



# 484.110 Clinical Records

Presented by Yolanda Crosby, RN

---

- **G1012**

- Required items in clinical record:

- Assessments
    - Interventions
    - Clinical notes
    - Physicians orders
    - Plan of care



- **G1014 (documentation in notes)**

- Interventions performed by HHA
  - Patient response

---

- **G1016**

- Goals in the patient's plans of care
- Progression toward goals

- **G1018**

- Contact information for the patient, patient's representative and caregiver

- **G1020**

- Contact information for primary care practitioner



---

- **G1022** *\*Frequently cited\**

- Discharge and Transfer Summaries

- Discharge Summary:
  - » Recapitulation of stay
  - » What should a discharge summary include?
  - » Take credit for what you do!!!
  - » Policy
  - » Completed within 5 days of patient's discharge and sent to the physician
- Transfer Summary:
  - Planned or unplanned: 2 business days
  - Same components as a discharge summary



**I Have Very Bad  
HANDWRITING**



**And People Think  
I'm A DOCTOR**



**LARA**  
LICENSING AND REGULATORY AFFAIRS

CUSTOMER DRIVEN. BUSINESS MINDED.

HAVE YOU EVER BEEN TREATED FOR  
 Heart Cond. Diabetes  
 Pharyngeal Swell. Abnormal blooding  
 Allergy Thyroid Swell.  
 Scabs. Scurvy  
 Tuberculosis Hepatitis  
 Anemia  
 Ocular...

MEDICATIONS  
 NAME NUMBER

ALLERGIC  
 Penicillin Codeine  
 Aspirin Sulphur  
 Novocain  
 OCH...

EXAM NEW OLD  
 X R U L  
 PRO ADULT PRO CHILD  
 PRO PART  
 CURR...  
 AMALGAM # 5-2

6/16/88  
 7/27/88  
 11/18/88  
 12/18/88  
 1/16/89  
 2/13/89  
 3/13/89  
 4/13/89  
 5/13/89  
 6/13/89  
 7/13/89  
 8/13/89  
 9/13/89  
 10/13/89  
 11/13/89  
 12/13/89

GINGIVA  
 CALCULUS  
 X R CALCULUS

REFER R RT

NO.	DESCRIPTION OF WORK PROPOSED OR COMPLETED	DR. FOR APPROVAL	DATE
1	...	...	...
2	...	...	...
3	...	...	...
4	...	...	...
5	...	...	...
6	...	...	...
7	...	...	...
8	...	...	...
9	...	...	...
10	...	...	...
11	...	...	...
12	...	...	...

I Authorize the Treatment and  
 or Extractions as necessary.

Signature: [Handwritten Signature]  
 Date: 6/1-50-61

Signature: [Handwritten Signature]  
 Date: 5/1-50 500  
 Signature: [Handwritten Signature]  
 Date: 5/1-50 450  
 Signature: [Handwritten Signature]  
 Date: 1/3-50-410

# G1024 New Authentication

- Legible
- Clear
- Dated
- Signature and title of the author



- **G1026**

- Retention of records

- Retain for 5 years after discharge
- HHA policy if operation discontinued
  - Inform state agency of location of records

» **Additional Requirement**

- **G1028**

- Protection of records

- Confidential
- Safeguarded against loss or unauthorized use
- Periodic staff training on protection of records
- Policy





- **G1030 (New Standard)**
  - Retrieval of records
    - Hard copy or electronic
    - Made available to patient free of charge



# 484.80 Home Health Aide Services

Presented by Yolanda Crosby, RN

Understanding Conditions  
of Participation for Home  
Health Aide Service



- 
- **G756 24 Consecutive Months Paid Service**
    - 24 month lapse in furnishing services for compensation, must complete another program
      - **This area was once under personnel qualifications**



- **G762 Minimum Hours of Training**

---

- Minimum of 16 hours of classroom training and 16 hours of supervised practical training, totaling 75 hours
- No change in the duration of training



# • **G764 Home Health Aide Training Program**

## **Topics**

- I. Communication skills, ability to read, write and report clinical information to patients, representatives and HHA staff

***New training content January 13, 2018***

- II. Observations, reporting, documentation
- III. Reading and reporting of vital signs (TPR)
- IV. Infection control procedures
- V. Report changes in body functions to supervisor
- VI. Maintenance of a clean, safe and healthy environment
- VII. Recognizing emergencies, knowledge of procedures
- VIII. Physical, developmental needs, ways to work with different populations, need for respect for patient, privacy and property.



