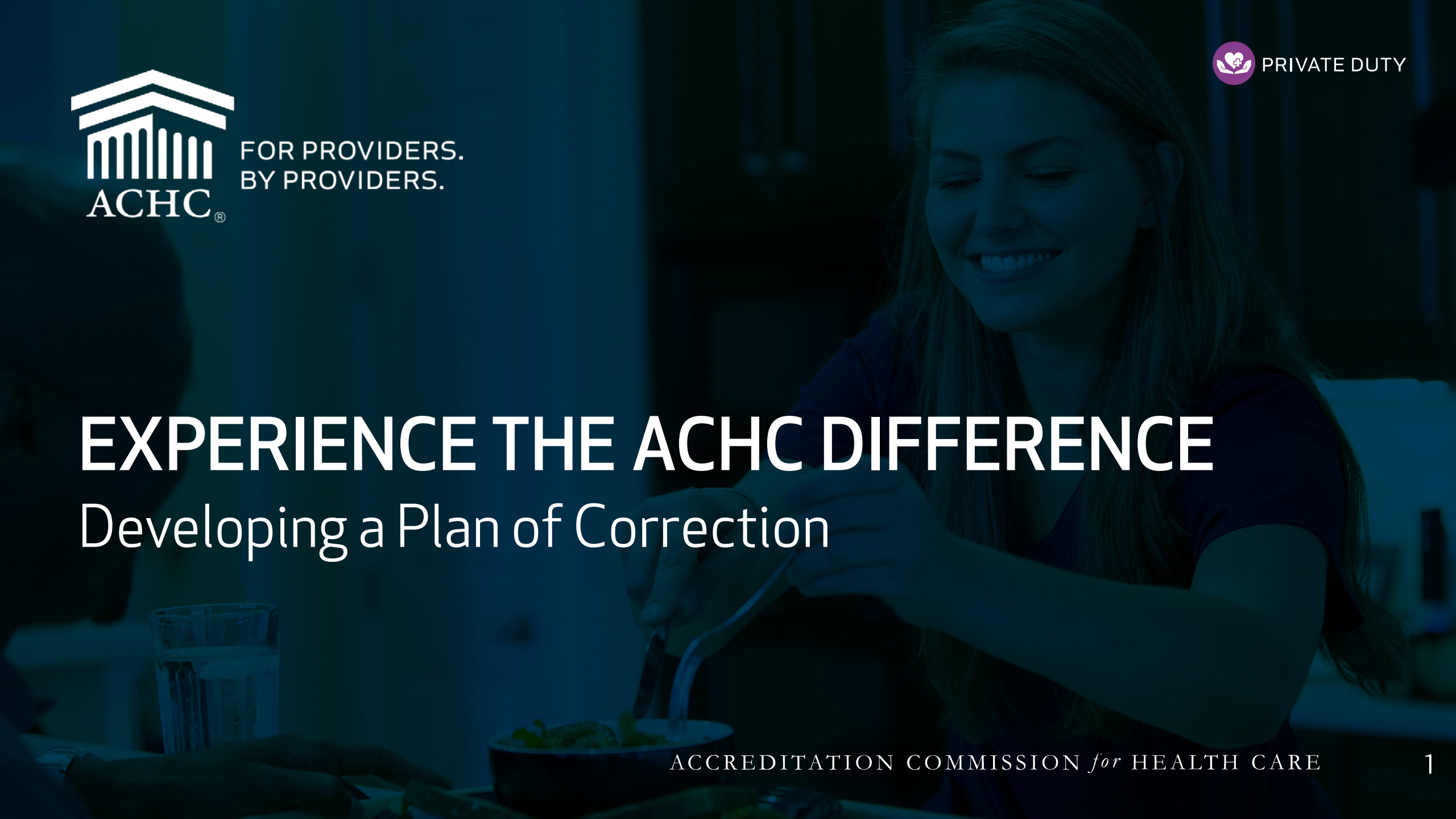


EXPERIENCE THE ACHC DIFFERENCE

Developing a Plan of Correction

ACHC®

FOR PROVIDERS.
BY PROVIDERS.

PRIVATE DUTY

EXPERIENCE THE ACHC DIFFERENCE

Post-Survey Process

POST-SURVEY PROCESS

- ACHC Accreditation Review Committee examines all the data
- Summary of Findings is sent within 10 business days from the last day of survey

ACHC ACCREDITATION DECISION DEFINITIONS

ACCREDITED

Provider meets all requirements for full accreditation status. Accreditation is granted but Plan of Correction (POC) may still be required.*

ACCREDITATION PENDING

Provider meets basic accreditation requirements but accredited status is granted upon submission of an approved POC.

