

Home Care Accreditation Program Document List

As a Home Health, Home Infusion Therapy, Hospice, Pharmacy and/or Home Medical Equipment/DMEPOS organization, you will need the following information and documents available for the surveyor to review during the Preliminary Planning Session and Surveyor Planning Session, which occurs on the first day of survey.

Note: The 12-month reference in the following items is not applicable to initial surveys.

As a Home Health, Home Infusion Therapy, Hospice, Pharmacy and/or Home Medical Equipment/DMEPOS organization, you will need the following information and documents available for the surveyor to review.

Documents Needed Within One Hour of Surveyor Arrival

General Organization Information

- Name and phone number of key contact person who can assist surveyors in patient visits or observation of service delivery
- A copy of your organizational chart
- Active employee list with discipline or title
- List of all sites, branches and services provided, if applicable
- State licenses, certificates, etc.
- CLIA waiver and Waived tests being performed
- List of contracted agencies or contracted staff and the contract(s)
- Hospice only: List of patients on GIP, CC, or Respite

Tracer Selection Documentation (Lists needed within one hour of surveyor arrival)

- Active patient list with
 - Patient name
 - Diagnosis or therapy, equipment provided
 - Start of care date
- List of scheduled home visits for the duration of the survey including:
 - Type of service (home health, hospice, personal care and support, as applicable)
 - Disciplines
 - Diagnosis
 - Date of admission
- List of scheduled deliveries, mail orders or planned walk in business for the days of survey and from specific points in time as delineated by the surveyor, including: Home Medical Equipment/DMEPOS, Pharmacy
 - Type of medication/therapy
 - Durable Medical Equipment, Prosthetics or Orthotics being supplied/delivered
 - Supplier's date of first encounter/admission
 - Address, IF delivery is part of the service
- List of all active rental equipment patients

Documents Needed During the Course of the Survey

General Organization Information

- Marketing material
- Admission packet – Documents such as patient rights and responsibilities, advanced directives, consents, charges, medication education information

- Policies and Procedures including:
 - Home Safety – safety checklist, O2, signs, fire extinguisher, smoke alarm
 - Do not use abbreviations, approved abbreviations
 - Medication management policy
 - High alert medications
 - Look Alike Sound Alike (LASA) [for inpatient Hospice only]
 - Assessment and reassessment policies
 - Process/criteria for pain assessment and reassessment
 - Process/policy for case conferencing
 - Complaint process/policy
 - Budget & Surety Bond - DMEPOS
 - Equipment cleaning policy - DMEPOS
 - After Hours On-Call log - DMEPOS and Pharmacy

- Selected personnel files for employees and contractors observed during the survey will be requested for review

Performance Monitoring and Improvement Documentation

- Performance improvement data (12 months for re-surveys) including Perception of care/satisfaction data
- Medication error reports and adverse drug reactions
- Fall reduction program, fall risk assessment and evaluation of program
- Patient event, incident, or unusual occurrence reports logs or summary data
- Complaint logs
- Staff event, incident, unusual occurrence reports (for example: falls, sharps injury)
- Infection Control Summary Reports, 12 months of surveillance data
- Infection Control Plan including risk analysis
- Hand hygiene program, including policy, goals and surveillance data
- Flu program including goals and analysis of refusal data
- Emergency Management plan (Annual drill and evaluation of drills)
- Clean room monitoring records - Providers of Infusion Pharmacy Services
- Most recent culture of safety and quality evaluation data

Documents Required on Deemed Status Surveys

1. Unduplicated admissions for the past 12 months with diagnosis, start of care date and disciplines
2. Discharged patients for the past 12 months with diagnosis, start of care date and disciplines
3. Last State survey report, if applicable
4. Annual program evaluation
5. Budget, capital expenditures – 3 years
6. Quarterly record review documentation (recent 12 months)
7. HHA 12 month education calendar (HHA training program, if applicable)
8. CASPER provider reports (Please provide this data by lunch of day one)
 - a. Risk Adjusted Potentially Avoidable Event Report (12 months)
 - b. Potentially Avoidable Event Report: Patient Listing (12 months)
 - c. Agency Patient Related-Characteristics Report
 - d. OASIS Submission Statistics by Agency report
 - e. Error Summary Report by HHA

9. HQRP/QAPI reports for the past quarter (initial survey) or past year (re-survey)

Document List Related to CMS Emergency Management Final Rule applies to Deemed Home Health Agencies and Deemed Hospices

Note: Document formats may vary, and many of the documents listed below may be included in the Emergency Operations Plan.

