

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F114 (cont'd)</p> <p>F115 3. A physician is available to provide care in the absence of any resident's attending physician.</p>			<p>level of activity, emotional adjustment.</p> <ul style="list-style-type: none"> <li>- Evidence in care plans and treatment records that physician's orders are being implemented.</li> <li>- Discrepancies in medication record, diet order, intake and output records.</li> <li>- Evidence that an alternate physician provided care if applicable.</li> <li>- Progress notes by physician at least every 30 days for first 90 days (ICF—at least every 60 days).</li> <li>- Review of medications and treatments every 30 days or 60 days if an alternate schedule of visits has been approved.</li> <li>- Documentation of physician observations, actions and plans for treatment.</li> <li>- Justification for alternate schedule of visits.</li> </ul>	<p>evidence of his evaluation of resident needs and supervised care.</p> <p>A physician is available to respond within a reasonable time when a resident needs medical attention.</p>	
<p>F116 4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admissions. NOT ICFs.</p>					
<p>F117 5. Each SNF resident is seen by their attending physician at least once every 30 days for the first 90 days after admission.</p>			<p>A few closed records should be reviewed to determine if residents were appropriately discharged by an order written by the attending physician. Also review</p>	<p>Although medical evaluation can be noted as a revision of the previous H&amp;P</p> <p>A statement such as "no change" when in conflict with the status of the</p>	