|  |  |
| --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**Division of Quality AssuranceF-62680 (06/2020) | **STATE OF WISCONSIN** Wis. Admin. Code Chapter DHS 133 Page 1 of 3 |
| **HOME HEALTH AGENCY (HHA) – CLINICAL RECORD REVIEW****State-Licensed Only** |
| Name – Patient      | Patient ID No.      | Date – Start of Care      |
| Date – Review      | Surveyor No.      | HHA License No.      | Pay Source      | [ ]  Open [ ]  Closed |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Tag** | **DHS 133** | **Regulation** | **Yes** | **No** | **NA** |
| 141 | .08(2)(a) | Patient Rights – Written acknowledgement of acceptance *(waived for federally certified HHAs)* |  |  |  |
| 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** |  |  |  |
|  |  | CONTENT – Record must include the following: |  |  |  |
| 237 | .21(5)(a) | * 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
 |  |  |  |
|  |  | * Form of entries
 |  |  |  |
| 246 | .21(6) | * 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 |  |  |  |
| **Tag** | **DHS 133** | **Regulation** | **Yes** | **No** | **NA** |
|  |  | 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 |  |  |  |
|  | .14(2) | **SKILLED NURSING** |  |  |  |
| 172 | .14(2)(a) | Made initial evaluation visit with complete assessment |  |  |  |
| 173 | .14(2)(b) | Re-evaluations patient needs |  |  |  |
| 174 | .14(2)(c) | Initiates POT and revisions |  |  |  |
| 175 | .14(2)(d) | Provides services requiring specialized care |  |  |  |
| 176 | .14(2)(e) | Initiates preventative and rehab procedures |  |  |  |
| 177 | .14(2)(f) | Clinical / progress notes present |  |  |  |
| 178 | .14(2)(g) | Reports changes to MD |  |  |  |
| 179 | .14(2)(h) | Arranges for counseling |  |  |  |
| 180 | .14(2)(i) | Participates in in-service programs for agency staff |  |  |  |
| 181 | .14(2)(j) | Supervises and teaches other personnel |  |  |  |
| 184 | .14(5) | **COORDINATION OF SERVICE** – Communication w/other disciplines |  |  |  |
| 183 | .14(4) | **PRACTICAL NURSING** – Duties clearly delegated |  |  |  |
| Supervision evident |  |  |  |
|  | .17 | **HOME HEALTH AIDE SERVICES**  |  |  |  |
| 192 | .17(1) | Services given in accordance with POT |  |  |  |
| 200 | .17(2)(h) | DUTIES - Reports changes in condition |  |  |  |
| 201 | .17(2)(i) | Completes appropriate records |  |  |  |
| 193-199 | .17(2)(a-g) | Duties performed as assigned |  |  |  |
| 202 | .17(3) | ASSIGNMENTS - Written instructions per RN / therapist |  |  |  |
| Updates at least every 60 days |  |  |  |
|  | .18 | **SUPERVISORY VISITS** |  |  |  |
| 214 | .18(1) | Evaluation every 60 days |  |  |  |
|  | **PT** | **ST** | **OP** | **MSW** |
| **THERAPY** | 133.15(2)T187 | 133.15(4)T189 | 133.15(3)T188 | 133.16T191 |
|  | **Y** | **N** | **NA** | **Y** | **N** | **NA** | **Y** | **N** | **NA** | **Y** | **N** | **NA** |
| Evaluation and therapy plan developed in consultation with physician |  |  |  |  |  |  |  |  |  |  |  |  |
| Coordination between RN, therapist, MSW |  |  |  |  |  |  |  |  |  |  |  |  |
| Progress note after each visit |  |  |  |  |  |  |  |  |  |  |  |  |
| Summary report and recertification every 60 days |  |  |  |  |  |  |  |  |  |  |  |  |
| **T TAG** | **COMMENTS** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |