Division of Quality Assurance F-00263 (10/2022)

## PERSONAL CARE AGENCY RECORD REVIEW

Name – Client Start of Care Clie					Client ID Numl	ient ID Number		
Date of Review Surve		Surveyor Number	Agency Approval Number	Pay Source	☐ Open	☐ Open ☐ Close		
TAG	DHS		REGULATION			NO	N/A	
CLIENT	SERVICES				<u> </u>			
I 142	105.17(1w)(d)3.	. Client Rights – Writt	ten acknowledgement of re	ceipt				
l 124	105.17(1w)(b)2.	. Complaint process	Complaint process					
I 122 105.17(1w)(a)		ACCEPTANCE	ACCEPTANCE					
I 139	105.17(1w)(c)	SERVICE AGREEN	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	a. Unable to provide c	Unable to provide care (notice at least 10 working days in advance of DC)					
I 147	105.17(1w)(f)2.I	b. Non-payment for se	rvices (notice at least 10 w	orking days in advance of DC)				
I 148	105.17(1w)(f)3.a	a. Staff safety compro	Staff safety compromised					
l 149	105.17(1w)(f)3.l	b. Physician orders dis	Physician orders discharge					
I 150	105.17(1w)(f)3.0	c. No longer needs pe	No longer needs personal care services					
l 151	105.17(1w)(f)3.0	d. Abusing the MA benefit						
I 152	105.17(1w)(f)4	Copy in client record	Copy in client record					
I 153	105.17(1w)(f)5.a		cludes: Reason for DC, Arr t to file a complaint with the	angement for continuity of Dept and DQA contact info				
I 159	105.17(1w)(f)7. Discharge summary within 30 days							
CLIEN.	T RECORDS							
		Nursing assessmen	t					
		Physician prescripti	on					
I 140	105.17(1w)(d)1.	. Plan of Care						
		Personal care work	Personal care worker's assignment & record of all assignments					
		Record of RN super	rvisory visits					
I 141	105.17(1w)(d)2.	All PCW visits, incluced completed	iding observations and ass	gned activities completed/not				
I 143	105.17(1w)(d)4·	+5. Copy of discharge s 106.02(9)(e)2 (reconvears)	summary and all medical in rds retained by a provider t	formation required under DHS for a period of not less than 5				
RN SU	PERVISOR/DUTIES	S/PLAN OF CARE						
I 165	105.17(2)(b)1.	Evaluation of the ne	ed for service and referrals	to other services, as appropri	ate			
I 166	105.17(2)(b)2.			ear (Orders are not required fo the personal care services is a				
I 167	105.17(2)(b)3.	Plan of Care review	every 60 days and update	s, as necessary				
		Review and interpre	etation of physician's orders	}		-		
		Frequency and anti-	cipated duration of services					
I 168	107.112(3)(b).	Evaluation of the re-	cipient's needs and prefere	nces		-		
1 100	,	involvement, living of	recipient's social and physic conditions, the recipient's le ctors such as language	cal environment, including famevel of functioning, and any	ily			

TAG	DHS	REGULATION	YES	NO	N/A
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			
l 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			
l 177	105.17(2)(b)6.	Evaluate PCW competency to perform services			
PERSO	NAL 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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TAG	COMMENTS	