

ACHC Accreditation Guide to Success

 HOME CARE

ACHC Accreditation Guide to Success Disclaimer

All sample policies and procedures provided in the *ACHC Accreditation Guide to Success* are for example and illustration purposes only. Each organization is unique in its organizational structure and product offerings and must develop and implement specific policies and procedures that ensure compliance with all ACHC standards. Their policies and procedures must also meet or exceed state and/or federal regulatory requirements.

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Dear Provider,

Thank you for your interest in ACHC Accreditation. The *ACHC Accreditation Guide to Success* is only one of the many resources we offer to help your organization improve efficiencies, as well as prepare your team for a successful on-site accreditation survey.

Our interest is to deliver an experience that you won't get with any other accrediting organization. Every one of our employees shares this commitment. From our receptionist to our Surveyors, you will find that delivering the best possible experience is our top priority.

We provide knowledgeable, experienced Surveyors who can offer "best practices" guidance based on their experience. I believe you will find our Surveyors to be highly qualified in their respective areas of expertise, with a sincere interest in helping you attain your objective without compromising standards.

Our Account Advisors can be easily reached and are committed to returning all calls and emails within four hours of receipt. They are here to walk you through the entire accreditation process and are available to answer any questions. We also have a strong marketing team that is constantly developing new products that can assist our customers with their growing businesses.

If at any time you feel we do not deliver on these commitments, please do not hesitate to reach out to me directly. Again, thank you for your interest in ACHC Accreditation as well as your dedication to providing high quality healthcare services.

Sincerely,



José Domingos
President and CEO

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WHY SEEK ACCREDITATION?

Become an Industry Leader

Accreditation is regarded as one of the key benchmarks for measuring the quality of an organization. Preparing for accreditation gives your organization an opportunity to identify strengths as well as opportunities for improvement. The accreditation process provides essential information needed to make decisions regarding operations that will improve the effectiveness and efficiency of your organization.

Become a Provider of Choice

- Differentiate your organization from other healthcare providers
- Illustrate your commitment to quality and ensure that your clients/patients are receiving the best care possible
- Gain client/patient recognition and trust
- Strengthen consumer confidence in your organization and the quality of care/services you provide
- Illustrate your organization's ability to maintain compliance with national industry standards and changes

THE ACHC DIFFERENCE

ACHC has gained respect and recognition as an accrediting organization uniquely committed to healthcare providers. Since 1986, ACHC has become synonymous with providing excellent customer service, integrity, and value. Our Surveyors and Account Advisors are friendly and helpful, ensuring that you obtain the highest quality of accreditation and ultimately helping you improve your business and provide excellent client/patient care.

ACHC is dedicated to listening to providers, and we want you to know that we understand your challenges and concerns. We have taken an innovative approach to accreditation, and we invite you to experience the ACHC difference:

- Standards that are relevant and realistic, easy to understand, and customized to your organization
- Personal Account Advisors to assist you with any questions and provide guidance throughout the accreditation process
- All-inclusive pricing with no annual or added fees
- Friendly and experienced Surveyors who offer evidence-based practices to improve your business
- Accreditation services for a variety of programs
- Recognition by all major third-party payors
- ACHC has achieved the international distinction of certification and continued compliance with ISO 9001:2015

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HOW TO USE THIS WORKBOOK

Each standard is written with specific requirements and/or helpful hints to assist your organization in understanding the expectations for compliance.

Essential Components

For each of the ACHC Standards, you will find a section titled Essential Components. This is an indication of what needs to be readily identifiable in a policy and procedure, personnel record, client/patient record, or the Performance Improvement Program/Plan.

Other Tools

Each section also contains audit tools, sample policies and procedures, templates, compliance checklists, and a self-assessment tool to further guide you in the preparation process.

ACHC HOME CARE ACCREDITATION STANDARDS

Customized for:

HCA—Home Care Aide

HCC—Home Care Companion/Homemaker

HCN—Home Care Nursing

HCOT—Home Care Occupational Therapy

HCPT—Home Care Physical Therapy

HCST—Home Care Speech Therapy

HCSW—Home Care Social Work

Quick Standard Reference

Quickly locate important information for successfully completing the accreditation process with ACHC.

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PRE-SURVEY PREP

State and Local Laws

One of the first steps in preparing for accreditation is to review all state and local laws that pertain to operating a home care organization. Often, state and local regulations can be found on your state's home care association website. Compliance with the most stringent regulations is required to be in compliance with ACHC Accreditation Standards.

Current Customers

If you are a current customer of ACHC and are applying for renewal of accreditation, the application, complete with deposit, should be submitted approximately seven to nine months before your certification/accreditation expires.

Create A Customer Central Account

Your first step in the accreditation process is to create your Customer Central account, where you will have access to all of the tools needed to achieve and maintain ACHC Accreditation. Once you have registered your account, you will have the ability to review ACHC Standards, complete an online application, and access all of ACHC's accreditation resources. Your organization will also receive a personal Account Advisor who will serve as your consistent point of contact throughout the entire process.

Download ACHC Standards

The next step in the process is to download the ACHC Standards relevant to the programs and services you provide. Your Customer Central account will provide you access to preview and purchase ACHC Standards. By purchasing the standards, you will gain unlimited access to ACHC Standards.

When downloading your standards, make sure you only select those services that your organization provides. Each set of standards is customized based on the products and services that you select at the time of download. If you have any questions, please contact your Account Advisor.

Once standards are downloaded, it is important to read them thoroughly. ACHC Standards follow a specific format that allows the reader to know the expectation for determining compliance.

- **Standard**
 - » Provides a broad statement of the expectation in order to be in compliance with ACHC Standards and what follows is the detailed description of what is required to be compliance.
- **Evidence**
 - » Provides items that will be reviewed, either on site or as part of the Extended Policy Review (EPR), to determine if the standard is met.

HINT

The standard that follows illustrates the format that is utilized.

🛡️ **Standard HC1-1A:**

The Agency is in compliance with federal, state, and local laws.

- The Agency and its personnel must operate and furnish services in compliance with all applicable federal, state, and local laws and regulations related to the health and safety of clients/patients. If state or applicable local law provides for the licensure of a HC, an Agency must be licensed.

The Agency has a physical location and all required license(s) and or permit(s) are current and posted in a prominent location accessible to public view in all locations/branches and/or in accordance with appropriate regulations or law.

The Agency is an established entity with legal authority to operate and has the appropriate Articles of Incorporation, or other documentation of legal authority. Legal authority is granted to one individual, members of a limited liability corporation, a board of directors, or a board of health (usually referred to as the governing body), and as allowed in state statutes for the appropriate type and structure of the Agency. The entity, individual, or Agency has a copy of the appropriate documentation or authorization(s) to conduct business.

- » Evidence: Copy of Articles of Incorporation/Bylaws and all applicable amendments
 - » Evidence: Copy of all current applicable license(s)/permit(s) for each premise
-

WRITING POLICIES AND PROCEDURES

Well-written policies and procedures (P&P) are essential tools in guiding your staff in the delivery of consistent, high-quality care. The P&P are also necessary for the completion of the Preliminary Evidence Report (PER). A preliminary review of your P&P is a time-saving and necessary step to ensure that required ACHC components are included and “readily identifiable.” A **Policy Template** is provided at the back of this section as a reference tool.



HINT

If you are unclear as to whether the P&P meet the standard, it will most likely be questionable to the Surveyor as well.

What's the difference between a policy and a procedure?

- A policy is the "what" statement. It provides broad direction for appropriate actions and decision making. Policies are often based on regulations that specify what your organization must do or provide.
- A procedure is the internal process your organization develops and follows to implement a policy. A procedure describes the "who, when, and how" details of the policy. Be careful not to make procedures too restrictive. Also, write procedures to meet mandatory requirements and to provide consistency, but allow enough flexibility to permit staff to use their own professional judgment, as appropriate.

How to get started:

- First, assemble all applicable federal, state, and local regulations and ACHC Standards. Remember, the strictest regulation standard must be implemented in order to be in compliance.
- Decide how you are going to organize your P&P. Most organizations find that multiple manuals are required: An administrative manual, a clinical manual, and a human resources manual. Within each manual, subgroups/chapters are often needed. You may choose to organize the information by department or by topic. For simplicity, many organizations use the ACHC section headings to organize their policy manuals.

Format:

All P&P must follow a standard format to ensure consistency, and all relevant items should be included. The header must include:

- The name of your organization
- The title of the P&P
- The number of the P&P
- The effective date of the P&P

The body of the P&P should include:

- The scope defining the department or program to which the P&P is applicable
- Policy statement that includes specific regulations, laws, and the guiding principles of your organization
- Procedure that includes specific tasks needed to implement the policy
- References or resources that validate the P&P

The footer should include:

- Author and title of the P&P
- Creation date of P&P
- Revision dates of P&P

Control

It is best practice to have a method of control over P&P. Sometimes, well-meaning staff create a form or revise a policy, provide care/service based on that form or policy, and soon staff are operating outside the organization's approved P&P.

To reduce the risk of inconsistencies and staff operating outside of your approved P&P, it is helpful to designate a specific individual or position that is responsible for overseeing this function.

SUBMIT REQUIRED DOCUMENTS

ACHC requires the following five items to be completed before scheduling your survey:

1. Online Application
 - » The online application is found in your Customer Central account. Here, you have the ability to complete the entire application process in one easy-to-use interface.
2. Deposit
 - » Quickly and securely submit your accreditation deposit through Customer Central.
3. Accreditation Agreement
 - » Review and return your signed Accreditation Agreement (contract) to ACHC.
4. Payment Methods
 - » Schedule your payments by selecting the payment method of choice for the remaining accreditation balance.
5. Preliminary Evidence Report (PER) Checklist (only for initial applicants)
 - » The PER allows your organization to submit select documentation to ACHC for review prior to the accreditation survey. This step provides supporting evidence to demonstrate your organization's understanding of, and compliance with, ACHC Standards.
 - » The PER must be submitted electronically through your Customer Central account.

EXTENDED POLICY REVIEW

ACHC offers an optional Extended Policy Review, allowing customers to submit a comprehensive set of P&P for review by an ACHC Surveyor. This service is extremely valuable to companies that are undergoing initial accreditation to ensure that all documents and P&P are ready for the on-site survey.

After a Surveyor has completed the Extended Policy Review, a Desk Review Report will be returned directly from the Account Advisor. This report notes any deficiencies found within the P&P, including an indication of any information that the Surveyor was unable to locate.

You will have 21 days from the date of the Desk Review Report to revise and re-submit all corrections to the P&P submitted with your policies. All revisions must be sent directly (electronically) to your Account Advisor. Submitting revised documents within this time frame allows the Surveyor an opportunity to re-evaluate this information prior to your on-site survey.

Remember, policy often reflects practice! You have 30 days from receipt of the Desk Review Report to revise policies, educate staff regarding policy revisions, and to ensure revisions are implemented in client/patient care/service before the ACHC Surveyor arrives on site to conduct your survey.

The results of your Extended Policy Review will give an indication of your organization's readiness for the on-site ACHC survey. If multiple revisions were required in order to bring P&P into compliance, staff will likely need education on the revisions and time to implement these revisions in direct care. If few revisions were required in order to bring your P&P into compliance, your staff is likely providing care/service that is representative of your organization's policies.

PREPARING YOUR ORGANIZATION

- **STAFF EDUCATION** – Educating staff is a vital aspect of survey preparation. Staff involvement is paramount during the survey process. It is not enough for higher-level staff, such as the Administrator and/or Supervisor, to be knowledgeable and prepared; direct client/patient care/service staff must be prepared as well.

Staff are typically aware of the clinical procedures they perform on a daily basis, but often have difficulty with P&P surrounding the less frequent issues that may arise. An example of this may be your organization's P&P regarding a client/patient complaint or incident.

📖 An **Interview Audit Tool** has been provided in the back of this section to assist you in educating your staff.

- **FIELD VISITS** – Field visits are powerful learning opportunities for your staff including the Administrators and/or Supervisors. Your staff may become nervous while being observed, which often leads to the inability to remember the most common practices, like following your P&P for hand washing before providing client/patient care. Field visits not only desensitize staff to the process of being observed, but they also provide the Supervisor the opportunity to observe staff and to ensure quality care/service is being provided, as well as to ensure staff are adhering to your organization's P&P.

- **AUDITING** – Audit, audit, and audit some more. Auditing of client/patient and personnel charts, as well as any logs, meeting minutes, and/or reports, is a key component to a successful survey. Auditing allows your organization an opportunity to identify both strengths and weaknesses, as well as put corrective actions into place before the Surveyor arrives. Not all items can be corrected, but processes can be improved to ensure ongoing compliance. It is best to identify and develop a Plan of Correction (POC) for any deficiencies found during the audit process and to track your progress to determine if compliance has been achieved.

📖 To develop a POC, refer to the **Plan of Correction Template** at the back of this section.

- **PRACTICE RUN** – Being organized allows the survey process to run smoothly and helps decrease anxiety staff may be experiencing. Organizations often find it useful to complete a practice run of the survey process.

Here are a few things to consider:

- » Walk through the front door and observe the surroundings objectively:
 - Is signage present?
 - Is Protected Health Information (PHI) accessible to the public?
 - Is there someone there to greet visitors and direct them to the proper person/department?
 - Are direct care/service staff wearing their name badges?
- » Ask yourself the following questions:
 - How long does it take to generate the required reports needed for the Surveyor?
 - Who is responsible for generating/maintaining the required reports?
 - If key staff are unavailable, who will gather this information?
 - Where is the information located?

 **An Items Needed for Survey List and an Observation Audit Tool** have been provided at the back of this section.

ON-SITE SURVEY PROCESS

- **SURVEY ETIQUETTE** – The ACHC Surveyor will arrive shortly after the opening of business. Check identification and make a photocopy for your files if you choose. Escort them to an appropriate workspace, preferably one with a working phone and wall plug. Show the Surveyor where the bathrooms, coffee, etc., are located. It is ACHC policy that you may not purchase lunch, dinner, etc., for Surveyors.

- **OPENING CONFERENCE** – The opening conference can begin shortly after the Surveyor has been escorted to the workspace. Feel free to invite appropriate staff to the opening conference. Remember, the opening conference starts the survey process, so this will need to happen quickly.

This is the time to present any additional P&P revisions you have as a result of your desk review.

- **TOUR** – A facility tour typically happens after the opening conference. This is a good time to generate the Unduplicated Admissions Report as well as the Current Client/Patient Census and Personnel/Staff Report.

- **CHART SELECTION**

- » **PERSONNEL RECORDS** – Surveyors will review personnel charts based on the services your organization provides. For example, Registered Nurse (RN), Licensed Practical Nurse (LPN), and Licensed Vocational Nurse (LVN) charts will be reviewed if your organization provides nursing services. In addition, the Surveyor will review the personnel charts for the Administrator and the Clinical Supervisor/Director of Nursing (DON) as well as the staff member responsible for Performance Improvement (PI). The personnel file review includes staff who are employees of the agency, as well as contract staff who provide services on behalf of the agency. Agencies are not required to maintain personnel files for contract staff, but they must be able to demonstrate that contract staff are in compliance with ACHC requirements.

Depending on the size and complexity of your organization, it may be helpful to have a representative from Human Resources available to answer any questions the Surveyor may have while reviewing the personnel charts.

- » **CLIENT/MEDICAL/PATIENT RECORDS** – The Surveyor will choose charts based on the complexity of the care/services provided. Record reviews will occur on active and discharged clients/patients.

If your organization maintains electronic medical records, it is helpful to have someone knowledgeable with the system to navigate or demonstrate the layout of these records to the Surveyor. This helps to ensure all documentation is reviewed on site. The Agency will need to provide the Surveyor with a laptop or desktop to access medical records and access must be "read-only."

Prior to the exit conference, provide your Surveyor with any missing documentation or other items requested as quickly as possible. This is the final opportunity to ensure the Surveyor has reviewed all required items necessary to determine compliance with the ACHC Standards.

- **STAFF INTERVIEWS** – Staff interviews will also be conducted during the survey. The Surveyor will choose and select staff based on the care/services provided. In addition, the Surveyor will interview the Administrator and the Clinical Supervisor, as well as a governing body member, if applicable.
- **HOME VISIT** – A home visit will be conducted on at least one client/patient. The purpose of the visit is twofold: to ensure the care/service provided follows acceptable standards of practice and

to interview the clients/patients regarding their perspective on the care/service provided.


It is the responsibility of your organization to obtain consent, written or verbal, from the client/patient or the appropriate representative. Be certain to reassure the client/patient that the Surveyor was invited by your organization to participate in the survey process.

The Surveyor may or may not stay for the entire home visit, so it is best for the Surveyor to drive independently or ride with an agency-appointed driver. If your Surveyor drives independently, please provide printed directions both to the home he or she is visiting, as well as directions for returning to the office.

- **EXIT CONFERENCE** – You are allowed to invite whomever you choose to attend the exit conference. If the exit conference is recorded, two copies must be recorded simultaneously, and the Surveyor has the option to choose which recording he or she will return to ACHC.

The Surveyor will present the deficiencies found during the on-site survey. The deficiencies will be identified using the ACHC Standard number. Take good notes during the exit conference. The final report, Summary of Findings (SOF), will come from your Account Advisor within 10 business days following the last day of the survey.

Seek clarification from your Surveyor while still on site; this is your last opportunity to talk to them directly, as once they leave, all communication will be with your Account Advisor.

 A **Sample Survey Agenda** is provided at the back of this section.

POST-SURVEY PROCESS

- **ACCREDITATION DECISIONS** – Accreditation decisions are made by the Review Committee based on the findings of the survey.

There are four Accreditation decisions:

- » Approved— Provider meets all requirements for full accreditation status.
 - » Accreditation Pending— Provider meets basic accreditation requirements, but accreditation status is granted upon submission of an approved Plan of Correction (POC).
 - » Dependent— Provider has significant deficiencies to address in order 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 beginning once deficiencies are addressed
- **SUMMARY OF FINDINGS (SOF)** – An SOF will be sent to the organization within 10 business days following the last day of the survey. The SOF is the final account of deficiencies and will be the basis for the POC.
 - **PLAN OF CORRECTION (POC)** – The POC template will be sent electronically from your Account Advisor. All documentation must be on the POC template.
 - An acceptable POC contains the following elements:
 - » The standard that was out of compliance (provided on the SOF)
 - » Plan of Correction: State what measures will be put into place or what systemic changes will be made to ensure that the deficient practice will be corrected. Explain what was done to fix each of the findings listed. Consider whether or not the agency needs to develop or modify a current process or system and describe the changes made
 - » Date of Compliance: Provide dates when stated tasks are to be accomplished. Dates should be realistic given the specifics of your agency, such as staffing and current

operations. The date of compliance must be no later than 30 calendar days from the receipt of the SOF

- » Title: Use title(s), not names, so the POC does not need to be redone if roles change or if staff leave
 - » Process to Prevent Recurrence: Describe how your organization plans to monitor the changes to ensure the action steps put into place are effective. Consider the frequency of monitoring, sample size, acceptable threshold, and systems to monitor the new process. For corrective action measures that require chart audits, include the number or percentage of charts to be audited, the frequency of the audit, and a target threshold. A minimum of 10 charts or 10% of daily census (whichever is greater) must be audited on at least a monthly basis until the acceptable threshold is met. After the threshold is met, audits may be decreased to quarterly
 - **EVIDENCE** – If evidence is requested, it will need to be submitted to ACHC within 60 days of the receipt of the SOF.
 - Acceptable evidence would be a brief description of the audit, how many were reviewed, and how many were correct. ACHC has created an Evidence Chart Summation Tool to assist with the submission of evidence. This will be sent to you from your Account Advisor once your POC has been approved.
 - Do not send any PHI or EPHI on clients/patients or staff.
- 📖 A **Plan of Correction Template** is provided at the back of this section.

Survey Process Tools:

- Policy Template
- Potential Agency Staff Interview Questions
- Items Needed for Survey
- Personnel File Review
- Observation Audit Tool
- Home Visit Audit Checklist
- Plan of Correction Sample
- Evidence Chart Template
- Sample Agenda

POLICY TEMPLATE

Agency Name

Policy Title:

Policy #:

Scope:

Effective:

Policy:

Procedure:

References:

Authored by:

Date Created:

Date Revised:

Home Care Staff Interview Questions



POTENTIAL AGENCY STAFF INTERVIEW QUESTIONS

Gray box indicates question is non-applicable.

	ACHC Standard	Governing Body Members Owner/CEO	Administrator/Alternate Administrator	Nurse	Therapists/Social Worker	Aide	Homemaker/Companion
Can you describe your duties and accountabilities?	HC1-2A						
Can you describe your orientation process?	HC1-2D						
Can you describe the Agency's policies and procedures on conflict of interest and how it affects you?	HC1-3A						
Whom did you receive an evaluation from? When was the last evaluation?	HC1-4B, C						
Can you describe the chain of command?	HC1-5A						
What negative outcomes must you report to ACHC? Have you had any negative outcomes?	HC1-8A						
What type of organizational changes would you report to ACHC?	HC1-9A						
Describe the process to ensure orders are only accepted from currently licensed physicians.	HC1-11A						
List three to four client/patient rights.	HC2-2A						
To whom would you report any alleged violation involving mistreatment, neglect, or abuse of a client/patient and in what time frames?	HC2-3A						
To whom would you report verified violations to and in what time frame?	HC2-3A						
How are clients/patients informed of their right to report a grievance or complaint?	HC2-4A						
How do you provide information regarding Advance Directives to clients/patients?	HC2-6A						
What training did you receive on the agency's policies and procedures on ethical issues? Give an example of an ethical issue you may encounter in your day-to-day work.	HC2-7A						
How would you provide care/service to a client/patient/family with a communication/language barrier?	HC2-8A						
How would you provide care/service to clients/patients/families with various cultural backgrounds, beliefs, and/or religions?	HC2-8B						
Who is your Compliance Officer?	HC2-9A						

POTENTIAL AGENCY STAFF INTERVIEW QUESTIONS

Gray box indicates question is non-applicable.

	ACHC Standard	Governing Body Members Owner/CEO	Administrator/Alternate Administrator	Nurse	Therapists/Social Worker	Aide	Homemaker/Companion
How often do you review and update your budget?	HC3-1B						
How often do you have a performance evaluation? Is it shared with you?	HC4-2J						
Did you receive an orientation? Describe the orientation process.	HC4-5A						
Did you receive a competency assessment upon hire?	HC4-6A						
Do you receive an annual competency assessment?	HC4-6B						
Do you receive ongoing in-services during the year? What topics are discussed?	HC4-7A, B						
Who do you report to within the organization when you are on-call?	HC4-9A						
Who is responsible for the overall supervision of aides when some supervisory activities are delegated to paraprofessionals?	HC4-11B						
How do you document the involvement of the client/patient in the plan of care/service?	HC5-3I						
How often is the aide service plan of care/service reviewed?	HC5-3L						
How often are you supervised?	HC5-3M						
How often is the Plan of Care/Service reviewed?	HC5-3N						
What do you do if your agency cannot meet the needs of a client/patient?	HC5-4A						
How do you ensure that client/patient education is focused on goal and outcome achievements as established in the plan of care/service?	HC5-6B						
Describe the Performance Improvement (PI) initiative your organization is currently working on.	HC6-1C						
How are you involved in the PI program? Describe the projects you are involved with.	HC6-1D						
What type of training have you received in regard to Performance Improvement (PI)?	HC6-1D						
What type of infection control education do you provide to clients/patients?	HC7-1A, B						
What type of education and/or training have you received in regard to safety-related issues?	HC7-2A						
What type of safety issues do you address while in the client/patient home?	HC7-2B						
What training have you received in regard to the process for meeting client/patient needs during a disaster/crisis?	HC7-3B						

POTENTIAL AGENCY STAFF INTERVIEW QUESTIONS

Gray box indicates question is non-applicable.

	ACHC Standard	Governing Body Members Owner/CEO	Administrator/Alternate Administrator	Nurse	Therapists/Social Worker	Aide	Homemaker/Companion
Describe the accident/incident reporting process.	HC7-7A						
How do you maintain and repair the equipment used in the provision of care/service to the client/patient?	HC7-9A						

Items Needed for Survey



ITEMS NEEDED FOR SURVEY

Below are items that will need to be reviewed by the Surveyor during your on-site survey. Please have these items available prior to your Surveyor's arrival to expedite the process. If you have any questions, please contact your Account Advisor.

- Current client/patient census complete with start-of-care/service date, admitting diagnosis, and disciplines providing care/service
- Current schedule of client/patient visits
- Discharge/transfer client/patient census for past 12 months (or since start of operation, if less than one year)
- Personnel list with title, discipline, and hire date (including direct care/service contract staff)
- Any previous survey results from the past year
- Admission packet or education materials given to patients
- Staff meeting minutes for the past 12 months
- Any internal Plan of Correction based on identified deficiencies along with audit results

Annual requirements are not applicable to agencies in operation for less than one year.

This document is applicable to HCA, HCC, HCN, HCPT, HCOT, HCST and HCSW. You should reference the standards applicable to the services your agency provides for full detail of the requirements for compliance.

ACHC Standard(s)	Required Item	Located
HC1-1A	Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws	
HC1-1A.01	Access to policy and procedure manual with the following policies flagged: <ul style="list-style-type: none"> ■ HC2-2A Client/patient rights and responsibilities policy ■ HC2-3A Investigation of abuse, neglect, and exploitation policy ■ HC2-4A Grievance/complaint policy ■ HC4-2H Background check policy ■ HC4-13B Aide qualification requirements ■ HC5-3A Plan of care/service policy ■ HC6-4A Investigation of adverse events policy 	
HC1-2A/HC1-2D/HC1-3A/HC1-8A/HC2-4/HC2-5A/HC2-7A/HC3-1A/HC6-1A/HC6-1C/HC7-7A	Governing body meeting minutes for the past 12 months and documentation of orientation and signed confidentiality statement(s)	
HC1-4A	The job description for the Administrator meets any applicable state and federal laws as well as agency requirements	

ACHC Standard(s)	Required Item	Located
HC1-4B	Annual performance review of the Administrator	
HC1-4C	The job description for the alternate Administrator meets any applicable state and federal laws as well as agency requirements	
HC1-5A	Organizational chart	
HC1-7A	All required federal and state posters are placed in a prominent location	
HC1-10A	Contracts for direct care/service staff, including copies of professional liability insurance certificates	
HC1-10D	Evidence of monitoring of care/service provided by contract staff	
HC1-11A	Verification of physician licensure (if applicable)	
HC2-1A	Marketing materials	
HC2-3A/HC2-4A	Grievance/complaint log	
HC2-5A	Signed confidentiality statement for all personnel and contract staff	
HC2-5C	Business Associate Agreements (BAAs)	
HC2-6A	Advance Directive information provided to clients/patients	
HC2-7A	Evidence of how ethical issues are identified, evaluated, and discussed	
HC2-8A	Evidence of communication assistance for language barriers	
HC2-9A	Compliance Program	
HC2-10A/HC2-11A/HC2-12A	On-call calendar	
HC3-1A	Most recent annual operating budget	
HC3-2A	Evidence that financial records are maintained and retained according to IRS requirements	
HC3-6A	Listing of patient care/service charges	
HC4-1C	Personnel records (including direct care/service and contract staff) contain evidence of the items listed in the standard. Surveyor will review personnel records based on the services provided by the agency.	
HC4-2E	Job descriptions	
HC4-2I	Employee handbook or access to personnel policies	
HC4-7A/HC4-7B	Evidence of ongoing education and/or written education plan	
HC5-2A	Evidence agency maintains client/patient records in a confidential manner	
HC5-4A	Referral log	
HC5-6A	Client/patient education materials	

ACHC Standard(s)	Required Item	Located
HC6-1A	Performance Improvement (PI) Program	
HC6-1B	Job description for individual responsible for the PI Program	
HC6-1C	Governing body meeting minutes demonstrate involvement of the governing body in PI	
HC6-1D	Evidence of personnel involvement in PI	
HC6-2B	PI annual report	
HC6-2D	Evidence of monitoring processes that involve risks, including infections and communicable diseases	
HC6-2D	Evidence of monitoring staff incidents, accidents, complaints, and worker compensation claims	
HC6-2E	Required Item Evidence of monitoring of an aspect related to patient care/service (high risk, high volume, problem prone)	
HC6-2F	Evidence of monitoring of an aspect related to administrative function of the agency	
HC6-2G	Satisfaction surveys utilized in PI	
HC6-2H	Evidence of ongoing chart audits and that results are utilized in PI	
HC6-2I	Evidence of monitoring of client/patient complaints and actions needed to resolve issues	
HC6-4A	Incident log demonstrates proper documentation, investigation, and resolution of all adverse events	
HC7-1A/HC7-1B	Annual TB risk assessment, TB exposure control plan, and OSHA Bloodborne Pathogens plan	
HC7-1E	Infection control logs for patients and personnel and evidence infection control data is monitored and incorporated into PI as appropriate	
HC7-3A	Emergency disaster plan and results of an annual emergency disaster drill	
HC7-3C	Emergency preparedness information provided to clients/patients	
HC7-5A	Report of annual fire drill and results of testing of emergency power systems	
HC7-6B	Access to Safety Data Sheets (SDS)	
HC7-7A	Evidence of proper reporting of personnel incidents, accidents, variance, or unusual occurrences OSHA forms 300, 300A, and/or 301 (if applicable)	
HC7-8A/7-9A	Maintenance logs of any equipment used in the provision of care/service	

Personnel File Review



SURVEY CHECKLIST - PERSONNEL FILES

Please gather or flag the identified Items for the following personnel/contracted individuals.

Compliance Date:

ACHC Standard	Item Required	Administrator:	Alt Administrator:	Director of Clinical Services:	Alt Director of Clinical Services:	RN Name:	LPN Name:	HCA Name:	HCC Name:	PT/PTA Name:	OT/COTA Name:	ST/SLPA Name:	BSW/MSW Name:	Other Name:
HC4-1B	Position application (N/A for contract staff)													
HC4-1B	Dated and signed withholding statements (N/A for contract staff)													
HC4-1B	I-9 Form (N/A for contract staff)													
HC4-2B	Evidence that licensed staff credentials are current and verification that non-licensed staff are qualified													
HC4-2C	Evidence of initial and annual TB screening													
HC4-2D	Evidence of Hepatitis B vaccination received or signed declination statement													
HC4-2E	Signed job description or contract													
HC4-2F	Current driver's license and MVR check, if applicable													
HC4-2H	Criminal background check													
HC4-2H	Office of Inspector General Exclusion List check													
HC4-2H	National sex offender registry check, if applicable													
HC4-2I	Evidence of access to personnel policies (N/A for contract staff)													

ACHC Standard	Item Required	Administrator:	Alt Administrator:	Director of Clinical Services:	Alt Director of Clinical Services:	RN Name:	LPN Name:	HCA Name:	HCC Name:	PT/PTA Name:	OT/COTA Name:	ST/SLPA Name:	BSW/MSW Name:	Other Name:
HC4-2J	Most recent annual performance evaluation													
HC4-5A	Evidence of orientation													
HC4-6A & HC4-6B	Initial and annual competency assessment													
HC4-7A & HC4-7B	Evidence of annual education													
HC4-7D	Initial and annual on-site observation visit													
HC4-12A	Verification of additional education needed to administer pharmaceuticals or special treatments													
HC1-3A	Conflict of Interest Disclosure Form, if applicable													
HC2-5A	Signed confidentiality statement													
HC2-6B	Evidence of CPR, if applicable													
Other state- or agency-specific requirements	Position application (N/A for contract staff)													

Home Care Observation Audit Tool



OBSERVATION AUDIT TOOL

- Agency has appropriate Articles of Incorporation or other documents of legal authority
- Copy of Fair Labor Standards Act is posted in a prominent location
- Evidence of an on-call process to ensure nursing services are available 24 hours a day, 7 days a week as necessary to meet client/patient needs
- Evidence of charges in writing and available upon request
- Marketing materials reflect the care/services provided by the agency
- Evidence of a referral log or other tool to record all referrals as well as referrals not admitted
- Evidence of an annual practice drill to evaluate the adequacy of the disaster/crisis plan
- Agency tests its emergency power system at least once per year
- Fire exits and escape routes are identified throughout the building
- Fire extinguishers are inspected/maintained per manufacturer recommendations
- Personnel have access to appropriate SDS info for hazardous chemicals used to fulfill their job duties
- Evidence of quality control logs used for equipment that perform waive testing
- Evidence of cleaning and maintaining of equipment used in the provision of care/service
- Evidence that the organization properly tracks all revenue and expenses
- Client/patient education materials
- CLIA Certificate of Waiver, if applicable
- Agency has access to copies of federal, state, and local laws and regulations
- Medical records and other Protected Health Information (PHI)/Electronic Protected Health Information (EPHI) are located in a secure location and properly maintained for required time frames
- Evidence of on-call schedule verifies that administrative and clinical supervision of personnel exists in all care/service areas provided 24 hours a day, 7 days a week
- Current organization chart reflects current organizational structure
- Marketing materials describe the referral process, hours of operation, and contact information
- Evidence that the agency has completed an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care/service personnel
- Agency maintains and documents an effective infection control program

- Agency ensures adequate backup systems and processes are in place in the event of power or utility failure
- Signs designating a smoke free facility are evident
- Smoke detectors, fire alarms, and extinguishers are present and placed in secure areas
- Evidence of an annual fire drill is documented and shared with personnel
- Agency posts OSHA forms 300, 300A, and/or 301 as applicable
- All personnel perform their job duties according to accepted standards of practice and occupational licensure
- All personnel perform their job duties according to agency policies
- Evidence that financial records are properly maintained for the required time frames

Home Visit Audit Checklist



HOME VISIT AUDIT CHECKLIST

Staff Name and Title: _____

Date: _____ Supervisor: _____

Performance Expectations				
Infection Control	During a home visit, the clinician:	Met	Not Met	Education/Provided Action Taken
	Follows standard precautions based on care/service provided (wound care, Foley catheter care, etc.).			
	Uses appropriate Personal Protective Equipment (PPE).			
	Follows proper handwashing practices per agency policy, including procedure, supplies, and intervals.			
	Follows proper bag technique practices per agency policy, including use of surface barriers, clean/dirty areas, and maintenance and cleaning of equipment and bag within the home and car.			
	Ensures hazardous waste is accepted, transported, and disposed of properly.			
Client/Patient Rights	Clinician honors client/patient rights by ensuring the client/patient has the right to:	Met	Not Met	Education/Provided Action Taken
	Have their property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.			
	Be able to identify visiting personnel members through agency-generated photo identification.			
	Choose a healthcare provider, including an attending physician.			
	Receive appropriate care/service without discrimination, in accordance with physician's orders.			
	Be informed of any financial benefits when referred to a home care agency.			