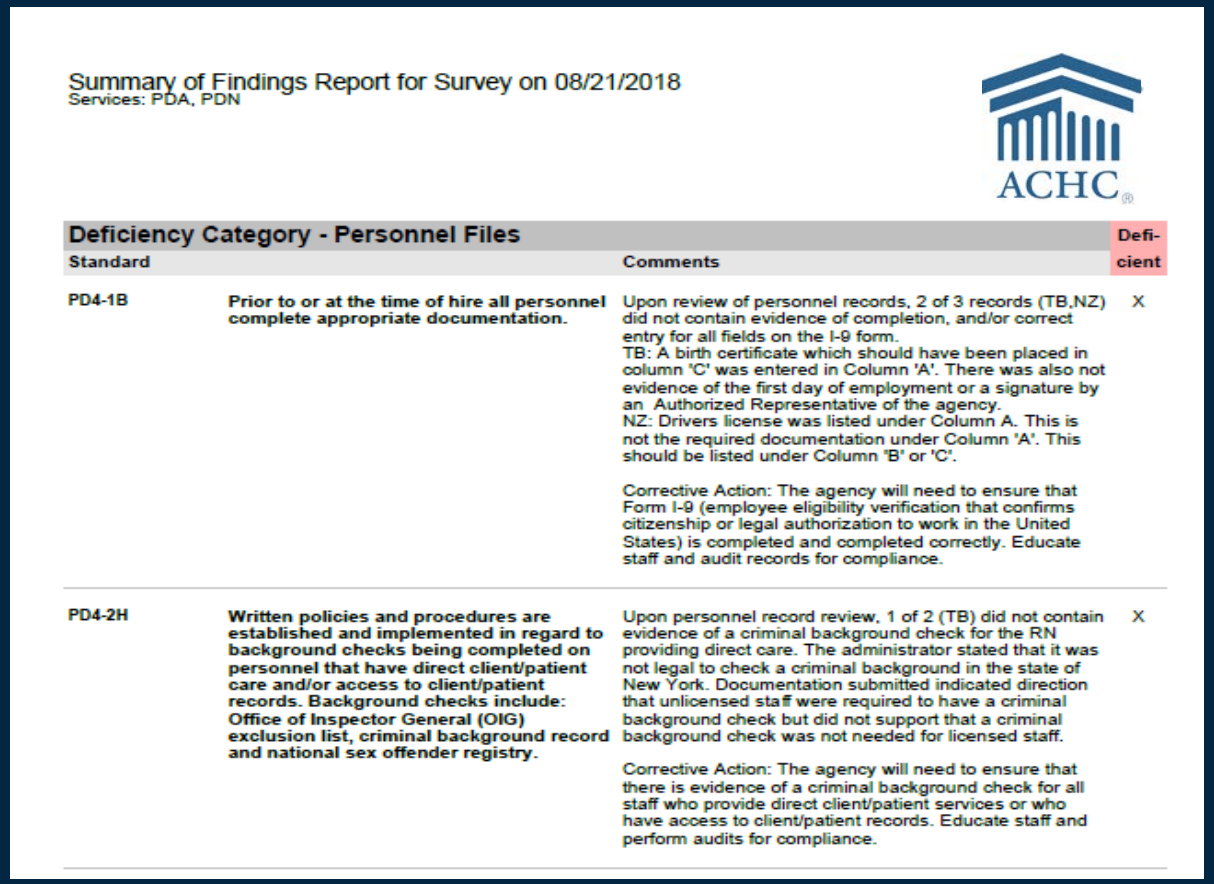
DEPENDENT

Provider has significant deficiencies to achieve accreditation. An additional on-site visit will be necessary to be eligible for accreditation.

DENIED

Accreditation is denied. Provider must start process from the beginning once deficiencies are addressed.