1. Prioritized Potential Emergencies (Hazard Vulnerability Analysis)
2. Emergency Operations Plan
3. Documentation of annual review and update of Emergency Operations Plan, including communication plans
4. Continuity of Operations Plan
5. Documentation of completed/attempted contacts with local, state, tribal, regional, federal EM officials in organization's service area
6. Annual training
7. Patient evacuation procedures (inpatient hospice)
8. Tracking system for patients sheltered on-site and patients relocated to alternate site (inpatient hospice)
9. Tabletop exercise protocol
10. Patient emergency instructions based on assessed needs (home health agencies)
11. Integrated system risk assessments, plan, and annual review

For Hospice Inpatient facility based care sites:

- Environment of care data
- **LOGS DEMONSTRATING TESTING FOR:**
 1. Generator load tests
 2. Automatic transfer switches
 3. Battery powered exit and egress signs
 4. SEPS
 5. Supervisory signals
 6. Audible, manual and visual fire alarms
 7. Fire pumps
 8. Fire department outside connections
 9. Staff badges that open locked doors
 10. Sliding and rolling smoke and fire doors
 11. Water tank level alarms (cold weather)
 12. Water tank temperature
 13. Main drain for obstruction
 14. Fire extinguishers
 15. Fire extinguisher maintenance
- **DOCUMENTS DEMONSTRATING:**
 1. Fire drills with staff participation
 2. Water temperature in patients' rooms
 3. Policy and testing for water biologicals
 4. Cooler and freezer temperature logs (kitchen)
 5. Fire suppression system in hood over gas range is cleaned (kitchen)
 6. Kitchen hood, duct work and filters are cleaned
 7. Dishwasher temperatures

Home Care Accreditation Survey Activity List

Activity Name	Suggested Duration of Activity	Suggested Scheduling of Activity	Organization Participants (Refer to the Survey Activity Guide for more information)
Surveyor Arrival and Preliminary Planning	30-60 minutes	1 st day, upon arrival	
Opening Conference	30-60 minutes	1 st day, as early as possible; may be combined with the Orientation to Organization on surveys of shorter duration	
Orientation to Organization	45 minutes	1 st day, as early as possible; may be combined with the Opening Conference on surveys of shorter duration	
Individual Tracer	90-120 minutes	Individual Tracer activity occurs throughout the survey; the number of individuals that surveyors trace varies by organization. Travel to perform tracer activity (e.g., patient home visits) will be planned into this time.	
Lunch	30 minutes	At a time negotiated with the organization	
Issue Resolution OR Surveyor Planning / Team Meeting	30 minutes	End of each day except last; can be scheduled at other times as necessary	
Daily Briefing	15-30 minutes	Start of each survey day except the first day; can be scheduled at other times as necessary	
Competence Assessment	30-60 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization or in conjunction with Leadership session	
Environment of Care and Emergency Management	45-90 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization	
System Tracer – Data Management	60 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization. If this is the only system tracer taking place during survey, the topics of Infection Control and Medication Management will be covered in this discussion.	
Leadership	60 minutes	Towards the middle or end of survey at a time negotiated with the organization	
Report Preparation	90-20 minutes	Last day of survey	
CEO Exit Briefing	15-30 minutes	Last day of survey	
Interim Exit	30 minutes	Last activity on last day of survey on surveys occurring simultaneously with other program surveys, e.g., hospital	
Organization Exit Conference	30-45 minutes	Last day, final activity of survey	
Note: The following activities may be incorporated into the survey agenda as noted under the Suggested Scheduling of Activity column.			
System Tracer – Infection Control	30-60 minutes	After some individual tracer activity has occurred; topic may be covered during the Data Management system tracer depending on the length of survey	

Activity Name	Suggested Duration of Activity	Suggested Scheduling of Activity	Organization Participants (Refer to the Survey Activity Guide for more information)
System Tracer – Medication Management	30-60 minutes	After some individual tracer activity has occurred; topic may be covered during the Data Management system tracer depending on the length of survey	
Life Safety Code Building Assessment (<u>NFPA 101-2012</u> ; <u>NFPA 99-2012</u> Health Care Facilities Code)	60-90 minutes	Only occurs on Facility-Based Hospice surveys ; at time negotiated with organization	
Regulatory Review	45-60 minutes	Only occurs on DMEPOS surveys ; At time negotiated with organization	