

**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.
  
- Do not include 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.



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