SUMMARY OF FINDINGS SAMPLE



Summary of Findings Report for Survey on 08/21/2018
Services: PDA, PDN

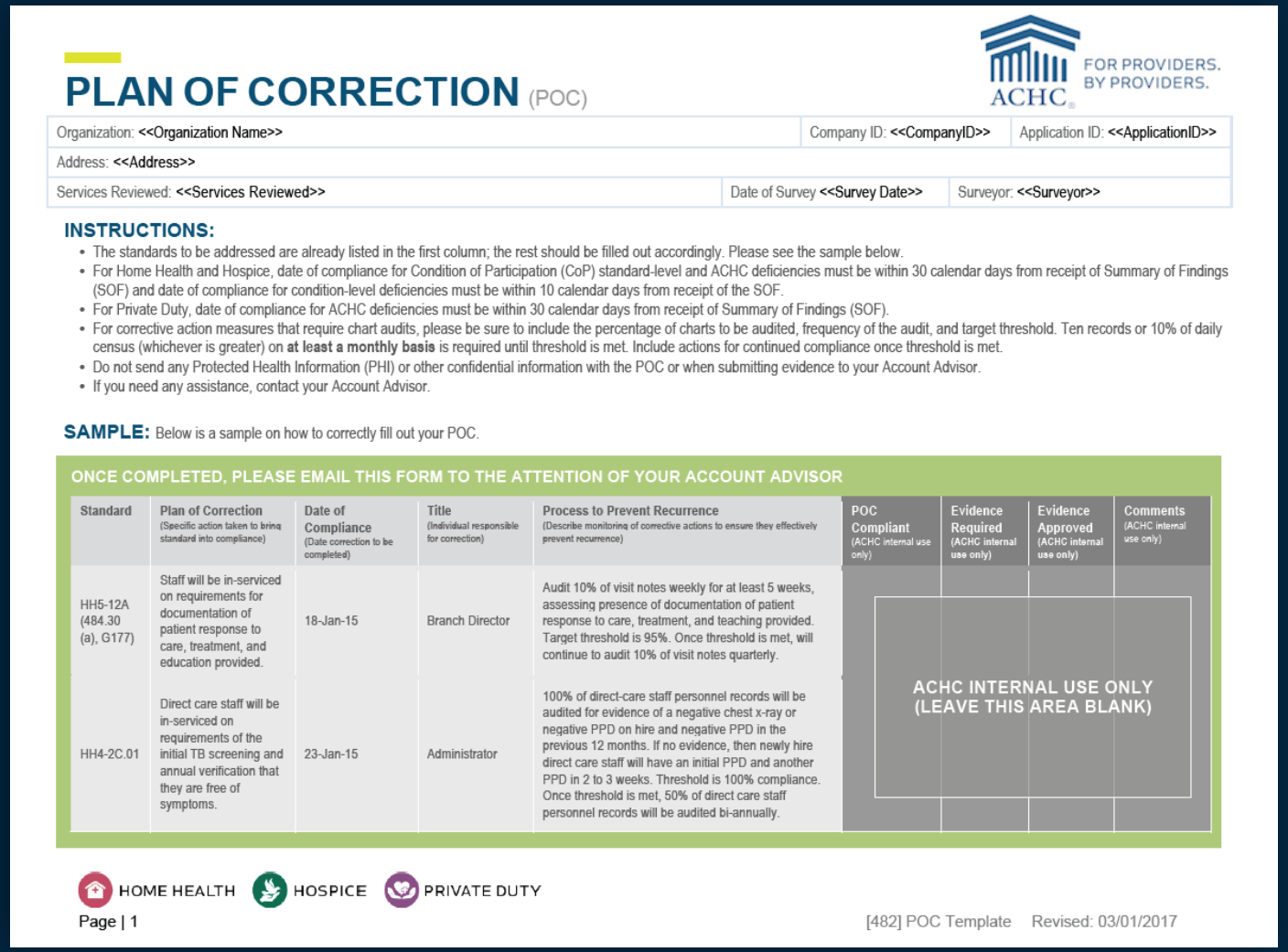
ACHC

Deficiency Category - Personnel Files			Defi-cient
Standard		**Comments**	
PD4-1B	**Prior to or at the time of hire all personnel complete appropriate documentation.**	Upon review of personnel records, 2 of 3 records (TB,NZ) did not contain evidence of completion, and/or correct entry for all fields on the I-9 form. TB: A birth certificate which should have been placed in column 'C' was entered in Column 'A'. There was also not evidence of the first day of employment or a signature by an Authorized Representative of the agency. NZ: Drivers license was listed under Column A. This is not the required documentation under Column 'A'. This should be listed under Column 'B' or 'C'. Corrective Action: The agency will need to ensure that Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States) is completed and completed correctly. Educate staff and audit records for compliance.	X
PD4-2H	**Written policies and procedures are established and implemented in regard to background checks being completed on personnel that have direct client/patient care and/or access to client/patient records. Background checks include: Office of Inspector General (OIG) exclusion list, criminal background record and national sex offender registry.**	Upon personnel record review, 1 of 2 (TB) did not contain evidence of a criminal background check for the RN providing direct care. The administrator stated that it was not legal to check a criminal background in the state of New York. Documentation submitted indicated direction that unlicensed staff were required to have a criminal background check but did not support that a criminal background check was not needed for licensed staff. Corrective Action: The agency will need to ensure that there is evidence of a criminal background check for all staff who provide direct client/patient services or who have access to client/patient records. Educate staff and perform audits for compliance.	X

PLAN OF CORRECTION REQUIREMENTS

- Due in 30 calendar days to ACHC
- Deficiencies are autofilled
- Plan of Correction
  - Specific action step to correct the deficiency
- Date of compliance of the action step
  - 30 calendar days
- Title of individual responsible
- Process to prevent recurrence (two-step process)
  - Percentage and frequency
  - Target threshold
  - Maintaining compliance

PLAN OF CORRECTION



PLAN OF CORRECTION (POC)

ACHC FOR PROVIDERS. BY PROVIDERS.

Organization: <<Organization Name>>	Company ID: <<CompanyID>>	Application ID: <<ApplicationID>>
Address: <<Address>>		
Services Reviewed: <<Services Reviewed>>	Date of Survey <<Survey Date>>	Surveyor: <<Surveyor>>

INSTRUCTIONS:

- The standards to be addressed are already listed in the first column; the rest should be filled out accordingly. Please see the sample below.
- For Home Health and Hospice, date of compliance for Condition of Participation (CoP) standard-level and ACHC deficiencies must be within 30 calendar days from receipt of Summary of Findings (SOF) and date of compliance for condition-level deficiencies must be within 10 calendar days from receipt of the SOF.
- For Private Duty, date of compliance for ACHC deficiencies must be within 30 calendar days from receipt of Summary of Findings (SOF).
- For corrective action measures that require chart audits, please be sure to include the percentage of charts to be audited, frequency of the audit, and target threshold. Ten records or 10% of daily census (whichever is greater) on **at least a monthly basis** is required until threshold is met. Include actions for continued compliance once threshold is met.
- Do not send any Protected Health Information (PHI) or other confidential information with the POC or when submitting evidence to your Account Advisor.
- If you need any assistance, contact your Account Advisor.

