HOME HEALTH AGENCY (HHA) – CLINICAL RECORD REVIEW

State-Licensed Only

Name – Patient	Patient ID No.	Date – Start of Care

Date – Review	Surveyor No.	HHA License No.	Pay Source	☐ Open ☐ Closed

Tag	DHS 133	Regulation	Yes	No	NA
141	.08(2)(a)	Patient Rights – Written acknowledgement of acceptance *(waived for federally certified HHAs)*			
149	.08(3)	Complaint form F-62069			
150	.09	**ACCEPTANCE AND DISCHARGE**			
152	.09(2)	**SERVICE AGREEMENT** – Signed with services, fees, and charges identified			
153	.09(3)(a)1.	**DISCHARGE OF PATIENT** – Written notice			
154	.09(3)(a)2.a	Non-payment			
155	.09(3)(a)2.b	Unable to provide care			
156	.09(3)(a)3.a	Staff safety compromised			
157	.09(3)(a)3.b	Physician orders discharge			
158	.09(3)(a)3.c.	No longer needs home health care			
159	.09(3)(a)4.	Copy in patient record			
160	.09(3)(a)5.a	Reason for discharge			
161	.09(3)(a)5.b	Patient right to file complaint			
162	.09(3)(b)	Discharge summary within 30 days			
168	.11	**REFERRALS** – Appropriate referrals made			
169	.12	**COORDINATION WITH OTHER PROVIDERS**			
		Conferences with other agency providers			
		Appropriate referrals made			
231	.21	**MEDICAL RECORDS**			
237	.21(5)(a)	CONTENT – Record must include the following: • Patient ID information			
238	.21(5)(b)	• Appropriate (hospital) information			
239	.21(5)(c)	• Patient evaluation and assessment			
240	.21(5)(d)	• Plan of Care			
241	.21(5)(e)	• Physician orders			
242	.21(5)(f)	• Medication list and patient instructions			
243	.21(5)(g)	• Progress notes with services, condition, and progress			
244	.21(5)(h)	• Summaries of review of Plan of Care			
245	.21(5)(i)	• Discharge summary within 30 days			
246	.21(6)	• Form of entries			
		• Entries are legible.			
		• Entries are permanently recorded.			
		• Entries are authenticated with name and title.			
	.20	**PLAN OF CARE**			
224	.20(1)	Requirement: Plan developed within 72 hours in consultation with physician, patient, and contractual providers.			
		Plan signed within 20 working days			
225	.20(2)(a)	Contents: Goals Measurable – time specific with benchmark dates			
226	.20(2)(b)	Plan of Care complete and accurate (includes Methods / Discipline)			
227	.20(3)	Review of plan – MD review at least every 60 days			

Tag	DHS 133	Regulation	Yes	No	NA
		MD notified of changes in condition			
229	.20(4)	Physician Orders – Drugs and treatments provided per order			
		T.O. signed by MD within 20 days			
	.14(2)	**SKILLED NURSING**			
172	.14(2)(a)	Made initial evaluation visit with complete assessment			
173	.14(2)(b)	Re-evaluations patient needs			
174	.14(2)(c)	Initiates POT and revisions			
175	.14(2)(d)	Provides services requiring specialized care			
176	.14(2)(e)	Initiates preventative and rehab procedures			
177	.14(2)(f)	Clinical / progress notes present			
178	.14(2)(g)	Reports changes to MD			
179	.14(2)(h)	Arranges for counseling			
180	.14(2)(i)	Participates in in-service programs for agency staff			
181	.14(2)(j)	Supervises and teaches other personnel			
184	.14(5)	**COORDINATION OF SERVICE** – Communication w/other disciplines			
183	.14(4)	**PRACTICAL NURSING** – Duties clearly delegated			
		Supervision evident			
	.17	**HOME HEALTH AIDE SERVICES**			
192	.17(1)	Services given in accordance with POT			
200	.17(2)(h)	DUTIES - Reports changes in condition			
201	.17(2)(i)	Completes appropriate records			
193-199	.17(2)(a-g)	Duties performed as assigned			
202	.17(3)	ASSIGNMENTS - Written instructions per RN / therapist			
		Updates at least every 60 days			
	.18	**SUPERVISORY VISITS**			
214	.18(1)	Evaluation every 60 days			

THERAPY	**PT** 133.15(2) T187			**ST** 133.15(4) T189			**OP** 133.15(3) T188			**MSW** 133.16 T191		
	Y	**N**	**NA**	**Y**	**N**	**NA**	**Y**	**N**	**NA**	**Y**	**N**	**NA**
Evaluation and therapy plan developed in consultation with physician												
Coordination between RN, therapist, MSW												
Progress note after each visit												
Summary report and recertification every 60 days												

T TAG	COMMENTS