

HOME HEALTH AGENCY CLINICAL RECORD REVIEW

Name – Patient			Start of Care	Patient ID Number	
Date of Review	Surveyor Number	Agency License Number	Pay Source	<input type="checkbox"/> Open <input type="checkbox"/> Closed	

Tag	DHS 133	Regulation	Yes	No	NA
141	.08(2)(a)	Patient Rights – Written acknowledgement of acceptance. * Waived for federally certified agencies.			
149	.08(3)	Complaint Form F-62069			
150	.09	ACCEPTANCE AND DISCHARGE			
152	.09(2)	SERVICE AGREEMENT - Signed with services, fees, and charges identified			
153	.09(3)(a)1.	DISCHARGE OF PATIENT – Written Notice			
154	.09(3)(a)2.a	Non-payment			
155	.09(3)(a)2.b	Unable to provide care			
156	.09(3)(a)3.a	Staff safety compromised			
157	.09(3)(a)3.b	Physician orders discharge			
158	.09(3)(a)3.c.	No longer needs home health care			
159	.09(3)(a)4.	Copy in patient record			
160	.09(3)(a)5.a	Reason for discharge			
161	.09(3)(a)5.b	Patient right to file complaint			
162	.09(3)(b)	Discharge summary within 30 days			
168	.11	REFERRALS – Appropriate referrals made			
169	.12	COORDINATION WITH OTHER PROVIDERS			
		Conferences with other agency providers			
		Appropriate referrals made			
231	.21	MEDICAL RECORDS			
237	.21(5)(a)	CONTENT – Record must include the following: Patient ID information			
238	.21(5)(b)	Appropriate (hospital) information			
239	.21(5)(c)	Patient evaluation and assessment			
240	.21(5)(d)	Plan of Care			
241	.21(5)(e)	Physician orders			
242	.21(5)(f)	Medication list and patient instructions			
243	.21(5)(g)	Progress notes with services, condition, and progress			
244	.21(5)(h)	Summaries of review of Plan of Care			
245	.21(5)(i)	Discharge summary within 30 days			
246	.21(6)	Form of entries			
		Entries are legible.			
		Entries are permanently recorded.			
		Entries are authenticated with name and title.			
	.20	PLAN OF CARE			
224	.20(1)	Requirement: Plan developed within 72 hours in consultation with physician, patient, and contractual providers.			
		Plan signed within 20 working days			
225	.20(2)(a)	Contents: Goals Measurable – time specific with benchmark dates			
226	.20(2)(b)	Plan of Care complete and accurate (includes Methods / Discipline)			
227	.20(3)	Review of plan – MD review at least every 60 days			
		MD notified of changes in condition			
229	.20(4)	Physician Orders - Drugs and treatments provided per order			
		T.O. signed by MD within 20 days			