	Be fully informed of their responsibilities.			
	Be free of mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of client's/patient's property, with the right to report and have any allegation investigated.			
Care/Service Provided	Clinician ensures that care/service provided to clients/patients is performed:	Met	Not Met	Education/Provided Action Taken
	In accordance with client's/patient's plan of care.			
	With client/patient involvement in any changes to the plan of care.			
	In accordance with scope of practice, agency policies and procedures, and/or job description.			
	With respect to various cultural backgrounds, beliefs, and religions.			
	With respect to communication or language barriers.			
	With medication reconciliation performed.			
Documentation/Information Received in Writing	Clinician ensures that the following are documented as being received in writing by the client/patient or their representative:	Met	Not Met	Education/Provided Action Taken
	Care/service being provided; current charges, including payment for care/service expected from third parties; and any charges the client/patient is responsible for.			
	Agency's process for receiving, investigating, and resolving complaints about services.			
	Client/Patient Rights and Responsibilities statement.			
	Information about the agency's policies on advance directives, resuscitation, medical emergencies, and accessing 911 services (EMS).			
	Client/patient education related to goal and outcome achievement, as established in the plan of care, and medical supplies provided, as appropriate.			
	Safety education materials.			
	Emergency preparedness education materials.			

Potential Client/Patient Interview Questions	Clinician ensures that the client/patient is aware of and has the ability to answer the following types of questions:	Met	Not Met	Education/Provided Action Taken
	Did you receive information about services covered under the agency, the scope of services the agency will provide, and specific limitations on those services?			
	Did you receive information on advance directives?			
	Were you informed of your financial responsibilities at the start of care/service or when changes occurred?			
	Have you received education on disease management as appropriate to the care/service being provided?			
	Are you aware of the proper use, safety hazards, and infection control issues related to the use and maintenance of any equipment and care/services provided?			
	What safety training/education have you received?			
	Did you participate in, and have you been instructed on your plan of care?			
	How would you notify the agency of problems, concerns, and complaints?			
	Were you provided information on emergency preparedness?			

Plan of Correction Sample



PLAN OF CORRECTION (POC)

Organization: <<Organization Name>> Application ID: <<ApplicationID>>
 Address: <<Address>> Date Generated: <<Date>>
 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 Ambulatory Care, Assisted Living, Behavioral Health, Palliative Care, and Home Care, 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)
HH5-3A, §484.60	Staff will be in-serviced on how to document a complete and individualized plan of care that specifies the care and services necessary to meet the patient's needs.	mo/dd/yr	Clinical Manager	Audit 10% of all active patients to ensure the plan of care is individualized, complete and addresses the care and services necessary to meet the needs of the patient for at least 5 weeks. Target threshold is 95%. Once threshold is met, will continue to audit 10% of all patient records quarterly.				ACHC INTERNAL USE ONLY (LEAVE THIS AREA BLANK)
HH4-2C.01	Appropriate staff will be in-serviced on requirements of the initial TB screening and annual verification.	mo/dd/yr	Administrator	100% of newly hired, direct care personnel records will be audited within 30 days of hire for evidence that an initial baseline TB screen using TST or BAMT was completed. Threshold is 100% compliance. Once threshold is met, 50% of direct care personnel records will be audited annually.				



Evidence Chart Template



Company Name: _____

Date: _____ For the week/month of: _____

As you compile evidence to support your approved Plan of Correction (POC), please complete the following:

- In the Client/Patient Record/Personnel File Audit Summary chart, summarize the results of your client/patient record and/or personnel file audits.
- In the Observation Deficiencies chart, note observation deficiencies from your POC and provide documents to support evidence of continued compliance. Examples of documents that may need to be submitted are governing body meeting minutes, revised contracts, annual program evaluations, PI activities, or administrator qualifications.

All evidence supporting the implementation of the 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.

CLIENT/PATIENT RECORD/PERSONNEL FILE AUDIT SUMMARY

ACHC Standard	Audit Description	Records Correct/ Records Reviewed	Percent Correct
Example: HC5-3K	Audit charts to determine care/service provided in accordance with the plan of care	9/10	90%

Sample Agenda



SAMPLE AGENDA

- 8:30 – 9 a.m. Opening conference
- 9:00 – 9:15 a.m. Tour
- 9:15 – 10:15 a.m. Chart Review Personnel and/or Client/Patient
- 10:15 a.m. – 12:00 p.m. Chart Review Personnel and/or Client/Patient
- 12:30 – 1:30 p.m. Home Visit
- 1:30 – 2:30 p.m. Staff Interviews
- 2:30 – 3:30 p.m. Finalize
- 3:30 – 4:30 p.m. Exit conference

UNDERSTANDING THE STANDARDS

SECTION 1: ORGANIZATION AND ADMINISTRATION

The standards in this section apply to the leadership and organizational structure of the company. All items referring to business licensure, including federal, state, and local licenses that affect the daily operations of the business should be addressed. This section includes the leadership structure of the board of directors, advisory committees, management, and employees. Also included are their leadership responsibilities and information pertaining to conflict of interest, chain of command, program goals, and regulatory compliance.

SECTION 1 — QUICK REFERENCE

Topic	Standard	Page
Posting of Licenses, Permits, etc.	HC1-1A	1.2
Governing Body Requirements	HC1-2A, D.....	1.2
Conflict of Interest	HC1-3A	1.3
Administrator Requirements.....	HC1-4A, B.....	1.3
Temporary Administrator.....	HC1-4C	1.4
Chain of Command/Organizational Chart	HC1-5A	1.4
Compliance with Laws, Rules, Regulations, and Professional Standards	HC1-7A, B.....	1.4 & 1.5
Reporting of Negative Outcomes	HC1-8A	1.5
Changes in Ownership	HC1-9A	1.5
Contract Staff Requirements	HC1-10A, D.....	1.5 & 1.6
Practitioner Licensure Verification.....	HC1-11A	1.7

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

 **Standard HC1-1A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

The Agency is in compliance with federal, state, and local laws.

 **HINT**

A copy of all current applicable license(s)/permit(s) for each premise should be posted in a prominent location.

Articles of Incorporation/bylaws and all applicable amendments or other documentation of legal authority to operate should be available for review.

 **Standard HC1-2A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

The Agency is directed by a governing body/owner (if no governing body is present, owner suffices), which assumes full legal authority and responsibility for the operation of the Agency. The governing body/owner duties and accountabilities are clearly defined.

P&P Essential Components

- Policies must define the activities of the governing body to include at a minimum:
 - » Decision making
 - » Appointing a qualified Administrator
 - » Adopting and periodically reviewing written bylaws or equivalent
 - » Establishing or approving written P&P governing overall operations
 - » Human resource management
 - » Performance Improvement (PI)
 - » Oversight of the management and fiscal affairs of the HC
 - » Annual review of P&P

 **HINT**

There should be documentation that board members have been oriented to their positions, or if there is no governing body, a description of ownership. (Not applicable to those companies that have sole ownership with no board.)

The Surveyor will expect to see a list of governing body members that includes name, address, and telephone number.

 **Standard HC1-2D: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

Governing body members/owner receive an orientation to their responsibilities and accountabilities.

P&P Essential Components

- Organizational structure
- Confidentiality practices and signing of a confidentiality agreement
- Review of the HC's values, mission, and/or goals
- Overview of programs, services, and initiatives
- Personnel and client/patient grievance/complaint policies and procedures

- Responsibilities in the PI Program
- Organizational ethics
- Conflict of interest

 HINT

The Agency must produce written evidence of an orientation for governing body members.

 **Standard HC1-3A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established and implemented by the Agency in regard to conflicts of interest and the procedure for disclosure.

 Orientation Essential Components

- P&P must define conflict of interest and the procedure for disclosure as well as conduct in relationships with personnel, customers, and clients/patients.

 HINT

There must be documentation of a signed Conflict of Interest Disclosure Statement for each employee and board member(s), as applicable. (Not applicable for owner if sole ownership with no board.) If interviewed, staff should be able to explain the conflict of interest policy and the procedure for disclosure.

 **Standard HC1-4A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

There is an individual who is designated as responsible for the overall operation and services of the Agency. The administrator organizes and directs the agency's ongoing functions; maintains ongoing liaison among the governing body/owner and personnel; employs qualified personnel and ensures adequate personnel education and evaluations; ensures the accuracy of public information materials and activities; and implements an effective budgeting and accounting system.

 Job Description Essential Components

- The job description must specify the responsibilities and authority of the individual responsible for the overall operation and services of the Agency.

 HINT

The Administrator's personnel file must contain evidence that the individual possesses the appropriate education and experience requirements as defined by the governing body and any applicable state and federal laws and regulations. This may be verified by a resumé, certificate, license, and/or application.

 **Standard HC1-4B: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

The governing body, or its designee, writes and conducts annual evaluations of the Administrator.

 HINT

There must be dated evidence of annual written evaluations of the Administrator.

 **Standard HC1-4C: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

An individual is appointed to assume the role of the Administrator during temporary absences and/or vacancies.

Job Description Essential Components

- The job description must describe which individual or position will assume the role of the Administrator during temporary absences and/or vacancies.

 HINT

The job description for the temporary Administrator must list the duties required to function as the Administrator. There must also be documentation of the temporary Administrator completing orientation for these duties.

 **Standard HC1-5A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

Responsibility and accountability for programs are defined. The organizational chart shows the relationship of all positions within the Agency with identifiable lines of authority.

 HINT

The organizational chart must be current and show the relationship for each job function down to the client/patient care/service level.

If interviewed, personnel can accurately describe the chain of command.

 **Standard HC1-7A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

The Agency is in compliance with all applicable federal, state, and local laws and regulations.

P&P Essential Components

- P&P must be established and implemented in regard to compliance with all applicable federal, state, and local laws and regulations to include at a minimum:
 - » Local and state licensure
 - » Professional licensure/certification
 - » The Americans with Disabilities Act (ADA)
 - » Equal Employment Opportunities Act (EEOA)
 - » Fair Labor Standards Act (FLSA)
 - » Title VI of the Civil Rights Act of 1964
 - » Occupational Safety and Health Administration (OSHA)
 - » Medicaid regulations
 - » Agency policies and procedures
 - » ACHC Accreditation Process
 - » Health Insurance Portability and Accountability Act (HIPAA)
 - » Other laws and regulations as applicable to the care/service provided by the Agency

 HINT

The agency must have access to copies of federal, state, and local rules and regulations and make them available to staff. Fair Labor Standards Act (FLSA) posters and any other required posters should be posted in a prominent location.

 Standard HC1-7B: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

The Agency complies with accepted professional standards and practices.

 HINT

Service must be provided in accordance with accepted ethical and industry standards, and in accordance with all applicable local, state, and federal laws and regulations.

 Standard HC1-8A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

The Agency informs the accrediting body and other state/federal regulatory agencies, as appropriate, of negative outcomes from sanctions, regulatory inspections, and/or audits.

 HINT

Incidents that must be reported to ACHC include, but are not limited to:

- License suspension(s)
- License probation and conditions/restrictions to license(s)
- Non-compliance with Medicaid regulations identified during survey by another regulatory body
- Any open investigation by any regulatory or governmental authority
- Revocation of Medicaid/third-party provider number

While on site, the Surveyor will expect to see evidence of governing body involvement if any of the above incidents occurred, and that it was reported to ACHC within 30 days of occurrence.

If interviewed, staff should be able to describe what negative outcomes are reportable and to whom they are to be reported.

 Standard HC1-9A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

The organization is in compliance with disclosure of ownership and management.

 HINT

If interviewed, the Administrator and governing body/owner should be knowledgeable of this process. The organizational chart should be current.

 Standard HC1-10A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

An Agency that uses outside personnel/organization to provide care/services on behalf of the Agency has a written contract/agreement for care/services which is kept on file within the Agency.

Contract Essential Components

- Arranged care/services are supported by written agreements that require that all care/services are:
 - » Authorized by the Agency
 - » Furnished in a safe and effective manner by qualified personnel/organizations
 - » Delivered in accordance with the client's/patient's plan of care/service
- Written contracts/agreements must include, but are not limited to:
 - » The care/services to be furnished
 - » The necessity to conform to all applicable agency policies and procedures, including personnel qualifications, orientation, competencies, and required background checks
 - » The responsibility for participating in developing plans of care/service
 - » The manner in which care/services will be controlled, coordinated, and evaluated by the Agency
 - » The procedures for submitting progress notes, scheduling visits, and periodic client/patient evaluation
 - » The procedures for payment for care/services furnished under the contract
 - » Duration of contract/agreement
 - » Overall responsibility for supervision of personnel
 - » Other applicable laws and regulations

 HINT

Audit all written agreements to ensure they contain the required components.

In addition, the organization maintains current copies of professional liability insurance certificates for all contract personnel providing direct care/service and/or other organizations providing shared responsibility care/service.

The organization has an established process to review and renew contract/agreements as required in the contract.

 Standard HC1-10D: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

The Agency monitors all care/service provided under contract/agreements to ensure that care/services are delivered in accordance with the terms of the contract/agreement.

 HINT

Ensure all care/service provided under a contract/agreement is being monitored and reported to leadership/governing body and incorporated into Performance Improvement (PI) activities as appropriate. Monitoring processes include, but are not limited to:

- Satisfaction surveys
- Record reviews
- On-site observations and visits
- Client/patient comments and other PI activities

 **Standard HC1-11A: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established and implemented in regard to the verification of credentials of the referring physician or other licensed independent practitioner approved by law to prescribe medical services, treatments, and/or pharmaceuticals being conducted prior to providing care/service.

P&P Essential Components

- P&P must describe the process for verification of referring practitioner credentials. Orders are only accepted from currently credentialed practitioners.

 **HINT**

For Home Care Aide (HCA)-only services, this standard is applicable when the agency is required to have practitioner's orders to provide care/service. While on site, the Surveyor will expect to see evidence of verification of practitioner credentials.

Tools Available to Assist with Section 1:

- Section 1 Compliance Checklist
- Governing Body Meeting Agenda Template
- Hourly Contract Staff Audit Tool
- Orientation Requirements for Governing Body
- Organizational Chart
- Conflict of Interest Disclosure Statement
- Acknowledgement of Confidentiality of Information
- Section 1 Self Audit
- Sample Policies and Procedures

SECTION 1 COMPLIANCE CHECKLIST

ACHC Standard	Policy/ Procedure	Patient Record	Observation	Audit Tools Provided	Compliance Y/N	Comments
HC1-1A			Articles of Incorporation or other appropriate documentation	Observation Tool		
HC1-2A	Yes		Governing body minutes & staff interviews, description of governing body	Governing Body Meeting Template, Interview Tool & Items Needed for Survey		
HC1-2D			Orientation agenda/checklist for governing body & staff interviews	Governing Body Orientation Tool & Interview Tool		
HC1-3A	Yes	Yes	Conflict of Interest and Disclosure Statement & staff interviews	Personnel Record Tool & Interview Tool		
HC1-4A		Yes	Job description	Personnel Record Tool		
HC1-4B		Yes	Annual job evaluation & staff interviews	Personnel Record Tool & Interview Tool		
HC1-4C		Yes	Job description & orientation	Orientation Tool		
HC1-5A			Organizational chart, staff interviews & orientation	Items Needed for Survey & Interview Tool		
HC1-7A			Copies of applicable federal, state and local laws accessible & Fair Labor Standards Act (FLSA) is posted	Observation Tool		
HC1-7B			Observation of staff	Observation Tool		
HC1-8A			Governing body minutes & staff interviews	Items Needed for Survey & Interview Tool		
HC1-9A			Organizational chart & staff interviews	Interview Tool		
HC1-10A			Written contracts/ agreements & liability insurance certificate	Items Needed for Survey		
HC1-10D			Governing body minutes & Performance Improvement (PI) activities	Items Needed for Survey		
HC1-11A	Yes		Physician verification log	Observation Tool		

GOVERNING BODY MEETING AGENDA TEMPLATE



GOVERNING BODY MEETING AGENDA TEMPLATE

- ORGANIZATION NAME
 - » Date of meeting
 - » Members present
- ANNUAL REVIEW
 - » Annual budget review
 - » Annual PI review
 - » Periodic review of bylaws or equivalent
 - » Annual review of P&P
 - » Management oversight
 - » Data and outcomes from monitoring activities from contract staff
 - » Performance Improvement (PI)
- QUARTERLY REVIEW
 - » Grievance/complaint review
- OTHER ITEMS:

HOURLY CONTRACT STAFF AUDIT TOOL



HOURLY CONTRACT STAFF AUDIT TOOL

Information Present in Contract	Name of Contract Staff											
Identifies care/service to be delivered												
Supervision of personnel												
Identifies conformance to agency P&P												
Participation in plan of care/service development												
Identifies how care/service will be controlled, coordinated, and evaluated by the agency												
Identifies process for submitting progress notes, scheduling of visits, and periodic review/evaluation of client/patient												
Identifies payment procedures for care/service provided												
Identifies duration of contract												
Identifies contract personnel will follow any other applicable laws and regulations												
Contract reviewed per terms of contract												
Copy of liability insurance present and current												

ORIENTATION REQUIREMENTS FOR GOVERNING BODY



ORIENTATION REQUIREMENTS FOR GOVERNING BODY

ORIENTATION REQUIREMENTS FOR GOVERNING BODY MEMBERS

- Organizational structure
- Confidentiality practices
- Agency's mission, values, and/or goals
- Overview of the programs, services, and initiatives
- Personal grievance/complaint policies and procedures
- Client/patient grievance/complaint policies and procedures
- Performance Improvement (PI) Program responsibilities
- Organizational ethics
- Conflict of Interest Disclosure policy

Signature of Governing Body Member

Date

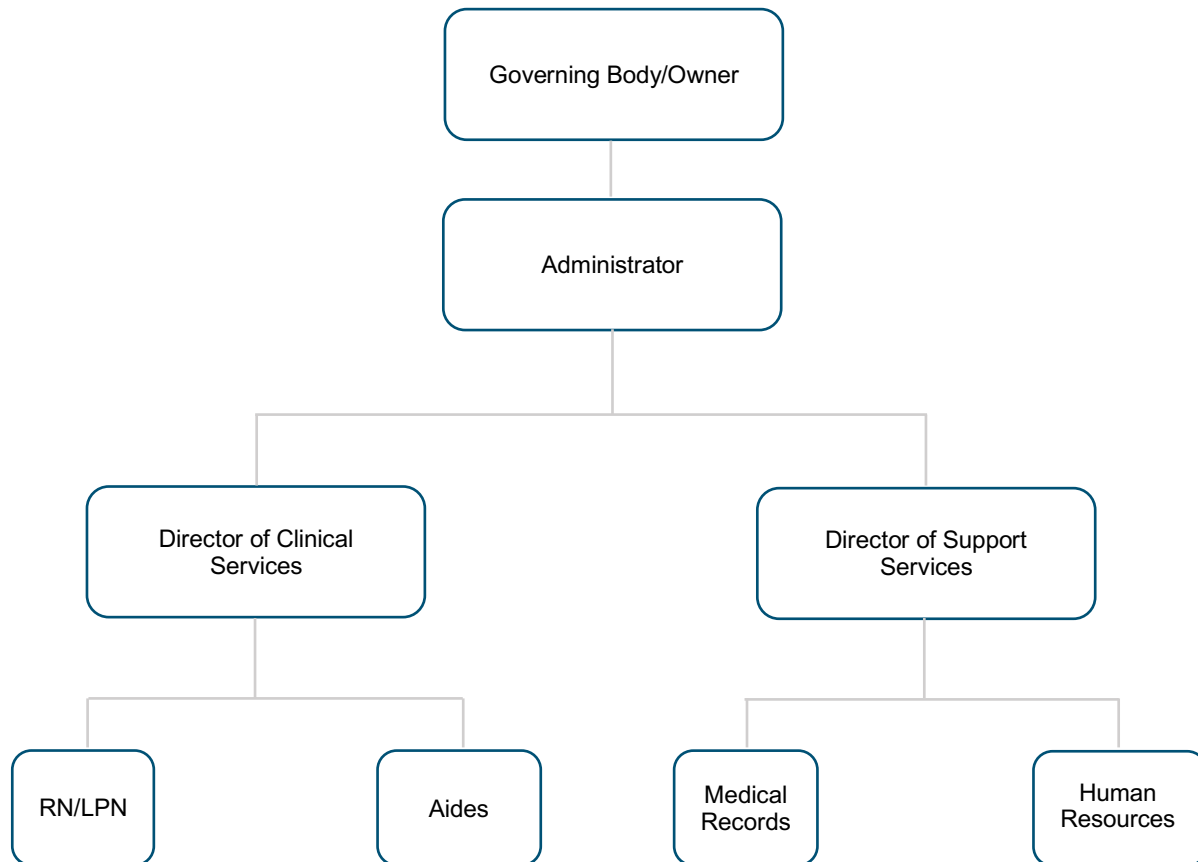
Signature of Administrator
(Individual who performs orientation)

Date

ORGANIZATIONAL CHART



ORGANIZATIONAL CHART



CONFLICT OF INTEREST DISCLOSURE STATEMENT



CONFLICT OF INTEREST DISCLOSURE STATEMENT

I acknowledge I have read the policy and procedure regarding conflict of interest disclosure. I understand that if I have an outside relationship that is personal, professional, or otherwise, with a client/patient, vendor, or potential business associate, I must disclose the nature of that relationship to the administrator.

I acknowledge at this time, I have a potential personal, professional, and/or financial relationship with:

Name (Please Print)

Signature

Date

Creation Date

Form # X

ACKNOWLEDGEMENT OF CONFIDENTIALITY OF INFORMATION



ACKNOWLEDGEMENT OF CONFIDENTIALITY OF INFORMATION

The Health Insurance Portability and Accountability Act (HIPAA) ensures the client's/patient's right to privacy of Protected Health Information (PHI)/Electronic Protected Health Information (EPHI) to be maintained at all times. Any information related to the care of clients/patients through (Name of Agency) will be held as confidential. All information, written or verbal, will be disclosed only to appropriate healthcare personnel and appropriate staff, those with a "need-to-know basis," or to individuals the client/patient requests.

Name (Please Print)

Signature

Date

SECTION 1 SELF AUDIT



SECTION 1 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- Handling requests for information from regulatory agencies
- Governing body responsibilities
- Conflict of interest and the procedure for disclosure statement
- Verification of licensure of referring physician and others approved by law to prescribe medical services

REQUIRED DOCUMENTS

- Appropriate licenses, permits, registrations, etc., to conduct business
- Articles of Incorporation/organization or other documentation of legal authority
- Description of governing body/ownership (this may be in your Articles of Incorporation)
- List of governing body members that includes name, address, and telephone numbers for each person
- Orientation of governing body members (N/A for a single owner acting as the governing body)
- Organizational chart showing all positions with identifiable and accurate lines of authority
- Copies of applicable laws, rules, and regulations
- Professional practice acts or standards of practice
- Governing body meeting minutes
- Written contracts/agreements and copies of professional liability insurance certificates for contract staff
- Surveys used in Performance Improvement (PI) for monitoring contract staff

PERSONNEL FILE CONTENTS

- Signed confidentiality agreements as required by policy
- Signed Conflict of Interest Disclosure Statements, as applicable
- Administrator's resume/application
- Annual evaluation of the Administrator
- Job description of temporary Administrator to verify the duties required when filling the role of the Administrator are identified in the job description
- Documentation of orientation to the duties of temporary Administrator

CLIENT/PATIENT RECORD REQUIREMENTS

- None

APPROPRIATE STAFF KNOWLEDGE OF THE FOLLOWING:

- Time frames for request of information and changes in authority, ownership, or management
- Governing body duties and orientation
- Potential conflict of interest situations and procedure for disclosing
- Organizational chart/chain of command
- Reporting of negative outcomes affecting accreditation or licensure
- Physician and other licensed practitioners licensure verification

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON SITE?

- Licenses, permits, etc., posted in public view
- Required state and federal labor law posters

SELF TEST

1. Who is designated as the Administrator of the organization?
2. Who/which position is assigned the duty of temporary Administrator in their absence?
3. What are two examples of a conflict of interest?
4. Is staff informed of the chain of command?
5. Who do you report a conflict of interest to?
6. What negative company outcomes must be reported to ACHC within 30 days?
7. What ownership/management information are you required to disclose to ACHC and other appropriate state and federal agencies?
8. If contract staff is utilized, do the written contracts have all required elements as well as copies of professional liability insurance certificates?

POLICIES AND PROCEDURES



SECTION 1: ORGANIZATION AND ADMINISTRATION

HC1-1A AND HC1-2A, D

Policy: Governing Body/Owner Responsibilities

1. The governing body/owner has ultimate responsibility and authority for all organizational activities (not applicable to those companies that have sole ownership with no board).
2. Articles of Incorporation and licenses will be maintained, and licenses posted in public view.
3. The governing body/owner is responsible for:
 - » Decision making
 - » Appointing a qualified Administrator
 - » Adopting and periodically reviewing written bylaws or equivalent
 - » Establishing or approving written P&P governing overall operations
 - » Human resource management
 - » Performance Improvement (PI)
 - » Community needs planning, if applicable
 - » Oversight of the management and fiscal affairs of the organization
 - » Annual review of the policies and procedures
4. Within 30 days, any change in ownership, authority, management or change in address, physical location, and/or telephone number will be made to all appropriate organizations.
5. Any information requested from regulatory or accrediting bodies will be provided to the requesting agency within 30 days or as specified by the agency requesting the information.
6. Members of the governing body must sign a Confidentiality Agreement during orientation. A copy will be placed in the file of each governing body member. If a member of the governing body is also an employee, a copy of the Confidentiality Agreement will be placed in their personnel file.
7. The agency will maintain a listing of the members of the governing body/owner, and the list will contain (if owner without board owners and information would be supplied):
 - » Names
 - » Addresses
 - » Phone numbers
8. All governing body members will be oriented to the following at a minimum:
 - » Organizational structure
 - » Confidentiality practices and the signing of a confidentiality agreement
 - » Conflict of Interest Disclosure policies and procedures
 - » Review of the organization's values, mission, and goals
 - » Overview of programs, services, and initiatives

- » Personnel and client/patient grievance/complaint policies and procedures
- » Responsibilities in the PI Program
- » Organizational ethics

HC1-3A

Policy: Conflict of Interest and Disclosure

1. All employees, contract staff, and governing body members will abide by the following Conflict of Interest Disclosure policy:
 - » Demonstrate the utmost good faith in his/her dealings with and on behalf of the organization
 - » No one is permitted to use his/her knowledge of the company operations or plans in such a way that a conflict might arise between them and the organization
 - » No one will accept gifts or favors or entertainment that might influence their decision-making responsibilities to the organization
 - » A full disclosure must be made of all facts pertaining to any transaction, including employment outside of the organization that is subject to any doubt concerning the possible existence of a conflict of interest before consummating the transaction
2. Any conflict of interest will be reported to the President/Chief Executive Officer (CEO)/owner, who will provide the information to the governing body, and appropriate actions will be taken.
3. In the event input, voting, or decisions are required, the individual(s) with a conflict will be excluded from the activity.
4. All employees and governing body members will be trained on the Conflict of Interest Disclosure statement and sign the Conflict of Interest Disclosure Agreement during orientation, as applicable.

HC1-5A

Policy: Administration Responsibilities

1. The governing body/owner will designate the individual, the Administrator, who will be responsible for the overall operation of the organization. (If the owner is designated as the Administrator, the owner will be responsible for the overall operation of the organization.) The President/CEO/owner employs qualified personnel and ensures adequate personnel education and evaluations; ensures the accuracy of public information materials and activities; and maintains an effective budgeting and accounting system.
2. The Administrator will be responsible for the overall operations and services of the organization including, but not limited to:
 - » The daily functions of the organization
 - » Maintaining a liaison between the governing body and personnel
 - » Employing qualified personnel
 - » Ensuring personnel have adequate education and evaluations
 - » Ensuring the accuracy of public information materials and activities, such as marketing materials
 - » Implementing an effective budgeting and accounting system
3. The Administrator will be oriented to the above responsibilities as well as participate in general orientation.
4. The annual evaluation of the Administrator will be conducted by the governing body.

5. In the event of temporary absence of this individual responsible for leadership, the _____ Manager will assume the following duties of (Your Company Name) (at this point list any responsibilities they may assume example):
 - » Decision regarding daily operations
 - » Purchasing needs
 - » Client/patient admissions as needed
6. The current organizational chart will be maintained showing the relationship of all personnel that provide services at the organization level down to the client/patient care/service level.

HC1-11A

Policy: Physician Licensure Verification

1. (Your Company Name) will only take referrals from physicians who have a valid/current license.
2. The Intake Coordinator or designee is responsible for verifying physicians' licenses when a referral to the agency is received.
3. License verification will be done by phone or internet.
4. Information obtained will be documented in a log and/or computer database, and will include:
 - » Physician name and address
 - » License number
 - » Expiration date or birth date
 - » Any sanctions or restrictions on the license
5. Staff is not to receive orders from a physician until a current license is verified.
6. The Intake/Referral Coordinator or designee will verify the physician's license prior to expiration.

UNDERSTANDING THE STANDARDS

SECTION 2: PROGRAM/SERVICE OPERATIONS

The standards in this section apply to the specific programs and services an organization is supplying. This section addresses rights and responsibilities, complaints, protected health information, cultural diversity, compliance with fraud, and abuse prevention laws.

SECTION 2 — QUICK REFERENCE

Topic	Standard	Page
Description of Care/Services	HC2-1A	2.2
Client/Patient Rights and Responsibilities	HC2-2A, B	2.2 & 2.3
Abuse, Neglect, and Mistreatment	HC2-3A	2.3
Complaints and Grievances	HC2-4A, B	2.4
Securing and Releasing PHI and Privacy Notice	HC2-5A	2.5
Business Associate Agreement.....	HC2-5C	2.6
Advanced Directives, CPR.....	HC2-6A, B.....	2.6
Ethics.....	HC2-7A	2.7
Communications Barriers	HC2-8A	2.7
Cultural Diversity	HC2-8B	2.7
Compliance Program.....	HC2-9A	2.8
On-Call and Staff Availability	HC2-10A, 11A & 12A	2.8 & 2.9

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

 **Standard HC2-1A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established and implemented in regard to the Agency's descriptions of care/services and the distribution to personnel, clients/patients, and the community.

P&P Essential Components

- P&P include, but are not limited to:
 - » Types of care/service available
 - » Care/service limitations
 - » Charges or client/patient responsibility for care/service
 - » Eligibility criteria
 - » Hours of operation, including on-call availability
 - » Contact information and referral procedures

 HINT

Clients/patients will receive information about the scope of services that the Agency will provide and specific limitations on those services prior to receiving care/service.

Evidence must be documented in the client/patient record or in the admission packet.

If interviewed, clients/patients should be able to describe the services and limitations to services the Agency provides.

 **Standard HC2-2A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established and implemented by the Agency in regard to the creation and distribution of the Client/Patient Rights and Responsibilities statement.

P&P Essential Components

- P&P must outline the client/patient rights and responsibilities. The written Client/Patient Rights and responsibilities statement includes, but is not limited to:
 - » Be fully informed in advance about care/service to be provided, including the disciplines that furnish care/service and the frequency of visits, as well as any modifications to the plan of care/service
 - » Be informed, in advance, both orally and in writing, of care/service being provided; of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible
 - » Receive information about the scope of services that the Agency will provide and specific limitations on those services
 - » Participate in the development and periodic revision of the plan of care/service
 - » Refuse care or treatment after the consequences of refusing care or treatment are fully presented
 - » Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
 - » Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality

- » Be able to identify visiting personnel members through an agency generated photo identification
- » Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- » Voice grievances/complaints regarding treatment or care/service, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- » Have grievances/complaints regarding treatment or care/service that is (or fails to be) furnished, or lack of respect of property investigated
- » Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI) (not applicable for HCC)
- » Be advised on agency's policies and procedures regarding the disclosure of client/patient records (not applicable for Home care Companion/Homemaker (HCC))
- » Choose a healthcare provider, including an attending physician, if applicable
- » Receive appropriate care/service without discrimination in accordance with physician orders, if applicable
- » Be informed of any financial benefits when referred to an Agency
- » Be fully informed of one's responsibilities

 HINT

When additional state or federal regulations exist regarding client/patient rights, the HC's Client/Patient Rights and Responsibilities statement must also include those components.

There should be written documentation that the client/patient received and understood the Client/Patient Rights and Responsibilities statement prior to furnishing care/service or during the initial evaluation visit.

If interviewed, staff should be able to state three to four client/patient rights.

There must be documentation that staff has been oriented and provided annual education on the agency's policies and procedures for the Client/Patient Rights and Responsibilities statement.

 Standard HC2-2B: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

The Agency protects and promotes the exercise of the Client/Patient Rights.

 HINT

This will be observed through home visits, chart review, and review of the complaint/grievance/ variance logs.

 Standard HC2-3A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented by the Agency in regard to reporting and investigating all alleged violations involving mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of client/patient property by anyone furnishing services on behalf of the Agency.

P&P Essential Components

- P&P must describe the process for reporting and investigating all alleged violations involving mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of client/patient property by anyone furnishing services on behalf of the Agency. The policy must also include the action taken to prevent further potential violations while alleged violation is being verified.
- Established time frames for reporting verified violations are defined in the policy.

 HINT

Provide documentation detailing the investigation of incidents and their resolutions for each incident for Surveyor review.

If interviewed, staff should know the proper incidents to report and agency procedure for reporting.

 Standard HC2-4A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented by the Agency requiring that the client/patient be informed at the initiation of care/service how to report grievances/complaints.

 P&P Essential Components

- P&P must describe how client/patient grievances/complaints are investigated and resolved. P&P must include at a minimum:
 - » The appropriate person to be notified of the grievance/complaint
 - » Time frames for investigation activities, to include after hours
 - » Reporting of information
 - » Review and evaluation of the collected information
 - » Communication with the client/patient
 - » Documentation of all activities involved with the grievance/complaint, investigation, analysis, and resolution

 HINT

The agency must be able to present a complaint log to the Surveyor that documents customer complaints and the organization process to resolve the complaint.

A summary of grievances, complaints, and concerns needs to be reported to the governing body/owner, at minimum, quarterly.

Grievances/complaints must be part of the Performance Improvement (PI) annual report.

Blank complaint logs are a red flag to a Surveyor.

 Standard HC2-4B: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

The Agency provides the client/patient with written information concerning how to contact the Agency, appropriate state agencies, and ACHC concerning grievances/complaints at time of admission.

 HINT

The agency must provide clients/patients with their written process for receiving, investigating, and resolving grievances/complaints about its care/service, including a contact person and phone number.

The agency must also have phone numbers of regulatory agencies, including the hours of operation and the purpose of the hotline number on the documentation given to clients/patients, and include ACHC's contact information (N/A if initial ACHC survey).

 **Standard HC2-5A: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established and implemented by the Agency in regard to securing and releasing confidential and Protected Health Information (PHI) and Electronic Protected Health Information (EPHI).

P&P Essential Components

■ P&P include, but are not limited to:

- » A definition of PHI and confidential information, and the types of information that are covered by the policy, including electronic information, telephone and cellphone communications, and verbal and faxed information
- » Persons/positions authorized to release PHI/EPHI and confidential information
- » Conditions that warrant its release
- » Persons to whom it may be released
- » Signature of the client/patient or someone legally authorized to act on the client's/patient's behalf
- » A description of what information the client/patient is authorizing the Agency to disclose
- » Securing client/patient records and identifying who has authority to review or access client/patient records
- » When records may be released to legal authorities
- » The storage and access of records to prevent loss, destruction, or tampering of information
- » The use of confidentiality/privacy statements and who is required to sign a confidentiality/privacy statement

 **HINT**

If interviewed, staff should be able to explain how client/patient records are kept confidential.

