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							homehealth.asp#To	
					o://www.don.sta		/nursing/info_Pract	iceAct.pat
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□ Ann	ual Agency	eval/Appra	sal	http://www	v.floridahealthfin	der.gov/facility	<u>locator/FacilitySearch</u> xpired item	<u>h.aspx</u>
□ Cos	t Report □ E	BA Contract	w/MD	□ Med	dical Supply Ca	binet w/no ex	kpired item	
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							PI, Accepted Abbrev	
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	Incident R	eports: (Se _l	parate by d i	ividers:) F	alls, Employee I	ncident Expos	ure, Risk Mg, Ethic,	
	List of mo	ore commo adehealth.org	n infection discontrol/DIS	s/disease CONTROL	monthlyrep09.asp	Accident, Inf	fection, Behaviors, M	ed. Device
MINU	JTES (Bo	ard Minute	: Minutes ar	re retained	I for a minimum	of <u>5 years</u>)		
	Safety. Fir	nrill	□ Board o	of Directors	s (INITIAL)	□ Advison	/ Committee (Medical D	Director Name)
	Disaster D				,	•	PAC members, CF	
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(Clinia)			cte (QA/QI	,		lization revie	w □ Ethic	
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	Infection C	Control	☐ Board (I	Discussio	on of Conflict I	nterest-annu	al, Non-Discrimina	tion)
	Civil Right	s (Non-Disc	rimination)		(Board: Minute	s End of Yea	ar, Budget, Agency	Eval)

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FORMS*: (must be in Of	fice)	ook (Nurses Assessment-OASI	S)			
☐ DNR order	☐ Face to Face	☐ BROCHURE	□ BROCHURE			
☐BS Log with weekly Quality	y Control	☐ BP/VS Log	☐ BP/VS Log			
☐Staff Change Form ☐ Ref	erral Form DC Instruc	ctions, Summary, Addendums-	DC Packages			
□Wound Record, Wound Bo		☐ Medicare Provider				
☐Admission Order,Recert O	rder,Reinstatement Order,DC	Order	ary Notices			
☐Missed Visit.	☐ Test (Timed Get up, Brader	n/Norton, FLAC, Hosp)	☐Recert Packages			
☐ Case Conference	□ Patient Transfer-> Hosp/N	MD ☐ Verbal/Modify Ord	☐ Verbal/Modify Orders			
☐ 60 Days Summary	☐Team Communication	☐ Medication Form (☐ Medication Form (update, reconc.)			
☐ Admission Packages	□ Progress Notes (Nurse, HHA <i>must match HHA Plan</i>)					
☐ Supervision Forms	☐Therapy Forms (Including	Plan, Eval, SV, Notes, DC, DC	C Addendum)			
☐ Weekly, Itinerary	☐Adult Assessments(Privat	e) MSW forms (Plan,	☐ MSW forms (Plan, Eval, Note)			
□oasis: SOC, Recert (Follows)	low Up), DC, Transfer	☐ Emergency Evacu	ation (En-Sp)			
☐Hurricane Guide (En-Sp)	(AHCA License) POC signe	ed within 30 days.				
□ QA Manual (including Chart rough Patient Safety Goals(JCHO) □ Wound Protocol □ training □ Biomedical waste □ training □ Emergency Plan current/Drill □ Alzheimer's Training Curriculus □ Pain Management Manual □ Clinical Procedures □ Ethic Manual □ Training □ Policy Manual □ Respiratory Manual □ Business Plan □ Rehab Protocol □ Hazard/Vulnerability □ MSDS Log	eview, Performance Imp.) Face to Face	 □ Orientation Manual □ Employee Safety Manual □ Medication Management (JCH □ IV Manual □ Employee Manual (Forms) □ Annual Risk □ Personnel Policy Training □ Anticoagulation Program 	Protocol Manual			
•	ers □ Not frequency compliency, Adv. Directives, charges tes incomplete □ Team Comm t Discipline □ Supervision i	☐ Staff training in new position n, documentation in notes, coordin missing (HHA Skill Q14D, non-ski Assistant Q30D) ☐ Notes on time	MD Diploma prof. ation in care Q60D, goals, D/C planning			
* in One or for the 48t Orange (ALIOA						

^{*} in Green for the 1st Survey (AHCA License)

	Labels:	Biomedical wastConfidential (EmResources GuidQA review, DM,Allergies, Antico	np. and Patients) e, Fall Prevention Wound	T II S	TB Mask TB_FLU ARMOUR - PANDEMIC INFLUENZA INFECTION CONTROL SUPPLIES INCLUDING N95 RESPIRATORS MASKS.hmt		
	☐ Filling System: ☐ Ma		Folders & Dividers		☐ Numerical labels		
		☐ Year la	bel				
	Preliminary E	vidence Report (AC	CHC)				
	Self Study do	one: Home Care &	Core (CHAP)		☐ Biohazard Contract/License		
Emp	Employee:						
Any E	<i>mployee POSI</i> have a full Perso	TION CHANGE , mannel chart with the A	ust has <u>new ORIEN</u> gency forms updated	ITATION . Member	If using a Therapy company, each thera r of PAC must be evaluated.	apist	
Our S	ervices includ	<u>le</u> :					
□ AG	ENCY visit for o	checkup (as needed)	(outside <u>Miami-Broward</u>	l_area the \	visit expense is responsibilities of the Agency,)	
□ Unl	imited phone of	alls Accred	itation training class	ses 🗆			
	l Medical Reco personnel at ex	·	ing), including OASIS	S, S/U, D/	C, Recert procedures (DON) (is requeste	ed by	
in floor	, gloves before/a	ifter procedures. HHA	A Plan —> note exact.	Medicati	cedure, before to use the Nursing Bag), noin Updates (Rx and OTC). within 30 days (LOG).	o bag	

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