

§482.61(d) – Standard: Recording Progress.

Progress notes must be recorded by the physician(s), psychologists, or other licensed independent practitioner(s) responsible for the care of the patient as specified in §482.12(c); nurse, social worker and, when appropriate, others significantly involved in active treatment modalities.

Interpretive Guidelines §482.61(d)

Refer to §482.61(c)(2) Interpretive Guidelines for clarification between treatment notes and progress notes. The recording of progress is evidence of individual patient performance. Specifically, the progress notes recorded by the professional staff, or others responsible for the patient's treatment, must give a chronological picture of the patient's progress or lack of progress towards attaining short and long-range goals outlined in the individual treatment plan. Progress notes should relate to the goals of the treatment plan. Notes that state, "patient slept well" or "no complaints" constitute observations and do not indicate how the patient is responding to treatment and progressing towards set goals. Frequency alone does not determine the adequacy of progress notes. Expect to see greater frequency when patients are more acutely ill and/or in a crisis of some kind. Notes should be dated and signed (signature and title or discipline).

Survey Procedures §482.61(d)

Are the physicians who are significantly involved in active treatment modalities/interventions actually documenting progress?

Do the progress notes relate to the goals of the treatment plan? Do they include precise statements of progress?

Is there a correlation between what is observed by the surveyor and what is described in the notes?

Do the notes give a clear picture of the patient's progress or lack thereof, during the course of hospitalization?

In reviewing the patient's progress, are aftercare/discharge plans being evaluated?

Are the nurses who are significantly involved in active treatment modalities/interventions actually documenting progress?

Are the social workers that are significantly involved in active treatment modalities/interventions plan actually documenting progress?

Are staff from other disciplines, i.e., rehabilitative therapy and psychology, which are significantly involved in active treatment modalities/interventions actually documenting progress?