California RCFE Weekly Operations Checklist

Use this worksheet to keep staffing, resident support, records, supplies, safety, and family communication on a consistent weekly schedule.

Facility: _____ **Week of:** _____ **Administrator / lead:** _____

Resident care and communication

Done	Task	Initials / date
[ ]	Review resident changes, appointments, new orders, and follow-up needs.	
[ ]	Confirm scheduled family or responsible-party updates have been completed.	
[ ]	Review incidents, unusual events, and required follow-up documentation.	
[ ]	Check upcoming admissions, assessments, discharges, and room readiness.	

Staffing and training

Done	Task	Initials / date
[ ]	Confirm every shift is covered and identify overtime or relief-staff needs.	
[ ]	Review call-outs, late arrivals, open shifts, and recurring schedule gaps.	
[ ]	Confirm new-hire onboarding, required clearances, and training records.	
[ ]	Schedule coaching or refresher training for issues identified this week.	

Home operations

Done	Task	Initials / date
[ ]	Review medication, care, food, cleaning, PPE, and emergency supply levels.	
[ ]	Walk interior and exterior areas for lighting, exits, alarms, trip hazards, and repairs.	
[ ]	Check menus, shopping plans, housekeeping assignments, and transportation needs.	
[ ]	Record maintenance items, responsible person, target date, and completion.	

Business and occupancy

Done	Task	Initials / date
[ ]	Review new inquiries, tours, follow-up dates, and referral-source activity.	
[ ]	Update occupied beds, available beds, expected move-ins, and expected move-outs.	
[ ]	Review unpaid balances, upcoming bills, payroll, and available cash.	
[ ]	Choose the three highest-priority actions for next week.	

Monthly File and Compliance Self-Audit

Review a sample of records each month instead of waiting for an inspection. Protect confidential information and verify current California requirements for your facility.

Facility: _____ **Month:** _____ **Reviewer:** _____

Resident records

Done	Task	Initials / date
[ ]	Required assessments, admission documents, and responsible-party information are present.	
[ ]	Physician information, medication records, and care-related instructions are current.	
[ ]	Changes in condition, incidents, notifications, and follow-up are documented.	
[ ]	Agreements, fee notices, and service records are complete and filed consistently.	

Personnel records

Done	Task	Initials / date
[ ]	Required clearances, qualifications, health records, and identification are present.	
[ ]	Orientation, training, continuing education, and competency documentation are current.	
[ ]	Schedules and time records support required coverage and actual hours worked.	
[ ]	Expired or soon-to-expire items have an owner and due date.	

Facility and operating records

Done	Task	Initials / date
[ ]	Emergency plans, drills, postings, contact lists, and required notices are current.	
[ ]	Food, temperature, safety, maintenance, and other required logs are complete.	
[ ]	Admission, discharge, incident, complaint, and medication processes follow written procedures.	
[ ]	Corrections from prior reviews or inspections are documented and closed.	

Corrective actions

Issue found	Owner	Due date	Completed

Inquiry and Tour Follow-Up Tracker

Record what the prospective resident needs, whether the home appears to be an appropriate fit, and the next agreed action. Do not record unnecessary medical details on this marketing worksheet.

Facility: _____ **Month:** _____ **Reviewer:** _____

Inquiry date	_____	**Referral source**	_____
Contact name	_____	**Preferred contact**	_____
Resident initials	_____	**Target move date**	_____
Preferred location	_____	**Budget range**	_____
Tour date	_____	**Tour completed**	[ ] Yes [ ] No
Current status	_____	**Outcome**	_____

Questions to cover

Done	Task	Initials / date
[ ]	What daily support and supervision does the resident need?	
[ ]	Are there mobility, communication, behavioral, dietary, or scheduling needs to review?	
[ ]	Does the home have the staffing, environment, approved services, and resident mix for this placement?	
[ ]	Were rates, included services, additional charges, and next steps explained clearly?	
[ ]	What information is still needed before an admission decision can be made?	

Follow-up record

Date	Contact method	Summary and next step	Owner	Due

30-Day RCFE Improvement Planner

Choose a small number of measurable improvements. Assign each action, set a due date, and review progress weekly.

Facility: _____ **Start date:** _____ **Plan owner:** _____

Priority areas

Done	Task	Initials / date
[ ]	Resident experience and family communication	
[ ]	Staffing, onboarding, or training	
[ ]	Records and inspection readiness	
[ ]	Property safety and maintenance	
[ ]	Marketing, inquiries, tours, or occupancy	
[ ]	Budget, cash flow, billing, or purchasing	

Goal	Action	Owner	Due	Measure

Weekly review

Review date	Completed	What changed	Next action

Owner Notes and Follow-Up

Use this page for decisions, questions for advisors, agency follow-up, and items that should be added to the facility's operating calendar.

Questions for licensing, legal, accounting, insurance, or employment professionals

Agency or vendor follow-up

Contact	Question or request	Date sent	Response / next step

Important These worksheets provide general educational and organizational guidance. They are not legal, medical, accounting, employment, insurance, tax, or licensing advice. California requirements change, and facilities may have different license conditions. Verify current requirements with the California Department of Social Services, applicable local agencies, and qualified professionals.