



Hospice State Record Review

Hospice _____ Patient Name/Identifier _____ SOC _____

Surveyor _____ Date(s) _____

Requirement	TAG	√ or Date	RR
1. Consent	3000		
2. Bill of Rights received	246-335-635		
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			

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