

# HHA Survey Investigation Worksheet 1: Patient Sample

PROJECT\_NUM \_\_\_\_\_

Agency Name/CCN: FACILITY NAME / PROVIDER NUM \_\_\_\_\_ Survey Date: \_\_\_\_\_

Surveyor Name(s) and ID #: \_\_\_\_\_ RR Date \_\_\_\_\_ HV date if applicable: \_\_\_\_\_

Patient Name/Confidential ID #: \_\_\_\_\_ Referral Date: \_\_\_\_\_ SOC: \_\_\_\_\_

Primary/Secondary Diagnoses: \_\_\_\_\_

Discipline(s) ordered (circle): SN PT OT SLP MW Aide Discipline observed during HV (circle): RN LPN PT PTA OT COTA SLP MSW SW Asst. Aide

**Attach copies of current plan of care, medication profile and subsequent orders, ADL & IADL OASIS items, Aide plan (if applicable) and any other documentation related findings.**

**REFER TO APPENDIX B FOR FULL REGULATION TEXT AND INTERPRETIVE GUIDELINES**

CoPs AND Related G Tags (Level 1 G tags in bold print)	Comments (indicate if determined by RR or HV)	Not Applicable /NA
484.40 Release of PT identifiable OASIS information (G350)		
484.45 Reporting OASIS Information Other: G372, G374, G376, G378, G380, G382, G384, G386		

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<p>484.50 Patient Rights (G406)</p> <p><b>Participate in care(G434)</b></p> <p><b>Investigation of complaints(G476)</b></p> <p><b>Investigate complaints made by patient(G478)</b></p> <p><b>Treatment or care(G480)</b></p> <p><b>Mistreatment, neglect or abuse(G482)</b></p> <p><b>Document complaint and resolution(G484)</b></p> <p><b>Protect patient during investigation(G486)</b></p> <p><b>Immediate reporting of abuse by all staff(G488)</b></p> <p>Level 2 Standards</p> <p>Have a confidential clinical record(G438)</p> <p>Other:</p> <p>G408, G410, G412, G414, G416, G418, G420, G422, G424, G426, G428, G430, G432, G436, G440, G442, G444, G446, G448, G450, G452, G454, G456, G458, G460, G462, G464, G466, G468, G470, G472, G474, G490</p>		

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<p>484.55 Comprehensive assessment of patient (G510)</p> <p><b>Initial assessment visit(G512)</b></p> <p><b>RN performs assessment(G514)</b></p> <p><b>Completion of the comprehensive assessment(G518)</b></p> <p><b>5 calendar days after start of care(G520)</b></p> <p><b>Eligibility for Medicare home health benefits(G522)</b></p> <p><b>Therapy services determine eligibility(G524)</b></p> <p><b>A review of all current medications(G536)</b></p> <p><b>Update of the comprehensive assessment(G544)</b></p> <p><b>Within 48 hours of the patient return(G548)</b></p> <p>Level 2 Standards</p> <p>Last 5 days of every 60 days unless(G546)</p> <p>At discharge(G550)</p> <p>Other:</p> <p>G516, G526, G528, G530, G532, G534, G538, G540, G542</p>		

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<p>484. 60 Care Planning, Coordination and Quality of care (G570)</p> <p><b>Plan of care(G572)</b></p> <p><b>Plan of care must include(G574)</b></p> <p><b>Conformance with Physician orders (G578)</b></p> <p><b>Only as ordered by a physician(G580)</b></p> <p><b>Influenza and Pneumococcal Vaccinations (G582)</b></p> <p>Level 2 Standards</p> <p>Review and Revision of the Plan of Care (G586)</p> <p>Revised by a Physician every 60 days (G588)</p> <p>Promptly alert relevant physician of changes (G590)</p> <p>Other:</p> <p>G576, G584, G592, G594, G596, G598, G600, G602, G604, G606, G608, G610, G612, G614, G616, G618, G620, G622</p>		

