Hospice Bereavement Counseling Worksheet

May 2016

Hospice: _____ **Survey date:** _____

Surveyor Name: _____

- Is there a bereavement policy? Yes ___ No ___
- Is the bereavement assessment incorporated into the comprehensive assessment?

  Yes ___ No ___
- Is a bereavement plan of care present in the chart? Yes ___ No ___
- Was the bereavement plan of care developed on the initial bereavement risk assessment?

  Yes ___ No ___
- Is there evidence of on-going bereavement assessments? Yes ___ No ___
- Is there a qualified professional with experience in grief or loss counseling on staff?

  Yes ___ No ___
- Is there evidence of an organized program for the provision of bereavement services under the supervision of qualified professional grief/loss counselor? Yes ___ No ___
- Are bereavement services available to the family and other individuals in the bereavement plan of care for up to one (1) year following the death of the patient (including SNF/NF or ICF/MR residents?

  Yes ___ No ___
- Do the bereavement services reflect the needs of the bereaved? Yes ___ No ___
- Does the bereavement plan of care note the kind of bereavement services offered and the frequency of services? Yes ___ No ___