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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-00263 (10/2022) | **STATE OF WISCONSIN**  Page 1 of 3 |
| **PERSONAL CARE AGENCY RECORD REVIEW** | |

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| Name – Client | | | Start of Care | | Client ID Number | |
| Date of Review | Surveyor Number | Agency Approval Number | | Pay Source | | Open  Closed |

| **TAG** | **DHS** | **REGULATION** | **YES** | **NO** | **N/A** |
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| **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 *(notice at least 10 working days in advance of DC)* |  |  |  |
| I 147 | 105.17(1w)(f)2.b. | Non-payment for services *(notice at least 10 working days in advance of DC)* |  |  |  |
| 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 *(records retained by a provider for a period of not less than 5 years)* |  |  |  |
| **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 *(Orders are not required for clients who are not Medicaid recipients unless the personal care services is a delegated act.)* |  |  |  |
| 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 |  |  |  |
| I 173 | 107.112(3)(c) | Plan of Care review includes visit to client’s home, review of the personal care worker’s daily written record, and discussion with physician of any necessary changes in the plan of care |  |  |  |
| I 174 | 105.17(2)(b)3m. | Significant changes observed or reported, reported to MD and others |  |  |  |
| I 176 | 105.17(2)(b)5. | Written instructions for PCW; arrange for appropriate person to demonstrate to worker how to perform the services |  |  |  |
| I 177 | 105.17(2)(b)6. | Evaluate PCW competency to perform services |  |  |  |
| **PERSONAL CARE WORKER (PCW)** | | | | | |
| I 188 | 105.17(3)(b)1. | Services performed as assigned and in accordance with Plan of Care |  |  |  |
| I 189 | 105.17(3)(b)2. | Reports in writing to RN supervisor on each assignment |  |  |  |
| I 190 | 105.17(3)(b)3. | Reports changes in condition |  |  |  |
| I 191 | 105.17(3)(b)4. | Confer with RN Supervisor regarding client’s progress |  |  |  |

| **TAG** | **COMMENTS** |
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