

Individual Resident Service Plan Audit Tool

Use this tool to review an individual resident's service plan to ensure required elements are present, current, and implemented as written. This supports compliance with [Minnesota Statute 144G.70, Subdivision 4](#) and helps ensure services are safe, individualized, and aligned with the residents' assessed needs.

Organizations should have a routine process for service plan review, including defined frequency, assigned responsibility, and follow-up on identified gaps.

How to Use This Tool

This tool may be used for internal audits, mock survey preparation, and quality improvement. Complete it at service initiation, after service plan updates or reassessments, as part of routine internal audits (e.g., quarterly or per policy), and prior to surveys.

For each item below:

1. Review the service plan and related documentation.
2. Compare to the most recent assessment and actual care provided.
3. Mark whether the item is met or not met.
4. Document findings, follow-up actions, and where the information is located in the Notes/Location column.

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Resident Service Plan Audit

Resident Name/Identifier:			
Date of Birth or Medical Record Number (MRN) (if used):			
Reviewed By:			
Audit Date:		Next Review Due:	

Service Initiation and Timelines

Required Elements	Met	Not Met	Notes/Location
Temporary service plan completed if the full assessment is not complete (not to exceed 72 hours)			
Service plan completed within 14 days of service initiation			

Agreement and Resident Communication

Required Elements	Met	Not Met	Notes/Location
Service plan and revisions include resident/ representative and facility signature/ authentication			
Resident informed of service details prior to delivery (services,			

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Required Elements	Met	Not Met	Notes/Location
staff, frequency, options)			
Resident informed of fee changes			
Resident informed of how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health Developmental Disabilities			

Service Plan Content and Alignment

Required Elements	Met	Not Met	Notes/Location
Services are individualized and based on resident preferences			
Description of services includes type, frequency, and fees			
Services align with the most recent assessment			
Each service clearly describes what will be provided			
Frequency of services is documented (e.g., daily, weekly, as needed [PRN])			

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Required Elements	Met	Not Met	Notes/Location
Frequency, timing, and schedule are included			
Services are clearly documented and easy for staff to find			
Service plan reflects current resident needs			
Service plan aligns with the resident contract, if applicable			
Medication management services are documented, if applicable			
Treatment or therapy services are documented, if applicable			
Staff roles and responsibilities for providing services are identified			
Process for monitoring resident condition and reassessment is defined			
Process for monitoring staff performance and service delivery is defined			

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Updates and Reassessments

Required Elements	Met	Not Met	Notes/Location
Service plan updated based on resident reassessment (completed by a registered nurse within required timeframes and as needed for changes in condition)			

Implementation of Services

Required Elements	Met	Not Met	Notes/Location
Services are implemented as written in the current service plan			
Documentation confirms services are provided as outlined in the plan			

Staff Awareness and Access

Required Elements	Met	Not Met	Notes/Location
Staff providing services are informed of and have access to the current service plan			

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Documentation and Record Integrity

Required Elements	Met	Not Met	Notes/Location
Current and prior service plans are maintained in the resident record			
Fee changes documented in the resident record, if applicable			

Resident Participation

Required Elements	Met	Not Met	Notes/Location
Documentation shows resident and/or representative participation in planning and updates			

Contingency Plan Requirements

Required Elements	Met	Not Met	Notes/Location
Actions defined if a scheduled service cannot be provided			
Methods for contacting the facility or appropriate staff during a disruption are identified			
Emergency contacts and decision-making authority documented			

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Resident preferences about emergency medical services documented, if applicable			
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This material was prepared by Stratis Health under contract with the Minnesota Department of Health (MDH). Use of this tool is not mandated by MDH, nor does its completion ensure regulatory compliance.