If interviewed, staff should be able to explain their role and what they would and would not be able to access and review.

If interviewed, staff should be able to explain how clients/patients are instructed about their Health Insurance Portability and Accountability Act (HIPAA) rights.

The Surveyor will expect to see signed confidentiality statements for all employees, contract staff, and governing body members.

The Surveyor will expect to see evidence in the client/patient record that clients/patients were informed of confidentiality practices as well as their rights and responsibilities.

 **Standard HC2-5C: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)**

The Agency has Business Associate Agreements (BAAs) for all Business Associates that may have access to Protected Health Information (PHI) as required by HIPAA and other applicable laws and regulations.

 **HINT**

Examples of non-covered entities include, but are not limited to:

A Certified Public Accountant (CPA) firm whose accounting services to a healthcare provider involves access to Protected Health Information (PHI)/Electronic Protected Health Information (EPHI).

An attorney whose legal services to a health plan involve access to PHI/EPHI.

A consultant that has access to PHI/EPHI.

An independent medical transcriptionist that provides transcription services to a physician.

 **Standard HC2-6A: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established by the Agency in regard to the client's/patient's rights to accept or refuse care, client/patient resuscitation, surgical treatment and the right to formulate an Advance Directive.

P&P Essential Components

■ P&P include, but are not limited to:

- » Determining the existence of an Advance Directive
- » Rendering care/service in the absence or presence of an Advance Directive
- » Education of personnel
- » Client/patient care/service is not prohibited based on whether or not the individual has an Advance Directive

 **HINT**

Advance Directive information is provided to the client/patient PRIOR to the initiation of care/services. The client's/patient's decision regarding an Advance Directive is documented in the client/patient record. The Surveyor will expect to see the HC's personnel respect the client's/patient's wishes and assist the client/patient in obtaining resources to complete an Advance Directive, if requested.

 **Standard HC2-6B: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established and implemented by the Agency in regard to resuscitative guidelines and the responsibilities of personnel.

P&P Essential Components

- P&P must include personnel responsibilities regarding client/patient resuscitation and the response in the event of a medical emergency.
- P&P must identify which personnel, if any, may perform resuscitative measures, respond to medical emergencies, and utilize "911" services (EMS) for emergencies.
- P&P must define successful completion of appropriate training, such as cardiopulmonary resuscitation (CPR).

 HINT

Personnel files reviewed must contain documentation of a successful completion of appropriate training. Online CPR certification is acceptable with in-person verification of competency.

Clients/patients must be provided information about the organization's P&P for resuscitation, medical emergencies, and accessing "911" services (EMS).

 Standard HC2-7A: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented by the Agency in regard to identification, evaluation, and discussion of ethical issues.

 P&P Essential Components

- P&P address the mechanisms utilized to identify, address, and evaluate ethical issues.

 HINT

There must be documentation that staff has been oriented and provided annual education on the agency's P&P on ethical issues in the workplace and the process to follow when an ethical issue is identified.

There must be documentation of any ethical issues and any actions taken. If no ethical issues have occurred, staff should be able to explain the agency's P&P for handling ethical issues.

Governing body meeting minutes must reflect the discussion of any ethical issues that have occurred.

 Standard HC2-8A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented by the Agency in regard to the provision of care/service to clients/patients with communication or language barriers.

 P&P Essential Components

- P&P address the mechanisms utilized to assist with language and communication barriers.

 HINT

If interviewed, staff must be able to explain how they would communicate with clients/patients who have a language barrier. This may include the availability of bilingual personnel, interpreters, or assisted technologies. Minors are discouraged from being used as interpreters.

There must be documentation that staff has been oriented and provided annual education on the agency's P&P on communication barriers.

 Standard HC2-8B: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented for the provision of care/service to clients/patients from various cultural backgrounds, beliefs, and religions.

 P&P Essential Components

- P&P must describe the mechanism used to provide care/service for clients/patients of different cultural backgrounds, beliefs, and religions.
- P&P must describe any actions expected for personnel providing care/service to clients/patients who have different cultural backgrounds, beliefs, and religions.

 HINT

If interviewed, staff must know how clients/patients of different cultural beliefs are identified and treated. This may also be observed through home visits.

The Surveyor will expect to see that staff has been oriented and provided annual education and resources to increase their cultural awareness of the clients/patients they serve.

 Standard HC2-9A: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented by the Agency in regard to a Compliance Program aimed at preventing fraud and abuse.

 P&P Essential Components

- P&P address having an established Compliance Program that includes at a minimum:
 - » Implementation of written policies, procedures, and standards of conduct
 - » Designation of a Compliance Officer and Compliance Committee
 - » Conducting effective training and education programs
 - » Development of open lines of communication between the Compliance Officer and/or Compliance Committee and Agency personnel for receiving complaints and protecting callers from retaliation
 - » Performance of internal audits to monitor compliance
 - » Establishing and publicizing disciplinary guidelines for failing to comply with the policies and procedures, applicable statutes, and regulations
 - » Prompt response to detected offenses through corrective action

 HINT

PI activities should include internal audits to monitor compliance.

If interviewed, staff must be able to identify the Compliance Officer.

 Standard HC2-10A: (Services Applicable: HCA ONLY)

The Agency provides after-hours aide services; the Agency must provide the services according to the client's/patient's plan of care.

 HINT

The on-call schedule must be available when the Surveyor arrives and should also show supervisor support and availability for on-call staff.

 Standard HC2-11A: (Services Applicable: HCN)

Nursing services are provided according to the client's/patient's plan of care with access available 24 hours a day, 7 days a week.

 HINT

The on-call schedule should be available when the Surveyor arrives. The on-call schedule should also show Supervisor support and availability for on-call staff.

 Standard HC2-12A: (Services Applicable: HCPT, HCST, HCOT)

The Agency provides after-hours therapy services; the Agency must provide the services according to the client's/patient's plan of care.

 HINT

The on-call schedule should be available when the Surveyor arrives. The on-call schedule should also show supervisor support and availability for on-call staff.

Tools Available to Assist with Section 2:

- Section 2 Compliance Checklist
- Sample Complaint Form
- Ethical Issues/Concerns Reporting Form
- Client/Patient Incident/Variance Report
- Client/Patient Rights and Responsibilities Audit Tool
- Hints for an Effective Compliance Program
- Section 2 Self Audit
- Sample Policies and Procedures

SECTION 2 COMPLIANCE CHECKLIST

ACHC Standard	Policy/ Procedure	Personnel Record	Client/Patient Record	Observation	Audit Tools Provided	Compliance Y/N	Comments
HC2-1A	Yes		Yes	Marketing materials	Observation Tool		
HC2-2A	Yes		Yes	Client/Patient Rights and Responsibilities statement & staff interviews	Client/Patient Rights Audit Tool & Interview Tool		
HC2-2B				Observation of staff			
HC2-3A	Yes			Observation of staff & complaint/grievance/variance log & staff interviews	Items Needed for Survey & Interview Tool		
HC2-4A	Yes			Complaint/grievance/variance log & staff interviews & governing body meeting minutes	Interview Tool & Items Needed for Survey		
HC2-4B			Yes	Admission packet	Client/Patient Record Audit Tool		
HC2-5A	Yes	Yes		Signed confidentiality statement	Personnel Record Tool		
HC2-5C				Business Associate Agreements (BAAs)	Items Needed for Survey		
HC2-6A	Yes		Yes	Advance Directive education to client/patient & staff interviews	Interview Tool & Chart Audit Tool		
HC2-6B	Yes	Yes		Current & appropriate CPR certification	Personnel Record Tool		
HC2-7A	Yes			Governing body meetings & staff interviews	Items Needed for Survey		
HC2-8A	Yes			Observation of staff & staff interviews	Interview Tool		
HC2-8B	Yes			Observation of staff & staff interviews	Interview Tool		
HC2-9A	Yes			Compliance Program & staff interviews	Interview Tool		

ACHC Standard	Policy/ Procedure	Personnel Record	Client/Patient Record	Observation	Audit Tools Provided	Compliance Y/N	Comments
HC2-10A				On-call log	Items Needed for Survey		
HC2-11A				On-call log	Items Needed for Survey		
HC2-12A				On-call log	Items Needed for Survey		

SAMPLE COMPLAINT/CONCERN FORM



CLIENT/PATIENT COMPLAINT/CONCERN FORM

Client/Patient Name: _____ Date: _____

Medical Record Number: _____ Time: _____

Client/Patient Diagnosis: _____ MD Name: _____

Who reported the complaint/concern?

 Client/Patient Caregiver Physician Employee Other: _____

Who was notified about complaint/concern?

 RN/Case Manager Aide Supervisor Physician Other: _____

Name of person completing form, please print: _____

Signature: _____

Briefly state what happened: [FINDINGS, CONCLUSION]

(Attach additional documentation, as appropriate.)

Briefly state what recommendation was given and action taken: [RECOMMENDATION, ACTION]
(Attach additional documentation.)

Briefly state what follow-up was/will be done: [FOLLOW-UP]
(Attach additional documentation, as appropriate.)

Creation Date

Form # X

ETHICAL ISSUES/CONCERNS REPORTING FORM



ETHICAL ISSUES/CONCERNS REPORTING FORM

Name of Client/Patient: _____ Date of Report: _____

Name of Employee Reporting Concern: _____

Description of ethical concern:

Discussion and Resolution/Follow-up Determined by Ethics Committee Members:

Committee Member Signature/Date_____
Committee Member Signature/Date_____
Committee Member Signature/Date_____
Committee Member Signature/Date

Information to be reported during next Governing Body meeting scheduled for: _____

Creation Date

Form # X

CLIENT/PATIENT INCIDENT/VARIANCE REPORT



CLIENT/PATIENT INCIDENT/VARIANCE REPORT

Client/Patient Name: _____ Date: _____

Medical Record Number: _____ Time: _____

Client/Patient Diagnosis: _____ MD Name: _____

Brief description of what happened: _____

- Damage of Client/Patient Property DME/Oxygen Services Drug Administration Error
- Client/Patient Fall Alleged client/patient abuse or neglect Unexpected death
- Medication Reaction Treatment Refusal Burn
- Other: _____

Did incident require hospitalization? Yes No

Who discovered incident/occurrence?

- Employee Patient/Caregiver Physician Referral Dept./Director: _____
- Other: _____

Who was notified about incident/occurrence?

- RN/Case Manager Client/Patient Caregiver MD Management
- Other: _____

Person completing form: _____ Signature: _____
(Print)

Signature of Supervisor: _____ PI Coordinator: _____

Briefly state what happened: [FINDINGS, CONCLUSION]
(Attach additional documentation, as appropriate.)

Briefly state what recommendation was given and action taken: [RECOMMENDATION, ACTION]
(Attach additional documentation.)

Briefly state what follow-up was/will be done: [FOLLOW-UP]
(Attach additional documentation, as appropriate.)

Creation Date

Form # X

CLIENT/PATIENT RIGHTS AND RESPONSIBILITIES AUDIT TOOL



CLIENT/PATIENT RIGHTS AND RESPONSIBILITIES AUDIT TOOL

- The right to be informed both orally and in writing, in advance of care being furnished, of the charges, including payment for care expected from third parties and any charges for which the client/patient will be responsible for.
- The right to receive information about the scope of services the agency provides as well as any limitations on those services.
- The right to participate in the development and periodic revision of the plan of care/service.
- The right to refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- The right to be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable.
- The right to have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
- The right to identify visiting personnel members through an agency generated photo ID.
- The right to be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of client/patient property.
- The right to voice grievances/complaints regarding treatment or care/service, lack of respect of property or recommend changes in policy personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- The right to have grievance/complaints regarding treatment of care/service that is (or fails to be) furnished, or lack of respect of property investigated.
- The right to confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI).
- The right to be advised of the agency's policies and procedures regarding the disclosure of client/patient records.
- The right to choose a healthcare provider, including an attending physician, if applicable.
- The right to receive appropriate care/service, without discrimination, in accordance with physician orders, if applicable.
- The right to be informed of any financial benefits when referred to the agency.
- The right to be fully informed of one's responsibilities.

- The right to be fully informed of the care/service to be provided; including the disciplines that will furnish care/service, and including the frequency of visits, as well as any modifications to the plan of care.
- Additional state-specific rights and responsibilities.

HINTS FOR AN EFFECTIVE COMPLIANCE PROGRAM/PLAN



HINTS FOR AN EFFECTIVE COMPLIANCE PROGRAM/PLAN

The purpose of a Compliance Program is to have mechanisms in place to prevent violations of fraud and abuse.

- There are seven steps to developing a Compliance Program.
 - » Implement written policies, procedures, and standards of conduct that outline regulations, rules, and expectations of staff as well as internal operations.
 - » Designate a Compliance Officer and Compliance Committee. The Compliance Officer should be someone who has a firm knowledge of the rules and regulations of the industry. Compliance is a multi-faceted concept that often requires the input from multiple individuals that are representative of the care/services your agency provides. The Compliance Committee should have individuals that are representative of your agency.
 - » Have effective training and education programs as key components in the prevention of fraud and abuse. Often staff is unaware of the rules and regulations that guide their daily practice. Education not only guides the individual's practice but also provides staff the knowledge needed to identify potential fraud and abuse.
 - » Have open lines of communication between the Compliance Officer or Compliance Committee and personnel through an anonymous hotline or other anonymous means to allow staff to report potential fraud and abuse. Have an anonymous means of reporting allows staff to report without the fear of retaliation.
 - » Perform internal audits, from billing to finance to client/patient care, to allow an agency to identify potential practices that could be perceived as fraudulent, and to correct them before identified by an external agency.
 - » Make staff aware of the consequences of failing to comply with the agency's standards and policies and applicable statutes and regulations. Disciplinary guidelines need to be written, reviewed at orientation, and perhaps reviewed on an annual basis with staff.
 - » Respond promptly through necessary corrective action if an issue is discovered that could be perceived as fraud or abuse. Self-disclosure to the proper authorities is something that needs to be investigated, and legal advice may be necessary before notifying the proper authorities.

SECTION 2 SELF AUDIT



SECTION 2 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- Description of care/services
- Client/patient rights and responsibilities
- Abuse, neglect, and mistreatment
- Reporting of grievances, complaints, or concerns
- HIPAA-securing and releasing Protected Health Information (PHI)/Electronic Protected Health Information (EPHI)
- Advance Directives
- Client/patient resuscitation
- Ethical issues
- Communication barriers
- Cultural diversity
- Compliance Program

REQUIRED DOCUMENTS

- Marketing material/brochures
- Admission packet/Information given to clients/patients
- Rights and Responsibilities handout
- Incidents reports for abuse, neglect, etc.
- Compliant/grievance forms, logs
- Business Associates Agreements (BAAs), if applicable
- On-call schedule

PERSONNEL FILE CONTENTS

- Governing body members signed confidentiality statements
- Staff signed confidentiality statements
- CPR certification for required staff

CLIENT/PATIENT RECORD REQUIREMENTS

- Receipt of care/service description
- Receipt of rights and responsibilities

- Receipt of grievance/complaint process with appropriate phone numbers
- Receipt of confidentiality policies and procedures
- Receipt of Advance Directives

APPROPRIATE STAFF KNOWLEDGE OF THE FOLLOWING:

- Client/patient rights
- Services/care provided by the agency
- How to report abuse or neglect
- How to handle grievances/complaints
- Confidentiality practices
- Client/patient rights to formulate an Advance Directive
- Resuscitation guidelines
- Examples of ethical issues and who they are reported to
- How to handle communication barriers with clients/patients
- How to handle cultural diversity issues
- Name of compliance officer and what gets reported
- How the on-call system works

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON SITE?

- Posted hours of operation
- Staff respecting client/patient rights while providing care/service
- PHI/EPHI is protected

SELF TEST

1. What are three to four client/patient rights?
2. Is the agency capable of providing all care/services that are described in the marketing materials?
3. What agency phone numbers must be provided to clients/patients for them to file a complaint?
4. Who may you release PHI/EPHI to?
5. Who is required to sign a confidentiality statement?
6. Is staff aware of potential ethical issues and how to address them?
7. Is staff aware of the procedure for addressing a complaint or grievance from a client/patient?
8. When do you need a Business Associate Agreement (BAA)?
9. How would you communicate with clients/patients with language barriers?
10. Who is the Compliance Officer?

POLICIES AND PROCEDURES



SECTION 2: PROGRAM/SERVICE OPERATIONS

HC2-1A

Policy: Description of Care/Services

(Your Company Name) will maintain a description of care/services for distribution to staff, clients/patients, and the community.

1. Upon admission/initial visit client/patients will receive a welcome letter or company brochure with the following information:
 - » Types of care/services available, target populations, and any service limitations
 - » Charges or client/patient responsibility for care/services and/or products before or at time of delivery
 - » Eligibility criteria for care/services
 - » Hours of operation, including on-call availability
 - » Contact information and referral procedures
 - » Grievance/complaint procedure
 - » Rights and responsibilities
2. Scope of services provided will be reviewed with all employees during orientation.
3. All marketing and client/patient brochures will be written in language easily read by nonprofessional persons and will include:
 - » Types of care/services available, target populations, and any service limitations
 - » Charges or client/patient responsibility for care/services and/or products before or at time of delivery
 - » Eligibility criteria for care/services
 - » Hours of operation, including on-call availability
 - » Contact information and referral procedures
 - » Grievance/complaint procedure
 - » Rights and responsibilities
4. The Customer Service staff and professional staff are responsible for informing clients/patients of all new services (Your Company Name) may provide as the services become available.

HC2-2A

Policy: Rights and Responsibilities

1. All clients/patients will receive a written statement of their rights and responsibilities prior to receiving care from (Your Company Name).

2. Upon admission to (Your Company Name), admission staff will provide client/patient or appropriate representative with the Client/Patient Rights and Responsibilities statement.
3. Admission staff will review the client/patient rights and responsibilities verbally with client/patient or appropriate representative.
4. Client/patient or appropriate representative will sign an acknowledgement and understanding of Client/Patient Rights and Responsibilities statement.
5. Written statement of Client/Patient Rights and Responsibilities will be left with client/patient or appropriate representative.
6. Signed acknowledgement and understanding of Client/Patient Rights and Responsibilities statement will be maintained in the client's/patient's record.
7. Client/Patient Rights and Responsibilities statement will include at a minimum:
 - » Be fully informed in advance about care/service to be provided, including the disciplines that furnish care/service and the frequency of visits, as well as any modifications to the plan of care/service
 - » Be informed, both orally and in writing, in advance of care/service being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible
 - » Receive information about the scope of services that the agency will provide and specific limitations on those services
 - » Participate in the development and periodic revision of the plan of care/service
 - » Refuse care or treatment after the consequences of refusing care or treatment are fully presented
 - » Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
 - » Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
 - » Be able to identify visiting personnel members through an agency generated photo ID
 - » Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
 - » Voice grievances/complaints regarding treatment or care/service, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
 - » Have grievances/complaints regarding treatment or care/service that is (or fails to be) furnished, or lack of respect of property investigated
 - » Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI)
 - » Be advised on agency's policies and procedures regarding the disclosure of records
 - » Choose a healthcare provider, including an attending physician, if applicable
 - » Receive appropriate care/service without discrimination in accordance with physician orders
 - » Be informed of any financial benefits when referred to HC
 - » Be fully informed of one's responsibilities

HC2-3A

Policy: Identifying and Reporting Abuse/Neglect of Clients/Patients

1. All alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of client/patient property by anyone furnishing services on the company's behalf are reported immediately and documented using the appropriate incident report form within 24 hours of discovery of the incident to the respective Manager and/or the owner:
 - » All clients/patients have the right to be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
 - » The management will work together to investigate the reported incident and immediately take action to prevent further potential violations while the alleged violation is being verified. The governing body/owner will be notified within 48 hours after having received the report, what findings and actions have been taken to correct the problem.
 - » Clients/patients/caregivers and employees will be given the office number as well as an after-hours number to call and report any issues.
 - » The company will provide annual training on abuse and neglect. Some of the topics that will be addressed are:
 - Reasons for abuse or neglect
 - Potential victims; most likely candidates
 - Identification of potential abuse/neglect
 - On-site investigating
 - State laws regarding abuse or neglect
 - Documentation of suspected abuse or neglect
 - Proper officials to report suspected abuse or neglect
 - » Management will maintain a listing of numbers for State Department of Health and Human Services and Adult Protective Services.
 - » Appropriate corrective action will be taken if the alleged violation is verified by the organization's administration or an outside body having jurisdiction, such as ACHC, the state survey agency or the local law enforcement agency will be taken. The organization will verify that violations are reported to ACHC, state, and local bodies having jurisdiction within five working days of becoming aware of the verified violation, unless state regulations are more stringent.

HC2-4A & B

Policy: Customer Complaints

1. All customer complaints will be documented, investigated, and brought to the best possible resolution for the client/patient or referral by responding to the complaint in a timely fashion. A complaint is a grievance/complaint regarding treatment or care that is (or fails to be) furnished and lack of respect of property by anyone who is furnishing care/service on behalf of the company. The client/patient will not be subjected to discrimination or reprisal for reporting a complaint.
2. All clients/patients will receive, verbally and in writing, the organizations process for receiving, investigating, and resolving complaints about services. This will include state regulatory hot-line numbers and ACHC's telephone number.

3. Any employee receiving a grievance/complaint will submit a grievance/complaint form to their appropriate manager. If a complaint is received after business hours, the manager on-call will be notified immediately, and the complaint will be submitted on the next business day.
4. The manager will immediately complete the grievance/complaint form by contacting the client/patient and/or referral, investigating the problem, and taking appropriate action(s) to resolve the issue.
5. All grievances/complaints will include the client's/patient's name, address, telephone number, a summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.
6. Once completed and resolved, the Complaint Form is given to the President/CEO/owner for review and documentation in the PI Program.
7. All grievances/complaints will be reviewed by the PI committee quarterly and forwarded to the President/CEO/owner.
8. A summary of grievances/complaints will be reported to the governing body at least quarterly and will be included in the annual PI report.
9. All employees will receive instruction on the grievance/complaint policy during orientation and annually.

HC2-5A & C

Policy: Confidentiality of Client/Patient Information

All client/patient information concerning care or services is treated with confidentiality by all employees.

(A definition of protected health and confidential information, the types of information that are covered by the policy, including electronic and computerized information, telephone and cell phone communications, and verbal and faxed information.)

1. All employees will treat the following information concerning client/patient care/service with the utmost confidentiality:
 - » Paper, electronic, and computerized information
 - » Telephone and cell phone communications
 - » Verbal and faxed information
2. Admission staff will obtain the signed authorization form from the client/patient that will allow the organization to release confidential information for treatment, payment, and operations, including licensing, regulatory, and accrediting bodies.
3. If information is requested for any other purpose than treatment, payment or operations, a separate authorization form, listing the specific information to be released, will be obtained and signed by the client/patient or someone legally authorized to act on the client's/patient's behalf, prior to releasing the information requested.
4. All requests for release of information will be given to the _____ Manager. Only the _____ Manager may release PHI/EPHI and confidential information.
5. Records may be released without client/patient authorization only by court order, subpoena, or other legally recognized information access procedure.
6. Accessibility to client/patient charts is limited to medical records staff, billing staff, appropriate leadership and staff caring for the client/patient. Staff members will discuss client/patient-related information with company personnel only on a need-to-know basis.
7. Client/patient records are kept in a secure location to prevent loss, tampering, and unauthorized use. Records will be stored in a manner that minimizes the possibility of damage from fire and water.

8. Client/patient names on Performance Improvement (PI) reports will be replaced with client/patient numbers or initials.
9. Staff is instructed NOT to:
 - » Leave records open and unattended
 - » Document in public places
 - » Keep records overnight in vehicles or other easily accessed locations
 - » Take one client/patient record into another client/patient residence
 - » Review charts of clients/patients for whom they are not providing care for
10. All employees, contract staff, and governing body members will receive training in confidentiality of client/patient information during orientation, annually, and will sign a the Confidentially Agreement upon hire.
11. All business associates that may have access to PHI/EPHI will have a Business Association Agreement (BAA) signed before the initiation of care/service.
12. Staff will follow all HIPAA regulations.
13. Clients/patients will receive the organization's privacy notice during admission visit.

HC2-6A & B

Policy: Advance Directives

Clients/patients have the right to accept or refuse medical care, client/patient resuscitation, surgical treatment, and the right to formulate an Advance Directive. Advance Directives include written instructions from a Physician and the client/patient regarding resuscitation and withholding or withdrawing treatment. These directives may include, but are not limited to, Living Wills and designating another person to make medical decisions for them should they become unable to make these decisions (Healthcare Power of Attorney). Client/patient care/service is not prohibited based on whether or not the individual has an Advance Directive.

1. Clients/patients/legal guardians should discuss their desire to complete an Advance Directive with their physicians and obtain the required paperwork/form signed by all responsible parties involved.
2. Written information on the Advance Directive/Resuscitation policy will be provided to all clients/patients prior to the initiation of care/services. The existence of an Advance Directive will be determined during the initial visit and documented in the client/patient record.
3. Agency employees and contract staff shall honor all Advance Directives made available to them by the client/patient.
4. In the event a client/patient suffers respiratory or cardiac arrest in the presence of an employee, the employee will contact emergency medical services unless an Advance Directive with a Do Not Resuscitate (DNR) form is present.
5. Only employees with current basic cardiac life support (BCLS) certification may perform cardiopulmonary resuscitation (CPR). Online CPR certification is acceptable with in-person verification of competency.
6. All employees will receive instruction on the Advance Directive/Resuscitation policy during orientation.
7. All staff that is required to maintain CPR certification will have a copy of the current certificate placed in their personnel record.
8. Clients/patients and families will be provided information about the organization's policies for resuscitation, medical emergencies, and accessing 911 services (EMS).

9. Clients/patients will have the right to refuse care/service after the consequences of refusal of services is explained to them or their caregivers.
10. Employees will assist clients/patients with resources to obtain an Advance Directive upon request of the client/patient/legal representative.
11. Staff will receive education on Advance Directives during orientation.

HC2-7A

Policy: Ethical Concerns

1. (Your Company Name) will address ethical concerns through the utilization of an Ethics Committee. Members of the Ethics Committee will assist staff with identifying, addressing, and evaluating ethical issues.
2. A request for an Ethics Committee meeting will be directed to the chairperson(s) of the committee.
3. All information exchanged during the consultation is confidential.
4. When a formal consultation is held, a general notation will be placed in the medical record.
5. A summary of all requests will be presented at each governing body meeting.
6. In most cases, the attending physician will be notified of the request for ethical consultation and any subsequent recommendations.
7. Staff will be provided education regarding the process for addressing ethical concerns and examples of potential ethical issues during orientation and annually thereafter.

HC2-8A

Policy: Communication Barriers

1. Discrimination will not be tolerated. It is our firm belief that everyone is to be treated equally with respect and integrity by all staff in every situation. When language barriers are noted, they will be addressed by staff immediately. Employees will communicate with the client/patient in the appropriate language or form understandable to the client/patient.
 - » Employees will determine if the client/patient needs an interpreter due to a language barrier or if they require any special accommodations during the initial visit.
 - » Mechanisms are in place to assist with language and communication barriers. This may include, but is not limited to:
 - Bilingual staff
 - Interpreters
 - Assistive technologies
2. Employees will communicate with the client/patient by using special telephone devices for the deaf or other communication aids such as picture cards or written materials in the client's/patient's language.
3. All employees will be trained during orientation and annually regarding the resources available to assist clients/patients that need an interpreter or other assistive technology to assist with communication due to a language barrier.

HC2-8B

Policy: Cultural Diversity

1. Employees will be provided education and resources regarding different cultural backgrounds, beliefs, and religions to increase their cultural awareness of the clients/patients they serve.
2. Staff will respect and honor different cultural backgrounds, beliefs, and religions. Different cultural backgrounds, beliefs, and religions impact the client's/patient's lifestyles, habits, view of health, and healing. Employees must be able to identify differences in their own beliefs and the client's/patient's beliefs and find ways to support the client/patient. Employees will make efforts to understand how the client's/patient's cultural beliefs impact their perception of their illness.
3. Upon admission employees will identify differences in client's/patient's beliefs or cultural background and modify the service plan to meet their needs.
4. Management will not assign personnel unwilling to comply with organization policy, due to cultural values or religious beliefs, to situations where their actions may be in conflict with the prescribed treatment or the needs of the client/patient.
5. When an employee refuses care/service to a client/patient, management must provide an alternate employee to complete the care/services or refer the client/patient to another company immediately.
6. Cultural Diversity training will be completed for all new employees during orientation and on an annual basis.

HC2-9A

Policy: Compliance Program

1. (Your Company Name) will develop a Compliance Program following the recommendations of the Office of Inspector General (OIG), which will guide the agency in its attempt to prevent violations of fraud and abuse laws. The Compliance Program identifies compliance risk areas particularly susceptible to fraud and abuse.
2. At a minimum, the Compliance Program will address the following areas:
 - » Implementation of written policies, procedures, and standards of conduct
 - » Designation of a Compliance Officer and Compliance Committee
 - » Conducting effective training and education programs
 - » Developing open lines of communication between the Compliance Officer and/or Compliance Committee and Agency personnel for receiving complaints and protecting callers from retaliation
 - » Performance of internal audits to monitor compliance
 - » Establishing and publicizing disciplinary guidelines for failing to comply with the Agency standards and P&P and applicable statutes and regulations
 - » Prompt response to detected offenses through corrective action

UNDERSTANDING THE STANDARDS

SECTION 3: FISCAL MANAGEMENT

The standards in this section apply to the financial operations of the company. These standards will address the annual budgeting process, business practices, accounting procedures, and the company's financial processes.

SECTION 3 — QUICK REFERENCE

Topic	Standard	Page
Budget	HC3-1A	3.2
Financial Business Practices.....	HC3-2A	3.2
Care/Service Lists and Conveying Charges.....	HC3-6A, B.....	3.2 & 3.3
Bill Reconciliation	HC3-7A	3.3

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

 **Standard HC3-1A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

The Agency's annual budget is developed in collaboration with management and personnel and under the direction of the governing body/owner.

 P&P Essential Components

- The agency must demonstrate the ability to complete the budgeting process to include all anticipated income and expenses. The budget is reflective of the care/service provided, the strategic plan, and the Agency programs. The leaders and the individuals in charge of the day-to-day program operations are involved in developing the budget and in the planning and review of periodic comparisons of actual and projected expenses and revenues for the care/service.

 HINT

While on site, the Surveyor will review the annual operating budget and will expect to see that the budget is reviewed and updated at least annually by the Agency, governing body/owner, and leadership personnel.

 **Standard HC3-2A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

The Agency implements financial management practices that ensure accurate accounting and billing.

 P&P Essential Components

- The Agency must reflect sound business practices and must include at least the following:
 - » Receipt and tracking of revenue
 - » Billing of clients/patients and third-party payors
 - » Notification to the client/patient of changes in reimbursement from third-party payors
 - » Collection of accounts
 - » Reconciliation of accounts
 - » Extension of credit, if applicable
 - » Financial hardship, if applicable
 - » Consequences of non-payment, if applicable
 - » Assignment of revenue to the appropriate program
 - » Retention of financial records per applicable laws and regulations

 **Standard HC3-6A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

The Agency develops care/service rates and has methods for conveying charges to the client/patient, public, and referral sources.

 P&P Essential Components

- The Agency must describe the process for establishing and conveying charges for the services provided to clients/patients.

 HINT

The Surveyor will expect to see a listing of current charges for care/services.

The Surveyor will expect to see that the personnel responsible for conveying these charges are oriented and provided with education concerning the conveying of charges.

 Standard HC3-6B: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

The client/patient is advised orally and in writing of the charges for care/service at, or prior to, the receipt of services. The client/patient also has the right to be informed of changes in payment information, as soon as possible, but no later than 30 days after the agency becomes aware of the change.

 HINT

If interviewed, staff should be able to explain how clients/patients are educated on their charges and expected reimbursements.

Client/patient records will have documentation that they have received information regarding charges either at or before the initiation of care/service.

If interviewed, clients/patients should be able to state they have been notified of their financial responsibility at, or prior to, the delivery of care/service.

 Standard HC3-7A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

There is verification that the care/service(s) billed for reconciles with the care/service(s) provided by the Agency.

 HINT

The Surveyor will review billing records against client/patient charts to ensure clients/patients are properly billed for care/services provided.

Tools Available to Assist with Section 3:

- Section 3 Compliance Checklist
- Home Care Financial Disclosure Statement
- Section 3 Self Audit

SECTION 3 COMPLIANCE CHECKLIST

ACHC Standard	Policy/ Procedure	Client/Patient Record	Observation	Audit Tools Provided	Compliance Y/N	Comments
HC3-1A			Annual operating budget & staff interviews	Items Needed for Survey & Interview Tool		
HC3-2A			Accounting system	Observation Tool		
HC3-6A			Written charges for care/service	Chart Audit Tool		
HC3-6B		Yes	Documentation in client/patient records	Chart Audit Tool		
HC3-7A		Yes	Billing records			

FINANCIAL DISCLOSURE STATEMENT



FINANCIAL DISCLOSURE STATEMENT

Client/Patient Name: _____ Medical Record #: _____

I understand my financial responsibility for all services provided will be as listed below. If the bill causes financial hardship, now or at any time in the future, I may call a billing representative of the agency to arrange a payment schedule.

Nurse:	\$ _____	Per day
Nursing Assistant:	\$ _____	Per day
Companion:	\$ _____	Per day

I acknowledge that I have read and understand the above Financial Disclosure Statement.

Signature of Client/Patient: _____ Date: _____

SECTION 3 SELF AUDIT



SECTION 3 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- None

REQUIRED DOCUMENTS

- Current annual budget
- Governing body meeting minutes documenting annual review and update of the budget
- Accounting system that tracks revenue and expenses
- List of care/services with corresponding charges
- Client/patient bills/claims

PERSONNEL FILE CONTENTS

- None

CLIENT/PATIENT RECORD

- Receipt of financial responsibilities of the client/patient
- Client/patient bills correspond to the care/services provided

APPROPRIATE STAFF KNOWLEDGE OF THE FOLLOWING

- When budget is created and approved
- How clients/patients are informed of their financial responsibilities

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON SITE?

- Accounting system to track revenue and expenses reconcile invoices/receipts/deposits
- Proper storage of financial records

SELF TEST

1. How often must the budget be reviewed? By whom?
2. Whose regulations must be followed regarding financial record retention?
3. What financial responsibility information must be shared with clients/patients?
4. How many days do you have to notify clients/patients of changes in payment information?

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UNDERSTANDING THE STANDARDS

SECTION 4: HUMAN RESOURCE MANAGEMENT

The standards in this section apply to all categories of personnel in the organization unless otherwise specified. Personnel may include, but are not limited to, support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory employees, contract personnel, independent contractors, volunteers, and students completing clinical internships. This section includes requirements for personnel records including skill assessments and competencies.

