

<b>OASIS ITEM</b>
<b>(M0903) Date of Last (Most Recent) Home Visit:</b>  <div style="text-align: center;">       ____ / ____ / ____        month / day / year     </div>
<b>ITEM INTENT</b>
Identifies the last or most recent home visit by any agency provider that is included on the Plan of Care.
<b>TIME POINTS ITEM(S) COMPLETED</b>
Transfer to an inpatient facility - with or without agency discharge Death at home Discharge from agency
<b>RESPONSE—SPECIFIC INSTRUCTIONS</b>
<ul style="list-style-type: none"> <li>• If the date or month is only one digit, that digit is preceded by a "0" (e.g., May 4, 1998 = 05/04/1998). Enter all four digits of the year.</li> <li>• If the agency policy is to have an RN complete the comprehensive assessment in a therapy-only case, the RN can perform the discharge assessment after the last visit by the therapist.</li> </ul>
<b>DATA SOURCES / RESOURCES</b>
<ul style="list-style-type: none"> <li>• Clinical record</li> </ul>