

Survey Dates

**HOME HEALTH FUNCTION AND CARE SUMMARY: MODULE E**

HHA NAME  
Provider Medicare ID

**SERVICE AREA**

- Rural
- Urban
- Rural and Urban

Number of records reviewed with home visits: \_\_\_\_\_  
 Number of records reviewed, no home visits: \_\_\_\_\_  
 Number of home visits with no record review: \_\_\_\_\_  
 Total records reviewed: \_\_\_\_\_  
 Total home visits: \_\_\_\_\_

**SURVEYOR NOTES:**

**SUMMARY OBSERVATION** (Check **One** in Each Category)

REVIEW AREA	FAVORABLE FOR MOST PATIENTS	FAVORABLE FOR SOME PATIENTS	UNFAVORABLE FOR MOST PATIENTS
Appropriateness of assessments			
Appropriateness of care plans and services			
Adherence to plan of care			
Coordination of services between disciplines			
Completeness of documentation			
Treatment contributed to meeting patients' medical, nursing, and rehabilitative needs			

**SURVEYOR SUMMARY:** Based on the reviews of the patients from this HHA, including all information surveyed in the standard survey and using the Functional Assessment Instrument (FAI), this HHA:

- 1. Provides care that promotes a high potential for reaching the highest attainable levels of functioning for its patients. There is no evidence of need for a partial extended or extended survey.
- 2. Provides care that promotes a moderate potential for reaching the highest level of functioning for some but not all of its patients. There are standard level deficiencies and need for a partial extended survey. If no Conditions of Participation are out of compliance, a Plan of Correction will be requested for the standard level of deficiencies.
- 3. Provides substandard care. There are condition level deficiencies in one or more Conditions of Participation. There is an immediate need for an extended survey.

Name of Surveyor(s)

Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0355. The time required to complete this information collection is estimated to average 1 hour 10 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.