

QA Documentation Form

Site Reviewed: _____

Date: _____

Name of Reviewer: _____

Summarize your weekly review below.

Name of Consumer Reviewed																				
Service Code																				
Date of Services Reviewed																				
<u>Service Documentation Requirements</u>																				
1. Full Name of consumer																				
2. Specific location of service indicated																				
3. Complete date of service																				
4. Start and end times noted – shift times for daily services (including AM/PM)																				
5. Staff signature and credentials if any																				
6. Specific Staff interventions (should include TP on skills)																				
7. Consumers response to interventions																				
8. Consumer's progress in response to interventions																				
9. Daily Services include documentation on each shift of services provided.																				
10. Justifies time billed																				
11. Showed implementation of the services plan																				
12. Documentation was written in respectful terms																				
13. Showed evidence of person centered services																				

Number of logs meeting all 13 requirements: _____
 Number of logs not meeting requirements: _____ (a)
 Error Rate: (a)/13: _____

Number of errors for each Requirement:

1	2	3	4	5	6	7	8	9	10	11	12	13

Date of Error: _____ Staff Responsible: _____ Consumer's name: _____

Log time _____ Error # _____ Explain what needs to be corrected: _____

Staff Correction (indicate log was corrected, date of correction) _____
