## Hospice State Record Review

Hospice __________________ Patient Name/Identifier__________________________SOC________
Surveyor ___________________________ Date(s) __________________

<table>
<thead>
<tr>
<th>Requirement</th>
<th>TAG</th>
<th>√ or Date</th>
<th>RR</th>
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<tbody>
<tr>
<td>1. Consent</td>
<td>3000</td>
<td></td>
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<tr>
<td>2. Bill of Rights received</td>
<td>246-335-635</td>
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### Plan of Care

3. PoC includes:
   - a. Dx and health status 2740
   - b. Goals/outcome measures 2745
   - c. Symptom & pain management 2750
   - d. Types and frequency of services 2755
   - e. Palliative care, if applicable 2760
   - f. Use of Telehealth/telemedicine, if applicable 2765
   - g. Home medical equipment and supplies 2770
   - h. Orders for treatments and their frequency 2775
   - i. Special nutritional needs and food allergies 2780
   - j. Orders for medications to be administered and monitored 2785
   - k. Medication allergies 2790
   - l. Physical, cognitive, functional ability 2795
   - m. Patient/family education needs 2800
   - n. Resuscitation status (advance directive, POLST) 2805
   - o. Medication assistance provided 2810

4. Assessment by nurse within 7 calendar days of referral (246-337-620(3)) 2310

5. Initial Assessment 3010

6. IDG PoC review w/in 1 week 2815

7. IDG review every 2 weeks 2815

8. IDG includes RN, MD, SW, Clergy, Volunteer (see definitions "interdisciplinary team")

9. Signed by personnel and authorizing practitioner (within 60 days) 2825

10. PoC identifies types and frequency of visits and staff document services 2775
   - a. SN
   - b. Aide
   - c. SW/Counselor
   - d. Clergy

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<tbody>
<tr>
<td>e. Dietary</td>
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<td>f. Other</td>
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<tr>
<td>11. Coordination of services</td>
<td>2330, 2335</td>
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<tr>
<td>12. Documentation of response to medications and treatments</td>
<td>3030</td>
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<tr>
<td>13. Aide PoC, supervision and documentation of visits</td>
<td>2930</td>
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<tr>
<td>14. Aide reviews PoC</td>
<td>2940</td>
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<tr>
<td>15. HV patient satisfaction:</td>
<td>2930</td>
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