SAMPLE: Below is a sample on how to correctly fill out your POC.

ONCE COMPLETED, PLEASE EMAIL THIS FORM TO THE ATTENTION OF YOUR ACCOUNT ADVISOR

Standard	Plan of Correction (Specific action taken to bring standard into compliance)	Date of Compliance (Date correction to be completed)	Title (Individual responsible for correction)	Process to Prevent Recurrence (Describe monitoring of corrective actions to ensure they effectively prevent recurrence)	POC Compliant (ACHC internal use only)	Evidence Required (ACHC internal use only)	Evidence Approved (ACHC internal use only)	Comments (ACHC internal use only)
HH5-12A (484.30 (a), G177)	Staff will be in-serviced on requirements for documentation of patient response to care, treatment, and education provided.	18-Jan-15	Branch Director	Audit 10% of visit notes weekly for at least 5 weeks, assessing presence of documentation of patient response to care, treatment, and teaching provided. Target threshold is 95%. Once threshold is met, will continue to audit 10% of visit notes quarterly.	ACHC INTERNAL USE ONLY (LEAVE THIS AREA BLANK)			
HH4-2C.01	Direct care staff will be in-serviced on requirements of the initial TB screening and annual verification that they are free of symptoms.	23-Jan-15	Administrator	100% of direct-care staff personnel records will be audited for evidence of a negative chest x-ray or negative PPD on hire and negative PPD in the previous 12 months. If no evidence, then newly hire direct care staff will have an initial PPD and another PPD in 2 to 3 weeks. Threshold is 100% compliance. Once threshold is met, 50% of direct care staff personnel records will be audited bi-annually.				

HOME HEALTH HOSPICE PRIVATE DUTY

Page | 1

[482] POC Template Revised: 03/01/2017

SAMPLE AUDIT SUMMARY

EVIDENCE CHART

ACHC FOR PROVIDERS. BY PROVIDERS.™

Company name: _____

Date: _____ For the week/month of: _____

Complete the Medical Record /Personnel Record chart with the summation of your medical record and/or personnel record audit results. Complete the Observation Deficiencies chart and provide the required documents to support compliance with the requirements. Examples of evidence that may need to be submitted are: Governing Body meeting minutes, revised contracts, annual program evaluation, PI activities, or administrator qualifications.

All evidence supporting the implementation of the Plan of Correction (POC) must be submitted, at one time, to your Account Advisor within 60 days following the survey decision letter.

Do not submit evidence until your POC has been approved.
Do not submit any Protected Health Information (PHI) or confidential employee information.

Medical Record/Personnel Record Audit Summary:

DEFICIENCY	AUDIT DESCRIPTION	RECORDS CORRECT/ RECORDS REVIEWED	PERCENT CORRECT
Example: PD5-3K	Audit charts to determine care provided in accordance with the plan of care	9/10	90%

Observation Deficiencies:

DEFICIENCY	DEFICIENCY	SUGGESTED EVIDENCE
Example: PD1-10A	Incomplete contracts	Revised contracts
PD6-2A	Missing annual program evaluation	Current program evaluation

SUBMISSION OF EVIDENCE

- All evidence must be submitted within 60 days to your Account Advisor; do not submit evidence until the POC has been approved
- No Protected Health Information (PHI) or other confidential information of patients or employees is to be submitted; if it is, it will be returned
- Accreditation can be denied based on lack of evidence to support the POC was implemented and effective

DISPUTE

- If you want to formally dispute a deficiency on your Summary of Findings, you must:
  - Submit a written request to your Account Advisor that outlines the specific standard you wish to dispute within 10 calendar days from the receipt of your Summary of Findings
  - Along with the letter, you must submit the evidence to support that, at the time of the survey, you were in compliance with the standard
  - Any areas that were corrected on site during the survey are not able to be disputed
  - Do not submit any documents with PHI
  - Activity logs/data entry logs are also required if the dispute is related to an entry into an electronic medical record
- ACHC will not review any evidence for dispute if:
  - Information is submitted after the 10-day calendar timeframe or
  - The agency is not current with payment or has an outstanding balance

