

Individual's Name: _____

He-M 1201.03 - NH LICENSED NURSE QUALITY REVIEW

He-M 1001 He-M 507 He-M 518 He-M 521 He-M 524 He-M 525

For He-M 1001 residences:	
Individuals met within 30 days and annually thereafter	Y <input type="checkbox"/> N <input type="checkbox"/>
Health history information available	Y <input type="checkbox"/> N <input type="checkbox"/>
Health status indicators completed	Y <input type="checkbox"/> N <input type="checkbox"/>
Service Agreement available and reviewed for functional supports	Y <input type="checkbox"/> N <input type="checkbox"/>
Identification of individuals in frail health	Y <input type="checkbox"/> N <input type="checkbox"/>
Provider recorded and communicated health status indicators prior to:	
Service coordinator visits pursuant to He-M 503.11 (i)	Y <input type="checkbox"/> N <input type="checkbox"/>
Any appointment with the primary care physician or practitioner	Y <input type="checkbox"/> N <input type="checkbox"/>
Annual health assessment	Y <input type="checkbox"/> N <input type="checkbox"/>
For He-M 507 (day) and He-M 518 (supported employment):	
Medical history, including diagnoses available	Y <input type="checkbox"/> N <input type="checkbox"/>
List of current medications available	Y <input type="checkbox"/> N <input type="checkbox"/>
For individuals in He-M 1001; He-M 507; He-M 518; He-M 521; He-M 524; He-M 525 with provider going to a non-emergency medical appointment:	
Reason(s) the individual sought non-emergent care information	Y <input type="checkbox"/> N <input type="checkbox"/>
List of current medications	Y <input type="checkbox"/> N <input type="checkbox"/>
Known allergies	Y <input type="checkbox"/> N <input type="checkbox"/>
Results of recent diagnostic and lab testing as applicable	Y <input type="checkbox"/> N <input type="checkbox"/>
Current health status indicators	Y <input type="checkbox"/> N <input type="checkbox"/>

Issues addressed from last QA (if needed):

Actions Needed:

Person responsible for action signature:

Timeframe:

RN signature:

Date:

Program Manager signature:

Date: