

MEDICAL RECORD AUDIT

Admit/72 hrs
 Admit/21 days
 1st Qtr
 2nd Qtr
 3rd Qtr
 4th Qtr
 Readmit
 Other _____

INSTRUCTIONS: Record presence or absence of documentation by checking the appropriate response. Initiate audit on admission. Review on readmission & quarterly (one week after care conference). Report results per facility policy.

AREA OF REVIEW	Present	Absent	N/A	COMMENTS
Face sheet current to include: Resident name, MR#, room number, legal rep., physicians, hospital, diagnosis(es), admission date/time (if readmission, FS is updated)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Advance Directives: DPOA, LW, physician orders for life-sustaining treatment, guardian, etc. present in medical record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Receipt of Advance Directive acknowledgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Capacity statement (if required by state)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Code status: If No Code/DNR: • Physician order • Chart identification per policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
History/Physical (as required by state)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Consent to Photograph signed and dated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Discharge summary (if admitted/readmitted/returned from another facility/hospital)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Evidence that Privacy Act Statement - Health Care Records was provided to resident/representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Accumulative diagnosis list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Physician orders: • Date/time received • Medications includes dosage, route, frequency, diagnosis for use • PRN medication includes reason • Catheter order includes size and change frequency • Enteral or IV feeding orders include formula, rate, calories, mode, flush • Activity order • Nutrition/diet order • Level of care • Order for use of generic medications • Treatment orders include site, treatment, frequency, duration • Rehab potential • Free from communicable disease (on admit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Orders verified with MD/noted by nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
All T.O. signed and dated by physician and noted by nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
SNF certification/recertification completed, dated and signed by physician (Medicare A residents only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Physician progress notes timely, signed and dated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pharmacy medication review monthly; reports of irregularities to AP, DON and Medical Director. Evidence that reports were acted upon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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AREA OF REVIEW	Present	Absent	N/A	COMMENTS
Nursing admission (readmission) assessment completed, signed and dated by nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Nursing notes include date, time, signed every shift on new/readmissions per policy & every day for skilled care residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
MAR/TAR records complete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Flow records completed per POC, I&O, Diabetic, Enteral/Parenteral, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Psychotropic meds: <ul style="list-style-type: none"> • Order includes behavior/diagnosis • Documented risk/benefits explained • Consent complete, signed and dated • Behavior monitor with side effects • Care plan includes behavior, medication, reduction, monitoring for side effects • Gradual dose reduction (GDR) documentation 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Physical restraints: <ul style="list-style-type: none"> • Order includes type, frequency of use, monitor, release, medical condition/symptoms for use, plan for reduction/elimination • Evidence of release/repositioning in record • Consent complete, signed and dated • Assessment of medical necessity complete • Care plan use addresses restraint 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Labs: Completed as ordered, noted/reported by nurse, signed/dated by physician. Results present in medical record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
TB screen, immunization/vaccination records completed per policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Weights and vital signs documented per facility policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Activity assessment on admission, annually and per policy. Progress note (on admission & quarterly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Social Services assessment, discharge plan on admission and per policy (per state). Progress note (on admission & quarterly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Nutrition assessment on admission and per policy. Progress note (on admission & quarterly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
PT (Physical Therapy) evaluation/treatment order	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
PT clarification order signed/dated by MD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
PT plan of care signed/dated by physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
PT progress notes (per policy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
PT treatment diagnosis documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

MEDICAL RECORD AUDIT

AREA OF REVIEW	Present	Absent	N/A	COMMENTS
OT (Occupational Therapy) evaluation/ treatment order	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
OT clarification order signed/dated by MD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
OT plan of care signed/dated by physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
OT progress notes (per policy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
OT treatment diagnosis documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
SLP (Speech Language Pathology Services) evaluation/treatment order	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
SLP clarification order signed/dated by MD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
SLP plan of care signed/dated by MD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
SLP progress notes (per policy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
SLP treatment diagnosis documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
MDS' current (initial, quarterly, PPS, annual, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
MDS' signed/dated by RN (Z0500A, Z0500B, V0200B1, V0200B2, V0200C1, V0200C2, X1100A→E if correction processed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
All disciplines signed/dated sections as completed at Z0400	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
CAA Summary – all triggers are addressed with location of information, date of documents and care plan decision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
CAA documentation matches care plan decision marked on CAA summary (V0200A – 01→20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Care plans/goals are updated and current. Progress notes present, dated and signed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Care plan approaches/interventions are assigned to specific disciplines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Care conference attendee sign-in sheet complete per policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Care plan signed by all disciplines (per policy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Assessments per facility policy: <ul style="list-style-type: none"> • Pain • Antipsychotic use/AIMS scale • Falls • Readmission • Skin • Restraints • B&B • Cognitive status (add facility specific assessments here)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Palliative/hospice includes agreement for service, assessments, care plan, progress notes, labs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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MEDICAL RECORD AUDIT

AREA OF REVIEW	Present	Absent	N/A	COMMENTS
Dialysis includes agreement for service, assessments, care plan, progress notes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
PASRR complete; records present in medical record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Personal inventory sheet completed and signed according to facility policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Resident rights acknowledgement per state requirement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Copy(ies) of any/all Beneficiary Notices provided to resident in medical record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
All written entries recorded in blue or black ink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
All notes include date, time, author, title and licensure/certification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Restorative nursing program documentation complete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Baseline Care Plan developed within 48 hours of admission. Summary of Baseline Care Plan provided to resident/their representative prior to completion of comprehensive plan of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

ADDITIONAL NOTES

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(800) 247-2343

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Signature/Title: _____ Date _____

Signature/Title: _____ Date _____

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