EXPERIENCE THE ACHC DIFFERENCE

Benefits of Partnering with ACHC

EXPERIENCE THE ACHC DIFFERENCE

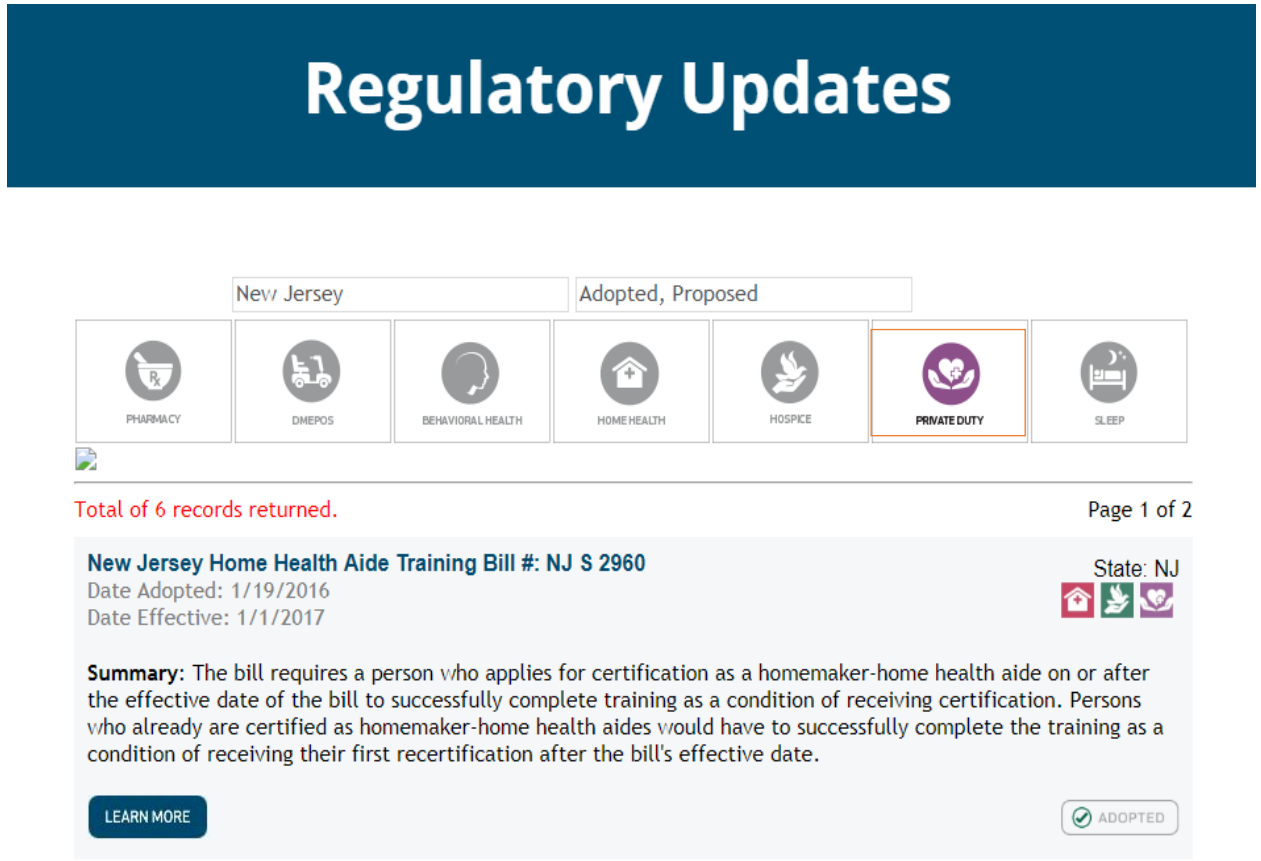
Educational Resources

EDUCATIONAL RESOURCES

- ACHCU educational division (achcu.com)
  - Workbooks and workshops
  - Webinars
- Online resources
  - *The Surveyor* newsletter
  - Regulatory updates
  - Accreditation resources
  - Maintaining compliance checklists
- Email updates
  - *"Did You Know?"* emails
  - *"ACHC Today"* bi-monthly e-newsletter

REGULATORY UPDATES

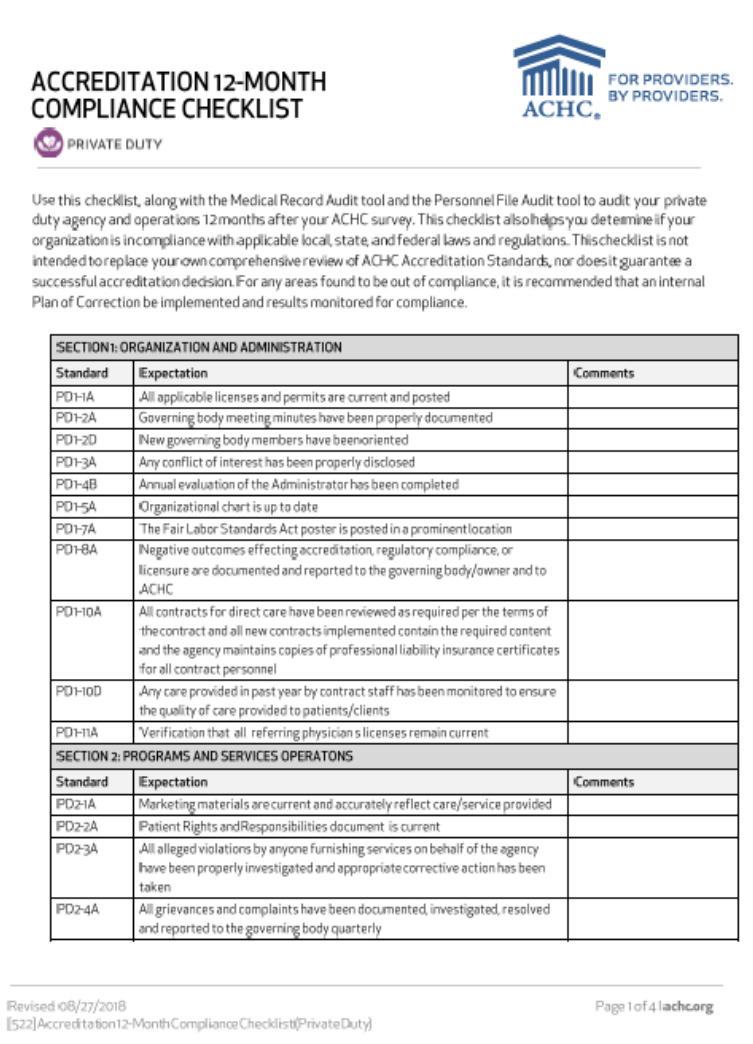
- Regulatory Updates
- *achc.org*
  - Resources and Events
  - Regulatory Updates



