

# Company Name

## Chart Audit

Client Name: \_\_\_\_\_

Record# \_\_\_\_\_

Date: \_\_\_\_\_

<b>Admission</b>	Yes	No	N/A	Comments
Does the client meet criteria for admission?				
Consent form signed by the client present?				
Billing agreement signed by the client present?				
Emergency Preparedness/ Risk/ Disaster form completed?				
Admission packet table of contents initialed and signed?				
Is there an available caregiver identified on the chart?				
Is there an emergency contact identified on the chart?				
<b>Service Provision</b>				
Are visits made according to client schedule?				
Services to be provided explained to PCA and documented?				
Do the PCA notes reflect the assignment sheet?				
Are all visit notes signed and dated by aide and client?				
Do the notes contain only agency-approved abbreviations?				
Are all orders updated with new goals as needed?				
Do the days and dates match?				
Is the time in and out designated as AM or PM or military time?				
Are corrections done according to agency policy? No write-over.				
Are notes legible and written in permanent black ink?				
Missed Visit Reports completed as needed?				
Changes in condition notified to PAS Supervisor?				
Are all notes filed within 14 days?				
<b>Case Conference</b>				
Is there a case conference at least q 60 days?				
Does the case conference indicate that the chart was reviewed?				
Is there documentation to support coordination of care between staff?				
<b>Assessment</b>				
Is assessment completed, signed and dated?				
Does the service plan reflect the assessment?				
<b>Safety Guidelines</b>				
Was home safety checklist implemented and completed?				
Was safety-teaching guidelines implemented on admission?				

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<b>Discharge</b>				
Is there a completed discharge summary?				
Has the client/ caregiver given verbal acknowledgement of the discharge?				
Is the client discharge instruction from complete?				
<b>HHA: and other services</b>				
Ordered:				
Frequencies met?				
Missed Visit Reports sent as needed?				
Changes in condition notified to RN?				
Plan of care followed?				

PAS Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

