

HOME VISIT AUDIT CHECKLIST



The checklist below details performance expectations that will be reviewed for evidence of compliance during your ACHC Home Health Accreditation survey. To prepare for your survey, use this checklist as you observe clinicians performing home visits with patients. This form can help you determine if your organization is in compliance with applicable standards. For any areas found to be out of compliance, it is recommended that an internal Plan of Correction be implemented and results monitored for compliance.

Staff Name and Title: _____ Date: _____

Supervisor: _____

Performance Expectations	Met	Not Met	Comments
Infection Control			
During a home visit, the clinician:			
Follows standard precautions based on care provided (wound care, Foley catheter care, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	
Uses appropriate Personal Protective Equipment (PPE).	<input type="checkbox"/>	<input type="checkbox"/>	
Follows proper handwashing practices per agency policy, including procedure, supplies, and intervals.	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	
Ensures hazardous waste is accepted, transported, and disposed of properly.	<input type="checkbox"/>	<input type="checkbox"/>	
Patient Rights			
Clinician honors patient rights by ensuring the patient has the right to:			
Have their property and person treated with respect, consideration, and recognition of patient dignity and individuality.	<input type="checkbox"/>	<input type="checkbox"/>	
Exercise their rights as a patient of the agency, or the patient's family/legal representative may exercise the patient's rights when the patient has been judged incompetent.	<input type="checkbox"/>	<input type="checkbox"/>	

Performance Expectations	Met	Not Met	Comments
Be able to identify visiting personnel members through agency-generated photo identification.	<input type="checkbox"/>	<input type="checkbox"/>	
Choose a healthcare provider, including an attending physician.	<input type="checkbox"/>	<input type="checkbox"/>	
Receive appropriate care/service without discrimination, in accordance with physician's orders.	<input type="checkbox"/>	<input type="checkbox"/>	
Be informed of any financial benefits when referred to a home health agency.	<input type="checkbox"/>	<input type="checkbox"/>	
Be fully informed of their responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	
Be free of mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of patient's property, with the right to report and have any allegation investigated.	<input type="checkbox"/>	<input type="checkbox"/>	
Care Provided			
Clinician ensures that care provided to patients is performed:			
In accordance with patient's plan of care.	<input type="checkbox"/>	<input type="checkbox"/>	
With patient's/patient representative's involvement in any changes to the plan of care.	<input type="checkbox"/>	<input type="checkbox"/>	
In accordance with scope of practice, agency policies and procedures, and/or job description.	<input type="checkbox"/>	<input type="checkbox"/>	
With respect to various cultural backgrounds, beliefs, and religions.	<input type="checkbox"/>	<input type="checkbox"/>	
With respect to communication or language barriers.	<input type="checkbox"/>	<input type="checkbox"/>	
With medication reconciliation performed.	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation/Information Received in Writing			
Clinician ensures that the following is documented as being received in writing by the patient or their representative:			
Services covered under the Medicare home health benefit, scope of services that the HHA will provide; specific limitations on services, current charges, including payment for care/service expected from third parties; and any charges the patient is responsible for.	<input type="checkbox"/>	<input type="checkbox"/>	

Performance Expectations	Met	Not Met	Comments
Agency's process for receiving, investigating, and resolving complaints about services, including:			
<ul style="list-style-type: none"> Administrator's name, business address, and business phone number. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> State's toll-free hotline telephone number(s), contact information, hours of operations. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ACHC's telephone number 	<input type="checkbox"/>	<input type="checkbox"/>	
Patient Rights and Responsibilities statement. Must be understandable to patients/patient representatives who have limited English proficiency and accessible to individuals with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	
Information on advance directives and the agency's policies on resuscitation, medical emergencies, accessing 911 services (EMS), transfers, and discharges.	<input type="checkbox"/>	<input type="checkbox"/>	
Confidentiality/privacy practices and policies to include Outcome and Assessment Information Set (OASIS) privacy notice for all whose patient information is included in OASIS data collection.	<input type="checkbox"/>	<input type="checkbox"/>	
Written instructions outlining the following:			
<ul style="list-style-type: none"> Visit schedule, including frequency of visits. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Patient medication schedule and instructions. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Any treatments to be administered by agency personnel/contractors, including therapy services. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Any other pertinent instructions related to patient's care and treatments. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Name and contact information of the agency's clinical manager. 	<input type="checkbox"/>	<input type="checkbox"/>	
Patient education related to treatment, disease, and medication management, as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	
Safety and infection control education materials.	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency preparedness education materials.	<input type="checkbox"/>	<input type="checkbox"/>	

Performance Expectations	Met	Not Met	Comments
Potential Patient Interview Questions			
Clinician ensures that the patient is aware of and has the ability to answer the following types of questions:			
Did you receive information about services covered under the agency, the scope of services the agency will provide, and specific limitations on those services?	<input type="checkbox"/>	<input type="checkbox"/>	
How did the agency inform you of your patient rights?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you receive information on advance directives?	<input type="checkbox"/>	<input type="checkbox"/>	
Were you informed of your financial responsibilities at the start of care/service or when changes occurred?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you received education on disease management as appropriate to the care/service being provided?	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	
What safety training/education have you received?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you participate in, and have you been instructed on your plan of care?	<input type="checkbox"/>	<input type="checkbox"/>	
How would you notify the agency of problems, concerns, and complaints?	<input type="checkbox"/>	<input type="checkbox"/>	
Were you provided information on emergency preparedness?	<input type="checkbox"/>	<input type="checkbox"/>	