# • **G764 Home Health Aide Program Topics**

---

## **cont.**

- IX. Performance of personal hygiene and grooming tasks that include:
  - A. Bed bath
  - B. Sponge tube, **AND** shower bath *Revised*
  - C. Hair shampooing in sink, tub, and bed
  - D. Nail and skin care
  - E. Oral hygiene
  - F. Toileting and elimination
- X. Safe transfers and ambulation
- XI. Normal range of motion and positioning
- XII. Adequate nutrition and fluid intake

- **G764 Home Health Aide Program Topics**  
**cont.**

---

- XIII. Recognizing and reporting changes in skin condition, including pressure ulcers. ***New training content January 13, 2018***
- XIV. Any other task the HHA may choose to have an aide perform as permitted under state law.
- XV. The HHA is responsible for training home health aides for any skills not covered.



# • **G768 Competency Evaluation**

---

– The competency evaluation must address each of the following subject areas:

- Communication, reading, writing, reporting of information
- Reading and recording of vital signs (TPR)
- Safe performance of the following task:
  - A. Bed bath
  - B. Sponge, tub, AND shower bath
  - C. Hair shampooing in sink, tub, and bed
  - D. Nail and skin care



---

- **G768 Competency Evaluation (Cont..)**

- E. Oral hygiene

- F. Toileting and elimination

- Safe transfer techniques and ambulation
  - Normal range of motion and positioning



- **G768 Competency Evaluation (Cont..)**

---

- An individual may furnish home health services on behalf of an HHA only after successfully completing a competency evaluation described in this section.
- Completion of written test and practicum to confirm knowledge and skill.

## Home Health Aide Skills Checklist

Home Health Aide: \_\_\_\_\_

Home Health Aid Self Rating	Competency Assessment Method
A = I can perform well	D = Direct Observation and/or Demonstration
B = I need to review	O = Oral Question and Answer
C = I have no experience	(Circle the appropriate method below)

Skills	Self Rating	Supervisor Assessment Method	Supervisor Evaluation	
			Competency	Supervisor Initials & Date
Communication	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Observation, reporting and documentation of patient status and the care of services provided	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Reading and recording temperature, pulse and respiration	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Universal Precautions	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Basic elements of body functions and changes in condition that must be reported	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Maintaining a clean, safe and health environment	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Ability to recognize emergency situations	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Ability to recognize physical and emotional needs and work with the client and respect the pt's privacy and property	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Appropriate and safe techniques in personal hygiene and grooming:				
Bed Bath	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Sponge Bath	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Shampoo (sink, tub or bed)	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Nail Care	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Skin Care	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Oral Hygiene	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Toileting and elimination	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Safe transfer techniques	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Safe Ambulation	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Normal positioning with proper body alignment	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Ability to recognize adequate nutrition and intake	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Other:	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	

\_\_\_\_\_  
Home Health Aide Signature

\_\_\_\_\_  
/Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Initials/Date

- **G770 Unsatisfactory Competency Evaluation**

- Home Health Aide is not considered competent in tasks he/she is evaluated as unsatisfactory and may not perform that task
- Must receive training and be observed by a Registered Nurse



- **G774** 12 hours in-service training every 12 months
- **G776** Inservice training supervised by an RN
- **G778** Maintain clear documentation of Inservice Training
  - Document number of hours credited
  - Topics covered



- 
- **G788** Org. had partial/extended survey **New**
  - **G798** Home Health Aide Assignment

*\*Frequently cited\**

- Developed by RN or Therapist
- Safety precautions/functional limitations/Activities
- DME
- Guidance/direction for care of the patient



- 
- **G800** Services provided by Home Health Aide (Follow the plan of care!)
    - Ordered by the Physician
    - Included in the plan of care
    - Permitted under state law
    - Consistent with training
  - **G802** Duties of Home Health Aide within scope of practice



- **G804** Members of interdisciplinary team

**\*New**

- Report significant changes to RN or other skilled professional

- **G808** Onsite supervisory visit every 14 days

- **G812** Direct observation every 12 months (by RN or skilled professional)

**\*New**



- 
- **G814** Non-skilled direct observation every 60 days
    - Only receiving Therapy Services
    - RN must make an on-site visit to observe and assess the Aide
  - **G820** Home Health Aide services under arrangement/contract



- 
- **G828** Medicaid personal care aide- only services under Medicaid personal care benefit **(Revised)**
    - The individual only needs to demonstrate competency in services required to furnish
    - Must meet all qualification standards established by the state



# THANK YOU!!!!!!

---



CUSTOMER DRIVEN. BUSINESS MINDED.