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484.65 Quality Assessment/Performance Improvement (G640)  Other: G642, G644, G646, G648, G650, G652, G654, G656, G658, G660		
484.70 Infection Prevention and Control (G680)  Other: G682, G684, G686		
484.75 Skilled Professional Services (G700)  <b>Responsibilities of Skilled Professional (G704)</b> <b>Interdisciplinary Assessment of the Patient (G706)</b> <b>Development and Evaluation of the Care Plan (G708)</b> <b>Provide Services in the Plan of Care (G710)</b> <b>Patient, Caregiver, and Family Counseling (G712)</b> <b>Patient and Caregiver Education (G714)</b> <b>Preparing Clinical Notes (G716)</b> <b>Communicating with Physicians (G718)</b>		

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Level 2 Standards Supervise Skilled Professional Assistants (G724) Nursing Services Supervised by RN (G726) Rehab Services Supervised by PT, OT (G728) Medical Social Services Supervised by MSW (G730)  Other: G702, G720, G722		

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484.80 Home Health Services (G750)  <b>Home Health Aide Assignments and Duties (G798)</b> <b>Onsite Supervisory Visit Every 14 Days (G808)</b>  Level 2 Standards Competency Evaluation (G768) 12 Hours In-service Every 12 Months (G774)		

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<p>Services provided by Home Health Aide (G800)</p> <p>Duties of Home Health Aide (G802)</p> <p>Non-Skilled Direct Observation Every 60 days (G814)</p> <p>Home Health Aide Services Under Arrangement (G820)</p> <p>Other:</p> <p>G752, G754, G756, G758, G760, G762, G764, G766, G770, G772, G776, G778, G780, G782, G784, G786, G788, G790, G792, G794, G796, G804, G806, G810, G812, G816, G818, G822, G824, G826, G828</p>		
<p>484.100 Compliance with Federal , State and Local Laws (G848)</p> <p>Level 2 Standards Licensing (G860)</p> <p>Other:</p> <p>G850, G852, G854, G856, G858, G862, G864</p>		

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484.102 Emergency Preparedness E-0001-SEE EP TOOL TO DETERMINE COMPLIANCE		
<p>484.105 Organization and Administration of Services (G940)</p> <p><b>Administrator Must (G944)</b></p> <p><b>Administrator Appointed By Governing Body (G946)</b></p> <p><b>Responsible for All Day to Day Operations (G948)</b></p> <p><b>Ensure Clinical Manager is Available (G950)</b></p> <p><b>In Accordance with Current Clinical Practice (G984)</b></p> <p>Level 2 Standards</p> <p>Ensures Qualified Predesignated Person (G954)</p> <p>Availability During all Operating Hours (G956)</p> <p>Clinical Manager (G958)</p> <p>Make Patient and Personnel Assignments (G960)</p> <p>Coordinate Patient Care (G962)</p> <p>Coordinate Referrals (G964)</p> <p>Assure Patient Needs are Continually Assessed (G966)</p> <p>Assure Implementation of Care Plan (G968)</p>		



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Other: G942, G952, G970, G972, G974, G976, G978, G980, G982, G986, G988, G1018, G1020, G1022, G1024, G1026, G1030.		
484.110 Clinical Records (G1008)  <b>Contents of Clinical Records (G1010)</b> <b>Required Items in Clinical Record (G1012)</b> <b>Interventions and Patient Response (G1014)</b> <b>Goals in the Patients Care Plan (G1016)</b>  Level 2 Standard Protection of Records (G1028)  Other: G1018, G1020, G1022, G1024, G1026, G1030.		

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484.115 Personnel Qualifications (G1050)  Other: G1052, G1054, G1056, G1058, G1060, G1062, G1064, G1066, G1068, G1070, G1072, G1074, G1076, G1078		

Summary Comments/Corroborating Interviews (Document date, time, name/title of interviewee); Note: Surveyor Notes Worksheet (form CMS 807) is an alternative.

Minnesota Department of Health  
 Health Regulation Division  
 PO Box 64882  
 St. Paul, MN 55164-0882  
[www.health.state.mn.us](http://www.health.state.mn.us)

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