SECTION 4 — QUICK REFERENCE

Topic	Standard	Page
Personnel File Management	HC4-1A, B, C	4.3
Verification of Personnel Qualifications	HC4-2B	4.4
TB Testing/Screening	HC4-2C	4.5
Hepatitis B Vaccine	HC4-2D	4.5
Job Descriptions	HC4-2E	4.6
Driver's License Requirements	HC4-2F	4.6
Background, Sex Offender, and OIG Checks	HC4-2H	4.6
Employee Handbook	HC4-2I	4.7
Performance Evaluations	HC4-2J	4.8
Orientation	HC4-5A, B	4.8 & 4.9
Competency Assessments	HC4-6A, B	4.9 & 4.10
Education Plan	HC4-7A	4.11
Annual Staff In-Services	HC4-7B	4.11
Annual Observation of Direct Care Staff	HC4-7D	4.12
Supervision of Staff	HC4-9A	4.12
Care Coordinator/Case Manager	HC4-10A	4.12
Paraprofessionals	HC4-11A, B	4.13
Registered Nurse Supervisory Requirements	HC4-11C	4.13
LPN/LVN Supervision	HC4-11D	4.13
Qualified Supervision of Therapy Services	HC4-11E	4.14
Pharmaceutical Administration Qualifications	HC4-12A	4.14
Following Nurse State Practice Acts	HC4-13A	4.15
Aide Qualifications	HC4-13B	4.15
Therapy Services Offered/Supervision	HC4-15A	4.15
PTA Qualified Supervision	HC4-15B	4.15



COTA Services Offered/Supervision HC4-15C 4.16
Social Work Services Offered/Supervision..... HC4-15D, E..... 4.16
SLPA Services Offered/Supervision..... HC4-15F 4.17

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

 **Standard HC4-1A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established and implemented that describe the procedures to be used in the management of personnel files and confidential personnel records.

P&P Essential Components

- P&P must include, but are not limited to:
 - » Positions having access to the personnel file
 - » Proper storage
 - » The required contents
 - » Procedures to follow for employees who wish to review their personnel file
 - » Time frames for retention of personnel files

 **HINT**

While on site, the Surveyor will review personnel records as well as other documents to ensure compliance with ACHC requirements.

 **Standard HC4-1B: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

Prior to or at the time of hire all personnel complete appropriate documentation.

Personnel File Essential Components

- Prior to hire, each personnel file must contain the following documentation:
 - » Position application
 - » Dated and signed withholding statements
 - » Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States)

 **HINT**

While on site, the Surveyor will review personnel files as well as other documents to ensure compliance with ACHC requirements.

 **Standard HC4-1C: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

All personnel files at a minimum contain or verify the following items.

Personnel File Essential Components

- Informational only
 - » Employment application
 - » Wage and benefit information
 - » Federal Withholding Form (W-4)
 - » State Withholding Form
 - » Personnel credentialing/verification of qualifications

- » Criminal background check/national sex offender registry
- » Signed job description
- » Confidentiality agreement
- » Conflict of interest disclosure, if applicable
- » Receipt of personnel/employee handbook for review of personnel policies)
- » Motor vehicle license, if applicable
- » Employee orientation
- » Annual performance and competency evaluations
- » Office of General Inspector (OIG) exclusion check
- » Training record forms
- » I-9 employment eligibility requirement forms
- » Annual evaluation of job duties
- » TB screening
- » Hepatitis B vaccination or declination form

 HINT

Organize the files for easy review and access of the needed information.


The Surveyor will randomly select several personnel files for review.

It is suggested that a staff member be available to assist in the review.

Contract staff must have all of the above items, except position application, withholding statement, I-9, and access to personnel handbook.

 Standard HC4-2B: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)

Personnel are qualified for the positions they hold by meeting the education, training, and experience requirements defined by the Agency. Personnel credentialing activities are conducted at the time of hire and upon renewal to verify qualifications of all personnel.

 Personnel File Essential Components

- P&P must include, but are not limited to:

- » All professionals who furnish services directly, under an individual contract, or under arrangements with a HC, must be legally authorized (licensed, certified, or registered) in accordance with applicable federal, state, and local laws, and must act only within the scope of his or her state license, state certification, or registration.
- » All personnel qualifications must be kept current at all times.

 HINT

Personnel hired for specific positions must meet the minimum qualifications for those positions in accordance with applicable laws or regulations and job descriptions. For example, if a job description requires a Bachelor of Science in Nursing (BSN) degree, then the agency would need to obtain a copy of the diploma for the personnel file.

 Standard HC4-2C: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented in regard to all direct care personnel having a baseline Tuberculosis (TB) test at any point in the past or in accordance with state requirements. Prior to patient contact, an individual TB risk assessment and a symptom evaluation are completed.

P&P Essential Components

- Upon hire, all direct care staff, including contract staff, will provide evidence of a baseline TB skin test or blood test.
- Prior to patient contact, all direct care staff, including contract staff, will complete an individual TB risk assessment and symptom evaluation to determine if high-risk exposures have occurred since administration of the baseline TB test.
- Results of TB risk assessment and symptom evaluation will determine if further testing is needed prior to patient contact.
- If an individual cannot provide evidence of a baseline TB skin or blood test, TB testing is conducted by the agency.
- The agency will conduct an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care personnel.

 HINT

The Surveyor will review personnel files for verification that an initial and annual TB testing/screening was completed on all direct care/service personnel.

The type of annual testing or screening required will be based upon the Agency's annual TB risk assessment.

Standard HC4-2D: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented for all direct care personnel to have access to the Hepatitis B vaccine as each job classification indicates and as described in federal CDC and OSHA standards.

P&P Essential Components

- The process describes how all direct care/service personnel will have access to the Hepatitis B vaccine, as each job classification indicates, per CDC and Occupational Safety and Health Administration (OSHA) standards.
- Declination statements must be signed within 10 working days of employment.

 HINT

While on site, the Surveyor will expect to find documentation of employees being offered the Hepatitis B vaccine.

There should be a declination statement for those employees refusing the Hepatitis B vaccine within 10 days of employment.

 **Standard HC4-2E: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

There is a job description for each position within the Agency which is consistent with the organizational chart with respect to function and reporting responsibilities.

Personnel File Essential Components

- Job duties
- Reporting responsibilities
- Minimum job qualifications, experience requirements, education, and training requirements for the job
- Physical and environmental requirements with or without reasonable accommodations

 HINT

There should be documentation in each employee's file of a signed job description at orientation, and if/whenever the job description changes.

 **Standard HC4-2F: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

All personnel who transport clients/patients in the course of their job duties have a valid state driver's license appropriate to the type of vehicle being operated and are in compliance with state laws.

P&P Essential Components

- A current copy of the employee's valid driver's license will be kept in each employee file for all employees who are required to transport clients/patients in the course of their duties, along with all inquiries made on individual Motor Vehicle Records (MVRs) through the state Department of Motor Vehicles (DMV). At the time of hire, the Agency conducts an MVR check on all personnel who are required to operate a motor vehicle.

 HINT

The employee files must contain the required documentation for those employees who transport clients/patients in the course of their job.

 **Standard HC4-2H: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

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.

P&P Essential Components

- The Agency should obtain criminal background checks for all employees and contract staff who have access to clients/patients and/or access to client/patient records in accordance with state requirements. In the absence of state requirements, criminal background checks must be obtained within three months of employment for all states where the employee has lived or worked for the past three years.
- The Agency should conduct OIG exclusion list checks for all employees and contract staff who have access to clients/patients and/or access to client/patient records.

- National sex offender checks should be conducted for all employees and contract staff who have access to clients/patients.
- Special circumstances must be identified in the policy for the hiring of a person convicted of a crime. The policy must include at least:
 - » Documentation of special circumstances
 - » Restrictions
 - » Additional supervision

 HINT

Evidence of all background checks must be available for the Surveyor to review.
ACHC requires a national sex offender registry check, not a state sex offender registry check.

 Standard HC4-2I: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

Written personnel policies and procedures and/or an Employee Handbook are established and implemented describing the activities related to personnel management.

 P&P Essential Components

- Wages and benefits
- Complaints and grievances
- Recruitment, hiring, and retention of personnel
- Disciplinary action/termination of employment
- Professional boundaries
- Conflict of interest
- Performance expectations and evaluations

 HINT

There should be documentation in the employee file they have received and reviewed the employee handbook or have access to personnel policies.

Wage information should be available in the form of salary scales, with information about beginning salaries for each position classification, salary range, overtime, on-call, holiday pay, and exempt versus non-exempt status.

There should be documentation in the employee file that they have received and reviewed the employee handbook.

Information is on available salary range, overtime, on-call, holiday pay, and exempt versus non-exempt status.

An explanation of benefits is shared with all benefit-eligible personnel. Organizations that do not provide benefits to some categories of personnel must communicate this fact in writing to affected personnel. For example, the contract/agreement with personnel who are utilized on an "as needed basis" may address that benefits are not available to persons employed in that classification.

Written grievance information addresses options available to personnel who have work-related complaints, including the grievance process.

The process for recruitment, hiring, and retention of personnel should demonstrate non-discriminatory practices.

Disciplinary action and termination of employment P&P must define time frames for probationary actions, conditions warranting termination, steps in the termination process, and the appeal process.

Professional boundaries must be addressed.

Conflict of interest must be explained.

General performance expectations of all personnel should be defined (e.g., dress code and professional conduct), along with the schedule for performance evaluations.

Standard HC4-2J: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented in regard to written annual performance evaluations being completed for all personnel based on specific job descriptions. The results of annual performance evaluations are shared with personnel.

P&P Essential Components

- Employee evaluations will be conducted at least annually.
- The Agency must have evidence that evaluations were shared, reviewed, and signed by the supervisor and employees.
- Evaluations must be based on specific job descriptions for each employee.

HINT

All personnel files must contain an employee evaluation annually at minimum.

If interviewed, employees must know when and how they are evaluated.

Personnel evaluations are completed, shared, reviewed, and signed by the supervisor, and staff member no less than every 12 months.

Standard HC4-5A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented that describe the orientation process. Documentation reflects that all personnel have received an orientation.

Minimal Required Components for Personnel Files

- Orientation must include, but not be limited to, the following areas:
 - » Review of the employee's job description, duties, and role within the organization
 - » Organizational chart with reporting structure
 - » Record keeping and reporting
 - » Confidentiality and privacy of protected health information (PHI)
 - » Client/patient's rights and responsibilities
 - » Advance Directives as applicable to the services provided
 - » Conflict of interest
 - » Emergency plan

- » Written P&P
- » Additional training for special populations (developmentally disabled, pediatrics, or having a disease requiring specialized care)
- » Training specific to job requirements
- » Cultural diversity
- » Communication barriers
- » Ethical issues
- » Professional boundaries
- » Performance Improvement (PI) Plan
- » Occupational Safety and Health Administration (OSHA) requirements, safety, and infection control
- » Orientation to equipment (if applicable to their job)
- » Conveying of charges for care/services
- » Compliance Program
- » Incident/variance reporting
- » Handling of client/patient complaint/grievances

HINT

There must be documentation, such as an orientation checklist, in each employee file documenting that they have received orientation on all required items.

If interviewed, employees must be able to explain their individual orientation process.

Standard HC4-5B: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)

The Agency designates an individual who is responsible for conducting orientation activities.

HINT

There should be documented evidence of a designated qualified individual who is responsible for orientation activities. This should be included in the individual's job description.

Standard HC4-6A: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented requiring the Agency to design a competency assessment program on the care/service provided for all direct care personnel.

P&P Essential Components

■ P&P must state that

- » Personnel will receive training and/or education to perform the required client/patient care/service activities prior to working independently.
- » Personnel will be determined competent to perform the required client/patient care/service activities prior to working independently.

- » P&P must define the minimum education and training, licensure, certification, experience, and the minimum competencies required for each care/service offered.
- » P&P must define the method for documenting that personnel have received the required training (certificates, diplomas, etc.).
- » Competency assessments must be done initially during orientation and annually thereafter and must be specific to the employee's role and job description.

 HINT

Competency assessments must be present in the personnel file for each staff member who provides direct care/service and must be specific to the job description.

If interviewed, staff should be able to describe how they are determined competent to perform their job duties.

Competency assessments must be done initially during orientation and annually thereafter.

Competency assessments can be accomplished through observation, skills lab, supervisory visits, knowledge-based tests, case studies, self-assessment, or a combination of any of the above.

A self-assessment tool alone is not acceptable.

Peer review by like disciplines is acceptable if defined in the policy.

 Standard HC4-6B: (Services Applicable: HCC ONLY)

Written policies and procedures are established and implemented requiring the Agency to design a competency assessment program on the care/service provided for all direct care personnel.

 P&P Essential Components

- Personnel will receive training and/or education to perform the required client/patient care/service activities prior to working independently.
- Personnel will be determined competent to perform the required client/patient care/service activities prior to working independently.
- P&P must define the minimum education and training, licensure, certification, experience, and the minimum competencies required for each care/service offered.
- P&P must define the method for documenting that personnel have received the required training (certificates, diplomas, etc.).
- Competency assessments must be done initially during orientation and annually thereafter and must be specific to the employee's role and job description.
- Qualified personnel observe and evaluate each direct care/service personnel performing their job duties at frequencies required by state and/or federal regulations. If no regulation exists, the evaluation is performed at least once annually to assess that quality care/service is being provided. This activity may be performed as part of a supervisory visit and is included as part of the personnel record.

 HINT

Competency assessments must be present in the personnel file for each staff member that provides direct care/service and must be specific to the job description.

If interviewed, staff must be able to describe how they are determined competent to perform their job

duties.

Competency assessments must be done initially during orientation and annually thereafter.


Competency assessments can be accomplished through observation, skills lab, supervisory visits, knowledge-based tests, case studies, self-assessment, or a combination of any of the above.

A self-assessment tool alone is not acceptable.

Peer review by like disciplines is acceptable if defined in the policy.

 **Standard HC4-7A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

A written education plan is developed and implemented which defines the content, frequency of evaluations, and amount of on-going in-service training for each classification of personnel.

 **Education Plan Essential Components**

- Orientation must include the following areas, but is not limited to:
 - » The education plan is a written document and must include:
 - Training provided during orientation
 - Ongoing in-service education
 - Reliable and valid assessment of needs relevant to individual job responsibilities
 - Education activities that include a variety of methods for educating staff with current relevant information to assist with their learning needs
 - » Annual education that is part of the education plan includes but is not limited to:
 - How to handle complaints/grievances
 - Emergency/disaster training
 - Client/patient rights and responsibilities
 - Infection control training
 - Cultural diversity
 - Communication barriers
 - Ethics training
 - Workplace and client/patient safety (OSHA)
 - Compliance Program

 **HINT**

The Surveyor will expect to see written documentation confirming attendance at ongoing education programs.

 **Standard HC4-7B: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established and implemented defining the number of hours of in-service or continuing education required for each classification of personnel.

P&P Essential Components

- P&P must include that non-direct care personnel must have a minimum of eight hours of in-service/continuing education per year.
- Direct care personnel must have a minimum of 12 hours of in-service/continuing education per year. Aide in-service training may be conducted while the aide is providing care/service to a client/patient.

 HINT

If interviewed, staff must know how many hours of in-service/continuing education are required for their job position.

All in-service/continuing education programs must include the hours assigned in order to determine if the required hours of in-service/continuing education have been met.

 Standard HC4-7D: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented in regard to the observation and evaluation of direct care/service personnel performing their job duties by qualified personnel prior to providing care independently and at least annually and/or in accordance with state or federal regulations.

 P&P Essential Components

- P&P must define the evaluation criteria
 - » Observation and evaluation must be conducted by qualified personnel while the employee is performing his or her job duties at frequencies required by state or federal regulations.
 - » If no regulation exists, the evaluation is performed at least once annually to assess that quality care/service is being provided.
 - » Competency/training of the aides must be performed by or under the general supervision of a Registered Nurse (RN).

 HINT

This activity may be performed as part of a supervisory visit and is included as part of the personnel record.

 Standard HC4-9A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

Supervision is available during all hours that care/service is provided.

 HINT

There must be an on-call schedule for supervisors/clinical staff 24 hours per day, 7 days a week. If interviewed, the staff must be able to explain the process for contacting the supervisor on-call.

 Standard HC4-10A: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)

There are experienced personnel designated as client/patient care coordinator/case manager for each client/patient.

Personnel Record Essential Components

- The case manager may be one of the following:
 - » An employee of the Agency
 - » A consultant under agreement with another organization
 - » An individual under contract to perform specific case management functions

 HINT

The Surveyor will expect to see documentation of an assigned client/patient care/service coordinator/case manager for each client/patient.

 Standard HC4-11A: (Services Applicable: HCA ONLY)

Written policies and procedures are established and implemented when there is a professional reviewing and supervising paraprofessionals that gather data.

 P&P Essential Components

- P&P must state that an RN will be responsible for reviewing and interpreting data collected by paraprofessionals.
- P&P must define the process for the review and supervision of paraprofessionals.

 Standard HC4-11B: (Services Applicable: HCA ONLY)

Written policies and procedures are established and implemented that describe professional oversight activities when paraprofessionals are used in a supervisory role.

 P&P Essential Components

- P&P must describe the professional oversight activities when paraprofessionals are used in a supervisory role to include, but not be limited to:
 - » Co-signing of supervisory notes
 - » Periodic joint home visits
 - » Case conferences

 HINT

If interviewed, staff must be able to describe who is responsible for the overall supervision of aides when some supervisory duties are delegated to paraprofessionals.

 Standard HC4-11C: (Services Applicable: HCN)

There is a qualified Registered Nurse (RN) responsible for supervision of all services.

 Personnel Record Essential Components

- A RN with a minimum of two years of home care experience is required
- At least one year of supervisory experience is required

Standard HC4-11D: (Services Applicable: HCN)

Written policies and procedures are established and implemented in regard to a Licensed Practical Nurses/Licensed Vocational Nurses (LPN/LVN) being supervised by a Registered Nurse (RN).

P&P Essential Components

- P&P must outline the supervision of care/service provided by the LPN/LVN personnel.
- P&P must outline the process for assessing LPN/LVN practice and a method for ensuring that client/patient care needs are met.
- At a minimum, supervision includes:
 - » Client/patient record reviews
 - » Case conferences
 - » An in-person or virtual visit to the client's/patient's home by the RN, with or without the LPN/LVN present, is based on the agency's policies and procedures and the complexity of the client/patient and their needs

HINT

The Surveyor will expect to see evidence of supervision of LPNs/LVNs based on the agency's policies and procedures in the client/patient record for which the supervisory visit occurred.

If interviewed, LPN/LVN staff must be able to describe how they are supervised and the frequency of supervision.

Standard HC4-11E: (Services Applicable: HCOT, HCPT, HCST)

There is a qualified Therapist responsible for supervision of all therapy services.

Personnel Record Essential Components

- A Therapist with a minimum of two years of home care experience and at least one-year supervisory experience is required.

Standard HC4-12A: (Services Applicable: HCN)

Written policies and procedures are established and implemented relating to special education, experience or certification requirements for nursing personnel to administer pharmaceuticals and/or perform special treatments.

P&P Essential Components

- P&P must define any special education, experience, or licensure/certification requirements necessary for nursing personnel to administer pharmaceuticals and/or perform special treatments.

HINT

The Surveyor will expect to see evidence in personnel files of all special education, experience, or licensure/certification requirements to administer pharmaceuticals and/or perform special treatments.

 **Standard HC4-13A: (Services Applicable: HCN)**

Written policies and procedures are established and implemented in regard to Nursing Services being provided by a qualified Registered Nurse (RN), Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN) in accordance with the state's Nurse Practice Act and/or job descriptions.

 **P&P Essential Components**

- P&P must define minimum personnel qualifications, experience, educational requirements, and duties performed for each job classification.

 **HINT**

The Surveyor will expect to see that current copies of applicable rules/regulations and the state's Nurse Practice Act are available to nursing personnel.

 **Standard HC4-13B: (Services Applicable: HCA ONLY)**

Written policies and procedures are established and implemented in regard to all Aide Services being provided by qualified personnel in accordance with the state's occupational certification regulations, where applicable, and/or job descriptions.

 **P&P Essential Components**

- P&P must define minimum personnel qualifications, experience, educational requirements, and skilled tasks performed at each level.

 **Standard HC4-15A: (Services Applicable: HCOT, HCPT, HCST)**

Any therapy services offered by the Agency directly or under arrangement are given by a qualified therapist or by a qualified therapy assistant under the supervision of a qualified therapist.

 **HINT**

The Surveyor will expect to see evidence on site of therapy services being provided directly or under arrangement by qualified Therapists or by qualified Therapy Assistants who are appropriately supervised. Therapy services must be provided in accordance with the state's Therapy Practice Act, HC's policies and procedures, and/or job descriptions. Therapy staff should have access to current copies of applicable rules and regulations and the state's Therapy Practice Act.

 **Standard HC4-15B: (Services Applicable: HCPT ONLY)**

Physical Therapy Assistants (PTA) must be supervised by a licensed Physical Therapist (PT).

 **P&P Essential Components**

- P&P must include a procedure for assessing PTA practice, a method for ensuring client/patient needs are met, and that the PTA performs services that are planned, delegated, and supervised by the PT.
- P&P must also define supervisory activities to include, but not be limited to:
 - » An in-person or virtual visit to the client's/patient's home by the PT, with or without the PTA present, is based on the agency's policies and procedures and the complexity of the client/patient and their needs

- » Regularly scheduled client/patient record reviews
- » Case conferences

 HINT

The Surveyor will expect to see evidence of supervisory visits documented in the client/patient record based on the agency's policies and procedures by the PT.

 Standard HC4-15C: (Services Applicable: HCOT ONLY)

Certified Occupational Therapy Assistants (COTAs) are supervised by a licensed Occupational Therapist (OT).

 P&P Essential Components

- P&P must include a procedure for assessing COTA practice and a method for ensuring client/patient needs are met and that the COTA performs services that are planned, delegated, and supervised by the OT.
- P&P must also define supervisory activities to include, but not be limited to:
 - » An in-person or virtual visit to the client's/patient's home by the OT, with or without the COTA present, is based on the agency's policies and procedures and the complexity of the client/patient and their needs
 - » Regularly scheduled client/patient record reviews
 - » Case conferences

 HINT

The Surveyor will expect to see evidence of supervisory visits documented in the client/patient record based on the agency's policies and procedures by the OT.

 Standard HC4-15D: (Services Applicable: HCSW ONLY)

All Social Services are provided by a qualified Medical Social Worker or Social Worker Assistant in accordance with the state's Social Work Practice Act and the Agency's policies and procedures and/or job descriptions.

 HINT

The Surveyor will expect to see evidence on site of Social Work services being provided by a qualified Medical Social Worker or Social Worker Assistant. Social Work staff should have access to current copies of applicable rules and regulations, code of ethics, and the Social Work Practice Act.

 Standard HC4-15E: (Services Applicable: HCSW ONLY)

Social Work Assistants are supervised by a master's degree prepared Medical Social Worker (MSW).

 P&P Essential Components

- P&P must include a procedure for assessing the Social Worker Assistant's practices and methods for ensuring client/patient needs are met.

- P&P must also define supervisory activities to include, but not be limited to:
 - » Periodically review and approve the plan of care
 - » Provide clinical supervision at least every 60 days but more frequently based on the acuity of the client/patient, unless state laws require more often
 - » Participates in case conferences, joint visits, or both, depending on the needs of the client/patient and skills of the assistant

 HINT

The Surveyor will expect to see evidence of supervision documented in the client/patient record at least every 60 days by the master's prepared Social Worker (MSW).

 Standard HC4-15F: (Services Applicable: HCST ONLY)

Certified Speech-Language Pathology Assistants (SLPAs) are supervised by a licensed Speech-Language Pathologist (SLP).

 P&P Essential Components

- P&P must include a procedure for assessing the Speech-Language Pathology Assistant's (SLPA's) practice and methods for ensuring client/patient needs are met.
- P&P must also define supervisory activities to include, but not be limited to:
 - » An in-person or virtual visit to the client's/patient's home by the SLP, with or without the SLPA present, is based on the agency's policies and procedures and the complexity of the client/patient and their needs.
 - » Regularly scheduled client/patient record reviews
 - » Case conferences

 HINT

The Surveyor will expect to see evidence of supervisory visits by the SLP documented in the client/patient record based on the agency's policies and procedures.

Tools Available to Assist with Section 4:

- Section 4 Compliance Checklist
- Personnel Chart Audit Tool
- Hints for Developing an Educational Plan
- Orientation Requirements
- Sample Hepatitis B Declination Statement
- Job Description Template
- Physical Demands Documentation Checkoff List
- In-Service Attendance Record
- Annual Employee Educational Record
- Tuberculosis Screening Tools
- Annual Observation Visit Evaluation
- Section 4 Self Audit
- Sample Policies and Procedures

SECTION 4 COMPLIANCE CHECKLIST

ACHC Standard	Policy/ Procedure	Personnel Record	Client/Patient Record	Observation	Audit Tools Provided	Compliance Y/N	Comments
HC4-1A	Yes	Yes		Personnel records	Observation Tool		
HC4-1B		Yes		Application, withholding statements, & I-9	Personnel Chart Audit Tool		
HC4-2B		Yes		Verification of credentials	Personnel Chart Audit Tool		
HC4-2C	Yes	Yes		TB test results/ annual screening Tool	Personnel Chart Audit Tool		
HC4-2D	Yes	Yes		Hepatitis B vaccine or declination statement	Personnel Chart Audit Tool		
HC4-2E		Yes		Signed job description	Personnel Chart Audit Tool		
HC4-2F		Yes		Copy of valid driver's license	Personnel Chart Audit Tool		
HC4-2H	Yes	Yes		Evidence of background checks	Personnel Chart Audit Tool		
HC4-2I	Yes			Employee handbook & staff interviews	Personnel Chart Audit Tool & Interview Tool		
HC4-2J	Yes	Yes		Annual job evaluations & staff interviews	Personnel Chart Audit Tool & Interview Tool		
HC4-5A	Yes	Yes		Orientation checklist & staff interviews	Orientation Tool & Interview Tool		
HC4-5B		Yes		Orientation schedule			
HC4-6A	Yes	Yes		Completed competency assessments & staff interviews	Personnel Chart Audit Tool & Interview Tool		
HC4-6B	Yes	Yes		Completed competency assessments & staff interviews	Personnel Chart Audit Tool & Interview Tool		
HC4-7A				Written education plan & staff interviews	Observation Tool & Interview Tool		
HC4-7B	Yes	Yes		Training logs & staff interviews	Personnel Chart Audit Tool & Interview Tool		
HC4-7D	Yes	Yes		Evidence of annual observation visit	Personnel Chart Audit Tool		
HC4-9A				On-call schedule & staff interviews	Items Needed for Survey & Interview Tool		

ACHC Standard	Policy/ Procedure	Personnel Record	Client/Patient Record	Observation	Audit Tools Provided	Compliance Y/N	Comments
HC4-10A		Yes	Yes	Assignment of case manager & client/patient chart documentation	Client/Patient Chart Audit Tool		
HC4-11A	Yes		Yes	Client/Patient chart documentation	Client/Patient Chart Audit Tool		
HC4-11B	Yes		Yes	Client/patient chart documentation & staff interviews	Client/Patient Chart Documentation & Interview Tool		
HC4-11C		Yes		Resumé of RN	Personnel Chart Audit Tool		
HC4-11D	Yes		Yes	Client/patient chart documentation	Client/Patient Chart Audit Tool		
HC4-11E		Yes		Resumé and/or application	Personnel Chart Audit Tool		
HC4-12A	Yes	Yes		Appropriate documentation of qualifications	Personnel Chart Audit Tool		
HC4-13A		Yes		Appropriate documentation of qualifications	Personnel Chart Audit Tool		
HC4-13B	Yes	Yes		Appropriate documentation of qualifications	Personnel Chart Audit Tool		
HC4-15A			Yes	Appropriate documentation of qualifications	Personnel Chart Audit Tool		
HC4-15B	Yes		Yes	Documentation in client/patient record	Client/Patient Chart Audit Tool		
HC4-15C	Yes		Yes	Documentation in client/patient record	Client/Patient Chart Audit Tool		
HC4-15D		Yes		Appropriate documentation of qualifications	Personnel Chart Audit Tool		
HC4-15E	Yes		Yes	Documentation in client/patient record	Client/Patient Chart Audit Tool		
HC4-15F	Yes		Yes	Documentation in client/patient record	Client/Patient Chart Audit Tool		

PERSONNEL CHART AUDIT TOOL

Date: _____ Auditor: _____

REQUIREMENTS	ACHC STANDARD	STAFF INITIALS					
Date of Hire:							
Application	HC4-1B						
Dated and signed withholding statements	HC4-1B						
Completed I-9	HC4-1B						
Personnel credentials	HC4-2B						
TB skin testing or blood test (Direct care staff only)	HC4-2C						
Hepatitis B or declination (Direct care staff only)	HC4-2D						
Signed job description	HC4-2E						
Valid driver's license (If required to transport client/patients)	HC4-2F						
Background checks:	HC4-2H						
■ OIG exclusion list	HC4-2H						
■ National sex offender registry (direct care staff only)	HC4-2H						
■ Criminal background	HC4-2H						
Evidence of receipt of employee handbook	HC4-2I						
■ Wages	HC4-2I						
■ Benefits	HC4-2I						
■ Professional boundaries	HC4-2I						
■ Recruitment, hiring, and retention of personnel	HC4-2I						
■ Disciplinary action/termination of employment	HC4-2I						
■ Performance expectations & evaluations	HC4-2I						
■ Handling of grievances/complaints	HC2-4A						
Annual performance evaluations	HC4-2J						
Orientation:	HC4-5A						

REQUIREMENTS	ACHC STANDARD	STAFF INITIALS					
Date of Hire:							
■ Review of job description	HC4-5A						
■ Organization chart	HC1-5B						
■ Record keeping/reporting	HC4-5A						
■ Cultural diversity	HC2-8B						
■ Confidentiality & privacy of PHI	HC2-5A						
■ Client/patient rights	HC2-2A						
■ Advance Directives	HC2-6A						
■ Conflict of interest	HC1-3A						
■ Written policies and procedures	HC4-5A						
■ Emergency plan	HC7-3A						
■ Professional boundaries	HC4-5A						
■ Training specific to job requirements	HC4-5A						
■ Additional training for specific populations	HC4-5A						
■ Performance Improvement (PI) Plan	HC4-5A						
■ Communication barriers	HC2-8A						
■ Ethical issues	HC2-7A						
■ Compliance Program	HC1-10A						
■ Conveying charges for care/service	HC3-6B						
■ OSHA requirements	HC7-6A, B						
■ Orientation to equipment as applicable	HC7-8A						
■ Incident/variance reporting	HC7-7A						
■ Handling of client/patient complaints/grievances	HC2-4A						
Competency assessments completed prior to performing duties independently	HC4-6A HC4-6B						
12 hours of annual training for direct care staff	HC4-7B						
Eight hours of annual training for non-direct care staff	HC4-7B						
Signed Conflict of Interest & Disclosure Statement, if applicable	HC1-3A						
Annual observation of job duties for direct care staff	HC4-7D						

REQUIREMENTS	ACHC STANDARD	STAFF INITIALS					
Date of Hire:							
Case manager has appropriate experience	HC4-10A						
Qualified RN responsible for supervision of all service	HC4-11C						
Qualifications of staff are appropriate	HC4-13A HC4-13B HC4-15A HC4-15D HC4-15F						
Qualifications for those authorized to administer pharmaceuticals	HC4-12A						
Temporary leader has duties listed in job description	HC1-4C						
Completion of CPR, as appropriate	HC2-6B						
Training on waived tests, as appropriate	HC7-8A						
Additional Specific Requirements:							
Additional organization-specific requirements							
Case manager has appropriate experience	HC4-10A						

HINTS FOR DEVELOPING AN EDUCATIONAL PLAN



HINTS FOR DEVELOPING AN EDUCATIONAL PLAN

The Education Plan is a written document that outlines the education that will be provided for staff on an annual basis.

The plan needs to specify the number of hours required for staff, such as direct care staff. Direct care staff needs a minimum of 12 hours annually, and non-direct care staff needs a minimum of eight hours annually.

The education plan needs to include the ACHC required annual in-services, listed below:

- Emergency/disaster training
- How to handle complaints/grievances
- Infection control training
- Cultural diversity
- Communication barriers
- Ethics training
- Workplace and client/patient safety (OSHA)
- Client/Patient Rights and Responsibilities statement
- Compliance Program

Staff can be trained in a variety of methods, such as online, in-person by agency staff, at external conferences, or by a manufacturer representative, etc. The important thing to remember is to assign a length of time to each in-service in order to verify staff have received the required number of education hours annually. Attendance at in-services also needs to be recorded. It is recommended a tracking log be kept for each individual who attends an in-service along with the length of the in-service.

The education plan also needs to consider how the agency will determine additional ongoing education and include the methodology in the plan. For example, the plan should state that additional education will also be developed based on industry changes, outcomes from variances, grievance/complaints, etc. This allows an agency to individualize their plan to the needs and issues of their agency and industry.

ORIENTATION REQUIREMENTS

 HOME CARE

ORIENTATION REQUIREMENTS

- Review of job description, duties performed, and role in the agency
- Organizational chart
- Record keeping and reporting
- Confidentiality and privacy of Protected Health Information (PHI)/Electronic Protected Health Information (EPHI)
- Client/Patient Rights and Responsibilities statement
- Advance Directives, if applicable to the service(s) provided
- Conflict of Interest and Disclosure Statement
- Written policies and procedures
- Emergency plan
- Training specific to job requirements
- Additional training for special populations, if applicable
- Cultural diversity
- Communication barriers
- Ethical issues
- Professional boundaries
- Performance Improvement (PI) Plan
- Compliance Program
- Conveying of charges for care/service
- OSHA requirements, safety, and infection control
- Orientation to equipment, if applicable
- Incident/variance reporting
- Handling of client/patient complaints/grievances

SAMPLE HEPATITIS B DECLINATION STATEMENT



HEPATITIS B DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring a Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining the vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature of Employee: _____ Date: _____

JOB DESCRIPTION TEMPLATE



JOB DESCRIPTION

JOB TITLE: (insert title)
FLSA Status: (exempt or non-exempt)
SUPERVISED BY: (insert position)

JOB PURPOSE: _____

QUALIFICATIONS

1. _____

REQUIRED EDUCATION, TRAINING, AND LICENSURE/CERTIFICATION: _____

RESPONSIBILITIES:

- Main Point
 - » Sub Point
- Main Point
 - » Sub Point
- Main Point
 - » Sub Point

LANGUAGE SKILLS: _____

MATHEMATICAL SKILLS: _____

REASONING ABILITY: _____

PHYSICAL DEMANDS: _____

I have read and understand my job description.

Employee Signature:

Date:

PHYSICAL DEMANDS DOCUMENTATION CHECK LIST



PHYSICAL DEMANDS CHECK LIST

Job Title: _____ Date: _____

Required:

Documentation in a job description to accurately reflect the essential duties of the job and physical demands.

