CLINICAL RECORD REVIEW

Timepoint:
❍ SOC ❍ ROC ❍ Recertification ❍ Follow-up ❍ Discharge ❍ Other_____

Review Date:

CLERICAL

Required forms (signed and dated per policy):

❑ Service Agreement/Consent
❑ Medication Profile
❑ HIPAA Privacy Statement
❑ Intake/Referral Information
❑ Plan of Care (POC)/485
❑ OASIS Privacy Statement
❑ Medicare Secondary Payer Worksheet
❑ Emergency Contact Person Identified
❑ Advance Directive Information
❑ Advance Beneficiary Notice ❑ NA
❑ Individualized Emergency Preparedness Plan
❑ Other:_____

	Yes	No	Comments	N/A
1. Documentation completed within agency timeframes.	❍	❍		❍
2. Start of care date matches first billable visit date.	❍	❍		❍
3. Consent form is dated on or prior to start of care.	❍	❍		❍
4. Payer source identified correctly on service agreement/consent.	❍	❍		❍
5. Dollar amount owed by patient identified on service agreement/consent.	❍	❍		❍
ASSESSMENT AND PLAN OF CARE				
1. Initial assessment visit was made within 48 hours of referral, or patient's return home, or the physician's ordered start of care date (M0102, M0104).	❍	❍		❍
2. Homebound status documented in measurable terms that reflect functional status, SOB, pain level, and medical restrictions.	❍	❍		❍
3. OASIS assessment(s) completed within agency timeframe.	❍	❍		❍
4. Primary diagnosis is driving the home health services.	❍	❍		❍
5. Living situation/assistance is correctly reflected in medical record (M1100).	❍	❍		❍
6. Vision deficits (M1200) reflected in most situations; can see medication labels and newsprint. Telephone use as noted in medical record.	❍	❍		❍
7. Pain status (M1242, M2310) reflected in notes, medication regime, and demonstrated functional ability.	❍	❍		❍
8. Pain is reevaluated and managed effectively throughout care episode (noted in J1900, M2401).	❍	❍		❍
9. Skin/wound history supports wound type (M1306, M1307, M1311, M3022-M3042). (Skin lesion noted in M2401.)	❍	❍		❍
10. Wounds are measured upon SOC/ROC/DC and _____ (per organizational policy).	❍	❍		❍
11. Shortness of breath response (M1400) reflects primary and secondary diagnosis, general condition, and demonstrated functional debility/ability.	❍	❍		❍
12. Respiratory treatment reflected in shortness of breath (M1400) and O_2 use.	❍	❍		❍
13. Urinary Incontinence assessment (M1610) reflects debility, catheter presence and frequency of incontinence.	❍	❍		❍
14. Neuro/emotional/behavior (M1700-M1720, M1740, M1745) reflects past medical history and assessment findings. Depression as noted in medical record (M1730, M2401).	❍	❍		❍

PATIENT NAME – Last, First, Middle Initial

ID#

ASSESSMENT AND PLAN OF CARE (Cont'd.)	Yes	No	Comments	N/A
15. ADL actions (M1800-M1870, GG0100, GG0130-GG0170) reflect safe and effective cognitive and physical abilities.	❍	❍		❍
16. IADL action reflects safe and effective cognitive and physical abilities (noted in M2102).	❍	❍		❍
17. Therapy threshold (M2200) matches services ordered.	❍	❍		❍
18. Visits provided match POC service orders.	❍	❍		❍
19. Treatments provided match treatment orders.	❍	❍		❍
20. Laboratory results are available in the medical record.	❍	❍		❍
21. HHA Supervisory visits match frequency of orders.	❍	❍		❍
22. Documentation provides evidence of interdisciplinary communication.	❍	❍		❍
MEDICATION REVIEW				
1. High risk drug education is taught to patient/caregiver at SOC including how and when to report problems (M2010).	❍	❍		❍
2. Drug education intervention is taught and/or reinforced during certification period as needed to patient/caregiver throughout certification period (M2016, M2020, M2030).	❍	❍		❍
3. Clinically significant medication issues reported to the physician or physician-designee within one calendar day of assessment to resolve the issue including reconciliation (M2003, M2005).	❍	❍		❍
4. SN provides medication review for therapy only cases.	❍	❍		❍
5. Medication profile correlates with physician orders.	❍	❍		❍
6. Drug regimen review is complete for the medication profile (M2001).	❍	❍		❍
7. Medications are associated with conditions in the diagnosis list.	❍	❍		❍
ACUTE CARE HOSPITALIZATION				
1. Home evaluated for environmental hazards at SOC.	❍	❍		❍
2. Patient's caregiver or support system(s) identified (noted in M2102, M2401(a)).	❍	❍		❍
3. Multifactor fall risk assessment completed at SOC (M1910).	❍	❍		❍
4. Action/emergency plan provided for patient/caregiver (e.g. disease symptoms exacerbates or issues arise).	❍	❍		❍
5. Agency contact names and numbers provided to patient/caregiver at SOC.	❍	❍		❍
6. Reportable signs/symptoms are provided to patient/ caregiver at SOC.	❍	❍		❍
7. Patient's ability to obtain supplies and/or medications evaluated at SOC.	❍	❍		❍
8. Referrals made when necessary (M2401(c)).	❍	❍		❍
9. Care plan update provided to all members of the interdisciplinary team.	❍	❍		❍

COMMENTS

Auditor's Signature/Title: | Date:

PATIENT NAME – Last, First, Middle Initial | ID#