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# EXPERIENCE THE ACHC DIFFERENCE

## Avoiding the Top Survey Deficiencies

# TOP SURVEY DEFICIENCIES

- Based on previous survey results, these are the anticipated deficiencies likely to be cited based on the new Medicare Conditions of Participation (CoPs)
- The deficiencies focus on 4 CoPs:
  - §484.60 Condition of Participation: Care planning, coordination of services, and quality of care
  - §484.75 Condition of Participation: Skilled professional services
  - §484.80 Condition of participation: Home Health Aide services
  - §484.55 Condition of Participation: Comprehensive assessment of patients

# TOP SURVEY DEFICIENCIES

- §484.60 Condition of Participation: Care planning, coordination of services, and quality of care
- Plan of Care:
  - An individualized plan of care that identifies patient-specific measurable outcomes and goals
  - Needs to identify all required components as required in §484.60 (a)(2)
  - All verbal orders are required to be recorded in the plan of care and a new requirement is that verbal orders are to be timed
  - Care is to be provided in accordance with the plan of care/physician orders
  - Drugs, services and treatments are administered only as ordered by the physician
  - Plan of care must be reviewed at least every 60 days or when there are any changes that may warrant a change to the plan of care

# TOP SURVEY DEFICIENCIES

- Plan of care continued:
  - Revisions to the plan of care are made based on updated comprehensive assessments
  - Revisions to the plan of care are communicated to the patient, representative (if any), caregiver, and all physicians issuing orders for the plan of care
  - Written information that is provided to the patient:
    - Visit schedule and frequency of visits
    - Patient medication schedule and instructions
    - Any treatments to be administered
    - Any other pertinent instruction related to the patient's care
    - Name of the Clinical Manager

# TOP SURVEY DEFICIENCIES

- §484.75 Condition of Participation: Skilled professional services
- Skilled professional services include skilled nursing services, physical therapy, speech-language pathology services, occupational therapy services, and medical social work services. Skilled professionals must:
  - Provide ongoing interdisciplinary assessment of the patient
  - Develop the plan of care with the patient, representative (if any), and caregiver
  - Provide services in accordance with the plan of care
  - Provide patient, caregiver and family counseling and education
  - Prepare clinical notes
  - Communicate with all physicians involved in the plan of care as well as with each other
  - Participate in the QAPI program
  - Participate in HHA-sponsored in-service training

# TOP SURVEY DEFICIENCIES

- §484.80 Condition of participation: Home health aide services
- Home Health Aides must:
  - Be qualified per §484.80(a)(1)
  - Have evidence of training and competency per §484.80(b) and per §484.80(c)
  - Have written patient care instructions prepared by the RN or other appropriate skilled professional
  - Provide services that are ordered by the physician and included in the plan of care
  - Report changes in the patient's medical condition and complete documentation per agency policies

# TOP SURVEY DEFICIENCIES

- §484.80 Condition of participation: Home health aide services
  - Be supervised at least every 14 days
  - Following the patient's plan of care for completion of tasks assigned to a home health aide by the registered nurse or other appropriate skilled professional;
  - Maintaining an open communication process with the patient, representative (if any), caregivers, and family;
  - Demonstrating competency with assigned tasks;
  - Complying with infection prevention and control policies and procedures;
  - Reporting changes in the patient's condition; and
  - Honoring patient rights.
- Have an annual observation visit in the environment in which the aide is providing care

# TOP SURVEY DEFICIENCIES

- §484.55 Condition of Participation: Comprehensive assessment of patients
- Specific to the medication review
  - An ongoing medication review is completed for all patients; in therapy-only cases, the therapist submits a list of medications for the RN to review
  - All PRN medications identify an indicator as to when the PRN medication should be administered
  - O2 is listed on the medication profile
  - The physician is notified of any medication discrepancies, side effects, problems, or reactions



# ADDITIONAL DEFICIENCIES

- §484.102 Condition of participation: Emergency preparedness
- Emergency Preparedness
  - Emergency Plan is based on a documented, facility-based and community-based all-hazards risk assessment
  - Policies and procedures are specific to your plan and the geographical area in which you provide patient care
  - Communication plan includes the required information
  - All staff have been trained
  - Two tests of the plan have been conducted:
    - Community or facility-based drill and
    - Community, facility, or tabletop drill
  - The entire plan is reviewed and updated at least annually

# ADDITIONAL DEFICIENCIES

- §484.65 Condition of participation: Quality assessment and performance improvement (QAPI)
- Must have a QAPI Program that is capable of:
  - Showing measureable improvement in areas where improvements are needed
  - Reflects the scope of the agency
  - Tracking and monitoring of quality indicators:
    - Adverse patient events
    - OASIS outcomes
    - High volume, high risk, problem prone areas
  - Must maintain improvement
  - Demonstrate governing body oversight of the program
  - Performance Improvement Projects; July 13, 2018

# EVIDENCE FOR COMPLIANCE

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- Documented evidence that is readily available
- If it's not documented, it's not done!

# AFTER ACCREDITATION

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- Once your Account Advisor emails you with the survey decision, there will be a link to the After Accreditation webinar which will tell you how to complete a Plan of Correction as well as review resources to help you maintain compliance.



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HOME HEALTH

# QUESTIONS?

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