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OASIS AUDIT REPORT – INDIVIDUAL

Subject ID: 06211919

Subject Name: J Doe

Assessment Date: 7/01/2013

Branch: South East

HCA Reviewer: June Jones, RN, HCS-D, COS-C

Date Entered: 7/01/2032 9:01:49 AM

FINANCIAL SUMMARY:

Pre-Audit Amount: \$ 2,999.09

Post-Audit Amount: \$ 4,006.21

Additional Dollars: \$ 1,007.12

NOTE: Financial Summary information is optional. Many agencies prefer to omit this information from the report sent to the clinician.

CASE MIX SUMMARY:

Pre-Audit Case Mix: 1.4616

Post-Audit Case Mix: 1.9364

Case Mix Difference: 0.4748

NOTES:

The patients DOB was used for the ID#.

The clinical summary needs to pass the 4-way test (1. the current condition of the patient, 2. how that patient got in that condition, 3. what we are doing about it, 4. what could complicate the outcome).

DIAGNOSIS CODES: (ICD-9-CM)

| <u>OASIS</u> | <u>DX CODE</u> |
|--------------|--|
| M1016a | 781.2 (ABNORMALITY OF GAIT) |
| M1016b | 728.87 (MUSCLE WEAKNESS-GENERAL) |
| M1020a | 781.2 (ABNORMALITY OF GAIT) |
| M1022b | 728.87 (MUSCLE WEAKNESS-GENERAL) |
| M1022c | v53.6 (FITTING URINARY DEVICES) |
| M1022d | 311. (DEPRESSIVE DISORDER NEC) |
| M1022e | 295.90 (SCHIZOPHRENIA NOS-UNSPEC) |
| M1022f | 294.20 (Dementia, unspecified, without behavioral disturbance) |

ADDITIONAL CODES FOR 485

780.39 (CONVULSIONS NEC)

300.00 (ANXIETY STATE NOS)

244.9 (HYPOTHYROIDISM NOS)

266.2 (B-COMPLEX DEFIC NEC)

780.52 (INSOMNIA NOS)

389.9 (HEARING LOSS NOS)

564.00 (CONSTIPATION NOS)

v15.88 (PERSONAL HISTORY OF FALL)

v13.02 (PERSONAL HISTORY UTI)

v58.69 (LONG-TERM USE MEDS NEC)

OASIS RECOMMENDATIONS:

M1200 ORIGINAL RESPONSE: 0

M1200 HCA RECOMMENDATION: 1

Explanation: Based on the age of this patient it is likely that the patient has difficulty with seeing/reading medication labels or newsprint.

M1242 ORIGINAL RESPONSE: 2

M1242 HCA RECOMMENDATION: 3

Explanation: Based on the diagnoses and the overall condition of this patient, my opinion is that the patient hurts enough to adjust activity at least daily.

M1400 ORIGINAL RESPONSE: 1

M1400 HCA RECOMMENDATION: 2

Explanation: Based on the overall condition it is very likely that this patient would have SOB on moderate exertion.

M1610 ORIGINAL RESPONSE: 1

M1610 HCA RECOMMENDATION: 2

Explanation: This patient has a foley.

M1620 ORIGINAL RESPONSE: 0

M1620 HCA RECOMMENDATION: 2

Explanation: Incontinence can be considered to be something as small as a streak on underwear, and it is likely that this occurs at least weekly.

M1810 ORIGINAL RESPONSE: No answer

M1810 HCA RECOMMENDATION: 2

Explanation: Dressing the upper body involves transferring, ambulating, and reaching above the head to get clothes, as well as fine motor control of hands to do buttons up. This generally requires a great deal of balance.

M1820 ORIGINAL RESPONSE: No answer

M1820 HCA RECOMMENDATION: 2

Explanation: Dressing the lower body requires a great deal of balance, even more so than dressing of the upper body, and this patient has balance deficits.

M1830 ORIGINAL RESPONSE: No answer

M1830 HCA RECOMMENDATION: 2

Explanation: Considering the medical condition of this patient, it would be unsafe for the patient to perform at this level of independence.)

M1840 ORIGINAL RESPONSE: No answer

M1840 HCA RECOMMENDATION: 1

Explanation: This is a transfer and ambulation question, not a hygiene question.

M1850 ORIGINAL RESPONSE: No answer

M1850 HCA RECOMMENDATION: 1

Explanation: Assistive devices can mean anything from an arm of a chair to a walker or wheelchair. Any use of these "devices" constitutes at least minimal assist.

M1860 ORIGINAL RESPONSE: No answer

M1860 HCA RECOMMENDATION: 3

Explanation: The question states a variety of surfaces. While the patient may be safe with a device in the home, consider different surfaces such as rough sidewalks or ice. In that case the patient should have someone with them to be safe.)

M2200 ORIGINAL RESPONSE: No answer

M2200 HCA RECOMMENDATION: 012

Explanation: This is an estimate based on the available documentation.

ADDITIONAL OASIS ANSWERS AND NOTES:

The first page of the Oasis needs to be completed. M1018 should also be #2 for the foley catheter. M1410, M1800 & M1845 all need to be answered. M1615 needs to be voided, this patient has a foley. M1740 should also be #2 based on the answer to M1018. M1745 should be #5, impaired decision making and memory deficit occur daily. For best practice M2010 should be #1 education should always be provided on high risk medications on admit.

PLEASE CONTACT HCA IF YOU HAVE ANY QUESTIONS REGARDING THIS REPORT.

AS ALWAYS, THE CLINICIAN HAS THE FINAL SAY.

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