

Client Observation and Record Review: Basic

TEMPORARY LICENSED AND LICENSED HOME CARE PROVIDERS

Purpose

The *Client Observation and Record Review* is used by Minnesota Department of Health (MDH) surveyors to document evidence of:

- Observations of client care and services;
- Individualized review and monitoring;
- Client and/or family interviews (utilizing the *Home Visit Client/Family Interview*).

Statute references (with links to the Revisor's website) occur throughout (e.g., [144A.4792](#), Subd. 1). Click on the link and scroll to the noted subdivision for information about the specific requirement(s). If you are working from a printed document all links can be found at:

Home Care Statutes

(<https://www.health.state.mn.us/facilities/regulation/homecare/laws/index.html>)

Provider Information

Provider name: _____ HFID: _____

Date/Time of survey: _____

Client Information

Name: _____ Identifier: _____

Diagnoses: _____

Start of care: _____ Service plan date: _____

Surveyor

Surveyor name(s): _____

Discharged Client Record Review

Discharge summary (144A. 4794 Subd. 3 (14));

Client Daily Life Review

Caregiver observed: _____ (name and identifier)

Position/title: _____

Observations of staff and client services are made throughout the survey. Interviews of staff and clients are conducted to evaluate and validate surveyor observations and findings. Areas reviewed include but are not limited to:

- 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.
- Care and services are provided within the scope of basic licensed home care services.
- Current standards of practice for infection control are followed, 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 client’s rights are not violated.
- Staff listens and is responsive to client requests. (Note staff interaction with both communicative and non-communicative clients.)
- Medication and treatment reminders are given and documented.
- Client appears clean and neat.
- Client is free from physical and/or chemical restraints.
- Other observations/interviews as deemed necessary (e.g., behaviors).

Client Record Review

Client records are reviewed to determine if documentation standards are met related to individualized review and monitoring and the services the client is receiving.

- Individual abuse prevention plan is current and includes:
 - An individualized assessment of client’s susceptibility to abuse by other individuals;
 - Assessment of the client’s risk of abusing other vulnerable adults or minors; and
 - Statements of the specific measures to be taken to minimize the risk of abuse to the client and other vulnerable adults or minors.

Date of most current IAPP: _____ ([144A.479, Subd. 6 \(b\)](#))
- Individualized review is within 30 days of starting services. Date: _____ ([144A.4791, Subd. 7 \(a\)](#))
- Client monitoring and review is conducted at least every 90 days. Dates: _____, _____ or with a change in client’s condition. Date(s): _____, _____ ([144A.4791, Subd. 7\(b\)](#))
- Service plan completed within 14 days of admission and revised as needed.
Date(s) _____, ([144A.4791, Subd. 9 \(a\) \(b\) \(c\) \(d\) \(e\) \(f\)](#))
- All services (ADLs, IADLs, medication and treatment reminders) are provided as noted in the client’s service plan and documented. ([144A.4791, Subd. 9 \(c\)](#) and [144A.4794, Subd. 3](#))
- Documentation of client’s receipt (date and signature) and review of:
 - Minnesota home care bill of rights _____ ([144A.4791, Subd. 1](#))
 - Statement of home care services _____ ([144A.4791, Subd. 3](#))
- Written complaint notice _____ ([144A.4791, Subd. 11 \(a\) \(b\) \(c\)](#))

CLIENT OBSERVATION AND RECORD REVIEW: BASIC

- Documentation of complaints received and resolution, if applicable.
- Client records are kept confidential and are secure. ([144A.4794 Subd. 1 \(b\)](#))
- Entries in the client's record are current, authenticated and legible. ([144A.4794 Subd. 1 \(a\)](#))
- Significant changes or incident(s) and the actions taken in response are documented, (e.g. client falls, post-hospital, ER visits, any client deterioration) ([144A.4791, Subd. 8 \(c\)](#))

Home Care and Assisted Living Program
Health Regulation Division
P.O. Box 3879
St. Paul, MN 55101-3879
Phone 651-201-5273 | Fax 651-215-9697

[Home Care and Assisted Living \(https://www.health.state.mn.us/facilities/regulation/homecare/index.html\)](https://www.health.state.mn.us/facilities/regulation/homecare/index.html)

To obtain this information in a different format, call 651-201-5273.