Specify Significant PHYSICAL DEMANDS for the Job Requirements:

Clarify how much on-the-job time is spent on the physical activities required to perform the job effectively. Use the chart below to develop your description of physical demands by checking the appropriate boxes.

1. How much daily/weekly on-the-job time is spent on the following physical activities?

	Amount of Time			
	None	Under 1/3	Up to 2/3	Over 2/3
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use hands to finger, handle, or feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach with hands and arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb or balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoop, kneel, crouch, or crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk or hear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taste or smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does this job require that weight to be lifted or force exerted? If so, how much and how often?

	Amount of Time			
	None	Under 1/3	Up to 2/3	Over 2/3
Up to 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 25 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does this job have any special vision requirements?

- Close vision (clear vision at 20 inches or less)
- Distance vision (clear vision at 20 feet or more)
- Color vision (ability to identify and distinguish colors)
- Peripheral vision (ability to observe an area that can be seen up and down or to the left and right while eyes are fixed on a given point)
- Depth perception (three-dimensional vision, ability to judge distances and spatial relationships)
- Ability to adjust focus (ability to adjust the eye to bring an object into sharp focus)
- No special vision requirements

Specify the essential job duties that require the physical demands indicated above.

- i.e., Position requires standing 1/3 of the time
- i.e., Position requires lifting 1/3 of the time up to 10 pounds

Any special physical demands should be clearly communicated to any applicant applying for this position and all employees occupying this position.

ADA Physical Demands Documentation Checkoff List

ANNUAL EMPLOYEE EDUCATIONAL RECORD



ANNUAL EMPLOYEE EDUCATIONAL RECORD

EMPLOYEE EDUCATIONAL RECORD					
Print Employee Name:		Performance Review Date:		Supervisor:	
Department:			Position:		
Mandatory In-Services		Date	Method: Staff Meeting or Make-up Class/Activity		Length
Communication barriers					
Infection control					
Workplace and client/patient safety (OSHA)					
Compliance Program					
Emergency/disaster training					
Complaint/grievance process					
Cultural diversity training					
Ethics training					
Client/patient rights and responsibilities					
Safety testing on equipment, if appropriate					
Date	In-Services/Continuing Education	Attendance Hours	Date	In-Services/Continuing Education	Attendance Hours

Please document all educational activities on this form providing date, title of in-service, and the amount of time involved in attending this in-service.

Instructions: This record is maintained by the employee from review date to review date. The form needs to be completed 14 days prior to the review date and turned into the employee’s reviewing Supervisor. The employee is responsible for attending all mandatory in-services and meetings and for meeting job specific educational requirements.

Number of mandatory in-services attended: _____

Number of discipline/role-specific hours of education: _____

Employee Signature:

Date turned in to Supervisor:

Supervisor Review:

Date:

TUBERCULOSIS SCREENING TOOL



ANNUAL TUBERCULOSIS SCREENING TOOL FOR EMPLOYEES

Name: _____ Date of Birth: _____

HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS?	DESCRIPTION	YES	NO
Unexplained productive cough	Cough greater than three weeks in duration		
Unexplained fever	Persistent temperature elevations greater than one month		
Night sweats	Persistent sweating that leaves sheets and bedclothes wet		
Shortness of breath/chest pain	Presently having shortness of breath or chest pain		
Unexplained weight loss/appetite	Loss of appetite with unexplained weight loss		
Unexplained fatigue	Very tired for no reason		
Have you been exposed to anyone with TB?	Personally or professionally within the past 12 months		
Have you traveled outside the U.S.?	In the past 12 months		

The above health statement is accurate to the best of my knowledge. I will report any change in my health status to my Supervisor.

Signature of Employee: _____

Date: _____

ANNUAL OBSERVATION/EVALUATION TOOL



ANNUAL OBSERVATION/EVALUATION VISIT

Employee Name and Title: _____ Date: _____

Supervisor: _____

E= Exceeds expectations M=Meets expectations N=Need improvement/Plan of Correction Required

PERFORMANCE EXPECTATIONS	E	M	N	COMMENTS/PLAN OF CORRECTION ACTION STEPS
Pre-Home Visit Format				
1. Reviews plan of care				
2. Calls to inform client/patient of expected arrival time				
3. Assess for any changes that may alter the plan of care				
4. Organizes supplies				
Home Visit				
1. Arrives on time				
2. Follows proper infection control practices				
3. Involves client/patient in any changes needed to the plan of care				
4. Implements interventions identified in plan of care				
5. Updates plan of care as needed				
6. Completes visit in timely manner				
7. Maintains professional and personal boundaries				
Documentation				
1. Completes documentation during home visit as appropriate				
2. Documentation is accurate and consistent with visit				
3. Notifies MD of changes (if appropriate)				
4. Communicates with other team members, as needed				

PERFORMANCE EXPECTATIONS	E	M	N	COMMENTS/PLAN OF CORRECTION ACTION STEPS
Procedures: (note as demonstrated during visit)				

Employee Signature: _____

Supervisor Signature: _____

SECTION 4 SELF AUDIT



SECTION 4 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- Management of personnel files and confidential personnel records
- TB screening and annual verification
- Hepatitis B vaccine and declination statement
- Background checks and special circumstances for hiring a person convicted of a crime
- Personnel policies and/or employee handbook
- Annual performance evaluation requirements
- Orientation requirements
- Competency testing requirements
- Ongoing education requirements
- Annual observation and evaluation of direct care personnel
- Supervision of paraprofessionals
- Supervision of LPNs, LVNs, PTAs, SLPAs, COTAs, and Social Work Assistants
- Nursing personnel allowed to administer pharmaceuticals
- Nursing staff providing care in accordance with the state's Nurse Practice Act
- Aide staff providing care in accordance with the state's occupational certification regulations

REQUIRED DOCUMENTS

- Employee handbook
- Orientation materials
- Annual training materials
- Tracking of ongoing education
- On-call schedule

PERSONNEL FILE CONTENTS

- Position application
- Withholding statements
- I-9 Form
- Personnel credentialing/verification of qualifications
- TB screening and annual screening

- Hepatitis B vaccination or declination statement
- Job description
- Copy of current driver's license, if applicable
- Background checks (MVR, OIG, criminal, and national sex offender)
- Evidence of receipt/access of employee handbook/personnel policies
- Annual performance evaluations
- Signed Conflict of Interest and Disclosure Statement, if applicable
- Orientation checklist
- Evidence of being informed of wages and benefits
- Signed confidentiality agreement
- Competency assessments

CLIENT RECORD REQUIREMENTS

- Designated client/patient care coordinator/case manager
- Evidence of supervision of paraprofessionals
- Evidence of supervision of LPNs, LVNs, PTAs, SLPAs, COTAs, and Social Work Assistants

APPROPRIATE STAFF KNOWLEDGE OF THE FOLLOWING:

- Individual job duties and responsibilities
- How often staff is evaluated
- Policies and procedures in the employee handbook/personnel policies
- Orientation process and topics addressed in orientation
- How staff is determined competent to perform their job duties
- How many hours of in-service education are required annually
- How staff receives ongoing education
- How supervision is provided after-hours

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON SITE?

- The appropriate documentation is kept for all employees and this information is kept confidential
- Employee handbook/personnel policies are accessible to employees

SELF TEST

1. Does each employee have all of the required documentation?
2. Are staff qualified for the positions they hold?
3. Do all contract staff have documented evidence of the required items?
4. Have staff been oriented in the required topics?
5. Have staff been provided annual training in the required topics?
6. Have staff had an annual evaluation?

7. Are competencies completed on all direct care staff and any staff with the potential to perform direct care?
8. Have direct care staff had an annual observation visit performed?
9. Is there evidence of supervision of staff?

POLICIES AND PROCEDURES



SECTION 4: HUMAN RESOURCE MANAGEMENT

HC4-1A, B, & C AND HC4-2B

Policy: Personnel File Management

1. The Human Resource (HR) Director will handle all personnel records and related administration functions. Personnel files will be kept confidential in locked files/office accessed only by the HR Director and assigned staff. Employees may request to review personnel files in the presence of the HR Director. Personnel files will contain, at a minimum, the following items:
 - » Employment application
 - » Dated and signed withholding statements
 - » Complete I-9 form
 - » Personnel credentialing/verification of qualifications
 - » TB screening
 - » Hepatitis B vaccination/declination statement
 - » Signed job description
 - » Copy of motor vehicle license, if applicable
 - » Criminal background check
 - » National sex offender
 - » OIG's exclusion list
 - » Personnel policies review or employee handbook
 - » Conflict of Interest Disclosure statement, if applicable
 - » Evidence of orientation
 - » Wage and benefit information
 - » Confidentiality agreement
 - » Competency Assessments
 - » Annual evaluation of job duties
2. The agency will maintain a complete personnel file for all employees of the agency and make personnel files available for inspection by federal, state regulatory, and accreditation agencies. Personnel records will be retained for a minimum of _____ years after employee resignation or termination.
3. Prior to or at the time of hire, the following information will be completed:
 - » Position application
 - » Dated and signed withholding statements
 - » Complete I-9 Form
4. All clinical staff will have their credentials and license verified at time of hire and prior to expiration thereafter by the HR Director.

HC4-2C

Policy: TB Testing and Screening

1. Upon hire, all direct care staff, including contract staff, will receive a baseline TB screening using a TST or a single BAMT.
2. After baseline testing, the Agency will conduct an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care personnel.
3. If the annual TB risk assessment is classified as low-risk, additional annual TB screening of individuals is not necessary unless an exposure to TB has occurred.
4. If the annual TB risk assessment is classified as medium-risk, all direct care staff will complete a TB symptom screen.
5. If the TB risk assessment is classified as potential ongoing transmission, testing for infection will be performed every 8 to 10 weeks until lapses in infection control have been corrected and no additional evidence of ongoing transmission is apparent.
6. The classification of potential ongoing transmission will be used as a temporary classification only. After a determination that ongoing transmission has ceased, the TB risk assessment will be reclassified as medium-risk. Maintaining the classification of medium-risk for at least one year is recommended.
7. Any direct care staff with a baseline positive or newly positive test result for TB infection or documentation of previous treatment for LTBI or TB disease should receive one chest radiograph result to exclude TB disease.

HC4-2D

Policy: Hepatitis B Vaccination

1. The Hepatitis B vaccine will be offered to all direct care employees, as each job classification indicates.
2. Employees may sign a declination statement for the Hepatitis B vaccination within 10 working days of employment if they choose not to become vaccinated.
3. The vaccine record or declination statement will be kept in the employee's file. The only exceptions for offering the series are the following:
 - » The complete Hepatitis B vaccination series was previously received
 - » Antibody testing shows the personnel to be immune
 - » The vaccine cannot be given to the individual for medical reasons, or the individual cannot receive antibody testing

HC4-2E

Policy: Job Descriptions

1. All employees will have a job description completed at time of hire.
2. The employee's 'personnel file will contain a signed copy of the employee's job description.
3. Receipt and/or review of the job description with personnel is part of the orientation process and is repeated during the annual performance evaluation and whenever the job description changes. All job descriptions will contain the following:
 - » Job duties

- » Reporting responsibilities
- » Minimum job qualifications, experience requirements, education, and training requirements for the job
- » Physical and environmental requirements with or without reasonable accommodations

HC4-2F

Policy: Driver's License Requirements

1. A copy of the employee's valid driver's license for all employees that will be transporting clients/patients in the course of their duties will be kept in the employee's personnel file.
2. A copy of all motor vehicle reports will be kept in the employee's file. Motor vehicle records will be checked on all employees that will be required to transport clients/patients in the course of their duties at the time of hire.

HC4-2H

Policy: Background Checks

1. Employees will have the appropriate background checks completed.
2. All employees who have access to clients/patients and/or access to client/patient records will have a criminal background check in accordance with state requirements. In the absence of state requirements, a criminal background check will be obtained within three months of date of employment for all states that the individual has lived or worked in the past three years.
3. All employees who have access to clients/patients and/or access to client/patient records will have an OIG exclusion list check.
4. All employees who have direct access to clients/patients will have a national sex offender registry check.
5. A criminal background check and a national sex offender registry check will be conducted every three years on all employees with access to clients/patients.
6. Any employee who has findings on any background checks may still be hired but will require additional supervision depending on the duties and possible restrictions. Their personnel file will contain documentation of the special circumstances as to why the individual was hired. [Need to specify examples of when an individual with a positive criminal background check will be hired.]

HC4-2I

Policy: Employee Handbook

1. All employees will receive a copy of the employee handbook during orientation.
2. The employee handbook will contain information that will enable the employee to better understand their role in the organization as well as their responsibilities.
3. The employee handbook includes, but is not limited to the following:
 - » Wages
 - » Benefits
 - » Complaints and grievances
 - » Recruitment, hiring, and retention of personnel
 - » Disciplinary action/termination of employment

- » Professional boundaries and conflict of interest
 - » Performance expectations and evaluations
4. The employee handbook is reviewed annually, and updated as needed, and is in accordance with applicable laws and regulations.

HC4-2J

Policy: Performance Evaluations

1. Employee evaluations are based on specific job descriptions and will be conducted no less than every 12 months.
2. The evaluation is completed by the employee's Supervisor and shared with the employee.
3. Personnel evaluations are reviewed and signed by the Supervisor and employee.
4. The information contained in the evaluation is used in the following ways:
 - » Correction of a negative outcome through training
 - » Help the employee improve job performance
 - » Set future goals for the employee in the next year
5. All evaluations are confidential and kept in the employee's personnel file.

HC4-5A & B

Policy: Orientation

1. New employees will undergo orientation in the first 30 days of employment.
2. Orientation activities will be coordinated by the _____ Manager.
3. The completed Orientation Checklist will be maintained in the employee's personnel file.
4. Orientation will include, but not be limited to, the following areas:
 - » Review of the individual's job description and duties performed and their role in the organization
 - » Organizational chart
 - » Record keeping and reporting
 - » Confidentiality and privacy of Protected Health Information (PHI)
 - » Client/patient rights
 - » Advance Directives, if applicable to the service(s) provided
 - » Conflict of Interest and Disclosure policy
 - » Written policies and procedures
 - » Emergency plan
 - » Training specific to job requirements
 - » Additional training for special populations, if applicable (e.g., pediatrics, disease processes with specialized care, and developmentally disabled individuals)
 - » Cultural diversity
 - » Communication barriers
 - » Ethical issues
 - » Professional boundaries
 - » Performance Improvement (PI) Plan

- » Compliance Program
- » Conveying of charges for care/service
- » OSHA requirements, safety, and infection control
- » Orientation to equipment, if applicable
- » Incident/variance reporting
- » Handling of client/patient complaints/grievances

HC4-6A & B

Policy: Competency Assessments

1. Employees will receive training and demonstrate competency appropriate to their job description prior to working independently.
2. Competency assessments will be maintained in the employee's personnel file. Competency assessments will be conducted initially during orientation and annually thereafter. Validation of skills is specific to the employee's role and job responsibilities.
3. The manager or their designee is responsible for the training of new employees. Job descriptions will outline the required education, training, licensure, certification, experience, and minimum competencies for each position in the company. Documentation of that education will be maintained in each employee file.
4. Anyone not considered competent to perform a task will not be assigned to perform that task until competency has been demonstrated after re-training has been provided.
5. Employees will undergo an annual competency assessment.
6. Employees will be trained and demonstrate competency to perform any new tasks/procedures prior to performing those tasks independently. Direct care personnel are not allowed to perform any task for which they were evaluated as unsatisfactory.

HC4-7A & B

Policy: In-Service Education

1. In-service education and staff training will be provided and documented on an ongoing basis for all employees throughout the organization.
2. Education topics will be determined based on needs identified through employee competencies, industry changes, variance reports, complaints, etc.
3. Mandatory annual in-services include the following:
 - » Emergency/disaster training
 - » How to handle complaints/grievances
 - » Infection control training
 - » Cultural diversity
 - » Communication barriers
 - » Ethics training
 - » Workplace (OSHA) and client/patient safety
 - » Client/patient rights and responsibilities
 - » Compliance Program

4. Professional personnel must complete the required Continuing Education Units (CEUs) mandated by their professional organization.
5. Educational activities also include a variety of methods for providing personnel with current relevant information to assist with their learning needs. These methods include the following:
 - » Reference materials
 - » Books
 - » Internet learning
 - » In-house lectures and demonstrations
 - » Access to external learning
6. All Supervisors will attend in-services/educational opportunities to improve their supervisory skills.
7. Documentation of attendance at in-services, etc., will be maintained in the employee's personnel file.
8. The following is the education requirements for each job classification
 - » Direct care staff - 12 hours of in-service
 - » Non-direct care staff - Eight hours of in-service

HC4-7D AND HC4-9A

Policy: Supervision of Staff

1. All staff will be provided with supervision from a qualified Supervisor based upon their level of skill, competence, experience, and education.
2. Newly hired personnel will receive closer monitoring and frequent supervision.
3. All staff may have additional supervisory visits upon request or based upon the Supervisor's discretion.
4. A Supervisor will be available during normal working hours and after-hours. An on-call Supervisor will be available after-hours. During orientation, employees are instructed on how to contact a Supervisor when needed.
5. Direct care employees will be observed at least annually providing care/service in the home, as part of their annual evaluation by a qualified Supervisor.

HC4-11A & B

Policy: Supervision of Paraprofessionals

1. All paraprofessionals will be provided professional oversight by a Registered Nurse (RN) to include but not be limited to:
 - » Co-signing of supervisory notes
 - » Periodic joint home visits
 - » Case conferences
2. Any duties delegated, including data collection, to paraprofessionals will be evaluated and interpreted by a RN.

HC4-11D

Policy: LPN/LVN Supervision

1. The RN will make an in-person or virtual visit to the client's/patient's home, with or without the

Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN) present, at least every ____ days unless state laws require more frequently.

2. Supervisory visits will be documented in the client's/patient's record. The RN will assess the LPN/LVN practice and ensure that the client/patient care/service needs are met. Supervision will also include client/patient record reviews, case conferences, and ongoing communication.

HC4-12A

Policy: Pharmaceutical Administration Qualifications

1. Nurses that are qualified by education and experience may administer prescribed medications and/or perform special treatments.
2. Nurses must complete a competency assessment on medication administration and any special treatments during orientation and at least annually thereafter.
3. All special education, experience, licensure/certification, and competencies will be maintained in the personnel files.

HC4-13A

Policy: Adherence to Nurse State Practice Act

1. All Home Care Nursing services must be provided under the direction of a RN with sufficient education and experience in the scope of services offered. A minimum of two years of home care experience and at least one year of supervisory experience are required.
2. Nursing services will be provided by qualified RN, LPNs, and LVNs in accordance with professional standards, the state's Nurse Practice Act, and according to agency's policies and procedures and/or job descriptions.
3. Nurses must meet all criteria and qualifications in the agency's job description.
4. Current copies of applicable rules/regulations and the state's Nurse Practice Act are available to nursing personnel.

HC4-13B

Policy: Adherence to Occupational Regulations

1. Aide services are provided by qualified personnel in accordance with the state's occupational certification regulations (where applicable), the Agency's policies and procedures, and/or job descriptions.
2. Aide job descriptions will contain the minimum personnel qualifications, experience, educational requirements, and skilled tasks performed at each level.

HC4-15B

Policy: PTA Supervision

1. Physical Therapy Assistants (PTAs) must be supervised by a licensed Physical Therapist (PT).
2. The PT will make an in-person or virtual visit to the client's/patient's home, with or without the PTA present at least every ____ days unless state laws require more frequently.
3. Supervisory visit will be documented in the client's/patient's record. The PT will assess the PTA's practice and ensure that the client/patient care/service needs are met. Supervision will also include client/patient record reviews, case conferences, and on-going communication.

HC4-15C

Policy: COTA Supervision

1. Certified Occupational Therapy Assistants (COTAs) must be supervised by a licensed Occupational Therapist (OT).
2. The OT will make an in-person or virtual visit to the client's/patient's home, with or without the COTA present at least every ____ days unless state laws require more frequently.
3. The supervisory visit will be documented in the client's/patient's record. The OT will assess the COTA's practice and ensure that the client/patient care/service needs are met. Supervision will also include client/patient record reviews, case conferences, and ongoing communication.

HC4-15E

Policy: Social Work Assistant Supervision

1. Social Worker Assistants must be supervised by a master's prepared Social Worker (MSW) with medical social work experience.
2. The MSW will provide clinical supervision at least every 60 days unless state laws require more frequently.
3. Supervisory visits or other forms of supervision will be documented in the client's/patient's record. The MSW will assess the Social Worker Assistant's practice and ensure that the client/patient care/service needs are met. Supervision will also include client/patient record reviews, case conferences, and ongoing communication.

HC4-15F

Policy: Sleep-Language Pathology Assistants Supervision (SLPA)

1. The Speech-Language Pathology Assistant (SLPA) must be supervised by a Speech-Language Pathologist (SLP).
2. The SLP will make an in-person or virtual visit to the client's/patient's home, with or without the SLPA present at least every ____ days, unless state laws require more frequently.
3. The supervisory visit will be documented in the client/patient record. The SLP will assess the SLPA's practice and ensure the client/patient care/service needs are met. Supervision will also include client/patient record reviews, case conference, and ongoing communication.

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UNDERSTANDING THE STANDARDS

SECTION 5: PROVISION OF CARE AND RECORD MANAGEMENT

The standards in this section apply to documentation and requirements for the service recipient/client/patient record. These standards also address the specifics surrounding the operational aspects of care/service provided.

SECTION 5 — QUICK REFERENCE

Topic	Standard	Page
ALL SERVICES		
Client/Patient Record Contents	HC5-1A, B	5.3 & 5.4
Record Entries – Clarity and Signatures	HC5-1C	5.4
Access, Storage, Removal, and Retention of Records	HC5-2A	5.5
Client/Patient Assessments and Plan of Care/Service.....	HC5-3A	5.5
Nursing Services/Initial Assessment.	HC5-3B	5.6
Nursing Services/Comprehensive Assessment Requirements	HC5-3C	5.6
Aide Services/Initial Assessment	HC5-3D	5.9
Companion Services/Initial Evaluation	HC5-3E	5.11
Nursing Services/Plan of Care/Service	HC5-3F	5.11
Aide Plan of Care/Service	HC5-3G	5.12
Companion/Plan of Care/Service	HC5-3H	5.13
Client/Patient Participation in Plan of Care/Service	HC5-3I, J	5.13
Care Delivered per Plan of Care/Service	HC5-3K	5.14
Aide Plan of Care/Service Review	HC5-3L.....	5.14
Aide PCS Supervision	HC5-3M.....	5.14
Nursing Plan of Care/Service Review	HC5-3N	5.15
Plan of Care/Service Revisions	HC5-3P	5.16
Missed Visits	HC5-3Q	5.16
Unmet Client/Patient Needs	HC5-4A	5.16
Client/Patient Referral Process	HC5-5A	5.17
Client/Patient Education	HC5-6A, B.....	5.17 & 18
Client/Patient Transfer.....	HC5-7A	5.18
Client/Patient Discharge.....	HC5-7B	5.19
Medication Routes Not Approved.....	HC5-8A	5.20



First Dose Requirements..... HC5-8B 5.20

Medication Review HC5-8C 5.21

Therapy/Social Work Services Initial Assessment HC5-9A, C.....5.22 & 23

Therapy/Social Work Plan of Care/Service HC5-9B, D.....5.22 & 24

Therapy/Social Work Plan of Care/Service Revisions HC5-9E 5.24


NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

Standard HC5-1A: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented relating to the required content of the client/patient record. An accurate record is maintained for each client/patient.

 P&P and Client/Patient Records Essential Components

- P&P must define the required content of the client/patient record. The content includes, but is not limited to:
 - » Identification data
 - » Names of family/legal guardian/emergency contact
 - » Name of primary caregiver(s)
 - » Source of referral
 - » Name of physician responsible for care/service
 - » Diagnosis
 - » Physician's orders that include medications, dietary, treatment, and activity orders (as appropriate to the level of care/service the client/patient is receiving)
 - » Signed release of information and other documents for Protected Health Information (PHI)
 - » Admission and informed consent documents
 - » Initial assessments
 - » Signed and dated clinical and progress notes
 - » Signed notice of receipt of Client/Patient Rights and Responsibilities statement
 - » Initial plan of care/service
 - » Updated plan of care/service
 - » Evidence of coordination of care/service provided by the Agency with those providing care/service, if applicable
 - » Ongoing assessments, if applicable
 - » Assessment of the home, if applicable
 - » Copies of summary reports sent to physicians, if applicable
 - » Client/patient response to care/service provided
 - » A discharge summary, if applicable
 - » Advance Directives, if applicable
 - » Admission and discharge dates from a hospital or other institution, if applicable

 HINT

The agency must maintain a record for each client/patient.
Audit client/patient records to ensure all records contain the required content.

Standard HC5-1B: (Services Applicable: HCC ONLY)

Written policies and procedures are established and implemented relating to the required content of the client/patient record. An accurate record is maintained for each client/patient.

P&P and Client/Patient Record Essential Components

- P&P must define the required content of the client/patient record. The content includes, but is not limited to:
 - » Identification data
 - » Names of family/legal guardian/emergency contact
 - » Name of primary caregiver(s)
 - » Source of referral
 - » Signed notice of receipt of Client/Patient Rights and Responsibilities statement
 - » Admission and informed consent documents
 - » Plan of care/service
 - » Signed release of information and other documents for PHI, if applicable
 - » Evaluation of the ability to provide services in the home environment
 - » Initial evaluation of services requested
 - » Ongoing evaluations, if applicable

HINT

The agency must maintain a record for each client/patient.

Each home visit, treatment, or care/service is documented in the client/patient record and signed by the individual who provided the care/service.

Audit client/patient records to ensure all records contain the required content.

Standard HC5-1C: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)

Client/patient records contain documentation of all care/services provided. All entries are legible, clear, complete, appropriately authenticated and dated in accordance with policies and procedures and currently accepted standards of practice.

HINT

Audit client/patient records to ensure all records have signatures that are legible, clear, complete, and appropriately authenticated and dated.

Each home visit, treatment, or care/service is documented in the client/patient record and signed by the individual who provided the care/service.

Electronic signatures are acceptable.

Stamped signatures are not acceptable.

 Standard HC5-2A: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented that address access, storage, removal, and retention of client/patient records and information.

 P&P Essential Components

- P&P must be consistent with HIPAA standards which include, but are not limited to:
 - » Who can have access to client/patient records
 - » Personnel authorized to enter information and review the records
 - » Any circumstances and the procedure to be followed to remove client/patient records from the premises or designated electronic storage areas
 - » A description of the protection and access of computerized records and information
 - » Backup procedures, which include, but are not limited to:
 - Electronic transmission procedures
 - Storage of backup disks and tapes
 - Methods to replace information if necessary
 - » Conditions for release of information
 - » Retention time frames
 - » Retention even if the organization discontinues operations
 - » How copies of portions of the medical record will be transported and stored to preserve confidentiality

 HINT

Original copies of all active client/patient records are kept in a secure location.

All client/patient records are retained for a minimum of seven years from the date of the most recent discharge or the death of the client/patient or per state law (whichever is greater).

Records of minor clients/patients are retained until at least seven years following the client's/patient's 18th birthday or according to state laws and regulations.

 Standard HC5-3A: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established that describe the process for assessment and the plan of care.

 P&P and Client/Patient Record Essential Components

- P&P describe, at a minimum:
 - » The process for a client/patient assessment
 - » The development of the plan of care, and the frequency and process for the plan of care/service review
 - » Only a RN or qualified professional, per state licensure rules or regulations, conducts an initial assessment to determine eligibility, care, and support needs of the client/patient

 HINT


The agency must maintain a record for each client/patient.

Each home visit, treatment, or care/service is documented in the client/patient record and signed by the individual who provided the care/service.

Audit client/patient records to ensure all records contain the required content.

 **Standard HC5-3B: (Services Applicable: HCN)**

All clients/patients referred for Home Care Nursing services have an initial assessment. The initial assessment is conducted within 48 hours of referral and/or within 48 hours of the client's/patient's return home, unless the physician specifies a specific time to conduct the initial assessment.

 Client/Patient Record Essential Components

- Only an RN conducts an Initial Assessment visit to determine the immediate care/service and support needs of the client/patient.
- The Initial Assessment visit must be held either within 48 hours of referral or within 48 hours of the client's/patient's return home or on the physician-ordered start of care/service date.
- Clients/patients are accepted for treatment on the basis of a reasonable expectation that the client's/patient's medical, nursing, and social needs can be met adequately by the agency in the client's/patient's place of residence.

 HINT

Audit charts to ensure an RN is conducting the Initial Assessment visits for clients/patients in a timely manner.

 **Standard HC5-3C: (Services Applicable: HCN)**

The comprehensive assessment must be completed in a timely manner, consistent with client's/patient's immediate needs, but no later than five calendar days after the start of care.

 Client/Patient Record Essential Components

- The Comprehensive Assessment must include, but is not limited to:
 - » Client/patient information:
 - Client/patient demographics
 - » The physical health component:
 - Diagnosis
 - Vital signs
 - Identification of additional health problems or pertinent health history, including recent hospital stays
 - Review of medications
 - Allergies
 - Special nutritional needs or dietary requirements and weight loss

- Complete pain and other symptoms assessment
- Head-to-toe assessment
- Equipment and supply needs
- Client/patient preferences for treatment and concerns
- Other needed information that could impact the level of services required to meet the client/patient needs
- » The mental component:
 - Orientation/memory
 - Reasoning/judgment
 - Emotional/behavioral status
 - Ability to read/understand material
 - Depression and suicide risk
 - Substance abuse
 - Coping mechanisms
- » The social component:
 - Identification of the responsible party
 - Identification of an emergency contact
 - Availability and capability of caregivers
 - Role changes and family dynamics
 - Language preference
 - Communication strengths and barriers, literacy and language skills
 - The client's/patient's involvement with social and community resources
 - Financial, economic, and community resources
 - Advance Directive decisions
- » The environmental component:
 - Identification of safety and health hazards
 - Presence of adequate living arrangements (e.g., no heat, electricity, or water)
 - Home environmental assessments, which include the potential for safety and security hazards (e.g., water, heat, cooling, refrigeration, throw rugs, furniture layout, bathroom safety, cluttered stairways and blocked exits, unsecured doors, lack of smoke detectors, and fire risks)
- » The economic component:
 - A review of the financial resources available to pay for the care/service provided
- » Functional limitations:
 - The client's/patient's ability to ambulate

- Documentation of all functional limitations
 - Documentation of ability to complete Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) that include:
 - Bathing
 - Dressing
 - Feeding
 - Toileting
 - Transferring
 - Ambulation
 - Use of telephone
 - Shopping
 - Meal preparation
 - Housework
 - Money management
 - Ability to take medication, as appropriate
 - Need for a Home Care Aide (HCA) to assist with client/patient care, ADLs, and IADLs
- » A complete pain assessment is conducted at the time of admission based on policies and procedures and/or protocols for pain assessment and management of pain. The assessment includes, but is not limited to:
- History of pain and its treatment (including non-pharmacological and pharmacological treatment)
 - Characteristics of pain, such as:
 - Intensity of pain (e.g., as measured on a standardized pain scale)
 - Descriptors of pain (e.g., burning, stabbing, tingling, and aching)
 - Pattern of pain (e.g., constant or intermittent)
 - Location and radiation of pain
 - Frequency, timing, and duration of pain
 - Impact of pain on quality of life (e.g., sleeping, functioning, appetite, and mood)
 - Factors such as activities, care, or treatment that precipitate or exacerbate pain
 - Strategies and factors that reduce pain
 - Patient's/family's goals for pain management and their satisfaction with the current level of pain control
- » Common physical symptoms other than pain are assessed at the time of admission and on an ongoing basis based on policies and procedures/protocols for symptom

identification and management; common symptoms include, but are not limited to:

- Nausea and vomiting
- Anorexia
- Constipation
- Anxiety
- Restlessness
- Dyspnea
- Dehydration
- Skin breakdown
- Sleep disorders

 HINT

Audit Comprehensive Assessment forms to ensure all components are captured on the form. If the software program does not include all components of the Comprehensive Assessment, complete an attachment to ensure all components are assessed. If a component of the Comprehensive Assessment is blank, it will be determined to not have been assessed. Educate staff to answer all components of the Comprehensive Assessment and to mark "N/A= Not applicable" instead of leaving an area blank. The Comprehensive Assessment is appropriate to the client/patient age and diagnosis. Specialized populations, such as infants and children, are assessed by personnel with appropriate training and experience.

 Standard HC5-3D: (Services Applicable: HCA ONLY)

All clients/patients referred for Aide Services have an assessment. The initial assessment is conducted and care/service implemented within seven days of the referral or on the date requested by the client/patient.

Client/Patient Record Essential Components

- The assessment must include, but is not limited to:
 - » Client/Patient information:
 - Client/patient demographics
 - » The social component:
 - Identification of the responsible party
 - An emergency contact
 - The client's/patient's involvement with social and community activities
 - » The environmental component:
 - Identification of safety or health hazards

- Presence of adequate living arrangements
- Home environmental assessments include the potential for safety and security hazards (i.e., throw rugs, furniture layout, bathroom safety, cluttered stairways and blocked exits, unsecured doors, lack of smoke detectors, and fire risks)
- » The economic component:
 - A review of the financial resources available to pay for the care/services provided
- » Functional limitations:
 - Documentation of all functional limitations
 - Documentation of ability to complete ADLs and IADLS:
 - Bathing
 - Dressing
 - Feeding
 - Toileting
 - Transferring
 - Ambulation
 - Use of telephone
 - Shopping
 - Meal preparation
 - Housework
 - Money management
 - Ability to take medication, as appropriate
- » The physical health component:
 - Identification of health problems
 - Review of medications
 - Special dietary requirements
 - Other needed information that could impact the level of care/services required to meet the client's/patient's needs
- » The mental component:
 - Orientation/memory
 - Reasoning/judgment

 HINT

Audit assessment forms to ensure all components are captured on the form.

If the software program does not include all components of the assessment, complete an attachment to ensure all components are assessed.

If a component of the assessment is blank, it will be determined to not have been assessed.

Educate staff to answer all components of the assessment and to mark "N/A=Not applicable" instead of leaving an area blank.

 **Standard HC5-3E: (Services Applicable: HCC ONLY)**

All clients/patients referred for Companion/Homemaker Services have an evaluation. The initial evaluation is conducted and service started within seven days of the referral or on the date requested by the client/patient.

Client/Patient Record Essential Components

- The evaluation must include, but is not limited to:
 - » Client/patient information:
 - Client/patient demographics
 - Requested services
 - » The social component:
 - Identification of the responsible party
 - An emergency contact
 - » The environmental component:
 - Identification of safety or health hazards
 - » The economic component:
 - A review of the financial resources available to pay for the care/services provided

 **HINT**

Audit evaluation forms to ensure all components are captured on the form.

If the software program does not include all components of the evaluation, complete an attachment to ensure all components are assessed.

If a component of the evaluation is blank, it will be determined to not have been assessed. Educate staff to answer all components of the evaluation and to mark "N/A= Not applicable" instead of leaving an area blank.

The evaluation is appropriate to the client/patient age and diagnosis.

