NYS Department of Health
LHCSA CLINICAL RECORD REVIEW FORM (Updated June 2017)

Agency: _____ **Date:** _____/_____/_____

Surveyor: _____

Patient's Name/Patient #	
DOB	
Start of Care (SOC)	
Primary Diagnosis	
Secondary Diagnoses	
Patient rights – written/verbal evidence of being informed of services.	
Informed of financial liability	
Receipt of Complaint Grievance Procedure	
Medical Orders (MD, DO, DPM, NP)	
Orders include: all Dx., Meds, Treatments, prognosis, services and freq, other pertinent info related to agency POC	
Orders signed within 12 months	
Renewed every 6 months	
Telephone orders signed 12 months	
Therapy Orders: Amount or Frequency, duration, specific procedures and modalities	
Initial RN assessment – prior to agency admission and dev of POC incl PNA and Flu assessment	
RN assessment at least every 6 mo.	
Plan of Care (POC) includes: pertinent Dx. prognosis, mental status, freq of services, Meds, Txs, diet, functional limitations, rehab potential.	
POC: Discipline(s) Ordered- SN PT OT SLP MSW Aide Frequency of Services	
POC is reviewed/revised as frequently as necessary to reflect changing care needs, but not less than every 6 months.	
RN reports changes in patient condition to the MD.	
Clinical Supervision Initial placement of aide and oriented to patient. Aide has appropriate documented experience.	

Staff assigned per training, orientation, or demonstrated skills	
Supervisory visit when there is a change in patient condition.	
Aide Care Plan complete-Includes tasks and freq., instructions of aide observations that should be reported to the supervisor, reviewed or updated at least every 6 months or with change in patient care needs.	
Aide Activity Sheets: Type/Times/Frequency and documentation of care provided as specified in the Aide Care Plan	
Progress Notes: Signed and dated following each home visit or phone contact by professionals providing care.	
Discharge Summary- when D/C from agency	
D/C Planning and **MD Notification** at least 48 hours prior to D/C.	

Notes:

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