Arizona Assisted Living Service Plan Review Checklist

Review the actual service plan and resident record. This checklist is a working aid, not a service plan.

Facility _____ Resident name or ID _____

Reviewed by _____ Review date _____

☐ Supervisory ☐ Personal ☐ Directed ☐ Respite ☐ Memory care

Mark each box: V = verified, F = follow-up needed, - = not applicable. Blank = not checked.

Standard plan checks for non-respite residents

☐ **Timing and participation.** Check initial and review/update deadlines on page 2. The resident or representative, manager and any requested individual assisted with development and review. R9-10-808(A)(1)-(2), (4)

☐ **Needs and services.** Plan describes medical/health problems and physical, behavioral, cognitive or functional conditions; level of service; and amount, type and frequency of assisted living and ancillary services, including medication support. R9-10-808(A)(3)(a)-(c)

☐ **Clinical review.** A nurse or medical practitioner reviewed the plan if intermittent nursing or medication administration is required. R9-10-808(A)(3)(d)

☐ **Behavioral care and medication storage.** When applicable, include needed behaviors/interactions, ordered psychotropics, strategies/actions and goals, plus medical-practitioner or behavioral-health-professional review. Describe how resident-stored medication is stored and controlled. R9-10-808(A)(3)(e)-(f)

☐ **Signatures and dates.** Initial and updated plans are signed and dated by the resident or representative, manager, and each clinical reviewer required above. R9-10-808(A)(5)

Additional checks for the services provided

☐ **Personal or directed care.** Include skin maintenance, sufficient fluids, incontinence care supporting toileting independence, and the practitioner determination under R9-10-814(B)(2)(b)(iii), if applicable. R9-10-814(F); R9-10-815(C)(1)-(2)

☐ **Directed care.** Include cognitive stimulation/activities, personal safety strategies, meal/snack encouragement, weight documentation or documented practitioner contraindication, and communication coordination. R9-10-815(C)(3)-(7)

☐ **Memory care.** Complete all directed-care checks. Add specialized environmental features, dementia-friendly person-centered care and medication-as-ordered strategies. Assess history, preferences and social context with resident/representative input; individualize and regularly review. R9-10-815(C)(8); R9-10-816(D)-(E)

☐ **Respite care.** Determine current needs; use the separate three-working-day plan and significant-change pathway on page 2. R9-10-808(B)(1)

☐ **Care and records.** Services and ADL assistance follow the plan and are documented. The medical record contains the plan, updates and service documentation. R9-10-808(C)(1)(a), (c), (g); R9-10-811(C)(10)-(11)

Optional follow-up actions

Item / owner / target date _____

Item / owner / target date _____

Keep clinical details in the protected resident record. Use only the resident name or ID needed; store securely.

Source: 9 A.A.C. 10, Article 8, Supp. 26-3 (September 30, 2026). See page 2 for timing notes and limitations.

Service Plan Due Date Tracker

A reusable home-wide worksheet. Circle the earliest open deadline for each resident.

Facility _____ Tracker checked on / by _____

Arizona deadline reference

Standard plans
Initial plan: within **14 calendar days** after acceptance.
Significant physical, cognitive or functional change: review/update within **14 calendar days** after the change.
Regular review/update: **12 months** supervisory, **6 months** personal, **3 months** directed, at minimum.
R9-10-808(A)(1), (4)(a)-(b)

Respite plans
Complete within **3 working days** after acceptance, based on current needs. A plan in the medical record developed within the prior 12 months may instead be reviewed and updated within **3 working days after acceptance**.
After a significant physical, cognitive or functional change: update within **3 working days**.
R9-10-808(B)(1)

Count days correctly: Exclude the event day. Calendar days include weekends, but if the last day is a Saturday, Sunday, statewide furlough day or legal holiday, extend to the next eligible day. Working days are Monday-Friday, excluding state/federal holidays and statewide furlough days. R9-10-101(42), (248).

Optional resident review log

Levels: S = supervisory, P = personal, D = directed. Earlier due: write date + I (initial), C (change) or R (respite). Keep the triggering date in the resident record. A new event does not erase an open deadline.

Resident name or ID	Level	Last plan / review done	Regular review due	Earlier due date and I / C / R	Owner	Completed date

Suggested routine: Check on acceptance and significant changes, and weekly for upcoming routine deadlines. Set early reminders. Use calendar months, not 90/180/365-day substitutes. Address care concerns promptly.

Privacy: Names and internal IDs can identify residents. Restrict access, keep clinical details off this log, and store it securely. Protect resident records under R9-10-811(A)(4)-(5).

Source and scope: Official Arizona Administrative Code, 9 A.A.C. 10, Supp. 26-3 (September 30, 2026); reviewed November 11, 2026. Selected service-plan checks only. Not an ADHS-approved form, legal or clinical advice, or a compliance guarantee. Verify current rules and resident-specific obligations. Read the Tendera service-plan guide.