

| Quality Assurance Audit | Month/Year | Audit Performed | Comments |
|---|------------|-----------------|----------|
| Facility | | | |
| HH Agency | | | |
| Chart | | | |
| POA contacted initial consent obtained & plan discussed | | | |
| Facility plan discussed | | | |
| Progress Notes provided to facility | | | |
| Progress Notes provided to PCP | | | |
| Progress Notes provided to HH | | | |
| Rx faxed or called to designated Pharmacy | | | |
| Prescriptive Orders provided to facility | | | |
| Consult, communication methods & expectations discussed with HH | | | |
| Prescriptive Orders provided to HH | | | |
| Transcribed orders received from HH and signed | | | |
| HH Notes reviewed for compliance with medical plan/orders | | | |
| Digital imaging performed wound status/order verification | | | |
| PRN supplies reviewed & confirmed | | | |
| Dressing assessed by HH and/or Caregiver for PRN dressing changes and performed as indicated | | | |
| Updated Status/Progress Notes provided to PCP & Caregivers | | | |
| Call(s) received from assigned HH Nurse change in status/order clarification, plan discussion | | | |
| Medical Director Chart Review | | | |
| Facility Notification QA Report as indicated for corrective action | | | |
| HH Notification QA Report as indicated for corrective action | | | |