Specialized populations, such as infants and children, are assessed by personnel with appropriate training and experience.

 **Standard HC5-3F: (Services Applicable: HCN)**

There is a written plan of care for each client/patient accepted to services.

Client/Patient Record Essential Components

- The initial plan of care/service must include, but is not limited to:
 - » Start of care/service date
 - » Certification period
 - » Client/patient demographics

- » Principle diagnoses and other pertinent diagnoses
- » Medications: dose/frequency/route
- » Allergies
- » Orders for specific clinical services, treatments, and procedures (specify amount/frequency/duration)
- » Equipment and supply needs
- » Caregiver needs
- » Functional limitations
- » Diet and nutritional needs
- » Safety measures
- » Measurable goals

 HINT

Physician's orders may be required under certain program requirements (e.g., Medicaid, Managed Care, and other third-party payors). In these situations, the Agency has a responsibility to obtain physician's orders prior to initiation of the care/services and to notify the physician of any changes in the client's/patient's condition.

Verbal orders are documented and signed with the name and credentials of the personnel receiving the order and are signed by the physician within the time frame established in the HC's P&P and/or state requirement.

If several documents comprise the plan of care, identify those documents in the policy and notify the Surveyor that the plan of care/service comprises multiple documents.

Standard HC5-3G: (Services Applicable: HCA ONLY)

There is a written plan of care for each client/patient accepted for Aide Services.

Client/Patient Record Essential Components

- The written plan of care/service shall be based upon assessment data and specify:
 - » Problems/needs
 - » Interventions
 - » Specific services and assessments to be delivered including amount, frequency, and duration
 - » Expected client/patient outcomes/goals
 - » Treatments/orders

 HINT

Physician's orders are needed to provide any care/services governed by state law.

Physician's orders may also be required under certain program requirements (i.e., Medicaid, Managed Care, and other third-party payors). The Agency has a responsibility to obtain physician's orders prior to initiation of the care/services.

If several documents comprise the plan of care, identify those documents in the policy and notify the Surveyor that the plan of care/service comprises multiple documents.

 **Standard HC5-3H: (Services Applicable: HCC ONLY)**

There is a written plan of service for each client/patient accepted for Companion/Homemaker Services.

- Client/Patient Record Essential Components
- The written plan of service is based upon the evaluation data and specifies:
 - » Services to be performed
 - » Frequency and duration of services

 **Standard HC5-3I: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)**

The Agency shows evidence of the client/patient participation in the plan of care.

- Client/Patient Record Essential Components
 - Client/patient records must demonstrate client/patient participation in the plan of care/service.
 - The methods in which the Agency documents participation include, but are not limited to:
 - » The plan of care/service is signed by the client/patient.
 - » A notation is made in the client/patient record that the client/patient participated in the development of the plan of care/service.
 - » There is documentation in the client/patient record that the plan of care/service was reviewed and accepted by the client/patient.

 **HINT**

Audit client/patient records for documentation of client/patient participation in the plan of care. At a minimum, the client/patient agrees to the plan of care/service prior to the beginning of services and as subsequent changes occur.

If interviewed, staff must be able to discuss how the client/patient participates in the development of the plan of care.

 **Standard HC5-3J: (Services Applicable: HCC ONLY)**

The Agency shows evidence of the client/patient acceptance of the plan of service and shows documentation that services are delivered in accordance with the plan of service.

- Client/Patient Record Essential Components
 - Client/patient records must demonstrate client/patient acceptance of the plan of care/service.
 - The client/patient record reflects that the services are delivered in accordance with the plan of care/service.

HINT

Audit client/patient records for documentation of client/patient acceptance of the services that the agency has outlined in the plan of care/service. At a minimum, the client/patient agrees to the plan of care/service

prior to the beginning of service, and as subsequent changes occur.

Audit client/patient records for documentation of services delivered in accordance with the plan of care/service.

 **Standard HC5-3K: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)**

Care/services are delivered in accordance with the written plan of care.

Client/Patient Record Essential Components

- Client/patient records must demonstrate that the care/service is delivered in accordance with the plan of care/service.

HINT

Audit client/patient records for documentation of care/service delivered in accordance with the plan of care/service.

Audit client/patient records for documentation of effective communication and coordination between all personnel involved in the client's/patient's plan of care/service.

 **Standard HC5-3L: (Services Applicable: HCA ONLY)**

There is evidence that the plan of care for Aide Services is reviewed and revised based on reassessment data by a Registered Nurse (RN) or qualified professional.

Client/Patient Record Essential Components

- Client/patient records must demonstrate the plan of care/service is reviewed by an RN or qualified professional for:
 - » Appropriateness (care/service being provided is still needed)
 - » Effectiveness (client/patient outcomes/response to care/service)
 - » Determining if all needed care/services are being provided
 - » Change in client's/patient's condition
 - » Client/patient satisfaction with care/service provided
- The review of the plan of care/service must occur at a minimum of every 90 days unless state laws require a more frequent review.
- Review of the plan of care/service occurs more frequently if indicated by the client's/patient's needs.


 **HINT**

Audit client/patient records for documentation of plan of care/service reviews by the case manager or RN Supervisor.

If interviewed, staff must be able to discuss how often the review of the plan of care/service occurs.

 Standard HC5-3M: (Services Applicable: HCA ONLY)

Aides providing personal care services are supervised in those tasks in the client's/patient's home as appropriate to the service level provided.

 Client/Patient Record Essential Components

- There is evidence in the client/patient records that aides are supervised:
 - » According to the frequency defined in the organization's policies and procedures based on state and federal regulations, payor guidelines, or at a minimum of once every three months
 - » By an RN for aides who provide Medicaid Personal Care Services; other licensed health professionals, in accordance with state law, may provide this supervision in other programs
 - » With a supervisory visit that must be made in the home of each client/patient receiving aide services, during a supervisory visit with the in-home aide present, to assess the care/services being provided and the client's/patient's response to those services

 HINT

Audit client/patient records for documentation of Aide supervisory visits.

If interviewed, staff must be able to discuss how often Aides are supervised.

 Standard HC5-3N: (Services Applicable: HCN)

There is evidence that the plan of care for Nursing Services is reviewed and revised based on reassessment data by a Registered Nurse (RN).

 Client/Patient Record Essential Components

- There is documentation in the client/patient record that reflects the plan of care/service is reviewed at least every 60 days for:
 - » Appropriateness (care/service being provided is still needed)
 - » Effectiveness (client/patient outcomes/response to care/service)
 - » To determine if all needed care/services are being provided
 - » Change in client's/patient's condition
- Included in this review is a discussion with the client/patient to determine the level of satisfaction with the care/services being provided. Notation of a review may be made in the client/patient record and in meeting minutes (team meetings or case conferences).
- The Agency follows program policies and procedures and any applicable laws and rules for the frequency of the plan of care/service review. Review of the plan of care/service can occur more frequently if indicated by the client's/patient's needs.
- The plan of care/service should be reviewed:
 - » At a minimum of every 60 days
 - » When there are changes in client's/patient's response to therapy
 - » When physician's* orders change

- » At the request of client/patient
- » As defined in the Agency's policies and procedures

*A physician or other licensed independent practitioner with prescriptive authority

 HINT

Audit client/patient records for documentation of plan of care/service reviews.

If interviewed, staff must be able to discuss how often the review of the plan of care/service occurs.

Standard HC5-3P: (Services Applicable: HCC ONLY)

There is evidence of changes in the plan of service based on reassessment and/or review of client's/patient's needs.

Client/Patient Record Essential Components

- The plan of service must be reviewed and revised as necessary, but not less than once annually.

HINT

Audit client/patient records for documentation of plan of care/service reviews or revisions.

 **Standard HC5-3Q: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established and implemented that address the process the Agency will follow to ensure that all clients/patients receive the appropriate number of visits as outlined in the plan of care/service.

P&P Essential Components

- The Agency has protocols in place to address missed visits and to ensure that the client/patient receives visits as scheduled.
- P&P must include at least the following to ensure the client's/patient's plan of care/service is followed:
 - » Personnel not arriving at the client/patient home
 - » Personnel calling in sick
 - » Personnel shortages

HINT

Audit client/patient records to ensure that clients/patients are receiving the correct number of visits required.

 **Standard HC5-4A: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established and implemented for addressing client/patient needs which cannot be met by the Agency at time of referral. The Agency coordinates planning and care/service delivery efforts with other community agencies. Clients/patients are referred to other agencies when appropriate.

P&P Essential Components

- P&P must include a process for addressing client/patient needs that cannot be met by the organization at the time of referral.
- P&P must also include how the agency will coordinate planning and care/service delivery efforts with other community agencies and that clients/patients will be referred to other agencies when appropriate.

 **HINT**

The Surveyor will expect to see a referral log or other tool that records referrals.

The Surveyor will review documentation of referral source notification when client/patient needs cannot be met and they are not being admitted to the Agency.

If interviewed, staff should be knowledgeable about other care/services available in the community.

 **Standard HC5-5A: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established and implemented that describe the client/patient referral and acceptance process.

P&P Essential Components

- P&P must describe:
 - » The referral process
 - » The information required by the Agency when taking a referral
 - » Positions designated to receive referrals

 **HINT**

Audit client/patient records for referral documentation.

Ensure referrals containing verbal orders are given to the designated professional for verification and documentation of verbal orders.

 **Standard HC5-6A: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established and implemented that describe the process for client/patient education.

P&P Essential Components

- P&P must include at least the following regarding client/patient education:
 - » Disease management as appropriate to the care/service provided
 - » Proper use, safety hazards, and infection control issues related to the use and

- » maintenance of any equipment provided
- » Plan of care/service
- » How to notify the company of problems, concerns, and complaints
- » Emergency preparedness information

 HINT

Audit client/patient records to ensure documented evidence of client/patient education.

Standard HC5-6B: (Services Applicable: HCN, HCOT, HCPT, HCST, HCSW)

Client/patient education focuses on goal and outcome achievement as established in the plan of care.

Client/Patient Record Essential Components

- Client/patient education is an integral part of care/services provided and must include at least the following:
 - » An assessment of the client's/patient's knowledge deficits and learning abilities are evaluated during the initiation of care/services.
 - » Client/patient education/instruction proceeds in accordance with the client's/patient's willingness and condition to learn.
 - » Education is coordinated with the client/patient and the healthcare team and focuses on goal and outcome achievement as established in the plan of care/service
 - » The client/patient record indicates educating the client/patient about appropriate actions to take if a medication or treatment reaction occurs when a healthcare professional is not present.
 - » The client/patient record includes documentation of all teaching, client's/patient's response to teaching, and the client's/patient's level of progress/achievement of goals/outcomes. Written instructions are provided to the client/patient.
- If medical supplies are provided, written instructions must be provided to clients/patients regarding the safe and appropriate use and care of any supplies provided.
 - » Elements of client/patient education include but are not limited to:
 - Ongoing assessment of client's/patient's learning needs
 - Communication of needs to other healthcare team members
 - Incorporating client/patient needs into the plan of care

 HINT

Audit client/patient records for documentation of client/patient education and teaching (including appropriate actions to take if a medication or treatment reaction occurs), the client's/patient's response to teaching, and the client's/patient's level of progress/achievement of goals/outcomes.

 Standard HC5-7A: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented that describe the process for transfer of a client/patient.

P&P Essential Components

■ P&P must describe:

- » The circumstances when a client/patient would be transferred to another organization
- » A Transfer Summary is completed, maintained in the client/patient record, and a copy is forwarded to the receiving organization. A Transfer Summary includes, but is not limited to:
 - Date of transfer, client/patient identifying information, and emergency contact
 - Destination of client/patient transferred
 - Date and name of person receiving report
 - Client's/patient's physician and phone number
 - Diagnosis related to the transfer
 - Significant health history
 - Transfer orders and instructions
 - A brief description of care/service provided and ongoing needs that cannot be met
 - Status of client/patient at the time of transfer

 HINT

Revise/develop a Transfer Summary form to include all required components.

Educate staff to complete the Transfer Summary form in its entirety; blank areas will be scored as incomplete.

Audit client/patient records for completeness of Transfer Summary form.

 Standard HC5-7B: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented that describe the process for discharge of a client/patient.

P&P Essential Components

■ P&P must define at a minimum:

- » The circumstances when a client/patient would be discharged
- » Who should receive a copy of the discharge summary and under what circumstances
- » Coordination with other care/service providers
- » Client/patient response and understanding of these activities
- » Client/patient care/service instructions

■ P&P must also define at a minimum, the required components of the discharge summary:

- » Date of discharge
- » Client/patient identifying information
- » Client's/patient's physician and phone number
- » Diagnosis
- » Reason for discharge
- » A brief description of care/services provided
- » Status of client/patient at the time of discharge
- » Any instructions given to the client/patient

 HINT

Revise/develop a Discharge Summary form to include all required components.

Educate staff to complete the Discharge Summary form in its entirety; blank areas will be scored as incomplete.

Audit discharge records for completeness of the Discharge Summary form.

Client/patient records must reflect discharge planning activities, coordination with other care/service providers, the client's/patient's response and understanding of these activities, and the client/patient care/service instructions.

 Standard HC5-8A: (Services Applicable: HCN)

Written policies and procedures are established and implemented that identify the drugs or drug classifications and routes that are not approved for administration by Agency personnel.

 P&P Essential Components

- P&P must define at a minimum:

- » The drugs or drug classifications and/or routes not approved by the governing body/owner for administration by nursing personnel
- » Any blood or blood products that may or may not be administered

 Standard HC5-8B: (Services Applicable: HCN)

Written policies and procedures are established and implemented in regard to the requirements for agency staff administering the first dose of a medication in the home setting.

 P&P Essential Components


- P&P must define at a minimum:

- » That when the organization elects not to administer the first dose of medication in the home or if they choose to administer the first dose, the Agency must have specific written requirements that allow first dose of a medication in the home
- » That the Agency defines when the first dose policies and procedures are appropriate based on the medication route and potential reaction

- » When the Agency elects to administer the first dose of a medication in the home, the following are reviewed prior to administering the first dose in the home:
 - The history of being allergic to this class of medication is provided
 - Orders have been received outlining the steps to take and the medication(s) to be given should an anaphylactic reaction occur
 - Giving the first dose in the hospital, physician's office, or other medical facility has been considered and has been rejected
 - The location and phone numbers for emergency support have been identified and a procedure to utilize these facilities has been developed
 - The nurse administering the medication stays with the client/patient at least a half hour after the administration of the medication to ensure the client/patient has tolerated the medication well
 - The appropriate monitoring of the client/patient is provided after the first dose is administered

 **Standard HC5-8C: (Services Applicable: HCN)**

A Registered Nurse (RN) reviews all client/patient medications, both prescription and non-prescription, on an ongoing basis as part of the care/services to a client/patient.

 **Client/Patient Record Essential Components**

- Only an RN reviews and documents all prescription and non-prescription medications that a client/patient is taking.
- The medication profile includes, but is not limited to:
 - » All current client/patient medications
 - » Date prescribed or taken
 - » Name of medication
 - » Dose
 - » Route
 - » Frequency
 - » Date discontinued
 - » Drug and/or food allergies
- The RN is specifically accountable for recognizing the following:
 - » Side effects
 - » Toxic effects
 - » Allergic reactions
 - » Immediate desired effects
 - » Unusual and unexpected effects

- » Changes in the client's/patient's condition that contradicts continued administration of the medication

 HINT


Revise/develop a medication profile form to ensure all required components are captured on the form. Educate staff to complete the medication profile form in its entirety: blank areas will be scored as incomplete.

The Surveyor will expect to see documentation in the client/patient record that the physician is promptly notified of any medication discrepancies, side effects, problems, or reactions.

Audit client/patient records for completeness of the medication profile form.

 **Standard HC5-9A: (Services Applicable: HCOT, HCPT, HCST)**

All clients/patients that are referred for therapy services have an assessment. The initial assessment is conducted and care/service implemented within seven days of the referral unless the physician specifies a specific time to conduct the initial assessment.

 **Client/Patient Record Essential Components**

- The therapy assessment includes, but is not limited to:
 - » The environmental component:
 - Identification of safety or health hazards and presence of adequate living arrangements; all current client/patient medications
 - Home environmental assessments include the potential for safety and security hazards (e.g., throw rugs, furniture layout, bathroom safety, cluttered stairways and blocked exits, unsecured doors, lack of smoke detectors, and fire risks)
 - Instructions and interventions are directed to minimizing safety risks and preventing injury
 - » Functional limitations component:
 - Client's/patient's mobility
 - Client's/patient's restrictions
 - Assistive devices
 - Medical equipment
 - » The physical health component:
 - Client's/patient's diagnosis
 - Other needed information that could impact the level of services required to meet the client's/patient's needs

 HINT

Audit therapy assessment forms to ensure all components are captured on the form.
If the software program does not include all components of the therapy assessment, complete an attachment to ensure all components are assessed.
If a component of the assessment is blank, it will be determined to not have been assessed.
Educate staff to answer all components of the assessment and to mark "N/A= Not applicable" instead of leaving an area blank.

 Standard HC5-9B: (Services Applicable: HCOT, HCPT, HCST)

There is a written plan of care for each client/patient accepted into therapy services.

 Client/Patient Record Essential Components

- The client/patient record must demonstrate that the initial plan of care/service includes, but is not limited to:
 - » Start of care/service date
 - » Client/patient demographics
 - » Principle diagnoses and other pertinent diagnoses
 - » Medications: dose/frequency/route
 - » Allergies
 - » Orders for specific clinical services, treatments, procedures (specify amount/frequency/duration)
 - » Equipment and supply needs
 - » Caregiver needs
 - » Functional limitations
 - » Safety measures
 - » Measurable goals

 HINT

Audit client/patient records to ensure all components of the plan of care/service are addressed.
Audit client/patient records to ensure physician's orders are obtained prior to the initiation of services, and that they include the frequency, duration, and expected outcomes for the client/patient. Therapy orders must also include the modalities and specific procedures that will be used. Verbal orders must be signed within the time frame established by HC's policy and/or state requirements.

Standard HC5-9C: (Services Applicable: HCSW ONLY)

All clients/patients that are referred for medical social services have an assessment. The initial assessment is conducted within 7 days of the referral unless the physician specifies a specific time to conduct the initial assessment. Social work services are based on the patient's psychosocial assessment and the client's/patient needs and acceptance of these services.

Client/Patient Record Essential Components

- The assessment includes, but is not limited to:
 - » The social component:
 - Identification of the responsible party
 - An emergency contact
 - The patient's involvement with social and community activities
 - » The economic component:
 - A review of the financial resources available to pay for the care/services provided
 - A review of the financial resources to maintain current independent status
 - » The functional limitations:
 - Resources needed to manage functional limitations
 - » The mental health component:
 - Orientation
 - Memory
 - Reasoning
 - Judgement
 - » The physical health component:
 - Identification of health problems and other needed information that could impact the level of services required to meet the patient's needs

HINT

Audit social work assessments to ensure all components are captured on the form.

If the software program does not include all components of the assessment, complete an attachment to ensure all components are assessed.

If a component of the social work assessment is blank, it will be determined to not have been assessed. Educate staff to answer all components of the assessment and to mark "N/A= Not applicable" instead of leaving an area blank.

Standard HC5-9D: (Services Applicable: HCSW ONLY)

There is a written plan of care for each client/patient accepted into social work services.

Client/Patient Record Essential Components

- The client/patient record must demonstrate the initial social work services plan of care/service, which includes, but is not limited to:

- » Social component
- » Economic component
- » Functional limitations
- » Mental health component
- » Physical health component


HINT

Audit client/patient records to ensure all components of the plan of care/service are addressed.

Audit client/patient records to ensure physician's orders are obtained prior to the initiation of services and that they include the frequency, duration, and expected outcomes for the client/patient. Verbal orders must be signed within the time frame established by HC's policy and/or state requirements.

 **Standard HC5-9E: (Services Applicable: HCOT, HCPT, HCST, HCSW)**

There is evidence that the plan of care was reviewed and revised based on reassessment data by a Therapist and Social Worker.

 **Client/Patient Record Essential Components**

- The client/patient record must demonstrate the plan of care/service is reviewed at least every 60 days for:
 - » Appropriateness (care/service being provided is still needed)
 - » Effectiveness (client/patient outcomes/response to care/service)
 - » To determine if all needed care/services are being provided
 - » Change in client's/patient's condition
- A review of the plan of care/service should occur more frequently if indicated by the client's/patient's needs

HINT

Audit client/patient records to ensure documentation of the review of the plan of care/service has occurred under the following circumstances: A change in the client's/patient's response to therapy, when physician's orders change, the client/patient has requested a change to the plan of care, and/or as defined by the HC's P&P.

Tools Available to Assist with Section 5:

- Section 5 Compliance Checklist
- Client/Patient Record Audit
- Medication Profile
- Referral Log
- Section 5 Self Audit
- Sample Policies and Procedures

SECTION 5 COMPLIANCE CHECKLIST

ACHC Standard	Policy/ Procedure	Client/Patient Record	Observation	Audit Tools Provided	Compliance Y/N	Comments
HC5-1A	Yes	Yes	Client/patient records	Observation Tool & Client/Patient Chart Audit Tool		
HC5-1B	Yes	Yes	Client/patient records	Observation Tool & Client/Patient Chart Audit Tool		
HC5-1C		Yes	Client/patient record documentation	Client/Patient Chart Audit Tool		
HC5-2A	Yes		Observation of client/patient records	Observation Tool		
HC5-3A	Yes					
HC5-3B		Yes	Initial Assessment	Client/Patient Chart Audit Tool		
HC5-3C		Yes	Comprehensive Assessment	Client/Patient Chart Audit Tool		
HC5-3D		Yes	Initial Assessment	Client/Patient Chart Audit Tool		
HC5-3E		Yes	Evaluation	Client/Patient Chart Audit Tool		
HC5-3F		Yes	Plan of care	Client/Patient Chart Audit Tool		
HC5-3G		Yes	Plan of care	Client/Patient Chart Audit Tool		
HC5-3H		Yes	Plan of service	Client/Patient Chart Audit Tool		
HC5-3I		Yes	Client/patient record documentation & staff interviews	Client/Patient Chart Audit Tool & Interview Tool		
HC5-3J		Yes	Client/patient record documentation	Client/Patient Chart Audit Tool		
HC5-3K		Yes	Client/patient record documentation	Client/Patient Chart Audit Tool		
HC5-3L		Yes	Client/patient record documentation & staff interviews	Client/Patient Chart Audit Tool & Interview Tool		
HC5-3M		Yes	Client/patient record documentation & staff interviews	Client/Patient Chart Audit Tool & Interview Tool		
HC5-3N		Yes	Client/patient record documentation & staff interviews	Client/Patient Chart Audit Tool & Interview Tool		
HC5-3P		Yes	Client/patient record documentation	Client/Patient Chart Audit Tool		
HC5-3Q	Yes	Yes	Client/patient record documentation	Client/Patient Chart Audit Tool		
HC5-4A	Yes	Yes	Client/patient record documentation, governing body meeting	Client/Patient Chart Audit Tool, Observation Tool, Governing Body Meeting		

			minutes, & referral log	Minutes Template		
HC5-5A	Yes		Observation			
HC5-6A	Yes	Yes	Client/patient record documentation & client education resources	Client/Patient Chart Audit Tool & Observation Tool		
HC5-6B		Yes	Client/patient record documentation & client education resources	Client/Patient Chart Audit Tool & Observation Tool		
HC5-7A	Yes	Yes	Transferred client/patient records	Client/Patient Chart Audit Tool		
HC5-7B	Yes	Yes	Discharged client/patient records	Client/Patient Chart Audit Tool		
HC5-8A	Yes	Yes	Client/patient record documentation	Client/Patient Chart Audit Tool		
HC5-8B	Yes	Yes	Client/patient record documentation	Client/Patient Chart Audit Tool		
HC5-8C		Yes	Client/patient record documentation	Client/Patient Chart Audit Tool		
HC5-9A		Yes	Client/patient record documentation	Client/Patient Chart Audit Tool		
HC5-9B		Yes	Client/patient record documentation	Client/Patient Chart Audit Tool		
HC5-9C		Yes	Client/patient record documentation	Client/Patient Chart Audit Tool		
HC5-9D		Yes	Client/patient record documentation	Client/Patient Chart Audit Tool		
HC5-9E		Yes	Client/patient record documentation	Client/Patient Chart Audit Tool		

CLIENT/PATIENT RECORD AUDIT



CLIENT/PATIENT RECORD AUDIT

Audit each client/patient record for the items listed under all clients/patients. Audit for the additional requirements as it pertains to the services provided to the client/patient.

Date: _____ Auditor: _____

HC	REQUIREMENTS	CLIENT/PATIENT INITIALS										SCORE	
	Start of Care/Service Date:												
2-1A	Receipt of description of services											of	%
2-2A	Receipt of rights and responsibilities											of	%
2-4B	Receipt of complaint process											of	%
2-5A	Receipt of privacy notice (HIPAA)											of	%
2-6A	Advance Directive information											of	%
3-3A	Financial hardship form (if applicable)											of	%
3-6B	Information on financial responsibility											of	%
3-7A	Care/services are properly billed for											of	%
4-10A	Designated care/service coordinator/CM											of	%
4-11A	RN supervising paraprofessionals											of	%
4-11B	Paraprofessional oversight											of	%
4-11D	LPN/LVN supervision											of	%
4-15B	PTA supervision											of	%
4-15C	COTA supervision											of	%
4-15D&E	SW services											of	%
5-1A,B	Identification data											of	%
5-1A,B	Emergency contact information											of	%
5-1A,B	Name of primary caregiver											of	%

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SECTION 5 SELF AUDIT



SECTION 5 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- Client/patient record contents
- Access, storage, removal, and retention of records
- Client/patient assessment/plan of care
- Visit frequency/missed visits
- Unmet client/patient needs
- Client/patient referral process
- Eligibility requirements
- Client/patient education
- Client/patient transfer
- Client/patient discharge
- Drugs/drug routes not approved
- First dose requirements

REQUIRED DOCUMENTS

- Referral log

PERSONNEL FILE CONTENTS

- None

CLIENT/PATIENT RECORD REQUIREMENTS

- Identification data
- Names of family/legal guardian/emergency contact
- Name of primary caregiver(s)
- Source of referral
- Name of physician responsible for care
- Diagnosis
- Physician's orders that include medications, dietary, treatment, and activity orders (as appropriate to the level of care/service the client/patient is receiving)
- Signed release of information and other documents for Protected Health Information (PHI)/Electronic Protected Health Information (EPHI)
- Admission and informed consent documents

- Initial assessments/plan of service
- Signed and dated clinical and progress notes
- Signed notice of receipt of Client/Patient Rights and Responsibilities statement
- Initial plan of care/evaluation
- Updated plan of care
- Evidence of coordination of care/service provided by the Agency with others who may be providing care/service, if applicable
- Ongoing assessments/evaluations, if applicable
- Assessment of the home, if applicable
- Copies of summary reports sent to physicians, if applicable
- Client/patient response to care/service provided
- A Transfer Summary, if applicable
- A Discharge Summary, if appropriate
- Advance Directives, if applicable
- Admission and discharge dates from a hospital or other institution, if applicable

APPROPRIATE STAFF KNOWLEDGE OF THE FOLLOWING:

- Time frames for the completion of assessments/evaluations
- How to document verbal orders
- How the client/patient participates in the development and revision of the plan of care/service
- Time frames for the review of the plan of care/service
- Community resources to assist with unmet needs
- Eligibility requirements
- Transfer/discharge process

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON SITE?

- There is a client/patient record for each client/patient served
- Entries in the client/patient record are legible, clear, complete, appropriately authenticated, and dated
- Client/patient records properly safeguarded against loss or unauthorized use
- Client/patient records are maintained for the proper amount of time

SELF TEST

1. Is staff aware of time frames for the completion of assessments/evaluations?
2. How often does the plan of care/service need to be reviewed?
3. How is the client/patient involved in the development of the plan of care/service?
4. What community resources are available to refer clients/patients to care/service the Agency cannot meet?
5. Who, within the Agency, is authorized to determine eligibility?

6. When would a client/patient be discharged?
7. How and what education is provided to clients/patients?

POLICIES AND PROCEDURES



SECTION 5: PROVISION OF CARE/SERVICE AND RECORD MANAGEMENT

HC5-1A

Policy: Required Client/Patient Record Contents

1. There will be a client/patient record for each individual who receives care/service that contains all required documentation.
2. All client/patient records will contain the following at a minimum:
 - » Identification data
 - » Names of family/legal guardian/emergency contact
 - » Name of primary caregiver(s)
 - » Source of referral
 - » Name of physician responsible for care/service
 - » Diagnosis
 - » Physician’s orders that include medications, dietary, treatment, and activity orders (as appropriate to the level of care/service the client/patient is receiving)
 - » Signed release of information and other documents for Protected Health Information (PHI)
 - » Admission and informed consent documents
 - » Assessment of the home, if applicable
 - » Initial assessments
 - » Signed and dated clinical and progress notes
 - » Initial plan of care/service
 - » Updated plan of care/service
 - » Evidence of coordination of care/service provided by the Agency with others who may be providing care/service, if applicable
 - » Ongoing assessments, if applicable
 - » Signed notice of receipt of Client/Patient Rights and Responsibilities statement
 - » Copies of summary reports sent to physicians, if applicable
 - » Client/patient response to care/service provided
 - » A Discharge Summary, if applicable
 - » Advance Directives, if applicable
 - » Admission and discharge dates from a hospital or other institution, if applicable
 - » A Transfer Summary, if applicable

Each home visit, treatment, or care/service is documented in the client/patient record and signed by the individual who provided care/service. If using an Electronic Medical Record (EMR), the Agency has written policies and procedures and a mechanism to maintain all client/patient records in an electronic format.

HC5-1B

Policy: Required Client/Patient Record Contents

1. There will be a client/patient record for each individual who receives care/service that contains all required documentation.
2. All client/patient records will contain the following at a minimum:
 - » Identification data
 - » Names of family/legal guardian/emergency contact
 - » Name of primary caregiver(s)
 - » Source of referral
 - » Signed notice of receipt of Client/Patient Rights and Responsibilities statement
 - » Admission and informed consent documents
 - » Plan of care/service
 - » Signed release of information and other documents for Protected Health Information, if applicable
 - » Evaluation of the ability to provide services in the home environment
 - » Initial evaluation of services requested
 - » Ongoing evaluations, if applicable

Each home visit or care/service is documented in the client/patient record and signed by the individual who provided the care/service.

If using an EMR, the Agency has written policies and procedures and a mechanism to maintain all client/patient records in an electronic format.

HC5-2A

Policy: Client/Patient Record Retention

1. Client/patient records are retained for a period of seven years (unless state law dictates a longer period of time) from the date of the most recent discharge or the death of the client/patient. If the client/patient is a minor, the records are retained for seven years following the client/patient's 18th birthday. Client/patient records will be retained if the agency discontinues operations.
2. Original copies of all active client/patient records are kept in a secure location on the premises. Current electronic client/patient records are stored in an appropriate secure manner, as to maintain the integrity of the client/patient data through routine backups on and off site.
3. Documents can be archived and stored after one year. All archived documents must be easily retrievable and made available to the appropriate entity upon request.
4. All client/patient documentation is confidential and is required to be kept in a secure location. Client/patient record information is safeguarded against loss or unauthorized use.
5. An off-site computer program is designed to back up records throughout the day. At the close of business, a backup is done on site. The computer program can be re-established off site if the agency is destroyed. (If you are not using a computer system state how records are stored)

- and secured).
6. The following employees are authorized to make entries in the client/patient record:
 - » Clinical management staff
 - » Medical records staff
 - » Clinical staff providing care/service to the client/patient
 7. Records may be reviewed by authorized employees with respect to company policies regarding confidentiality of client/patient information. Accessibility to client/patient charts is limited to medical records staff, billing staff, appropriate leadership staff caring for the client/patient, and licensing, regulatory, and accrediting bodies. Staff members will discuss patient-related information with company personnel only on a need-to-know basis.
 8. Portions of client/patient records may be copied and removed from the premises to ensure that appropriate personnel have information readily accessible to them to enable them to provide the appropriate level of care/service when needed. Copies will be transported in a secured folder and protected for confidentiality.
 9. Admission staff will obtain the signed authorization form from the client/patient that will allow the organization to release confidential information for treatment, payment, and operations, including licensing, regulatory, and accrediting bodies.
 10. If information is requested for any other purpose than treatment, payment, or operations, a separate authorization form, listing the specific information to be released, will be obtained and signed by the client/patient or someone legally authorized to act on the behalf of the client/patient prior to releasing the information requested.
 11. All requests for release of information will be given to the _____ manager. Only the _____ manager may release PHI/EPHI and confidential information.
 12. Release of client/patient information can be done only if the client/patient or responsible party has signed a release of information form.

HC5-3A

Policy: Plan of Care/Service

All clients/patients receiving Home Care Nursing (HCN) and/or Home Care Aide (HCA) services will have an assessment and plan of care developed based on the type of care/service that is needed.

1. An Initial Assessment to establish a plan of care/service appropriate to the client/patient needs will be performed by an RN or qualified professional per state licensure rules or regulations. The initial assessment will be conducted within 48 hours of referral and/or within 48 hours of the client/patient's return home, unless the physician specifies a time to conduct the initial assessment.
2. The initial assessment will determine eligibility, care/service, and support needs of the client/patient. A plan of care/service is developed for each client/patient based upon assessment data.
3. The client/patient will be involved in the development of the plan of care/service and any changes made in the plan of care/service. This will be documented by one of the following:
 - » The signature of the client/patient/caregiver
 - » A notation in the client's/patient's record that the client/patient/caregiver participated in the development and revision of the plan of care
4. The plan of care/service will be reviewed at least every ____ days by the team providing care/service to the client/patient and revised as necessary.
5. Physicians will be notified if the plan of care/service is revised and new orders are required.

6. Other staff members caring for clients/patients will be notified of any changes to the plan of care.

HC5-3Q

Policy: Frequency of Visits

1. Clients/patients will continue to receive the appropriate number of visits as outlined in the plan of care/service regardless of staff availability.
2. It will be the responsibility of the _____ manager to arrange for additional staff/coverage to provide client/patient care/service in the event of personnel calling in sick, vacation, staffing shortages, or staff inability to arrive at the client/patient home due to unforeseen circumstances.

HC5-4A & HC5-5A

Policy: Referral Process

1. A referral intake form will be completed for all referrals. The referral intake form will include at a minimum:
 - » Client's/patient's name, telephone, and address
 - » Date of birth
 - » Referral source
 - » Physician name and telephone
 - » Diagnosis
 - » Care/services needed
2. The form may be completed by office staff and then forwarded to a Registered Nurse (RN) for review and orders. Referrals containing verbal orders are given to the RN for verification and documentation of verbal orders.
3. If the care/service needs cannot be met by the agency, a referral will be made to other appropriate community resources, and the referral source will be notified. A record of all referrals for service will be maintained.
4. All clients/patients currently receiving care/service from the organization whose needs are unable to be met by the organization will be provided information on community resources and other agencies that can meet their needs.
5. Clients/patients will be referred to such agencies at the request of the client/patient/appropriate representative.
6. All staff will be trained regarding appropriate community resources.