CUSTOMER CENTRAL

- Customer Central is available 24/7 with resources and educational materials designed for your company
- *cc.achc.org*
- Resources
  - Continued Compliance
  - Education Library
  - *"Did You Know?"* emails
  - *"ACHC Today"*
  - Accreditation Resources

MAINTAINING COMPLIANCE



ACCREDITATION 12-MONTH COMPLIANCE CHECKLIST

FOR PROVIDERS. BY PROVIDERS. ACHC

PRIVATE DUTY

Use this checklist, along with the Medical Record Audit tool and the Personnel File Audit tool to audit your private duty agency and operations 12 months after your ACHC survey. This checklist also helps you determine if your organization is in compliance with applicable local, state, and federal laws and regulations. This checklist is not intended to replace your own comprehensive review of ACHC Accreditation Standards, nor does it guarantee a successful accreditation decision. For any areas found to be out of compliance, it is recommended that an internal Plan of Correction be implemented and results monitored for compliance.

SECTION 1: ORGANIZATION AND ADMINISTRATION		
Standard	Expectation	Comments
PD1-1A	All applicable licenses and permits are current and posted	
PD1-2A	Governing body meeting minutes have been properly documented	
PD1-2D	New governing body members have been oriented	
PD1-3A	Any conflict of interest has been properly disclosed	
PD1-4B	Annual evaluation of the Administrator has been completed	
PD1-5A	Organizational chart is up to date	
PD1-7A	The Fair Labor Standards Act poster is posted in a prominent location	
PD1-8A	Negative outcomes effecting accreditation, regulatory compliance, or licensure are documented and reported to the governing body/owner and to ACHC	
PD1-10A	All contracts for direct care have been reviewed as required per the terms of the contract and all new contracts implemented contain the required content and the agency maintains copies of professional liability insurance certificates for all contract personnel	
PD1-10D	Any care provided in past year by contract staff has been monitored to ensure the quality of care provided to patients/clients	
PD1-11A	Verification that all referring physician s licenses remain current	
SECTION 2: PROGRAMS AND SERVICES OPERATONS		
Standard	Expectation	Comments
PD2-1A	Marketing materials are current and accurately reflect care/service provided	
PD2-2A	Patient Rights and Responsibilities document is current	
PD2-3A	All alleged violations by anyone furnishing services on behalf of the agency have been properly investigated and appropriate corrective action has been taken	
PD2-4A	All grievances and complaints have been documented, investigated, resolved and reported to the governing body quarterly	

Revised: 08/27/2018
[522] Accreditation 12-Month Compliance Checklist (Private Duty)

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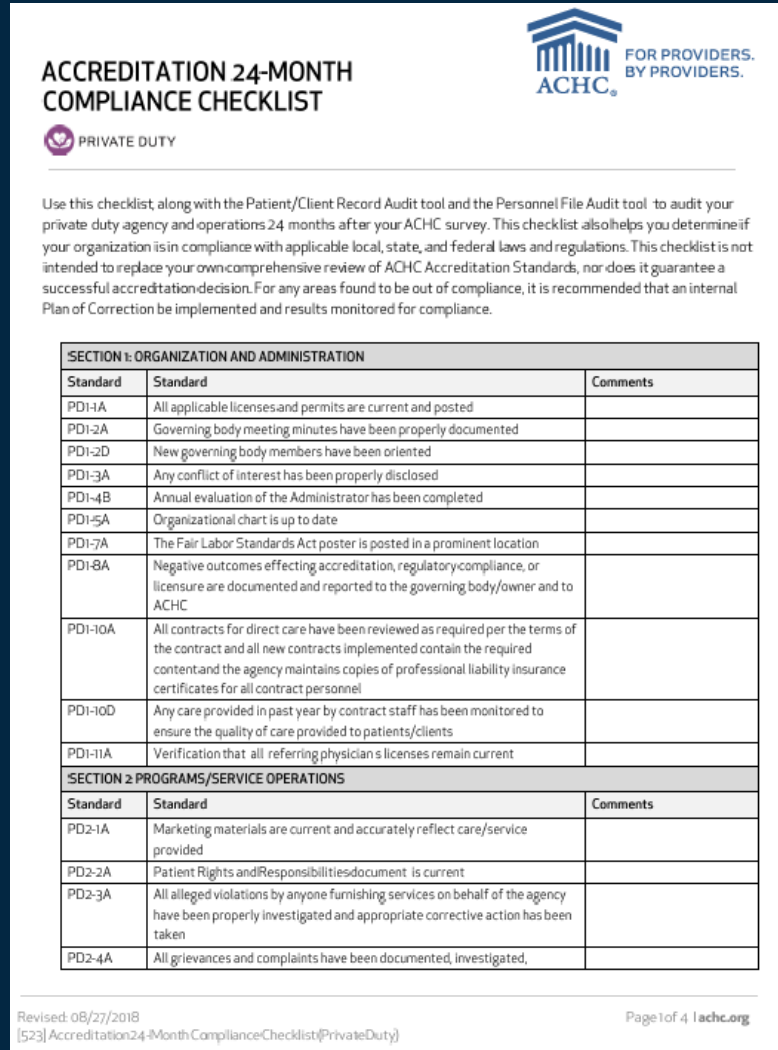


