Basic Home Care Provider
Client Review Form

Client Name: _____________________________
Client Identifier: __________________________   Diagnosis: _______________________
SOC: __________                                                        Service Plan Date: _____________

A Client Review includes observations of the client and the care and services they receive, client record review, client drug therapy review and client and/or family interview utilizing the Home Visit Client/Family Interview form.

NOTE: The surveyor will review the language in the MN Home Care Statutes when evaluating compliance.

Section A: Client Daily Life Review
Observations are made throughout the survey of the clients and the care and services they receive. Observations are made throughout the survey of the staff providing care and services to the clients. Interviews of staff and clients are conducted throughout the survey to evaluate and validate surveyor observations and findings.

- Staff knowledge and implementation of the client’s service plan and the client’s Individualized Vulnerable Adult or Minor Abuse Prevention Plan.
- Client is free from physical and verbal abuse.
- Infection control practices to determine if staff is following current standards of practice, 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 is treated with courtesy and respect and that client’s rights are not violated.
- Staff listens and is responsive to client requests. (Note staff interaction with both communicative and non-communicative clients.)
- No medication administration provided, verbal or visual reminders only.
- Client appears clean and neat.
- The use of physical and/or chemical restraints.
- Other observations/interviews as deemed necessary.

Client Daily Life Reviewed: (Initial) __

The surveyor documents concerns and follow-up on Surveyor Notes sheets.

Provider Name: _____________________________
HFID: ____________ Date: ___________
Surveyor Name: __________________________________
Section B: Client Record Review

The client records are reviewed to gather information regarding the evaluation/assessment and services the client is receiving.

- Client has an Individual Abuse Prevention Plan that is current and includes an individualized assessment of the client’s susceptibility to abuse by other individuals, the person’s risk of abusing other vulnerable adults or minor; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minor.
- Individual client review within 30 days.
- Client monitoring and review every 90 days or as needed.
- Service Plan developed no later than 14 days and revised with changes as needed.
- Client approves changes to Service Plan/Agreement.
- Client’s Service Plan has the required contents.
- The services are provided as stated on the client’s Service Plan.
- Client received the current MN Home Care Bill of Rights.
- Home care provider’s complaint/grievance procedure.
- Client records are kept confidential and are secure.
- Entries are entered in the client’s record in a timely manner and are legible.
- Statement of Basic Services and Receipt.

Client Record Reviewed: (Initial) __________
The surveyor documents concerns and follow-up on Surveyor Notes sheets.