

Checklist for Charting



Charting Standards:		Yes	No
My Entry	Verify residents name- correct resident	<input type="checkbox"/>	<input type="checkbox"/>
	Date and time included	<input type="checkbox"/>	<input type="checkbox"/>
	Objective (free from blame or judgment)	<input type="checkbox"/>	<input type="checkbox"/>
	Legible (readable) and clearly written	<input type="checkbox"/>	<input type="checkbox"/>
	Only approved abbreviations used	<input type="checkbox"/>	<input type="checkbox"/>
	Correct spelling and grammar	<input type="checkbox"/>	<input type="checkbox"/>
	Signature is legible	<input type="checkbox"/>	<input type="checkbox"/>
	Captured the care provided	<input type="checkbox"/>	<input type="checkbox"/>
	Timely- Completed in real time OR within facility standards	<input type="checkbox"/>	<input type="checkbox"/>
	Accurate- Situation Background Assessment Recommendation	<input type="checkbox"/>	<input type="checkbox"/>
	Concise	<input type="checkbox"/>	<input type="checkbox"/>
	Avoided using transition words: Apparently, Seems to be, Appears to be, Somewhat, Unfortunately, Adequate, Good, Fair, Poor	<input type="checkbox"/>	<input type="checkbox"/>
Late Entry	Marked as a late entry	<input type="checkbox"/>	<input type="checkbox"/>
	Date and time included	<input type="checkbox"/>	<input type="checkbox"/>
	Captured the actual date event occurred- State "late entry for _____"	<input type="checkbox"/>	<input type="checkbox"/>
	Identified or referred to the circumstance for which the late entry is needed	<input type="checkbox"/>	<input type="checkbox"/>

Skilled Documentation:		Yes	No
Required	Addressed all skilled services	<input type="checkbox"/>	<input type="checkbox"/>
	Skilled services supported (by documentation)	<input type="checkbox"/>	<input type="checkbox"/>
	Aligned with care plan goals	<input type="checkbox"/>	<input type="checkbox"/>
	Contained evidence of observation and assessment	<input type="checkbox"/>	<input type="checkbox"/>
	Resident performance reported	<input type="checkbox"/>	<input type="checkbox"/>
	Staff assistance reported	<input type="checkbox"/>	<input type="checkbox"/>
	Education and response provided (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	Interdisciplinary communication	<input type="checkbox"/>	<input type="checkbox"/>
	Explained or justified when and why care or services were not provided as ordered (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>