ACCREDITATION 24-MONTH COMPLIANCE CHECKLIST

FOR PROVIDERS. BY PROVIDERS. ACHC

PRIVATE DUTY

Use this checklist, along with the Patient/Client Record Audit tool and the Personnel File Audit tool to audit your private duty agency and operations 24 months after your ACHC survey. This checklist also helps you determine if your organization is in compliance with applicable local, state, and federal laws and regulations. This checklist is not intended to replace your own comprehensive review of ACHC Accreditation Standards, nor does it guarantee a successful accreditation decision. For any areas found to be out of compliance, it is recommended that an internal Plan of Correction be implemented and results monitored for compliance.

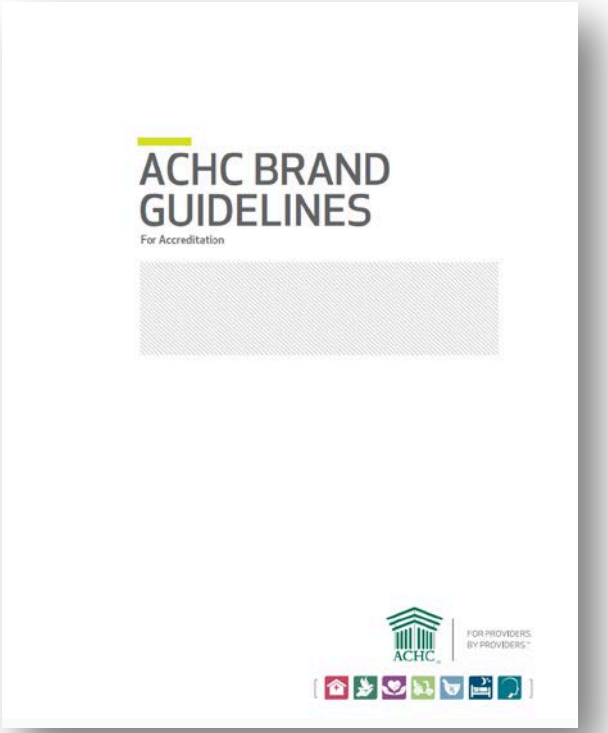
SECTION 1: ORGANIZATION AND ADMINISTRATION		
Standard	Standard	Comments
PD1-1A	All applicable licenses and permits are current and posted	
PD1-2A	Governing body meeting minutes have been properly documented	
PD1-2D	New governing body members have been oriented	
PD1-3A	Any conflict of interest has been properly disclosed	
PD1-4B	Annual evaluation of the Administrator has been completed	
PD1-5A	Organizational chart is up to date	
PD1-7A	The Fair Labor Standards Act poster is posted in a prominent location	
PD1-8A	Negative outcomes effecting accreditation, regulatory compliance, or licensure are documented and reported to the governing body/owner and to ACHC	
PD1-10A	All contracts for direct care have been reviewed as required per the terms of the contract and all new contracts implemented contain the required content and the agency maintains copies of professional liability insurance certificates for all contract personnel	
PD1-10D	Any care provided in past year by contract staff has been monitored to ensure the quality of care provided to patients/clients	
PD1-11A	Verification that all referring physician s licenses remain current	
SECTION 2: PROGRAMS/SERVICE OPERATIONS		
Standard	Standard	Comments
PD2-1A	Marketing materials are current and accurately reflect care/service provided	
PD2-2A	Patient Rights and Responsibilities document is current	
PD2-3A	All alleged violations by anyone furnishing services on behalf of the agency have been properly investigated and appropriate corrective action has been taken	
PD2-4A	All grievances and complaints have been documented, investigated,	

Revised: 08/27/2018
[523] Accreditation 24-Month Compliance Checklist (Private Duty)

Page 1 of 4 | achc.org

MARKETING TOOLS

- ACHC provides you the tools to leverage your accredited status
- All accredited organizations receive the ACHC Branding Kit
  - Brand Guidelines
  - ACHC Accredited logos
  - Window cling
- cc.achc.org
  - Branding Kit



