



**Baseline Care Plan (Audit)**

Resident: \_\_\_\_\_

Room: \_\_\_\_\_

Requirement	Components	Yes	No
Baseline Care Plan <ul style="list-style-type: none"> <li>Does it include at a minimum?</li> </ul>	a. Initial goals based on admission records		
	b. Physician orders		
	c. Dietary Orders		
	d. Therapy services		
	e. Social Services		
	f. PASARR recommendations (if applicable)		
	g. Current medications and nursing considerations		
	h. Services and treatments to be provided		
	i. Instructions for person-centered care		
	j. Immediate health and safety needs (i.e. Prevention of Decline, Injury Prevention, elopement, fall risk, etc.)		
	k. Infections		
	l. Disease State interventions (cardiac, neuro, etc.)		
	m. Alterations in skin integrity		
	n. Mood and/or Behavior interventions		
	o. Comfort Care		
p. Discharge Care Planning Needs			
q. Other (List):			
Time Frame	Is care plan completed within 48 hours of admission?		
Baseline Care Plan Summary	Is there documented evidence in the medical record that the resident and representative received a <b>written</b> summary of the Baseline Care Plan (Summary is in a language and conveyed in a manner the resident and representative can understand)?		

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)