HC5-6A

Policy: Client/Patient Education

1. Staff will provide clients/patients education at admission and at each subsequent visit as appropriate. Education will include but is not limited to:
 - » Disease management as appropriate to the care/service provided
 - » Proper use, safety hazards, and infection control issues related to the use and maintenance if any equipment is provided
 - » Plan of care/service
 - » How to notify the company of problems, concerns, and complaints

- » Emergency preparedness information
- 2. All education will be documented in the client/patient's record.
- 3. Verbal and written instructions will be provided as appropriate.

HC5-7A & B

Policy: Transfer and Discharge Process

1. All clients/patients transferred or discharged will have required documentation to ensure appropriate communication is provided to the receiving agency and/or to the physician, as requested.
2. A client/patient may be transferred because the client/patient moves out of the agency's geographic service area, the client/patient requires care/service not provided by the agency, or the agency is not a preferred provider by the client/patient's insurance company.
3. A Transfer Summary will be completed, filed in the client's/patient's record, and a copy will be forwarded to the receiving organization. A Transfer Summary will contain at least the following information:
 - » Date of transfer, client/patient identifying information, and emergency contact
 - » Destination of client/patient transferred
 - » Date and name of person receiving report
 - » Client's/patient's physician and phone number
 - » Diagnosis related to the transfer
 - » Significant health history
 - » Transfer orders and instructions
 - » A brief description of services provided and ongoing needs that cannot be met
 - » Status of client/patient at the time of transfer
4. A client/patient may be discharged for one of the following reasons: the client/patient moves out of the agency's geographic service area, the client's/patient's condition improves and the care/service is no longer needed, the physician discontinues the order for care/service, the client/patient declines the care/service, or the client/patient expires. The client/patient will be involved in discharge planning activities, and services will be coordinated with other care/service providers, if applicable.
5. If there is imminent danger to agency personnel, then the discharge will be completed as soon as possible.
6. A Discharge Summary will be completed, filed in the medical record, and a copy will be made available to the primary physician upon request. The Discharge Summary will contain at least the following information:
 - » Date of discharge
 - » Client/patient identifying information
 - » Client's/patient's physician and phone number
 - » Diagnosis
 - » Reason for discharge
 - » A brief description of care/services provided
 - » Status of client/patient at the time of discharge
 - » Any instructions given to the client/patient

HC5-5A

Policy: Approved Medications

1. Only approved drug classifications and routes by the governing body and leadership will be administered by the organization. [Include approved list.]
2. Policies and procedures should also address any blood or blood products that may or may not be administered.

HC5-8B

Policy: First Dose Requirements

If the agency decides to administer the first dose of a medication in the home setting, then the following must be considered and included in the policy and procedure:

- » The history of being allergic to this class of medication
- » Orders have been received outlining the steps to take and the medication(s) to be given should an anaphylactic reaction occur
- » Giving the first dose in the hospital, physician's office, or other medical facility has been considered and has been rejected
- » The location and phone numbers for emergency support have been identified, and a procedure to utilize these facilities has been developed
- » The nurse administering the medication stays with the client/patient at least a half hour after the administration of the medication to ensure the client/patient has tolerated the medication well
- » The appropriate monitoring of the client/patient is provided after the first dose is administered

UNDERSTANDING THE STANDARDS

SECTION 6: QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

The standards in this section apply to the organization's plan and implementation of a Performance Improvement (PI) program. Items addressed in these standards include who is responsible for the program, activities being monitored, how data is compiled, and corrective measures being developed from the data and outcomes.

SECTION 6 — QUICK REFERENCE

Topic	Standard	Page
ALL SERVICES		
PI Program Description/Requirements	HC6-1A	6.2
Designation of PI Coordinator	HC6-1B	6.2
Governing Body/Leadership Involvement	HC6-1C	6.3
Personnel Involvement.....	HC6-1D	6.3
Annual Evaluation of PI Program	HC6-2B	6.3
Required PI Audits/Activities	HC6-2C	6.4
Risks/Infections/Communicable Dx.....	HC6-2D	6.4
Care/Service Provided	HC6-2E	6.4
Administrative Function	HC6-2F	6.5
Satisfaction Surveys.....	HC6-2G	6.5
Client/Patient Record Review.....	HC6-2H	6.5
Client/Patient Complaints	HC6-2I.....	6.6
Incident Reporting	HC6-4A	6.6

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

Standard HC6-1A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

The Agency develops, implements, and maintains an effective, organization-wide Performance Improvement (PI) program. The Agency measures, analyzes, and tracks quality indicators, including adverse client/patient events, and other aspects of performance that enable the Agency to assess processes of care, services, and operations. Organizational-wide performance improvement efforts address priorities for improved quality of care/service and client/patient safety, and that all improvement actions are evaluated for effectiveness.

P&P Essential Components

- P&P must include at least the following:
 - » Backup procedures, which include, but are not limited to:
 - Program objectives
 - All disciplines
 - Description of how the program will be administered and coordinated
 - Methodology for monitoring and evaluating the quality of care/service
 - Priorities for resolution of problems
 - Monitoring to determine effectiveness of the action
 - Oversight and responsibility for reports to the governing body/owner
 - » Elements within the PI Plan for data retrieval must include, but are not limited to:
 - Current documentation (e.g., review of client/patient records, incident reports, complaints, and client/patient satisfaction surveys)
 - Client/patient care/services
 - Direct observation in care/service setting
 - Operating systems
 - Interviews with clients/patients and/or personnel

HINT

The Surveyor will expect to see a PI program that is specific to the needs to the HC and that there is continuous and ongoing collection of data to be utilized within the PI program.

Standard HC6-1B: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

The Agency ensures the implementation of an agency wide Performance Improvement (PI) plan by the designation of a person responsible for coordinating PI activities.

Personnel Record Essential Components

- Duties and responsibilities relative to PI coordination include:
 - » Assisting with the overall development and implementation of the PI plan
 - » Assisting in identifying goals and related client/patient outcomes
 - » Coordinating participating in, and reporting of activities and outcomes

 HINT

The Surveyor will expect to see, through evidence in the personnel record, an individual responsible for coordinating PI activities who may be the owner, manager, supervisor, or other personnel.

It is recommended that PI duties and responsibilities be included in the designated person's job description.

 Standard HC6-1C: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

There is evidence of involvement of the governing body/owner and organizational leaders in the Performance Improvement (PI) process.

 HINT

The Surveyor will expect to see evidence that the results of PI activities are communicated to the governing body/owner and organizational Administrators.

If interviewed, staff must be able to discuss the current PI activities/initiatives of the Agency.

 Standard HC6-1D: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

There is evidence of personnel involvement in the Performance Improvement (PI) process.

 Personnel Record Essential Components

- Training related to PI includes but is not limited to:
 - » The purpose of PI activities
 - » The person responsible for coordinating PI activities
 - » Individual's role in PI
 - » PI outcomes resulting from previous activities

 HINT

The Surveyor will expect to see evidence that PI activities are shared with all staff through in-service records and/or meetings.

It is recommended that this be included as an agenda item for staff meetings.

If interviewed, staff should be able to discuss how they are involved in PI activities/initiatives and what type of training they have received regarding PI activities/initiatives.

 Standard HC6-2B: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

There is an annual Performance Improvement (PI) report written.

 PI Report Essential Components

- The annual PI report must be a comprehensive, written annual report that describes the PI activities, findings, and corrective actions that relate to the care/service provided

 HINT

The Surveyor will expect to see a written PI annual report for organizations that have been in business for over a year.

 Standard HC6-2C: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

Each Performance Improvement (PI) activity or study contains the required items.

 PI Activity Essential Components

- Each PI activity includes the following items:
 - » A description of indicator(s) to be monitored/activities to be conducted
 - » Frequency of activities
 - » Designation of who is responsible for conducting the activities
 - » Methods of data collection
 - » Acceptable limits for findings/threshold
 - » Written plan of correction when thresholds are not met
 - » Plans to re-evaluate if findings fail to meet acceptable limits
 - » Any other activities required under state or federal laws or regulations

 HINT

The Surveyor will review PI activities and will expect to see all components addressed in each PI activity.

 Standard HC6-2D: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

Performance Improvement (PI) activities include ongoing monitoring of processes that involve risks, including infections and communicable diseases.

 PI Plan Essential Components

- At least one PI activity must include an assessment of risks, including infections and communicable diseases.

 HINT

The Surveyor will expect to review the quarterly assessment of all variances that includes, but is not limited to incidents, accidents, complaints/grievances, and workers compensation claims.

 Standard HC6-2E: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)

Performance Improvement activities include ongoing monitoring of at least one important aspect related to the care/service provided.

 PI Plan Essential Components

- At least one PI activity must include at least one important aspect of the care/service provided by the Agency.

 HINT

The Surveyor will expect to review a PI activity that includes ongoing monitoring of at least one important aspect of care/service provided.

 Standard HC6-2F: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

Performance Improvement (PI) activities include ongoing monitoring of at least one important administrative aspect of function or care/service of the Agency.

 PI Plan Essential Components

- At least one PI activity includes monitoring of at least one important administrative/operational aspect of function or care/service of the Agency. Examples of activities include, but are not limited to:
 - » Monitoring compliance of conducting performance evaluations
 - » Number of in-service hours completed by personnel
 - » Conducting billing audits

 HINT

The Surveyor will expect to review a PI activity that includes ongoing monitoring of at least one important administrative/operational function of the Agency.

 Standard HC6-2G: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

Performance Improvement (PI) activities include satisfaction surveys.

 PI Plan Essential Components

- The PI plan identifies the process for conducting client/patient and personnel satisfaction surveys.

 HINT

The Surveyor will expect to see the results of satisfaction surveys in PI reports.

 Standard HC6-2H: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)

The Performance Improvement (PI) plan includes ongoing monitoring of the client/patient record.

 PI Plan Essential Components

- The PI Plan includes a review of the client/patient record.

 HINT

The Surveyor will expect to see the results of the client/patient record reviews in PI reports.

The Surveyor will expect to see that the Agency included an adequate sampling of open and closed client/patient records and that all disciplines were involved in the record reviews.

 **Standard HC6-2I: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

Performance Improvement (PI) activities include the ongoing monitoring of client/patient grievances/complaints.

PI Plan Essential Components

- The PI Plan includes an ongoing monitoring of client/patient complaints and the action(s) needed to resolve complaints.

 **HINT**

The Surveyor will expect to see complaints and actions taken in PI reports.

 **Standard HC6-4A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established and implemented by the Agency to identify, monitor, report, investigate, and document all adverse events, incidents, accidents, variances, or unusual occurrences that involve client/patient care/service.

P&P Essential Components

- P&P describe the process for identifying, reporting, monitoring, investigating, and documenting all adverse events, incidents, accidents, variances, or unusual occurrences, and must include at least the following:
 - » Action to notify the Supervisor or after-hours personnel
 - » Time frame for verbal and written notification
 - » Appropriate documentation and routing of information
 - » Guidelines for notifying the physician, if applicable
 - » Follow-up reporting to the administration/owner
 - » Person responsible for collecting incident data and monitoring trends, investigating all incidents, taking necessary follow-up actions, and completing appropriate documentation
- P&P defines adverse events to include, but not be limited to:
 - » Unexpected death, including suicide of client/patient
 - » Any act of violence
 - » A serious injury
 - » Psychological injury
 - » Significant adverse drug reaction
 - » Significant medication error
 - » Other undesirable outcomes as defined by the HC
 - » Adverse client/patient care/service outcomes
 - » Client/patient injury (witnessed and unwitnessed), including falls
- P&P includes compliance with the FDA's Medical Device Tracking program and facilitation of any recall notices submitted by the manufacturer, if applicable

 HINT

The Surveyor will expect to see a standardized form developed by the Agency that is used to report incidents.

The Surveyor will expect to see that this data is included in the PI Plan.

It is recommended that incidents be included in PI reports.

Tools Available to Assist with Section 6:

- Section 6 Compliance Checklist
- Sample PI Activity/Description Template
- Sample Quality Outcomes/Performance Improvement
- Section 6 Self Audit
- Sample Policies and Procedures

SECTION 6 COMPLIANCE CHECKLIST

ACHC Standard	Policy/ Procedure	Personnel Record	Observation	Audit Tools Provided	Compliance Y/N	Comments
HC6-1A	Yes		Performance Improvement (PI) program/reports	Sample PI Plan		
HC6-1B		Yes	Job description	Personnel Record Tool		
HC6-1C			Governing body meeting minutes & staff interviews	Governing Body Meeting Template & Interview Tool		
HC6-1D			Written education plan/ in-service records & staff interviews	Education Plan Tool & Interview Tool		
HC6-2B			Annual PI report	Sample PI Activities/ Description Template		
HC6-2C			PI activity reports/ summaries	Sample PI Plan		
HC6-2D			PI activity reports/ summaries, quarterly review of variance/ incidents, workers comp claims	Sample PI Plan		
HC6-2E			PI activity specific to care/service provided	Sample PI Plan		
HC6-2F			PI activity specific to administrative function	Sample PI Plan		
HC6-2G			Satisfaction surveys	Sample PI Plan		
HC6-2H			PI activity specific to client/patient record review	Sample PI Plan		
HC6-2I			PI activity specific to client/patient complaints	Sample PI Plan		
HC6-4A	Yes		Adverse event log adverse event reporting form & PI plan	Sample PI Plan, Items Needed for Survey		

SAMPLE ACTIVITY/DESCRIPTION TEMPLATE



ACTIVITY/DESCRIPTION TEMPLATE

Date: _____

Description of Audit/Indicators:

Conducted By: _____

Frequency of Activities:

Data Collection Methods:

Threshold/Goal:

Plan for Re-Evaluation If Threshold/Goal Is Not Met:

All PI reports will be presented to the PI committee and the governing body/owner.

In the event an audit fails to meet a threshold/goal, a written plan of correction (POC) will be created that indicates plans to re-evaluate.

Creation Date

Form # X

SAMPLE QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

Performance Improvement Activities		
Description of Monitoring Activities	Method & Frequency of Activities	Individual Responsible for Collecting Data and Data Analysis
Any monitoring activity that fails to meet the acceptable thresholds will become a PI activity. If all monitoring activities meet the acceptable thresholds, additional data collection methods will be utilized for the PI activities.		
HC6-2G Satisfaction surveys from clients/patients and personnel	Client/patient satisfaction surveys will be conducted quarterly on all clients/patients who have been discharged from care/service. <ul style="list-style-type: none"> ■ Threshold is 92% of client/patients will score agency as "Good" or "Excellent." Employee satisfaction surveys will be conducted annually. <ul style="list-style-type: none"> ■ Threshold is 92% of employees will score agency as a "Great place to work." Physician and referral source satisfaction surveys will be conducted every six months. Threshold is 92% of physicians and other referral sources will score agency as "Satisfied with care delivered by agency."	All data will be collected, and analysis will be the responsibility of the PI Coordinator. PI Coordinator will also be responsible for creating and distributing surveys, etc., as well as all reporting requirements to the leadership, governing body, and staff.
HC6-2H Client/patient chart reviews	Client/patient chart reviews will be conducted daily on all admissions and discharges. <ul style="list-style-type: none"> ■ Threshold is 97% of all admissions will have the required documentation when staff turn in the admission folder. ■ Threshold is 99% of all discharges will be complete before billing occurs. Client/patient chart reviews will be conducted quarterly on 25% of a sampling of active and discharged charts. <ul style="list-style-type: none"> ■ Threshold is 92% of all charts will be in compliance with physician orders for services, and all clinical notes will be signed and dated appropriately. 	All data will be collected, and analysis will be the responsibility of the PI Coordinator. PI Coordinator will also be responsible for creating and distributing surveys, etc., as well as all reporting requirements to the leadership, governing body, and staff.
HC6-2I Client/patient complaint and/or grievance	All client/patient complaints and grievances will be monitored on an ongoing basis to identify any trends that warrant immediate action. <ul style="list-style-type: none"> ■ Threshold is that any complaint/grievance involving the same individual or service failure three times in one quarter will be considered unacceptable. 	All data will be collected, and analysis will be the responsibility of the PI Coordinator. PI Coordinator will also be responsible for creating and distributing surveys, etc., as well as all reporting requirements to the leadership, governing body, and staff.
HC6-2D Risks, infections, and communicable disease	Infection/communicable disease reports will be monitored on an ongoing basis to identify any trends that warrant immediate attention. <ul style="list-style-type: none"> ■ Indicator will be any: <ul style="list-style-type: none"> » Agency-acquired infection three times within one quarter » Employee injury three times within one quarter 	All data will be collected, and analysis will be the responsibility of the PI Coordinator. PI Coordinator will also be responsible for creating and distributing surveys, etc., as well as all reporting requirements to the leadership, governing body, and staff.

Performance Improvement Activities		
Description of Monitoring Activities	Method & Frequency of Activities	Individual Responsible for Collecting Data and Data Analysis
	<p>Threshold will be to reduce infections and injuries to less than one incident per quarter.</p> <p>Any PI Activities that do not yield acceptable thresholds will result in a Plan of Correction (POC).</p>	governing body, and staff.
<p>HC6-2H</p> <p>Client/patient care</p>	<p>Results from ongoing chart monitoring will result in a PI activity. If all results are within acceptable limits, the following data collection methods will be utilized for PI projects:</p> <ul style="list-style-type: none"> ■ Client/patient satisfaction surveys ■ Client/patient complaints/grievances ■ Accrediting body survey results <p>Any PI activities that do not yield acceptable thresholds will result in a Plan of Correction (POC).</p>	<p>All data will be collected, and analysis will be the responsibility of the PI Coordinator.</p> <p>PI Coordinator will also be responsible for creating and distributing surveys, etc., as well as all reporting requirements to the leadership, governing body, and staff.</p>
<p>HC6-2F</p> <p>Administrative function</p>	<p>Billing audits will be conducted quarterly on 50% of charts to ensure services billed coincides with services received.</p> <ul style="list-style-type: none"> ■ Threshold is 98% of all charts correct. <p>Any PI activities that do not yield acceptable thresholds will result in a Plan of Correction (POC).</p>	<p>All data will be collected, and analysis will be the responsibility of the PI Coordinator.</p> <p>PI Coordinator will also be responsible for creating and distributing surveys, etc., as well as all reporting requirements to the leadership, governing body, and staff.</p>

SECTION 6 SELF AUDIT TOOL



SECTION 6 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- PI program/plan
- Annual evaluation of the agency's total program
- Adverse events

REQUIRED DOCUMENTS

- Governing body meeting minutes document involvement in the PI program
- Personnel meeting minutes document staff involvement in the PI program
- Annual evaluation of the total program
- Annual report of the PI program
- Individual PI activities report for:
 - Process that involves risk, including infections and communicable diseases
 - At least one important aspect related to the care/service provided
 - At least one important administrative aspect of the agency
- Written plan of correction (POC) is developed for any PI activity that does not meet an acceptable threshold
- Incident/Variance logs

PERSONNEL FILE CONTENTS

- Job description of the person designated as responsible for the PI program

CLIENT/PATIENT RECORD REQUIREMENTS

- None

APPROPRIATE STAFF KNOWLEDGE OF THE FOLLOWING:

- PI initiatives of the organization

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON SITE?

- PI program is specific to the needs of the agency
- Involvement of the governing body/owner and leaders in the PI program
- Involvement of personnel in the PI program

SELF TEST

1. Can you identify a PI project or the initiatives the agency is currently working on?
2. How are you involved in the PI program?
3. What type of training has been provided for the individual designated as responsible for PI?



SECTION 6: QUALITY OUTCOMES AND PERFORMANCE IMPROVEMENT

HC6-1A

Policy: Performance Improvement Requirements

1. The organization develops, implements, and maintains an effective, ongoing, organization-wide Performance Improvement (PI) program.
2. The organization measures, analyzes, and tracks quality indicators, including adverse client/patient events and other aspects of performance that enable the organization to assess processes of care, services, and operations.
3. Organizational-wide PI efforts address priorities for improved quality of care/service and client/patient safety, and all improvement actions are evaluated for effectiveness.
4. The PI plan will be specific to the needs of the organization. The methods used for reviewing data include, but are not limited to:
 - » Current documentation (e.g., review of client/patient records, incident reports, complaints, client/patient satisfaction surveys, etc.)
 - » Client/patient care/services
 - » Direct observation in care/service setting
 - » Operating systems
 - » Interviews with clients/patients and/or personnel
5. The following elements are considered within the plan:
 - » Program objectives
 - » All disciplines
 - » Description of how the program will be administered and coordinated
 - » Methodology for monitoring and evaluating the quality of care/service
 - » Priorities for resolution of problems
 - » Monitoring to determine effectiveness of the action
 - » Oversight and responsibility for reports to the governing body/owner
6. All appropriate services and staff are involved corroboratively in PI activities. The information gathered by the agency is based on criteria and/or measures generated by personnel. This data reflects best practice patterns, personnel performance, and client/patient outcomes.
7. The governing body/owner will provide adequate resources necessary to ensure quality client/patient care, maintain good business practices, and confirm that resources are utilized appropriately.
8. The plan will ensure opportunities to improve client/patient care/service and resolve problems that are identified with follow-up action taken as appropriate when thresholds are not met.

9. All audits and data collection will be the responsibility of the PI Coordinator or designee.
10. All data collected will be submitted to the PI coordinator quarterly for review, with decisions on action plans for follow-up.
11. All personnel will be trained on the organization's PI plan during orientation and will be updated on initiatives during staff meetings, newsletters, etc.

HC6-4A

Policy: Incident/Adverse Event Reporting

1. All adverse events, incidents, accidents, variances, or unusual occurrences involving staff and or clients/patients will be reported immediately to the _____ manager.
2. Monitoring of incident reports will serve as a tool to identify areas for improvement and will be part of the PI process.
3. An Incident form will be completed to document any unusual, harmful, or potentially harmful occurrences involving clients/patients, employees, visitors, or property as soon as possible but at least within 24 hours of the incident. If after-hours, an on-call Supervisor will be notified of the incident immediately.
4. An incident is defined as an unusual circumstance that may result or did result in personal injury of an employee, client/patient, or visitor from care/service being provided by the organization. Incidents to be reported include but are not limited to:
 - » Unexpected death, including suicide of client/patient
 - » Any act of violence
 - » A serious injury
 - » Psychological injury
 - » Significant adverse drug reaction
 - » Adverse client/patient care/service outcomes
 - » Medication and treatment errors, complications, or reactions, if applicable
 - » Personnel injury or endangerment
 - » Client/patient/family injury (witnessed and unwitnessed) including slips, trips, and falls
 - » Motor vehicle accidents when conducting agency business
 - » Environmental safety hazards, malfunctions or failures, including equipment
 - » Unusual occurrences
 - » Damage to client/patient or organization property
5. The physician will be notified immediately regarding any incident that involves injury or potential injury, any incident that may involve a revision to the plan of care/service, and any incident that involves hospitalization of the client/patient.
6. The Incident Report will be used to report any client/patient, employee, property or product incident, and occupational exposure to blood or airborne pathogens.
7. Product incidents will be reported on the Incident Report when a device has malfunctioned and/or caused injury. The agency will comply with the Food and Drug Administration's (FDA's) Medical Device Tracking program and will facilitate any recall notices submitted by the manufacturer.
8. The Administrator will immediately investigate the incident and will take corrective measures if indicated. All follow-up actions will be documented on the incident form.
 - » Client/patient injury – notify physician

- » Product incident – notify manufacturer and/or FDA
 - » Any injury – notify organization insurance carrier and/or Workers Compensation Carrier and physician if medical care/service is required
 - » Death of an employee or hospitalization of three or more employees – notify OSHA
9. Occupational Safety and Health Administration (OSHA) will be contacted in the event there are questions regarding the reporting responsibilities of the organization. Visit <http://www.osha.gov/recordkeeping/index.html>, or contact OSHA at 1-800-321-6742.
 10. All employee injuries will be logged on an OSHA 300 form. The OSHA 300 form will be posted and visible to all personnel between February 1 and April 30 annually. OSHA 300 forms are located at <http://www.osha.gov/pls/publications/pubindex.list>.
 11. A summary of incident reports and/or safety concerns will be reported to the PI committee and the governing body quarterly.
 12. All employees will be educated on when and how to complete an incident report and the reporting process during orientation and annually.
 13. Incident forms should not be filed in client/patient files.

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UNDERSTANDING THE STANDARDS

SECTION 7: RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

The standards in this section apply to the surveillance, identification, prevention, control, and investigation of infections and safety risks. The standards also address environmental issues such as fire safety, hazardous materials, and disaster and crisis preparation.


SECTION 7 — QUICK REFERENCE

Topic	Standard	Page
Infection Control Program Requirements	HC7-1A, B.....	7.2 & 7.3
Evaluation of Infection Control Program.....	HC7-1E	7.3
Safety Education	HC7-2A	7.4
Client/Patient Safety in the Home	HC7-2B	7.4
Emergency Preparedness.....	HC7-3A, C.....	7.5
Fire Safety	HC7-5A	7.6
Hazardous Materials	HC7-6A, B.....	7.7
Incident Reporting	HC7-7A	7.7
Waived Testing.....	HC7-8A	7.8
Equipment/Supplies	HC7-9A	7.9
Clinical Research.	HC7-10A	7.9

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

 **Standard HC7-1A: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established and implemented that address the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases and the compliance with regulatory standards.

 **P&P Essential Components**

- P&P relative to infection control must include but not be limited to:
 - » General infection control measures appropriate for care/service provided
 - » Hand washing
 - » Use of standard precautions and personal protective equipment (PPE)
 - » Needle-stick prevention and sharps safety, if applicable
 - » Appropriate cleaning/disinfecting procedures
 - » Infection surveillance, monitoring, and reporting of employees and clients/patients
 - » Disposal and transportation of regulated waste, if applicable
 - » Precautions to protect immune-compromised clients/patients
 - » Employee health conditions limiting their activities
 - » Assessment and utilization of data obtained about infections and the infection control program
 - » Protocols for addressing client/patient care/service issues and prevention of infection related to infusion therapy, urinary tract care, respiratory tract care, and wound care
 - » Guidelines on caring for clients/patients with multi-drug-resistant organisms
 - » Policies on protecting clients/patients and personnel from bloodborne or airborne pathogens
 - » Monitoring staff for compliance with Agency P&P related to infection control
 - » Protocols for educating client/patient and personnel in standard precautions and the prevention and control of infection
 - » Identifying the personnel who are responsible for implementing the infection control activities and personnel education
 - » OSHA Bloodborne Pathogen and TB Exposure Control Plan training for all direct care/service personnel

HINT

The Surveyor will expect to see evidence of the OSHA Bloodborne Pathogen and TB Exposure Control Plan being reviewed annually and updated to reflect significant modifications in tasks or procedures that may result in occupational exposure.

The TB Exposure Control Plan includes engineering and work practice controls that eliminate occupational exposure or reduce it to the lowest feasible extent.

The Agency conducts an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care/service personnel.

If interviewed, staff should know where to locate the TB Exposure Control Plan.

The Agency provides infection control education to employees, contracted providers, clients/patients, and family members regarding basic and high-risk infection control procedures as appropriate to the care/services provided.

All personnel demonstrate infection control procedures in the process of providing care/service to clients/patients as described in OSHA and CDC standards and as adopted into program care/service P&P.

Standard HC7-1B: (Services Applicable: HCC ONLY)

Written policies and procedures are established and implemented that address the identification, prevention, control, and investigation of infectious and communicable diseases and the compliance with regulatory standards.

P&P Essential Components

- P&P relative to infection control must include but are not limited to:
 - » General infection control measures appropriate for care/service provided
 - » Handwashing
 - » Use of standard precautions and PPE
 - » Appropriate cleaning/disinfecting procedures
 - » Identifying the personnel who are responsible for implementing the infection control activities and personnel education
 - » OSHA Bloodborne Pathogen and TB Exposure Control Plan training for all direct care/service personnel

HINT

The Surveyor will expect to see evidence of the OSHA Bloodborne Pathogen and TB Exposure Control Plan being reviewed annually and updated to reflect significant modification in tasks or procedures that may result in occupational exposure.

The TB Exposure Control Plan includes engineering and work practice controls that eliminate occupational exposure or reduce it to the lowest feasible extent.

The Agency conducts an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care/service personnel.

If interviewed, staff should know where to locate the TB Exposure Control Plan.

The Agency provides infection control education to employees, contracted providers, clients/patients, and family members regarding basic and high-risk infection control procedures as appropriate to the care/services provided.

All personnel demonstrate infection control procedures in the process of providing care/service to clients/patients as described in OSHA and CDC standards and as adopted into program care/service P&P.

Standard HC7-1E: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

The Agency reviews and evaluates the effectiveness of the infection control program.

Infection Control Program Essential Components

- The Agency monitors the infection statistics of both clients/patients and personnel and implements other activities (such as infection tracking records or logs) to ensure that personnel follow infection control procedures and report infections.
- Surveillance data is analyzed for trends and related factors that may contribute to the correlations between personnel, clients/patients, and infection control practices.
- Data is utilized to assess the effectiveness of the infection control program.
- Corrective action plans and steps for improvement are to be implemented as needed.
- Data and action plans must be included in the Performance Improvement (PI) reports and communicated to leadership and personnel.
- The Agency reports all communicable diseases as required by the local county health department to the local county or state department of health.

 HINT

The Surveyor will review infection tracking records or logs and PI reports to determine the proper tracking of infections and utilization of data in the PI Plan.

It is recommended the Agency develop infection control reports/logs to track and trend infections.

 Standard HC7-2A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented that address the education of personnel concerning safety.

 P&P Essential Components

- P&P include the types of safety training as well as the frequency of training. Safety training activities must include, but are not limited to:
 - » Body mechanics
 - » Safety management that includes:
 - Fire
 - Evacuation
 - Security
 - Office equipment
 - Environmental hazards
 - In-home safety
 - » Personal safety techniques


 HINT

The Surveyor will expect to see evidence that safety training is conducted during orientation and at least annually for all personnel.

If interviewed, staff should be familiar with safety training activities.

 Standard HC7-2B: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented that address client/patient safety in the home.

 P&P Essential Components

- P&P pertaining to client/patient safety training must include, but are not limited to:
 - » Compliance monitoring measures relating to the client's/patient's medication, if applicable
 - » Client/patient medical equipment safety, if applicable
 - » Basic home safety measures (e.g., household chemicals, throw rugs, furniture layout, cluttered stairways, blocked exits, bathroom safety, and electrical safety)

 HINT

The Surveyor will expect to see evidence that client/patient safety training/education is provided to clients/patients as appropriate.

If interviewed, staff must be able to discuss what safety training/education is provided to clients/patients.

If interviewed, clients/patients must be able to discuss the safety/education they received.

 Standard HC7-3A: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented that outline the process for meeting client/patient needs in a disaster or crisis situation.

 P&P Essential Components

- P&P describe a process to organize and mobilize personnel to secure resources needed to meet client/patient needs in the event of a disaster or crisis. The process includes, but is not limited to:
 - » A system to identify alternative methods for contacting personnel
 - » Mobilizing resources to meet critical needs
 - » Alternative methods, resources, and travel options for the provision of care/service
 - » Safety of personnel
 - » Identified time frames for initiation of the plan
 - » Specific measures for anticipated emergencies typical or appropriate for the geographical area served (e.g., hurricanes, tornadoes, floods, earthquakes, chemical spills, and inclement weather)
 - » Identifying and prioritizing clients/patients based upon their need so that care/service is ensured for clients/patients whose health and safety might be at risk
 - » Access to 911 services in the event of needed emergency care/services for clients/patients and personnel

 HINT

The Surveyor will expect to see evidence of an annual practice drill to evaluate the adequacy of the plan.

The Surveyor will expect to see evidence the Agency educates all personnel about the process to meet client/patient needs in a disaster or crisis situation.

 **Standard HC7-3C: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)**

The Agency provides education to the client/patient regarding emergency preparedness.

 **HINT**

The Surveyor will expect to see client/patient education regarding emergency preparedness/disaster planning including, but not limited to:

- Evacuation plans
- Medications
- Food/water
- Important documents
- Care for pets, if applicable

 **Standard HC7-5A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established and implemented that address the Agency's fire safety and emergency power systems.

P&P Essential Components

- P&P address fire safety and management for all office and work site environments. The P&P must address providing emergency power to critical areas that include, but are not limited to:
 - » Providing emergency power to critical areas such as:
 - Alarm systems, if applicable
 - Illumination of exit routes
 - Emergency communication systems
 - » Testing of emergency power systems (at least annually)
 - » A no smoking policy and how it will be communicated
 - » Maintenance of:
 - Smoke detectors
 - Fire alarms
 - Fire extinguishers
 - » Fire drills:
 - Conducted at least annually
 - Evaluated and results communicated to all personnel

 **HINT**

The Surveyor will expect to see evidence that personnel are trained on the fire safety plan and emergency power systems.

The Surveyor will expect to see "No Smoking" signage throughout the building.

Fire exits and escape routes should be clearly identified throughout the building.

There should be documentation that fire extinguishers are being inspected and maintained according to manufacturer's recommendations.

There should be documentation that fire drills are being conducted at least annually and documentation of the organization's evaluation.

It is recommended that the agency develop a fire drill log.

 **Standard HC7-6A: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established and implemented for the acceptance, transportation, pick-up, and/or disposal of hazardous chemicals and/or contaminated materials used in the provision of client/patient care/service.

P&P Essential Components

- P&P to address hazardous wastes include at least the following:
 - » The safe method of acceptance, transportation, pick-up, and/or disposal of hazardous wastes, chemicals, and/or contaminated materials used in the home/HC
 - » That the Agency follows local, state, and federal guidelines

 **HINT**

The Surveyor will expect to see that hazardous waste is being accepted, transported, and disposed of properly.

 **Standard HC7-6B: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established and implemented in regard to the OSHA's Hazard Communication Standard that describe appropriate labeling of hazardous chemicals and/or materials, instructions for use, storage, and disposal requirements.

P&P Essential Components


- P&P that address OSHA's Hazard Communication Standard contain at least the following:
 - » The labeling of containers of hazardous chemicals, and/or materials with the identity of the material and the appropriate hazard warnings
 - » Current Safety Data Sheets (SDSs) accessible to personnel
 - » The proper use, storage, and disposal of hazardous chemicals and/or materials
 - » The use of appropriate personal protective equipment (PPE)
 - » How personnel handle an exposure to a hazardous product while in the home environment

 **HINT**

The Surveyor will expect to see how staff has access to SDS information either through a log of SDS information sheets from the manufacturer, SDS hotline, and/or internet access.

 Standard HC7-7A: (Services Applicable: HCA, HCC, HCN, HCOT, HCPT, HCST, HCSW)

Written policies and procedures are established and implemented for identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel.

