Instructions:

- Enter responses to each question in Onsite Observation Participant List tab of this document. Organizations have the option of submitting the information using this Excel template or may submit the information in another format the organization can provide. If certain information is not available on the first day of audit, please discuss this with the audit lead prior to submitting.
- Only include participants who meet the following criteria:
- Participants who are scheduled to have medications administered by an employee or contracted employee in the PACE center or participant's home on the week of the onsite audit;
- Participants who are scheduled to have wound care performed by an employee or contracted employee in the PACE center or participant's home on the week of the onsite audit;
- Participants who are scheduled to receive in-home care on the week of the onsite audit;
- Participants who are scheduled to attend the center, have specialized diets, and receive meals at the PACE center on the week of the onsite audit
- <u>Do not include</u> participants who are disenrolled at the time of the onsite audit.

Due Date:

Organizations must submit all of the information identified on tab 2 (OnsiteObsParticipantList) of this template via HPMS on the first day of the onsite audit.

OMB No: 0938-1327 (Expires: 03/31/2020)

Purticipant First Name	Participant Last Name	Participant ID	Will the participant be administered medication the week of the onsite audit? Yes/No	in the PACE center, the participant's home, or	PO/SQ/IM/Inhalation/Ocular/Otic/Transdermal/ Sublingual/IV/PEG Enter NA if the participant does not receive medication administered by PO staff.	administered? M/T/W/Th/F Enter NA if the participant does not receive medication administered by PO staff. If multiple medications are administered,	Will the participant receive wound care the week of the unifer and if? Yes/No	receive wound care from PO staff.	performed? M/I/W/Ih/F Enter NA if the participant does not receive wound care from PO staff. List all days that wound care will be performed.

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Will the participant receive home care the week of the	What type of tasks will be completed?	Which days will home care be provided?	Does the participant require a specialized diet such as pureed,	What type of diet does the participant require?	Which days will the participant receive meals at the PACE center?
onsite audit?	Skilled Care - Wound care, medication administration, Foley		mechanical soft, tube feeding,		
	catheter insertion, IV change, etc.		diabetic, cardiac etc.?	If multiple diet orders, identify	M/T/W/Th/F
Yes/No		Enter NA if the participant does not receive		all that currently apply.	
	Unskilled Care - Assistance with ADLs such as bathing,				
			Yes/No		specialized diet.
		List all days that apply.			
	Chore Services - housekeeping services with no hands-on participant care.				List all days that apply.
	If multiple services are received list all that apply.				