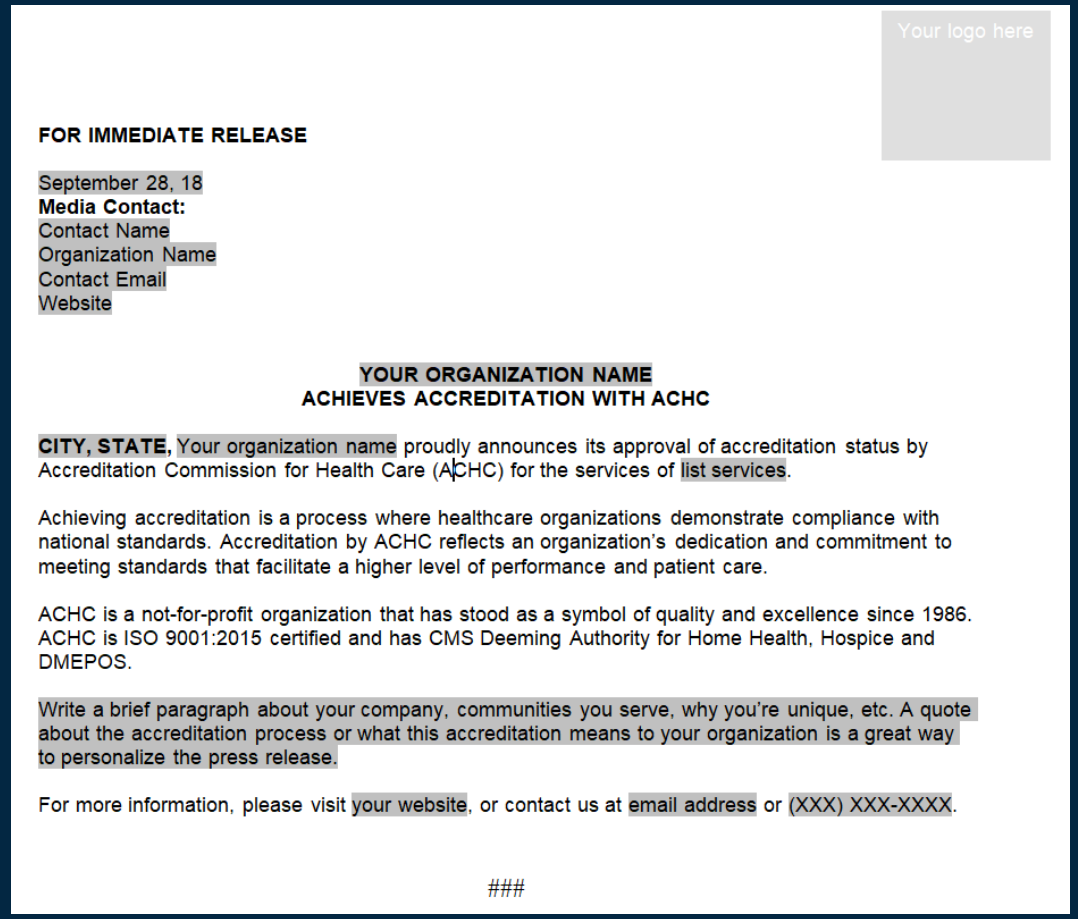
BRANDING ELEMENTS

- Gold Seal of Accreditation
  - Represents compliance with the most stringent national standards
- ACHC Accredited Logo

PROMOTING YOUR ACCREDITED STATUS

- A few basic places to promote ACHC-accredited status:
  - Website – *home page or dedicated landing page*
  - Marketing Materials – *any marketing piece that is seen by the public*
  - Press Releases – *in the "boilerplate" of the press release, or the background information normally found towards the bottom of a press release*
  - Social Media – *home page, banner image, or profile image*
  - Promotional Items – *trade show displays, giveaways, binders, or folders*
  - Email – *email signature*

SAMPLE PRESS RELEASE



Your logo here

FOR IMMEDIATE RELEASE

September 28, 18
Media Contact:
Contact Name
Organization Name
Contact Email
Website

YOUR ORGANIZATION NAME
ACHIEVES ACCREDITATION WITH ACHC

CITY, STATE, Your organization name proudly announces its approval of accreditation status by Accreditation Commission for Health Care (ACHC) for the services of list services.

Achieving accreditation is a process where healthcare organizations demonstrate compliance with national standards. Accreditation by ACHC reflects an organization's dedication and commitment to meeting standards that facilitate a higher level of performance and patient care.

ACHC is a not-for-profit organization that has stood as a symbol of quality and excellence since 1986. ACHC is ISO 9001:2015 certified and has CMS Deeming Authority for Home Health, Hospice and DMEPOS.

Write a brief paragraph about your company, communities you serve, why you're unique, etc. A quote about the accreditation process or what this accreditation means to your organization is a great way to personalize the press release.

For more information, please visit your website, or contact us at email address or (XXX) XXX-XXXX.

###

ACHC MARKETING RESOURCES

- ACHC's Marketing Department is available to help with your marketing needs
- Feel free to contact ainfo@achc.org or (855) 937-2242

WE VALUE YOUR FEEDBACK

- You will receive a Customer Satisfaction survey once you receive your final accreditation decision


ACHC
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BY PROVIDERS.
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THANK YOU
Accreditation Commission for Health Care
139 Weston Oaks Ct., Cary, NC 27513
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