 P&P Essential Components

- P&P describe the process for reporting, monitoring, investigating, and documenting a variance.
 - » P&P include but are not limited to:
 - Action to notify the supervisor or after-hours personnel
 - Time frame for verbal and written notification
 - Appropriate documentation and routing of information
 - Guidelines for medical care/service
 - Follow-up reporting to the administration/board/owner
 - Compliance with OSHA guidelines regarding recording of work-related injuries and illnesses that are diagnosed by a physician or licensed healthcare professional and any work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.11 as applicable to the Agency
 - Identification of the person responsible for collecting incident data and monitoring for patterns or trends, investigating all incidents, taking necessary follow-up actions, and completing appropriate documentation
 - Compliance with the FDA's Medical Device Tracking program and facilitating any recall notices submitted by the manufacturer, if applicable
 - » Incidents to be reported include, but are not limited to:
 - Personnel injury or endangerment
 - Motor vehicle accidents when conducting agency business
 - Environmental safety hazards
 - Equipment safety hazards, malfunctions, or failures
 - Unusual occurrences

 HINT

The Surveyor will expect to see:

- A standardized form developed by the Agency to report incidents
- That incident reports are distributed to management and the governing body/owner and are reported as required by applicable law and regulation
- That incidents are included in the PI reports and utilized to reduce further safety risks
- Evidence that the organization educated all personnel on its policies and procedures for documenting and reporting incidents/variances
- OSHA 300, 300A, and 301 Forms as applicable

If interviewed, staff should be able to discuss the incident/accident reporting process.

 **Standard HC7-8A: (Services Applicable: HCA, HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established and implemented for the use of equipment in the performance of conducting waived tests.

 **P&P Essential Components**

- P&P address how waived tests will be utilized in client/patient care/service for screening, treatment, or diagnostic purposes.
 - » P&P for the use of equipment in the performance of conducting waived tests include:
 - Instructions for using the equipment
 - The frequency of conducting equipment calibration, cleaning, testing, and maintenance
 - Quality control procedures

HINT

The Surveyor will expect to see:

- Quality control logs for the equipment used to perform waived tests
- Personnel have been trained on performing waived tests

 **Standard HC7-9A: (Services Applicable: HCN, HCOT, HCPT, HCST, HCSW)**

Written policies and procedures are established and implemented for the use of equipment/supplies in the provision of care/service to the client/patient.

 **P&P Essential Components**


- P&P that address the use of equipment and supplies include, but are not limited to:
 - » Storage and transportation of equipment used to provide care/services
 - » Electrical safety of the equipment
 - » Use of cleaning and disinfecting agents
 - » Cleaning of equipment after each use
 - » Maintenance and repair of equipment used by the Agency personnel
 - » Calibration per manufacturer's guidelines, if applicable
 - » Requirements for dispensing of any disposable supply used in the provision of care/service
 - » Manufacturer's recalls

 **HINT**

The Surveyor will expect to see maintenance logs for equipment used in the provision of care. If interviewed, staff should be able to describe how equipment is properly cleaned and maintained.

 **Standard HC7-10A: (Services Applicable: HCN)**

Written policies and procedures are established and implemented for participating in clinical research/experimental therapies and/or administering investigational drugs. This criterion is applicable to Agency's that are participating in clinical research/experimental therapies or administering investigational drugs.

 **P&P Essential Components**

- P&P that address participation in clinical research/experimental therapies and/or investigational drugs include, but are not limited to:
 - » Informing clients/patients of their responsibilities
 - » Informing client/patient of their right to refuse investigational drugs or experimental therapies
 - » Informing client/patient of their right to refuse to participate in research and clinical studies
 - » Notifying clients/patients that they will not be discriminated against for refusal to participate in research and clinical studies
 - » Stating which personnel can administer investigational medications/treatments
 - » Describing personnel's role in monitoring a client's/patient's response to investigational medications/treatments
 - » Identifying the responsibility for obtaining informed consent
 - » Defining the use of experimental and investigational drugs and other atypical treatments and interventions

 **HINT**

The Surveyor will expect to see evidence in client/patient records that clients/patients have knowledge and understanding of participating in clinical research, as applicable.

Tools Available to Assist with Section 7:

- Section 7 Compliance Checklist
- Hints for Developing a Disaster Plan
- Safety Audit
- Quality Maintenance Log
- Infection Control Tracking Form
- Hints for an Infection Control Plan
- Sample Employee Accident Investigation
- Section 7 Self Audit
- Sample Policies and Procedures

SECTION 7 COMPLIANCE CHECKLIST

ACHC Standard	Policy/ Procedure	Personnel Record	Client/Patient Record	Observation	Audit Tools Provided	Compliance Y/N	Comments
HC7-1A	Yes			Agency annual TB risk assessment, infection control program, infection control education materials, & staff interviews	Observation Tool & Interview Tool		
HC7-1B	Yes			Agency annual TB risk assessment, infection control program, & infection Control education materials	Observation Tool		
HC7-1E				Infection control reports & PI activities	Sample PI Plan		
HC7-2A	Yes			Orientation/ education records & staff interviews	Orientation Tool, Annual Employee Education Record		
HC7-2B	Yes			Safety education materials provided to clients/patients & staff interviews	Interview Tool		
HC7-3A	Yes			Annual practice disaster/crisis drill evaluation & staff interviews	Observation Tool & Interview Tool		
HC7-3C			Yes	Emergency preparedness education materials provided to client	Observation Tool		
HC7-5A	Yes			Observation of office space	Observation Tool		
HC7-6A	Yes			Observation on home visits & office space	Observation Tool		
HC7-6B	Yes			Observation on home visits & office space	Observation Tool		
HC7-7A	Yes			Variance logs for clients and personnel; OSHA forms 300, 300A, & 301, if applicable; PI	Observation Tool, PI Tool & Interview Tool		

ACHC Standard	Policy/ Procedure	Personnel Record	Client/Patient Record	Observation	Audit Tools Provided	Compliance Y/N	Comments
				activities and staff interviews			
HC7-8A	Yes	Yes		Quality control logs, orientation/ education checklist	Observation Tool & Orientation/ Education Tool		
HC7-9A	Yes			Maintenance logs & staff interviews	Observation Tool & Interview Tool		
HC7-10A	Yes		Yes	Client/patient record documentation	Client/Patient Record Tool		

HINTS FOR DEVELOPING A DISASTER PLAN



HINTS FOR DEVELOPING A DISASTER PLAN

There are multiple steps in developing an effective disaster plan.

The first step is to outline the process to organize and mobilize personnel and to secure resources to meet the needs of clients/patients in the event of a disaster or crisis.

The process needs to identify at a minimum:

- Alternative methods for contacting personnel; email, home phone, a phone tree, and local news stations are a few alternate methods that may be implemented to contact personnel during the event of a disaster
- An alternative meeting space to mobilize resources to meet critical needs
- Alternative travel options, methods such as a list of drivers with four-wheel drive vehicles that are able to travel in snow
 - » Safety of personnel
 - » Time frames for initiation of the plan
 - » Specific measures for anticipated emergencies typical or appropriate for the geographical area served (e.g., hurricanes, tornadoes, floods, earthquakes, chemical spills, and inclement weather)
 - » Prioritization of clients/patients based upon their need so that care/service is ensured for clients/patients whose health and safety might be at risk

The Agency has, at a minimum, an annual practice drill to evaluate the adequacy of their plan.

The emergency plan also describes access to 911 services in the event of needed emergency care/services for clients/patients and personnel.

SAFETY AUDIT

Year: _____

HC	ITEM	DATE & INITIALS OF INDIVIDUAL COMPLETING AUDIT												TOTAL %			
		JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC				
4-5A, 7-2A	Staff safety training upon orientation																%
4-7A	Annual staff safety training																%
7-1A	Annual TB risk assessment																%
7-1D	Staff follow infection control procedures																%
7-3A	Disaster plan in place																%
7-3A	Annual disaster drill evaluation																%
7-3A	Staff are education on the disaster plan																%
7-5A	Illuminated exit signs																%
7-5A	Alarm systems if applicable																%
7-5A	Emergency communication systems																%
7-5B	Posted escape routes																%
7-5B	No smoking signs – smoking prohibited																%
7-5B	Smoke detectors in place, battery checked																%
7-5B	Visual inspection of fire extinguisher																%
7-5B	Fire extinguishers serviced annually																%
7-5B	Annual fire drill & evaluation																%
7-6A,B	Safe handling, storage and disposal of hazardous chemicals or materials																%
7-6B	SDS available																%
7-6B	Appropriate PPE available																
7-8A & 7-9A	Maintenance logs for equipment used for waived tests																

SAFETY TRACKING LOG

Year: _____

HC	ITEM	DATE & INITIALS OF INDIVIDUAL COMPLETING AUDIT												TOTAL %		
		JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC			
Other Organization Requirements																
																%
																%
																%
																%

Creation Date:
Form #

QUALITY MAINTENANCE LOG

Equipment Manufacturer: _____

Year:	VISUAL INSPECTION OF ELECTRICAL SYSTEM/CORDS Date/Initials	TESTED PER MANUFACTURER'S RECOMMENDATIONS Date/Initials	CLEANED AND DISINFECTED PER MANUFACTURER'S RECOMMENDATIONS Date/Initials	CALIBRATION PER MANUFACTURER'S RECOMMENDATIONS Date/Initials	HAS EQUIPMENT BEEN RECALLED BY MANUFACTURER? Date/Initials
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Form #

Creation Date

INFECTION CONTROL TRACKING FORM



INFECTION CONTROL TRACKING FORM

QUARTER/YEAR: _____

Total service recipients: _____

Total employees with reportable infections: _____

INFECTIONS/COMMUNICABLE DISEASES	# OF EMPLOYEES CASES	# OF CLIENT/PATIENT CASES
TB		
MRSA		
VRE		
C-DIFF		
STREP		
UTI		
HEP C		
WOUNDS (NO CULTURES)		
SHINGLES		
OTHER:		
OTHER:		
OTHER:		
OTHER:		

Information to be reported to PI committee at next meeting held: _____

Information to be reported to governing body at next meeting held: _____

Information to be shared with personnel at next monthly staff meeting held: _____

Signature: _____ Date: _____

HINTS FOR AN INFECTION CONTROL PLAN



HINTS FOR AN INFECTION CONTROL PLAN

An effective infection control plan addresses the surveillance, identification, prevention, control, and investigation of infections and communicable diseases.

The first step is establishing written policies and procedures that protect clients/patients and personnel by preventing and controlling infections and communicable disease.

At a minimum, policies and procedures should be established that address the following:

- General infection control measures appropriate for care/service provided
- Hand washing
- Use of standard precautions and personal protective equipment
- Needle-stick prevention and sharps safety, if applicable
- Appropriate cleaning/disinfecting procedures
- Infection surveillance, monitoring, and reporting of employees and clients/patients
- Disposal and transportation of regulated waste, if applicable
- Precautions to protect immune-compromised clients/patients
- Employee health conditions limiting their activities
- Assessment and utilization of data obtained about infections and the infection control program
- Protocols for addressing client/patient care/service issues and prevention of infection related to infusion therapy, urinary tract care, respiratory tract care, and wound care
- Guidelines on caring for clients/patients with multi-drug-resistant organisms
- Policies on protecting clients/patients and personnel from bloodborne or airborne pathogens
- Monitoring staff for compliance with policies and procedures related to infection control
- Protocols for educating client/patient and personnel in standard precautions and the prevention and control of infection
- Detailed OSHA Bloodborne Pathogens training for all direct care/service personnel
- TB Exposure Control Plan training for all direct care/service personnel

An effective infection control plan also includes an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct personnel. The exposure control plan needs to be reviewed annually in order to ensure the most effective TB screening tool is being utilized.

Another factor in an effective infection control plan is how the agency protects clients/patients and personnel from infections and communicable diseases. This is typically done by educating clients/patients and personnel on ways to prevent the transmission of infections and communicable diseases.

The tracking of infections and communicable diseases is an important component in the prevention of infections and communicable diseases. An effective tracking method helps to identify areas of risk the agency can focus their efforts on in order to eliminate occupational exposure or reduce it to the lowest feasible extent.

The plan needs to be communicated to personnel and needs to be reviewed annually for the overall effectiveness of the plan.

Things to consider when evaluating the infection control plan:

- Are policies and procedures consistent with CDC and OSHA standards?
- Is staff following agency policies and procedures regarding infection control?
- Does the data support that infection control practices are effective?
- Does the data support the need to develop a Performance Improvement (PI) activity?

SAMPLE EMPLOYEE ACCIDENT INVESTIGATION



REPORT OF EMPLOYEE ACCIDENT INVESTIGATION

Employee name: _____ Date of report: _____

Date and time of accident: _____ Exact location: _____

Description of accident: _____

Extent of employee injury: _____

When did employee report the accident? Date: _____ Time: _____

Did employee require hospitalization? Yes/No

Did employee go to personal physician? Yes/No

Did employee refuse medical treatment? Yes/No

After investigating this accident, was this caused by an unsafe act or unsafe condition?

What should be done, and by whom, to prevent this accident from recurring in the future?

Employee Signature: _____ Date: _____

Human Resource Manager Signature: _____ Date: _____

Notify governing body? Y/N

Notify PI Coordinator? Y/N

Notify Supervisor? Y/N

Creation Date

Form # X

SECTION 7 SELF AUDIT



SECTION 7 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- General infection control measures appropriate for care/service provided
- Handwashing
- Use of standard precautions and personal protective equipment
- Needle-stick prevention and sharps safety, if applicable
- Appropriate cleaning/disinfecting procedures
- Infection surveillance, monitoring, and reporting of employees and clients/patients
- Disposal and transportation of regulated waste, if applicable
- Precautions to protect immune-compromised clients/patients
- Employee health conditions limiting their activities
- Assessment and utilization of data obtained about infections and the infection control program
- Protocols for addressing client/patient care/service issues and prevention of infection related to infusion therapy, urinary tract care, respiratory tract care, and wound care, if applicable
- Guidelines on caring for clients/patients with multi-drug-resistant organisms
- Policies on protecting clients/patients and personnel from bloodborne or airborne pathogens
- Protocols for educating client/patient and personnel in standard precautions and the prevention and control of infection
- OSHA Bloodborne Pathogen and TB Exposure Control Plan
- Monitoring staff for compliance with Agency policies and procedures related to infection control
- Safety policies
- Client/patient safety
- Disaster planning/emergency preparedness
- Power/utility systems
- Fire safety and emergency power systems
- Hazardous chemicals
- Incident reporting
- Waived testing
- Use of equipment and supplies
- Clinical research

REQUIRED DOCUMENTS

- Agency annual TB risk assessment
- PI reports/projects that demonstrate infection control data is incorporated into PI projects as appropriate and incidents are incorporated into PI projects as appropriate
- Disaster plan/drill
- Utility assessment logs/reports
- Annual fire drill and evaluation of fire drill
- Monthly inspection documentation/log of fire extinguishers
- SDS binder or access to online SDS services
- Incident reports/log for clients/patients and employees
- OSHA 300, 300A, and 301 forms when applicable
- Quality logs/maintenance records for any equipment utilized to perform waived testing and/or used in the provision of care/service

PERSONNEL FILE CONTENTS

- In-service records for personnel who utilized equipment to perform waived testing

CLIENT/PATIENT RECORD REQUIREMENTS

- Emergency preparedness information
- Clinical research permission, if applicable

APPROPRIATE STAFF KNOWLEDGE OF THE FOLLOWING:

- Infection control practices
- Safety practices
- Client/patient safety
- Disaster planning/emergency preparedness
- Maintenance of hazardous materials
- Incident reporting
- Use of equipment to perform waived testing
- Use of equipment supplies in the provision of care/service

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON SITE?

- The agency has an effective infection control program
- Staff follows accepted standards of practice to prevent the spread of infections
- No smoking signs are posted
- Fire exits and escape routes are clearly identified
- Smoke detectors, fire alarms, and extinguisher are present
- Hazardous materials are properly maintained

SELF TEST

1. What infection control training has staff received?
2. What training has staff received regarding safety issues?
3. What training/education do you provide clients/patients regarding safety in the home?
4. What training has staff received regarding disaster planning/emergency preparedness?
5. Is staff knowledgeable about procedures for incident reporting?
6. What training has staff received regarding the use of equipment for waived testing?
7. What training has staff received regarding the use of equipment in the provision of care/service?



SECTION 7: RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

HC7-1A & B (As Applicable to Service Provided)

Policy: Infection Control

1. Employees will follow infection control guidelines to protect clients/patients and fellow employees from infections and communicable disease. Employees will follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.
2. Standard precautions are to be followed regardless of client/patient diagnosis to avoid transmitting or contracting infectious diseases. The use of appropriate personal protective equipment (PPE) such as gloves, masks, and/or gowns are required to avoid transmission of infections.
3. Hands will be washed before and after caring for each client/patient and/or between tasks. Appropriate antiseptic cleanser may be used when appropriate and when proper facilities are not available.
(List indications for hand washing and/or hand antisepsis here)
4. All staff members are required to follow standard precautions and use of PPE.
(Include standard precautions and list personnel protective equipment here)
(Include appropriate cleaning/disinfecting procedures here)
(Include needle-stick prevention plan here)
(Include disposal and transportation of regulation waste policies here)
5. Maintain cleanliness and separation of sterile supplies during transportation.
6. Staff will be trained in standard precautions and occupational exposure to bloodborne pathogens and airborne pathogens during orientation.
7. Clients/patients and caregivers will be provided education on standard precautions and appropriate infection control practices (include policies on protecting clients/patients and personnel from biodome or airborne pathogens here).
8. Annual training will include the following:
 - » PPE
 - » Reporting of exposures
 - » Tuberculosis, its mode of transmission, symptoms, risks, precautions, and prevention
 - » Bloodborne pathogens and infection control procedures appropriate to their job responsibilities
 - » Infection control training

9. Employees' health conditions limiting their activities, including:
(List health conditions here)
10. When caring for immune-compromised clients/patients, the employee will:
(List precautions to be used here)
11. Include protocols for addressing client/patient care/service issues and prevention of infection related to infusion therapy, urinary tract care, respiratory tract care, and wound care. Include guidelines on caring for clients/patients with multi-drug-resistant organisms.
12. When an employee has an exposure incident, the manager will ensure that proper reporting, investigation, and follow-up are performed.
13. In the event the employee is exposed to a bloodborne pathogen or body fluid, he/she will wash/flush the exposed area as soon as possible with testing as required.
14. An incident report will be filled out by the employee and given to their manager within 24 hours.
15. If necessary, the employees will be sent to a healthcare professional for their safety, as well as that of the clients/patients.
16. All medical records relevant to the appropriate treatment of the employee, including vaccination status, will be considered confidential.
17. Positive test results, infections, and/or determination of the presence of the disease with any employee are recorded on the OSHA 300 (Log of Work-Related Injuries and Illnesses) and 300A (Summary of Work-Related Injuries and Illnesses).
18. The following TB Exposure Control Plan is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 19 10.1030, Occupational Exposure to Bloodborne Pathogens.
19. The local health department will be notified of any exposure as applicable. Job risk classifications are as follows:
(List job classifications here)
20. Infection surveillance includes monitoring and reporting of employees and client/patient infections. Staff will be monitored to assess compliance with the agency's policies and procedures related to infection control.
21. The administration will monitor all known infectious clients/patients, clients/patients acquiring an infection post admission, and employees who contract a communicable disease. This will be documented utilizing the infection control log.
22. The infection control log will be utilized to identify trends and monitor adherence to the infection control program.
23. The organization will utilize results to determine the following:
 - » Need for employee or client/patient re-education
 - » Need for revised or improved processes
 - » Education regarding specific infections or communicable diseases
24. Communicable diseases will be reported according to state guidelines to local and/or state health departments. This list can be obtained from the state's Department of Health website.
25. The _____ manager will complete an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care/service personnel.
26. When applicable, the PI team will develop strategies to prevent or control infections.

HC7-2A

Policy: Safety Education

All new employees will receive safety training as part of their orientation, as well as ongoing training annually.

1. Safety training activities include, but are not limited to:
 - » Body mechanics
 - » Workplace fire safety management and evacuation plan
 - » Workplace or office security
 - » Common environmental hazards (icy parking areas and walkways, blocked exits, cluttered stairways)
 - » Office equipment safety
 - » Emergency preparedness
 - » Personal safety techniques including in-home care/service safety
2. Annual fire drills will be completed by all locations to ensure that staff have knowledge of what to do in the case of a real fire.
3. In the event of an emergency, all employees will move to the nearest safe exit. A common meeting place (across the street from the main entrance) is identified for employees to gather for a headcount to ensure that all staff have safely evacuated from the building.
4. Data such as employee knowledge of where fire extinguishers are located, the fire department phone number, and/or the time it took for the staff to exit and assemble at the common meeting point will be collected and assessed.
5. Employees will be educated regarding portable fire extinguisher use and the hazards involved with fire fighting.
6. Any room that has more than one doorway will be marked by readily visible exit signs located above the door that leads to an outside access.
7. The exits and the path of egress exits shall be maintained so that they are unobstructed and accessible at all times.

HC7-2B

Policy: Client/Patient Safety Education

1. Staff will instruct client/patients regarding home safety in the following topics:
 - » Basic home safety measures
 - » Compliance monitoring measures relating to the client's/patient's medication, if applicable
 - » Client/patient medical equipment safety, if applicable

HC7-2B

Policy: Emergency Preparedness

Emergency preparedness plan will be maintained to meet critical client/patient needs in a disaster or crisis situation.

1. Coverage will be available 24 hours a day through cellphones, answering services, and/or call forwarding.

2. Clients/patients will be given the organization's 24-hour telephone number and instructed on procedures to take in the event of a disaster. Staff will be contacted through the existing phone tree.
3. In the event of a disaster, the Administrator will determine if the physical site at the organization is safe (i.e., in the event of earthquake, tornado, or hurricane) and habitable. When the power is out at the organization, the Administrator will contact the electric company for the time frame for resolution. An emergency alternate site may be used.
4. As part of improving the emergency plan process, the organization will hold an unannounced emergency preparedness drill at least once a year.
5. The Administrator will determine which employees, if any, need to respond. Those employees will be requested to report to the organization.
6. Staff will maintain a priority list of clients/patients needing assistance first.
7. In the event that the organization cannot reach the affected area, the client/patient is instructed to take their equipment and go to the nearest emergency shelter that has electricity or an emergency generator.
8. Staff will respond to individual clients/patients on an as-needed basis depending upon the accessibility of the affected area.
9. It is the policy of the company to establish and maintain open communication with the local office of Federal Emergency Management Agency (FEMA). Our staff should be informed as to the local provisions from the local FEMA office for the emergency planning.
10. In the event the organization is unable to provide services to current clients/patients, another Agency company will be contacted to provide services on their behalf.
11. The disaster plan will be reviewed with all employees during orientation and annually.

Emergency phone numbers are as follows:

(Should be listed here)

HC7-5A

Policy: Fire Safety and Emergency Power Systems

Yearly fire and emergency powers systems will be tested and reviewed.

1. This fire prevention check includes, but is not limited to:
 - » Exits easily accessible (No clutter near exits)
 - » All exits clearly marked
 - » No smoking signs are posted
 - » Fire extinguisher – complete visual inspection per manufacturer's recommendations and log date of inspection
 - » To be completed in December – change batteries in smoke detectors (if applicable and change batteries in exit signs (if applicable)
 - » Emergency power provided to the alarm systems, illumination of exit routes, and emergency communication systems
2. All locations conduct at least one fire drill a year, and fire extinguishers are serviced through a company to ensure that they are in working order. Fire extinguishers will be checked monthly with documentation on attached tags.
3. Backup systems are in place in the event of power or utility failure. The agency provides monthly checks and maintenance of utilities, if needed. Utilities management may include, but is not limited to:

- » Heating and cooling in the office
- » Refrigeration
- » Water supply
- » Telephone, electronic, other communication devices, electrical systems, and computer systems

HC7-6A & B

Policy: Hazardous Materials

1. The acceptance, transportation, pick up, and/or disposal of hazardous chemicals will be conducted in a safe manner.
2. Container labeling: The _____ manager will be responsible for all containers of hazardous chemicals that are brought into the agency and will examine all chemical containers to make sure they are labeled with: the chemical name, the biohazard sign, and the name and address of the manufacturer or importer. No container should be used until it has been checked. If the chemical is to be poured into a separate container, the manager must ensure that the second container is properly labeled. All secondary containers must be labeled with a copy of the manufacturer's label that has space for identification and the biohazard warning. Address questions regarding labeling to the _____ manager. The Safety Data Sheets (SDSs) and labeling system will be reviewed annually by the PI Team.
3. SDS: The _____ manager will be responsible for the SDS system. All incoming data sheets for new products will be reviewed and employees will be trained on the new information as necessary. All SDS sheets will be filed in the SDS binder. These can also be kept on the intranet system.
4. The SDS binder will consist of:
 - » A current inventory of all SDS indexed alphabetically
 - » The chemical name of identification used on the SDS that will be the same as used on the container label
 - » The chemical name and common name of all ingredients that have been determined to be a hazard shall appear on the SDS
5. Each SDS must include the following information:
 - » The physical and chemical makeup of the compound, including vapor pressure and flash point
 - » The fire, explosion, and reactivity hazards of the chemical mixture, including the boiling and flash point, health hazards of the chemical mixture, including signs and symptoms of exposure
 - » Acceptable exposure limit recommended by the manufacture
 - » Control measures, including fire, engineering, and personal protective equipment that may be necessary
 - » General precautions for safe handling and use, especially during repair and maintenance, including procedures for cleaning spills and leaks
 - » Emergency and first aid procedures
 - » Date opened as well as expiration
 - » Name, address, and telephone numbers of manufacturer or importer
6. The original SDS will be kept on file by the _____ manager, and each employee will know the location of the file if information is needed on a chemical and the _____ manager is not available. New products or chemicals will not be opened or used until an SDS is on file and the employees are

trained regarding potential hazards.

7. During orientation, the supervisor of a new employee will review the process for hazardous materials and each SDS applicable to their job.
8. The orientation and training for a new employee will include, but not be limited to:
 - » An overview of hazardous materials policy and procedures
 - » Chemicals used in the agency that they will be working with
 - » Location of the SDS binder and how to use to identify chemicals they work with
 - » Health hazards of the chemicals listed on the inventory
 - » How to minimize or eliminate exposure to these hazardous chemicals through work practices and PPE kits
 - » Emergency procedures when exposure occurs
9. Occupational Safety and Health Administration (OSHA) Hazardous Communication Standards will be followed when disposing of a hazardous material. If necessary, contracts will be obtained with a company for the disposal of hazardous materials.
 - » Employees will be instructed in how to deal with hazardous materials
 - » Hazardous materials will be transported and stored in a secure manner
 - » Hazardous materials will be labeled appropriately
 - » Disinfectants will be used on equipment according to manufacturer's recommendations

HC7-7A

Policy: Incident Adverse Events Reporting for Personnel

1. All adverse events, incidents, accidents, variances, or unusual occurrences involving staff will be reported immediately to the _____ manager.
2. Monitoring of incident reports will serve as a tool to identify areas for improvement and will be part of the PI process.
3. An incident form will be completed to document any unusual, harmful, or potentially harmful occurrences involving employees as soon as possible but at least within 24 hours of the incident. If after-hours, an on-call Supervisor will be notified of the incident immediately.
4. An incident is defined as an unusual circumstance that may result or did result in personal injury of an employee, client/patient, or visitor from care/service being provided by the organization. Incidents to be reported include, but are not limited to:
 - » Motor vehicle accident
 - » Needle stick injury
 - » Dog/animal bite
 - » Fall
 - » Other occupational injury
5. The incident report will be used to report any employee incident and/or occupational exposure to bloodborne or airborne pathogens.
6. The Administrator will immediately investigate the incident and will take corrective measures if indicated. All follow-up actions will be documented on the incident form as follows:
 - » Any injury – notify organization insurance carrier and/or Workers Compensation Carrier and physician if medical care/service is required

- » Death of an employee or hospitalization of three or more employees – notify OSHA
- 7. OSHA should be contacted in the event there are questions regarding the reporting responsibilities of the organization at <http://www.osha.gov/recordkeeping/index.html> or contact OSHA at 1-800-321-6742.
- 8. All employee injuries will be logged on an OSHA 300 form. The OSHA 300 form will be posted and visible to all personnel between February 1 and April 30 annually. OSHA 300 forms are located at <http://www.osha.gov/pls/publications/pubindex.list>.
- 9. A summary of incident reports and/or safety concerns will be reported to the PI committee and the governing body quarterly.
- 10. All employees will be educated on when and how to complete an incident report and the reporting process during orientation and annually.
- 11. Incident forms should not be filed in client/patient files.

HC7-8A

Policy: Conducting Waived Tests

1. Any new laboratory test or testing device used by the organization will first be validated as "waived" by checking the Clinical Laboratory Improvement Amendment (CLIA) list of approved tests.
2. Waived tests will be utilized in client/patient care/service for screening, treatment, or diagnostic purposes.
3. All staff performing waived testing will complete a competency evaluation for each type of waived test prior to performing the test for the first time.
4. All tests will be performed according to manufacturer's written instructions.
5. Temperatures of rooms and/or refrigerators where testing supplies are stored will be within manufacturer's guidelines.
6. Expiration dates will be checked prior to performing each test and outdated reagents will be discarded.
7. Quality controls and/or calibration will be performed as specified by the manufacturer's instructions.
8. Test kits will be stored and handled in accordance with manufacturer's instructions.
9. Maintenance and cleaning of testing equipment will be performed according to manufacturer's instructions. A maintenance and cleaning log will be kept.

HC7-9A

Policy: Equipment and Supplies

All equipment/supplies provided will be disinfected, maintained, and calibrated according to manufacturer's guidelines. The agency will follow manufacturer's recommendations for safe usage and will adhere to any manufacturer's recalls.

1. Equipment will be disinfected with an approved disinfectant in accordance with manufacturer's recommendations.
2. A history of all maintenance will be documented. Maintenance documentation will contain the following:
 - » Tracking location of equipment for the life of the equipment
 - » Manufacturer's serial number
 - » Documentation of preventive maintenance

3. Documentation of cleaning of equipment between clients/patients will be made in the log or electronically.
4. Electrical equipment will be inspected prior to use.
5. Any defective equipment will be reported to the agency immediately.
6. All supplies will be checked for expiration prior to usage. Sterile supplies will be transported to maintain sterility. Supplies used in the provision of care/service will be documented.
7. All equipment or supplies used during the provision of care/service will be cleaned after use.
8. Items affected by temperature will be stored in a clean, dry, temperature-controlled environment.

HC7-10A

Policy: Investigational Drugs/Therapies

1. All clinical research/experimental therapies and/or administering investigational drugs will adhere to the following policies.
2. The client's/patient's physician must approve all therapies/investigational drugs and monitoring protocols, including experimental and atypical treatments and interventions.
3. Only qualified staff, per state regulations, will be allowed to administer and monitor the client's/patient's response to investigational drugs or therapies.
4. Clients/patients will be monitored to detect any adverse effects from investigational drug or therapies by the organization's staff. Any adverse effects will be communicated to the physician immediately for further orders for care/service of the client/patient.
5. Clients/patients will be informed of their responsibilities.
6. Informed Consent
 - » Consent will only be obtained after the subject or the legal representative has had sufficient opportunity to consider whether or not to participate to avoid coercion. The information or consent will be in language that is understandable to the subject or the legal representative. The subject has the right to refuse investigational drugs or experimental therapies and the right to refuse to participate in research and clinical studies without discrimination

ONGOING SUPPORT

ACHC RESOURCES

- ACHC's website (achc.org) and Customer Central (cc.achc.org) offer a variety of educational resources to assist with the survey process as well as information pertaining to the home care industry.
 - Check the website frequently for up-to-date information.
 - Your Account Advisor is your personal liaison to guide you through the ACHC Accreditation process. Contact via phone or email with any questions regarding the application process, expectation for compliance, Plan of Correction (POC), etc.
 - The Clinical Compliance Educator provides educational workshops, educational videos, and other resources that are available on Customer Central.
 - ACHCU provides educational workshops, educational webinars, and other resources that are available at achcu.com.
-

ACHC GLOSSARY OF TERMS FOR HOME CARE AGENCIES

BYLAWS

- A set of rules adopted by an Agency for governing the Agency's operations

COMPREHENSIVE ASSESSMENT

- A thorough evaluation of the client's/patient's physical, psychosocial, emotional, and spiritual status related to the terminal illness and related conditions. This includes a thorough evaluation of the caregiver's and family's willingness and capability to care for the client/patient

NONPROFIT AGENCY

- An Agency exempt from federal income taxation under section 501 of the Internal Revenue Code of 1954

PROGRESS NOTE

- A written notation dated and signed by a member of the health team that summarizes facts about care/service furnished and the client's/patient's response during a given period of time

PROPRIETARY AGENCY

- An Agency exempt from federal income taxation under section 501 of the Internal Revenue Code of 1954

PUBLIC AGENCY

- An Agency operated by a state or local government

ACHC GLOSSARY OF PERSONNEL QUALIFICATIONS FOR HOME CARE AGENCIES

Allied Health Personnel

- Licensed Practical Nurses (LPNs), Physical Therapy Assistants (PTAs), Certified Occupational Therapy Assistants (COTAs), Speech Therapy Assistants, or other health professionals as defined in occupational licensure laws that are subject to supervision by a health professional

Chief Executive Officer

- The person who heads an organization and has the authority and responsibility, as delegated by the governing body, to accomplish program-specific goals and objectives, implement program policy, and manage personnel and resources

Experienced Professional

- A professional with at least one year of work experience

Health Professional

- A licensed healthcare provider authorized to supervise other personnel as defined in applicable occupational licensure laws and regulations

Home Health Aide

- An individual with specified training and/or certification (depending upon state requirements) to provide personal care in the home environment under the direction of a licensed professional

Companion/Homemaker Aide

- An individual who provides assistance with household tasks, shopping, meals, and/or companionship

Licensed Practical/Vocational Nurse (LPN/LVN)

- A person who is licensed as an LPN/LVN by the state in which practicing

Licensed Professional

- A person licensed to provide client/patient care/services by the state in which care/services are delivered

Paraprofessional

- A trained aide who assists a professional person (i.e., Home Care Aide and Nursing Assistant)

Registered Nurse (RN)

- A graduate of an approved school of professional nursing who is licensed as an RN by the state in which practicing

Professional

- A licensed RN, licensed Registered Pharmacist, licensed Respiratory Care Practitioner (RCP), licensed Physical Therapist (PT), licensed Speech Therapist, Certified Occupational Therapist (OT), or a person with a bachelor's degree in social work, home economics, or closely related helping profession

Qualified Staff

- An individual that has had appropriate training and experience for the position held with evidence of education and training in accordance with applicable laws or regulations

Qualified Supervisor

- An individual employed directly or through contract who possesses:
 - » Evidence of verification of education and training requirements in accordance with applicable laws or regulations and the organization's policy
 - » Evidence that clinical and supervisory knowledge and experience are appropriate to his/her assigned supervision responsibilities

Unlicensed Assistive Personnel (UAP)

- Non-licensed healthcare personnel who provide care/services to clients/patients under the direction of a licensed healthcare professional

ADDITIONAL RESOURCES

- Home Care Association of America, www.homecareaoa.org
- Department of Labor: Occupational Safety and Health Administration, www.osha.gov
- Centers for Disease Control, www.cdc.gov
- National Fire Protection Association, www.nfpa.org
- Health and Human Services, www.hhs.gov