



Home Care Client Record Review

Agency Name _____ Survey Date _____ Surveyor _____

Identifier					
Client Name					
Rule					
Tag Z #	Start of Care	Notes			
0920	Client's name, age, current address & phone number WAC 246-335-450(3)(a)				
0925	Client's consent for services and care WAC 246-335-450(3)(b)				
0775	Client rights implemented and updated as appropriate - Bill of Rights received WAC 246-335-435(20)				
0930	Payment source and client responsibility for payment WAC 246-335-450(3)(c)				
0940	Signed or electronically authenticated and dated notes documenting and describing services provided during each client contact WAC 246-335-450(3)(e)				
0960	(5) Allow the client access to his or her own record; and WAC 246-335-450(5)				
0960	(6) Upon request and according to agency P&P, provide client information or a summary of care when client is transferred or discharged to another agency or facility WAC 246-335-450(6)				
Home Care Includes: WAC 246-335-440					
0780	(1) Develop and implement a				

	written POC with input and written approval by the client, designated family member, or legal representative				
0785	(2) POC developed by appropriately trained or credentialed agency personnel, lists services requested or recommended to meet client needs, and is based on an on-site visit and according to agency policies and procedures				
0790	(3)(a) Client's functional limitations				
0795	(3)(b) Nutritional needs and food allergies for meal preparation				
0800	(3)(c) Home medical equipment and supplies relevant to the POC				
0805	(3)(d) Indication that the client has a signed advanced directive or POLST				
0810	(3)(e) Nurse delegation tasks				
0820	(3)(f) Specific nonmedical services to be provided and their frequency				
0825	(4)(a) Ensure POC is reviewed on-site, updated, approved and signed by appropriate agency personnel and the client, designated family member, or legal representative every 12 months and whenever significant changes to client care needs are identified				
0830	(4)(b) Inform the supervisor of direct care services regarding changes in the client's condition				
	One-Time Visit POC WAC 246-335-440(5)				
0835	(a) Client name, age, current address and phone number (b) Bill of Rights provided (c) Consent for services provided (d) Documentation of services provided				
0955	(4) For clients receiving a one-time visit, provide the documentation required in WAC 246-335-440(5) in lieu				

	of the requirements in subsection (3) of this section WAC 246-335-450				
	Supervision of Home Care WAC 246-335-445(5)(6)				
0870	(6) Supervisor of direct care services must conduct and document client contact by phone or visit every 6 months to evaluate compliance with the POC and to assess client satisfaction with care				
0865	(5)(a) Supervision of all client care provided by personnel and volunteers				
0865	(5)(b) Evaluation of services provided by contractors				
0865	(5)(c) Coordination, development, and revision of written client care policies				
0865	(5)(d) Participation in coordination of services when more than one licensee is providing care to the client				
0865	(5)(e) Compliance with the plan of care				
0865	(5)(f) All direct care personnel, contractors, and volunteers observe and recognize changes in the client's condition and needs, and report any changes to the supervisor of direct care services of the designee				
0865	(5)(g) All direct care personnel, contractors, and volunteers initiate emergency procedures according to agency policy				
0865	(5)(h) Each home care agency worker reviews the plan of care and any additional written instructions for the care of each client prior to providing home care services and whenever there is a change in the plan of care				
0865	(5)(i) Each home care agency worker assists with medications according to agency policy and this chapter				