**WINNING WHEELS, INC.**

**SELF-MEDICATION PROGRAM AUDIT**

Resident:

Date:

1. Physician's order

2. Consent form

3. Assessment current

4. Current status updated

5. Inconsistent physical ability noted

6. Proper codes with signature on assessment

7. Need area matches care plan

8. Care plan approaches address both physical and cognitive ability

9. Monthly progress notes:

 A. Progress noted in specific terms

 B. Methods carried out with comment as to effectiveness

 C. Resident response noted

 D. Progress notes match assessment

10. Other:

Comments:

\* If any concerns are noted, please correct, initial them and return to Mary Burgess, Director of Rehabilitation **within 3 days.**

**WINNING WHEELS, INC.**

**AUDIT OF MONTHLY SUMMARIES**

RESIDENT CHART AUDITED:

SUMMARY DONE BY:

Date:

Completed within 30 days YES NO

**1. ADL progress noted:**

A. Revision of program if necessary

B. Resident response to program in specific terms

C. Effectiveness of methods clear, not just restated

D. Support for hands on assist documented

E. Progress + or –

**2. PROM:**

A. Carried out BID per CNA

B. Thorough resident response

**3. Self-med response:**

A. Program noted in specific terms

 B. Methods are being carried out with comment as to effectiveness

C. Resident response noted

**4. Psychotropic med reduction:**

 A. Frequency of behavior noted is consistent with target behavior sheet

 B. Alternative behavior interventions noted as carried out

 C. Resident response to alternative behavior interventions is noted

 D. Accurate current dose of med is on care plan and in nurse’s notes

**5. Previous note revised to accurately reflect current status**

**6. Other:**

**Comments:**

**\*** If any concerns are noted, please correct, initial them and return to Mary Burgess, Director of Rehabilitation **within 3 days.**

**WINNING WHEELS, INC.**

**ADL RESTORATIVE PROGRAM AUDIT**

Resident:

Date: Program:

1. MDS:

A. Section G functional 3 or 4's

B. G8 marked A or B

 C. Section B4 0, 1, or 2 marked

 D. RAP completed

2. Current assessment with clear baselines

3. Numbers on assessment match progress

4. Proper program sequence (ADL history)

5. Rationale for restorative potential

6. Approaches support HOA

7. Approaches have 24-hour philosophy

8. Current ADL program is on care plan

9. Program is consistent with observed ability

10. Monthly progress note current:

A. Resident response to program in specific terms

B. Effectiveness of methods stated, not just restated

C. Support for HOA documented

D. Progress + or –

E. Revision of program if necessary

11. Needs adaptive equipment + or –

12. Cross reference OR/PR notes

13. Other:

Maintenance:

1. Next logical step has been tried (Review ADL history)

2. Resident has met previous goal to progress to this point

3. HOA needed to maintain level of function

4. Other:

Comments:

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**WINNING WHEELS, INC.**

**OR/PR DOCUMENTATION AUDIT**

Resident:

Date:

1. OR / PR

2. Physician's order

3. Corresponding ADL

4. Current OR / PR assessment (date \_\_\_\_\_\_\_\_\_\_)

5. Baseline evident and reflects progress

6. Monthly progress note current

7. Progress + or - in objective terms

8. Plan revised after 2 months if no progress

9. Response to goal noted + or –

10. ADL monthly progress note, response + or –

11. MDS Rehab triggered

12. MDS section G shows 3 or 4

13. Care plan entry current

14. Attendance + or - (90 minutes per week)

Other:

Comments:

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