

Chart Completeness Compliance Review

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|--------------------|----------------------|----------------------------------|
| ACCOUNT # _____ | MED REC # _____ | Provider Number _____ |
| Admit Date _____ | Discharge Date _____ | |
| 1st Reviewer _____ | Date _____ | 2nd Reviewer _____ Date _____ |

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|--|--|--|--|-------------|
| Registration Sheet | <input type="checkbox"/> Yes <input type="checkbox"/> No | Graphic Chart included and filled | <input type="checkbox"/> Yes <input type="checkbox"/> No | CPSI |
| Consent for Treatment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Nurses Notes | | |
| Medicare Admissions Form only | <input type="checkbox"/> Yes <input type="checkbox"/> No | Legible | <input type="checkbox"/> Yes <input type="checkbox"/> No | CPSI |
| Letter | | initial/date/time | <input type="checkbox"/> Yes <input type="checkbox"/> No | CPSI |
| Filled out and signed at admission | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Within 24 hours of discharge | <input type="checkbox"/> Yes <input type="checkbox"/> No | Admission Assessment | | |
| Smoking Policy Filled out | <input type="checkbox"/> Yes <input type="checkbox"/> No | Included | <input type="checkbox"/> Yes <input type="checkbox"/> No | CPSI |
| Resident rights signed, dated, and timed | Yes No | completed | <input type="checkbox"/> Yes <input type="checkbox"/> No | CPSI |
| 24 Hour Chart Review | <input type="checkbox"/> Yes <input type="checkbox"/> No | Braden Scale | | |
| Advanced Directives completed | <input type="checkbox"/> Yes <input type="checkbox"/> No | Included | <input type="checkbox"/> Yes <input type="checkbox"/> No | CPSI |
| contacts to share health information | <input type="checkbox"/> Yes <input type="checkbox"/> No | Completed | <input type="checkbox"/> Yes <input type="checkbox"/> No | CPSI |
| personal belongings form | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| visitation rights completed | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Initial Doctors Orders | | Fall Assessment | | |
| Type of Admit | | Included | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Chief Complaint | <input type="checkbox"/> Yes <input type="checkbox"/> No | Completed | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Diet | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Activity | <input type="checkbox"/> Yes <input type="checkbox"/> No | Care Plan | | |
| Weigh | <input type="checkbox"/> Yes <input type="checkbox"/> No | Included | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Vitals | <input type="checkbox"/> Yes <input type="checkbox"/> No | Completed | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Allergies | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Initial Orders written | <input type="checkbox"/> Yes <input type="checkbox"/> No | Skin Assessment | | |
| Legibly written? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Included | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Initials/dates/times | Yes No | Completed | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Orders Review | | | | |
| Voice orders signed | Yes No | History and Physical | | |
| | | 23 hours of admission | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | legible | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | meet requirements? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Discharge Orders | | | | |
| In Chart | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| written | <input type="checkbox"/> Yes <input type="checkbox"/> No | Summary | | |
| Voice Order | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Completed within 40 hours of discharge | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Progress Notes | | legible | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

