

Daily Start Up

Date: _____

Completed By: _____

Total Census	Medicare	Medicaid	Other	Bed Hold	Hospital	Hospice	V/A Contract	Private Pay	

Item	YES	NO	Item	YES	NO
Adequate staff on duty			Skin audits reviewed		
CNA assignment sheet/break			ADL sheets reviewed		
Nursing schedule reviewed			New telephone orders reviewed		
Narcotic log complete			Hot rack charting complete		
Glucometer logs reviewed			Lab/x-ray results reviewed		
Refrigerator logs reviewed			Isolation rooms checked for cleanliness		
MARs reviewed			O2, clean utility & dirty utility rooms checked		
TARs reviewed			Other		

New Admission/ Readmission Chart Review

Resident Name	Room Number	Body Audit	Care Plan/Assessment	Mar/Tar/Meds	DNR/Living Will	Special needs/requests

This tool was created by the Arkansas Innovative Performance Program. For additional tools & resources, go to <http://aipp.afmc.org/ToolsResources>. This Report has been generated as part of the Quality Assessment and Assurance Process and constitutes confidential Quality Assessment and Assurance Committee Records. Confidential, not for redisclosure. Do not copy. Ref 42 USC §§1395i-3(b)(1)(B) and 1396r(b)(1)(B) and 42 CFR §438.74(0).

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Antibiotics

Room #	Resident	Antibiotic	Reason	Start Date	Finish Date

Labs

Room #	Resident	Lab Test	Results Norm/ABN	MD Notified	Family Notified

I/A's

Room #	Resident	Incident	Follow up Complete	MD Notified	Family Notified

New Pressure Areas

Room #	Resident	Site	Dressing	MD Notified	Family Notified

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Dietary Changes

Room #	Resident	Diet Change	Care Plan Updated	Dietary Notified	Family Notified

Social Issues/ Concerns/ Grievances/ Reportables

Room #	Resident	Issue	Resolved/Assigned	MD Notified	Family Notified

Resident Verbalized Concerns/ Lost Items

Room #	Resident	Concern	Follow up Complete	MD Notified	Family Notified

Other Issues/ Changes of Condition/ Isolation

Room #	Resident	Change of Cond.	Intervention	MD Notified	Family Notified

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