



HEALTH RECORD DEFICIENCY NOTIFICATION

Patient Name: _____ DOC #: _____

Provider Name: _____ Audit Date: _____

AUDITOR

Check deficiencies. Return record, along with form, to provider for completion/correction.

- Form is not current and/or approved – Please re-document on correct form
- Documentation is illegible – Please re-write legibly or type
- Documentation is not in dark blue or black ink – Please re-document using correct pen
- Patient identification does not include both first and last name – Please correct
- Patient identification does not include date of birth – Please correct
- Patient identification does not include DOC number – Please correct
- Date of documentation is missing or does not include day/month/year – Please correct
- Time has not been entered into the required field – Please correct
- Facility has not been entered into the required field – Please correct
- Allergies have not been entered into the required field – Please correct
- Documentation has not been authenticated (signed) – Please correct
- Name stamp has not been used or name has not been typed into form or full name and title have not been printed in block letters below authentication – Please correct
- Verbal orders have not been authenticated – Please correct
- There is no documentation that orders have been reviewed and/or processed by Nursing – Please correct
- Documentation that Nursing has reviewed and/or process order(s) is missing action taken/time/date/authentication – Please correct
- Received outside report has not been initialed/dated by ordering provider – Please correct
- Received outside report is missing name stamp of reviewing, non-ordering provider – Please correct
- Document printed from outside source not referred to in or is missing corresponding encounter documentation – Please correct
- Document printed or received from outside source does not include both patient name and DOC number – Please correct
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Comments: _____

Auditor: _____

PROVIDER

After completion of deficiencies, return record and form to Auditor.

DO NOT place in loose filing, mailbox, or chart return.

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.