XYZ Home Health Quarterly Clinical Record Review

Client #_____Primary Dx_____

Disciplines: ☐ **SN** ☐ **HHA** ☐ **PT** ☐ **OT** ☐ **ST** ☐ **MSW**

☐ **Active** ☐ **Discharge** **Period Reviewed:_____**

Admission Forms/OASIS	**Yes**	**No**	**N/A**
Referral/admission information present?			
Client Rights present?			
Admission Agreement/Consent present?			
Emergency Plan present?			
Medicare Questionnaire present?			
Advanced Directives present?			
If wound indicated, has the description, location, size been documented?			
If pain indicated, has pain management been addressed?			
Has homebound status been documented?			
Have all appropriate referrals been made?			
If therapy ordered, has MO825 been answered correctly?			
Comments:			
Physician Orders/Plan of Treatment (485)			
Initial order on chart?			
Plan of treatment signed and dated within compliance?			
Are the appropriate supplies listed in field #14?			
Have all fields been addressed?			
Are medications listed correctly per the medication profile?			
Frequency/duration of all disciplines present?			
Goals, Rehab Potential, D/C plans present?			
Do the diagnoses match the OASIS?			
Are there verbal orders in place for any changes?			
Recertifications			
Was plan of treatment appropriately revised since previous certification?			
Signed by MD prior to “from” date or order to continue care present?			
Exacerbation dates documented/updated after hospitalization?			
Safety review updated?			
Medication profile updated?			
Case conferences documented?			
HHA assignment sheet updated?			
60-day Summary present?			
Comments:			
Medications	**Yes**	**No**	**N/A**
Side effects/adverse reactions addressed?			
RN signature present every update?			

OTC medications addressed?			
Documentation/orders for IV flushes present?			
Comments:			
Skilled Nursing Documentation			
Visit frequency consistent with orders?			
Care consistent w/orders and documentation to support principal dx?			
Problems addressed, action taken and follow up present?			
Evidence of skilled service documented?			
Measurable progress/deterioration charted?			
Documentation to support further care?			
Homebound status documented q visit?			
Orders present for all supplies used?			
Nursing care plan up to date/interventions and goals entered in MISYS?			
Lab work as ordered w/results reported to MD?			
Comments:			
Home Health Aide Services			
Frequency consistent w/orders?			
Visit time within compliance (1 hour)?			
HHA Assignment sheet present/updated?			
Assignment sheet appropriate to need?			
Documentation matches plan of care?			
Supervision documented q 2 weeks?			
Comments:			
Medical Social Work			
Verbal and/or signed order for evaluation?			
Referral sheet present?			
Initial evaluation completed?			
Documentation of plan of care present?			
Documentation of progress/decline present?			
Documentation present to support continued care?			
Any discrepancies between documentation and current OASIS?			
Progress note completed?			
Visit frequency consistent w/orders?			
Medical Social Work (continued)	**Yes**	**No**	**N/A**
D/C order/summary completed?			
Comments:			
Therapy Services			

Physical Therapy:			
Verbal/signed order for evaluation?			
Referral sheet present?			
Initial evaluation complete within acceptable time frame?			
Plan of care complete w/goals and rehab potential present?			
Documentation of progress or decline?			
Documentation to support continued care?			
Any discrepancies between documentation and OASIS?			
Progress note completed?			
Visit frequency consistent w/orders?			
MO825 on the OASIS answered appropriately?			
D/C order/summary completed?			
Speech Therapy:			
Verbal/signed order for evaluation?			
Referral sheet present?			
Initial evaluation complete within acceptable time frame?			
Plan of care complete w/goals and rehab potential present?			
Documentation of progress or decline?			
Documentation to support continued care?			
Any discrepancies between documentation and OASIS?			
Progress note completed?			
Visit frequency consistent w/orders?			
MO825 on the OASIS answered appropriately?			
D/C order/summary completed?			
Occupational Therapy:			
Verbal/signed order for evaluation?			
Referral sheet present?			
Initial evaluation complete within acceptable time frame?			
Plan of care complete w/goals and rehab potential present?			
Documentation of progress or decline?			
Documentation to support continued care?			
Any discrepancies between documentation and OASIS?			
Progress note completed?			
Visit frequency consistent w/orders?			
MO825 on the OASIS answered appropriately?			
D/C order/summary completed?			
Comments:			
General /Miscellaneous	**Yes**	**No**	**N/A**
485's present for each recertification period?			
Follow-up OASIS for each recertification period?			
60-day Summaries for each recertification period?			
Transfer OASIS present for each transfer to in-patient w/MD notification?			
Resumption of Care OASIS present for each resumption of care following inpatient stay?			
MD notification of hospitalization & resumption?			
Supportive documentation leading up to in-patient stay? If unexpected, explain:			

D/C summary/orders in place?			

• **List primary reason for admission and over-all health status at admission:**_____

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• **List primary reason for discharge and over-all health status at discharge:**_____

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♦ **Significant findings:**_____

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Auditor's Signature **Date**