

**PERSONAL CARE AGENCY
 RECORD REVIEW**

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

TAG	DHS	REGULATION	YES	NO	N/A
CLIENT SERVICES					
I 142	105.17(1w)(d)3.	Client Rights – Written acknowledgement of receipt			
I 124	105.17(1w)(b)2.	Complaint process			
I 122	105.17(1w)(a)	ACCEPTANCE			
I 139	105.17(1w)(c)	SERVICE AGREEMENT - Signed with services, fees, and charges identified			
I 145	105.17(1w)(f)1.	DISCHARGE OF CLIENT – Written Notice			
I 146	105.17(1w)(f)2.a.	Unable to provide care (<i>notice at least 10 working days in advance of DC</i>)			
I 147	105.17(1w)(f)2.b.	Non-payment for services (<i>notice at least 10 working days in advance of DC</i>)			
I 148	105.17(1w)(f)3.a.	Staff safety compromised			
I 149	105.17(1w)(f)3.b.	Physician orders discharge			
I 150	105.17(1w)(f)3.c.	No longer needs personal care services			
I 151	105.17(1w)(f)3.d.	Abusing the MA benefit			
I 152	105.17(1w)(f)4	Copy in client record			
I 153	105.17(1w)(f)5.a,b,c.	Discharge Notice includes: Reason for DC, Arrangement for continuity of services, Client right to file a complaint with the Dept and DQA contact info			
I 159	105.17(1w)(f)7.	Discharge summary within 30 days			
CLIENT RECORDS					
I 140	105.17(1w)(d)1.	Nursing assessment			
		Physician prescription			
		Plan of Care			
		Personal care worker's assignment & record of all assignments			
		Record of RN supervisory visits			
I 141	105.17(1w)(d)2.	All PCW visits, including observations and assigned activities completed/not completed			
I 143	105.17(1w)(d)4+5.	Copy of discharge summary and all medical information required under DHS 106.02(9)(e)2 (<i>records retained by a provider for a period of not less than 5 years</i>)			
RN SUPERVISOR/DUTIES/PLAN OF CARE					
I 165	105.17(2)(b)1.	Evaluation of the need for service and referrals to other services, as appropriate			
I 166	105.17(2)(b)2.	Physician orders; renewed q 3 mo or up to 1 year (<i>Orders are not required for clients who are not Medicaid recipients unless the personal care services is a delegated act.</i>)			
I 167	105.17(2)(b)3.	Plan of Care review every 60 days and updates, as necessary			
I 168	107.112(3)(b).	Review and interpretation of physician's orders			
		Frequency and anticipated duration of services			
		Evaluation of the recipient's needs and preferences			
		Assessment of the recipient's social and physical environment, including family involvement, living conditions, the recipient's level of functioning, and any pertinent cultural factors such as language			

TAG	COMMENTS