Individual Client Service Plan Audit Tool

Use this tool to review an individual client's service plan to ensure required elements are present, current, and implemented as written. This supports compliance with Minnesota Statute 144A.4791, Subdivision 9 and helps ensure services are safe, individualized, and aligned with the clients' assessed needs.

Home care providers should have a routine process for service plan review, including defined frequency, assigned responsibility, and follow-up on identified gaps.

How to Use This Tool

This tool may be used for internal audits, mock survey preparation, and quality improvement. Complete it at service initiation, after service plan updates or reassessments, as part of routine internal audits (e.g., quarterly or per policy), and prior to surveys.

For each item below:

1. Review the service plan and related documentation.
2. Compare to the most recent client review or assessment and actual care provided.
3. Mark whether the item is met or not met.
4. Document findings, follow-up actions, and where the information is located in the Notes/Location column.

Client Service Plan Audit

Resident Name/Identifier:			
Date of Birth or Medical Record Number (MRN) (if used):			
Reviewed By:			
Audit Date:		**Next Review Due:**	

Service Initiation and Timelines

Required Elements	Met	Not Met	Notes/Location
Service plan completed within 14 days of service initiation			

Agreement and Client Communication

Required Elements	Met	Not Met	Notes/Location
Service plan and revisions include client/representative and home care provider signature/ authentication			
Client informed of service details prior to delivery (services, staff, frequency, options)			
Client informed of fee changes			

Required Elements	Met	Not Met	Notes/Location
Client informed of how to contact the Office of Ombudsman for Long-Term Care			

Service Plan Content and Alignment

Required Elements	Met	Not Met	Notes/Location
Services are individualized and based on client preferences			
Description of services includes type, frequency, and fees			
Services align with the most recent client review or assessment			
Each service clearly describes what will be provided			
Frequency of services is documented (e.g., daily, weekly, as needed [PRN])			
Timing/schedule is included			
Services are clearly documented and easy for staff to find			
Service plan reflects current client needs			
Medication management services			

Required Elements	Met	Not Met	Notes/Location
are documented, if applicable			
Treatment or therapy services are documented, if applicable			
Staff roles responsible for providing services are identified			
Process for monitoring client condition and reassessment is defined			
Process for monitoring staff performance and service delivery is defined			

Updates and Reassessments

Required Elements	Met	Not Met	Notes/Location
Service plan updated based on client current review or assessment (completed by a registered nurse within required timeframes and as needed for changes in condition)			

Implementation of Services

Required Elements	Met	Not Met	Notes/Location
Services are implemented as written in the current service plan			
Documentation confirms services are provided as outlined in the plan			

Staff Awareness and Access

Required Elements	Met	Not Met	Notes/Location
Staff providing services are informed of and have access to the current service plan			

Documentation and Record Integrity

Required Elements	Met	Not Met	Notes/Location
Current and prior service plans are maintained in the client record			
Fee changes documented in the client record, if applicable			

Client Participation

Required Elements	Met	Not Met	Notes/Location
Documentation shows client/ representative participation in planning and updates			

Contingency Plan Requirements

Required Elements	Met	Not Met	Notes/Location
Actions defined if a scheduled service cannot be provided			
Methods for contacting the home care provider or appropriate staff during a disruption are identified			
Emergency contacts and decision-making authority documented			
Client preferences about emergency medical services documented, if applicable			