XYZ Home Health Chart Audit (Recertification and Discharge)

Date of Review:	Client MR# D/C Date:
Episode Dates:	Principle Dx:
Current Disciplines/Frequency: (circle) SN:_____ PT:_____ OT:_____ ST:_____ MSW:_____ HHA:_____	Primary Physician:_____ Discipline/frequency change in last 60 days? ☐ Yes ☐ No If Yes, is there an order for the change? ☐ Yes ☐ No Supporting documentation for change? ☐ Yes ☐ No Explain:_____ _____ _____

Admission	YES	NO	COMMENTS
Client admitted to service within 48 hrs of referral?			
Assessment of client's needs appropriate, including appropriate initial referral and diagnosis?			
Consents (Client Rights, Admission Agreement, Ins. Determination) present and signed?			
Plan of Care reflects client's needs?			
If applicable, is there a predictable end point of daily visits specified?			
Each 485 locater complete and accurate?			
Plan of Care signed/dated by physician?			
Physician's Orders (all disciplines)			
If missed visits occurred (as compared with orders), is there documentation that the physician was notified?			
Services delivered, as ordered (freq/duration)?			
Lab results, as ordered, are present and it is noted that physician notified?			
Telephone/verbal orders obtained/signed for all changes (treatment, frequency, etc.)?			
Physician has been informed of changes in client needs or status?			

Service Delivery	YES	NO	COMMENTS
Medication profile is present and reflects any changes that took place?			
Progress notes/documentation reflect involvement of client and/or family in planning process and care?			
Documentation reflects coordination among services?			
Supervisory visits completed per policy/regulation?			
Does documentation identify supplies used during each visit?			
Does documentation support that all medical supplies have a diagnostic or therapeutic use and have been ordered by physician?			
Evaluation/measurement of client's progress toward anticipated goals documented?			
If outcomes were not met by client, is reason documented?			
Care plans updated as interventions completed/goals met?			
Frequency/duration for each discipline appropriate per client's condition?			
Are visit notes for each discipline signed/dated and within ordered frequency?			
Is homebound status documented at least once twice monthly?			
For each visit, is skill documented and personal care performed?			
Oasis Assessment(s)			
Were all OASIS assessments completed within specified time frames per regulation and policy?			
Are diagnoses listed on the OASIS assessment(s) consistent with diagnoses listed on 485?			
Are therapy visits consistent with answer to MO825?			
Recertification			
Is the nursing care plan up to date?			
Is the medication profile up to date?			
Safety review sheet updated?			
HHA assignment sheet updated, if applicable?			
Physician order to continue care?			
60 Day Summary completed and sent to physician?			

Discharge	YES	NO	COMMENTS
Is there and order for each discipline involved in care with correct dates?			
Is there a visit note present for each visit?			
For any discipline discontinued, is order/discharge summary present?			
Was there an obvious decline in client condition since admission or had client improved?			
Are all orders signed/dated in timely manner and filed in the chart?			

Follow up action required:

Signature of
Reviewer/Title:_____

Corrections completed
by:_____Date:_____