

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
I 142	105.17(1w)(d)3.	Patient Rights – Written acknowledgement of receipt			
I 160	105.17(1w)(h)	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 PATIENT – Written Notice			
I 146	105.17(1w)(f)2.a.	Unable to provide care			
I 147	105.17(1w)(f)2.b.	Non-payment for services			
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 patient record			
I 153	105.17(1w)(f)5.a.	Reason for discharge			
I 154	105.17(1w)(f)5.b.	Referrals – Appropriate referrals made			
I 155	105.17(1w)(f)5.c.	Patient right to file complaint			
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.	Copy of discharge summary			
	105.17(1w)(d)5.	Records retained consistent with DHS 105.02(9)(e)2.			
PLAN OF CARE / ASSESSMENT					
I 169	107.112(3)(b)1.	Review and interpretation of physician's orders			
I 170	107.112(3)(b)2.	Frequency and anticipated duration of service			
I 171	107.112(3)(b)3.	Evaluation of the recipient's needs and preferences			
I 172	107.112(3)(b)4.	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			
RN SUPERVISOR					
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 167	105.17(2)(b)3.	Plan of Care review every 60 days and updates, as necessary			
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			

