

Client Observation and Record Review

STATE EVALUATION: TEMPORARY BASIC AND BASIC LICENSED HOME CARE PROVIDERS (144A)

Provider Information

Provider:

Date of Survey:

HFID:

Time of Survey:

Client Information

Name:

Start of Services:

Identifier:

Current Service Plan date:

Diagnoses:

Surveyor

Surveyor(s):

Discharged Client Record Review

- Discharge summary (144A.4794, Subd. 3 (14))
- If service plan terminated, appropriate time frame and appropriate notices of termination provided (144A.4791, Subd. 10 (a-b)).
- Discharged Date:

Comments:

Client Daily Life Review

Caregiver Observed:

Throughout the survey, surveyors observe staff as they provide services to clients. Surveyors interview staff and clients to evaluate and validate surveyor observations and findings. Areas reviewed include but are not limited to:

- Client was free from physical and verbal abuse.
- Care and services were provided within the scope of basic licensed home care services.
- Current standards of practice for infection control were followed, including but not limited to appropriate hand hygiene, handling and transporting linen to prevent spread of infection and the use of protective gloves when appropriate.
- Client was treated with courtesy, respect, and client's rights were not violated.

- Staff listened and were responsive to client requests. (Note staff interaction with both communicative and non-communicative client).
- Medication and treatment reminders were given and documented.
- Client was free from physical and/or chemical restraints.
- Other observations/interviews as deemed necessary (i.e., behaviors, cognition, mobility, demeanor, environment, etc.).

Comments:

Client Record Review

Surveyors review client records to determine if documentation standards were met related to evaluation and assessments and the services the client received.

Individual abuse prevention plan (IAPP) (144A.479, Subd. 6 (b))

- An individualized assessment of client's susceptibility to abuse by other individuals;
- Assessment of the client's risk of abusing other vulnerable adults or minors; and
- Statements of the specific measures to be taken to minimize the risk of abuse to the client and other vulnerable adults or minors and risk of self-abuse.
- Date of most current IAPP:

Comments:

Assessments: (144A.4791, Subd. 7 (a))

- Individualized review within 30 days of starting services. Date:
- Client monitoring and review was conducted at least every 90 days. Date:
- Or with a change in condition. Date(s):

Comments:

Service Plan: (144A.4791, Subd. 9 (a)(b)(c)(d)(e)(f))

- Service plan was completed within 14 days of start of services and revised as needed. Date:
- Service plan had all required content.
- All services were provided and documented (ADLs, IADLs, medication and treatment reminders) as noted in the client's service plan and documented.

Comments:

Documentation of client's receipt and review of:

- Minnesota Home Care bill of rights. (144A.4791, Subd. 1) Date:
- Statement of home care services (144A.4791, Subd. 3) Date:
- Written complaint notice. (144A.4791, Subd. 11 (a)(b)(c)) Date:
- Documentation of complaints received, if applicable, and resolution.
- Client records were kept confidential and secure. (144A.4794, Subd. 1 (b))
- Entries in client's record were current, authenticated, and legible. (144A.4794, Subd. 1 (a))
- Significant changes or incident(s) and the actions taken in response were documented, (i.e. client falls, post-hospital, ER visits, any client deterioration). (144A.4791, Subd. 8 (c))

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