

## Hospice Bereavement Counseling Worksheet

Revised Sept 2018

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 \_\_\_

\*\*\*See 3 next pages for Bereavement Clinical Record Review

Agency:

Date:

Surveyor:

## Bereavement Clinical Record Review

---

Purpose: Surveyors may use this form when conducting bereavement reviews during a hospice survey.

Directions: Fill in the appropriate data.

**Table 1. Identifying Information**

Patient Information
Patient:
Bereaved:
Start of Care:
Date of Death:
Initial Bereavement Assessment (Date):
Bereavement Assessment at Time of Death:
Date of Record (DOR):

**Table 2. Record of Services Provided**

Date	Service/To Whom Provided	Comment

(State Operations Manual Appendix M - Guidance to Surveyors: Hospice 2015)

Agency:

Date:

Surveyor:

## Bereavement Clinical Record Review

Purpose: Surveyors may use this form when conducting bereavement reviews during a hospice survey.

Directions: Fill in the appropriate data.

**Table 3. Identifying Information**

Patient Information
Patient:
Bereaved:
Start of Care:
Date of Death:
Initial Bereavement Assessment (Date):
Bereavement Assessment at Time of Death:
Date of Record (DOR):

**Table 4. Record of Services Provided**

Date	Service/To Whom Provided	Comment

(State Operations Manual Appendix M - Guidance to Surveyors: Hospice 2015)

Agency:

Date:

Surveyor:

## Bereavement Clinical Record Review

Purpose: Surveyors may use this form when conducting bereavement reviews during a hospice survey.

Directions: Fill in the appropriate data.

**Table 5. Identifying Information**

Patient Information
Patient:
Bereaved:
Start of Care:
Date of Death:
Initial Bereavement Assessment (Date):
Bereavement Assessment at Time of Death:
Date of Record (DOR):

**Table 6. Record of Services Provided**

Date	Service/To Whom Provided	Comment

(State Operations Manual Appendix M - Guidance to Surveyors: Hospice 2015)