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Quality Assurance Checklist for Social Services

Reviewed by: _____ Date: _____

Review this list to determine the level of compliance for your department.

Staff:	Yes/No
1. proof of qualifications	_____
2. job description	_____
3. consultant reports & qualifications.....	_____
4. professional improvement	_____
5. inservice training	_____

Documentation

1. social history	_____
2. initial psychosocial assessment	_____
3. initial discharge plan.....	_____
4. MDS form, psychosocial aspects (LTC).....	_____
5. RAP summary sheet input (LTC)	_____
6. care plan entry	_____
7. quarterly social services progress note	_____
8. annual social services progress note.....	_____
9. annual discharge plan update.....	_____
10. MDS update (change of condition) (LTC)	_____
11. care conference attendance sign in	_____
12. durable power of attorney for health care, living will directive to physicians and/or conservator papers.....	_____
13. advance directives signed (such as no CPR)	_____
14. surrogate decision maker listed	_____
15. room change notification; introductions made	_____

Optional Recommendations:

1. community resource file	_____
2. family council minutes	_____
3. theft and loss log.....	_____
4. social services groups	_____
5. social services newsletter	_____
6. social services log.....	_____
7. social services volunteers	_____
8. grievance log	_____
9. log for marked dentures, glasses, and hearing aids	_____
10. client follow up after discharge	_____

Notes: