Developmental Services

Skilled Nursing Monitoring Checklist

Provide	er Number:								
Provider Name:				Review Date:					
Provider Address:			Reviewer Name:						
				Distr	ict:				
			Location:						
☐ Agency Provider		□ Solo Provider	☐ Onsite Review	□ Desk					
Cite		Standard		Met	Not Met	N/A			
Alert: Denotes a critical standard or cite relating to health, safety and rights. A deficiency requires a more intense corrective action and follow-up cycle. "W" Weighted Element: A "W" followed by 2.0 or 4.0 in the Cite column denotes elements that have a greater impact on the monitoring score. "R" Recoupment: An "R" in the Cite column denotes an element that is subject to recoupment of funds by the State if the element is "Not Met."									
A. Ser	vice Tasks ai	nd Locations							
1	individual's	r renders skilled nurs place of residence of , such as an Adult Da							
B. Pro	vider Qualif	ications and Requir	rements						
2 🂢		f skilled nursing servi	1						
		employees of licensed							
W4.0		ncies that are register rses, practicing within	red nurses or licensed in the scope of their						
3	for all nurse (CPR).	s in Cardiopulmonar	•						
4		rent training is availa agency staff in AID							
5		r attends mandatory and all the decided by the Area O	meetings and Office and/or Agency.						
6	Independen	nt providers and agen- responsibilities and p	cy staff receive						
W2.0		health, safety and we							

Cite	Standard	Met	Not Met	N/A
7	Independent providers and agency staff receive			
	training on required documentation for service(s)			
	rendered.			
8	Independent providers and agency staff receive			
	training on responsibilities under the Core			
	Assurances.			
9	Independent providers and agency staff receive			
	training on responsibilities under the requirements of			
	specific services offered.			
10	Independent providers and agency staff receive			
	training on use of personal outcomes to establish a			
	person-centered approach to service delivery.			
11	Independent providers and agency staff receive other			
	training specific to the needs or characteristics of the			
W2.0	individual as required to successfully provide			
10	services and supports.			
12	Proof of required training in recognition of abuse			
	and neglect, to include domestic violence and			
	sexual assault, and the required reporting			
	procedures is available for all independent vendors			
	and agency staff.			
C Sor	vices Limits and Times			
13	The provider renders no more than 32 units of this			
13	service per day.			
14	The provider renders services to recipients 21 years			
	of age or younger with complex medical needs.			
15	The provider is not rendering skilled nursing services			
	for ongoing medical oversight and monitoring of			
	direct care staff or caregivers in a licensed residential			
	facility or in the recipients own or family home.			
16	Provider is authorized to render skilled nursing			
	services.			
17	Provider renders services and supports at a frequency			
	and intensity as defined in the service authorization.			
D. Do	cumentation			
18 R	Provider has at a minimum copies of the service logs			
	for the period being reviewed.			
19 R	Provider has at a minimum copies of all nursing care			
	plans (and revisions) for the period being reviewed.			
20	Provider has at a minimum daily progress notes (or			
	case notes) for the period being reviewed.			
W2.0				
21	The provider has at a minimum the original			
	prescription for the service.			
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Cite	Standard	Met	Not Met	N/A
22 R	The provider has at a minimum an individual nursing			
	assessment conducted initially and annually			
	thereafter.			

Skilled Nursing Checklist 11-27-05.doc REV 10-29-01; 10-30-01; 11-13-01;01.03; 02.04.03; 02-10-03; 11-27-05