

**Documentation Checklist: Process Guideline
Acute Change Of Condition Cover Sheet**

Resident: _____

Date: _____

If a concern related to an acute change of condition is triggered during the survey process, the facility will be given the opportunity to demonstrate that it has followed the steps in this checklist, as evidence to support an appropriate care process related to acute change of condition. Evidence of appropriate care process will be considered in determining whether an adverse event (a negative outcome), or the potential for an adverse event, related to the management of an acute change of condition can be attributed to a deficient facility practice. If attributable to a preventable (avoidable) deficient facility practice, this checklist may also be used in analyzing the severity of the deficiency, if a citation should result.

F-tags, which could be associated with acute change of condition concerns, are provided for each of the Tables. Other tags may also be appropriate.