and Reports.(1) A licensee shall maintain records and make reports as required by the Department.(2) The records and reports shall be open to inspection by the Department or any agency designated by the Department.(3) On request, a licensee shall immediately provide copies of records and reports, policies and procedures, including medical records of current participants, participants discharged within the last 6 months, personnel records of current staff, and those records and reports relating to quality assurance activities to the Department or any agency designated by the Department.(4) All other records and reports may be stored off-site, but shall be available to the Department within 24 hours of request.(5) If requested, the Department shall reimburse the licensee for the reasonable costs of copying the records and reports. (6) Surveyors are required to complete a 50% random review of staff records.

|  |          |             |         |                 |    |     |
|--|----------|-------------|---------|-----------------|----|-----|
| AMDC: _____  |          | DATE: _____ |         | SURVEYOR: _____ |    |     |
|  | MATRIX#  | MATRIX#     | MATRIX# |                 |    |     |
|  | NAME:    | NAME:       | NAME:   |                 |    |     |
|  |          |             |         |                 |    |     |
| ADDRESS:   |          |             |         |                 |    |     |
| PHONE:   |          |             |         |                 |    |     |
| SEX:   |          |             |         |                 |    |     |
| DOB:   |          |             |         |                 |    |     |
| HIRE DATE:   |          |             |         |                 |    |     |
| POSITION TITLE(FT/PT)  |          |             |         |                 |    |     |
| LICENSE/CERTIFICATION#: (If having a license/certification is a condition of employment) |          |             |         |                 |    |     |
| OFFICIAL DRIVING RECORD (If driving is a condition of employment)                        |          |             |         |                 |    |     |
| CURRENT CPR CERTIFICATION:   | YES      | NO          | N/A     | YES             | NO | N/A |
| CURRENT FIRST AID CERTIFICATION:   | YES      | NO          | N/A     | YES             | NO | N/A |
| EMERGENCY CONTACT PERSON:  | YES      | NO          | N/A     | YES             | NO | N/A |
|  |          |             |         |                 |    |     |
| REQUIRED EDUCATION:  | YES      | NO          |         | YES             | NO |     |
|  | COMMENTS |             |         | COMMENTS        |    |     |
|  |          |             |         |                 |    |     |
|  |          |             |         |                 |    |     |
| APPROPRIATE EMPLOYMENT HISTORY:  | YES      | NO          |         | YES             | NO |     |
|  | COMMENTS |             |         | COMMENTS        |    |     |
|  |          |             |         |                 |    |     |
|  |          |             |         |                 |    |     |
| REFERENCE CHECKS:  | YES      | NO          |         | YES             | NO |     |
| CRIMINAL BACKGROUND CHECK:   | YES      | NO          |         | YES             | NO |     |
| DOCUMENTATION* INDIVIDUAL IS FREE FROM:  |          |             |         |                 |    |     |
| TB:  | YES      | NO          |         | YES             | NO |     |
| MEASLES:   | YES      | NO          |         | YES             | NO |     |
| MUMPS:   | YES      | NO          |         | YES             | NO |     |
| RUEBELLA:  | YES      | NO          |         | YES             | NO |     |
| VARICELLA:   | YES      | NO          |         | YES             | NO |     |
| ANNUAL INFLUENZA VACCINE OFFERED:  | YES      | NO          |         | YES             | NO |     |
| PERFORMANCE EVALUATIONS COMPLETED:   | YES      | NO          | N/A     | YES             | NO | N/A |

*\*As evidenced by physician's statement; positive disease histories affirmed by employee's statement; antibody serologies of titer; skin tests or sttement of vaccinations, affirmed by the employee's signatures*









