



CONTINUUM
HEALTHCARE CONSULTING

5 IRF DOCUMENTATION GAPS THAT INCREASE AUDIT RISK



Interdisciplinary Documentation Gaps



When nursing, therapy, and physician documentation tell different clinical stories, it creates major audit risk.

High-Risk Areas:

- Functional progression
- Discharge goals
- Medical complexity
- Care Plan Alignment

Missing Medical Necessity Support



Documentation must clearly support:

- Why this patient?
- Why this level of care?
- Why now?

When the clinical story does not fully support the need for IRF-level services, organizations become vulnerable during audits and denials.

Late Physician Documentation



Late H&Ps, delayed physician visits, and incomplete interdisciplinary oversight create significant compliance and audit risk.

Common Issues:

- H&P completed late
- Missed physician visits
- Delayed IPOC signatures
- Weak medical necessity updates

Weak Nursing Progress Notes



Nursing documentation should clearly demonstrate:

- Ongoing skilled nursing needs
- Functional progression
- Medical complexity
- Patient response to treatment

Generic or repetitive notes weaken the overall clinical picture during audits and denials.

GG Inconsistencies



When nursing, therapy, and physician documentation reflect conflicting functional scores or progression patterns, are one of the fastest ways to trigger audit scrutiny.

High-Risk Areas:

- Inconsistent mobility scoring
- Missing GG observations
- Copy-forward documentation
- Conflicting functional status documentation

OPERATIONAL GAPS BECOME AUDIT VULNERABILITIES QUICKLY

Continuum Healthcare Consulting supports healthcare organizations with:

- IRF documentation review
- Survey readiness
- Workflow assessments
- Audit & denial support
- Plans of Correction
- Operational stabilization



CHC helps organizations identify, stabilize, and correct operational documentation risks before they become larger regulatory or financial issues.

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