

# ACCREDITATION ANNUAL COMPLIANCE CHECKLIST



Use this checklist to audit your home care agency and operations annually to ensure compliance with annual requirements. This checklist also helps you determine if your organization is in compliance with applicable local, state, and federal laws and regulations. This checklist is not intended to replace your own comprehensive review of ACHC Accreditation Standards, nor does it guarantee a successful accreditation decision. For any areas found to be out of compliance, it is recommended that an internal Plan of Correction be implemented and results monitored for compliance.

Section 1: Organization and Administration		
ACHC Standard	Expectation	Comments
HC1-1A	All applicable licenses and permits are current and posted	
HC1-2A	Governing body meeting minutes have been properly documented	
HC1-2D	New governing body members have been oriented	
HC1-3A	Any conflict of interest has been properly disclosed	
HC1-4B	Annual evaluation of the Administrator has been completed	
HC1-5A	Organizational chart is up to date	
HC1-7A	The Fair Labor Standards Act poster is posted in a prominent location	
HC1-8A	Negative outcomes effecting accreditation, regulatory compliance, or licensure are documented and reported to the governing body/owner and to ACHC	
HC1-10A	All contracts for direct care have been reviewed as required per the terms of the contract and all new contracts implemented contain the required content and the agency maintains copies of professional liability insurance certificates for all contract personnel	
HC1-10D	Any care provided in past year by contract staff has been monitored to ensure the quality of care provided to patients/clients	
HC1-11A	Verification that all referring physicians' licenses remain current	
Section 2: Programs and Services Operations		
ACHC Standard	Expectation	Comments
HC2-1A	Marketing materials are current and accurately reflect care/service provided	
HC2-2A	Patient Rights and Responsibilities document is current	
HC2-3A	All alleged violations by anyone furnishing services on behalf of the agency have been properly investigated and appropriate corrective action has been taken	
HC2-4A	All grievances and complaints have been documented, investigated, resolved, and reported to the governing body quarterly	

Section 2: Programs and Services Operations		
ACHC Standard	Expectation	Comments
HC2-4B	Information provided to patient/client on how to report grievances/complaints is current	
HC2-5A	All personnel, contracted individuals and governing body members have a signed confidentiality statement	
HC2-5C	Business Associate Agreements exist for non-covered entities	
HC2-6A	Advance Directive information provided to patients/clients is current	
HC2-6B	All personnel that perform CPR have evidence of current CPR certification	
HC2-7A	Summary of any ethical issues has been submitted to the governing body	
HC2-8A	Language resource information is current and available to personnel to assist patients/clients with limited English proficiency as well as persons with disabilities	
HC2-9A	Evidence that any compliance issues have been reported, documented and corrective action has been taken as appropriate	
HC2-10A/ HC2-11A/ HC2-12A	Evidence of on-call scheduling as appropriate	

Section 3: Fiscal Management		
ACHC Standard	Expectation	Comments
HC3-1A	The budget has been reviewed and updated by the governing body and/or leadership staff of the organization	
HC3-2A	Sound financial and accounting practices are implemented to ensure accurate accounting and billing	
HC3-6A	Information provided to patients/clients regarding charges for care/service is current	

Section 4: Human Resource Management		
Personnel files have been audited and contain all required elements. Utilize the ACHC Personnel File Audit tool to assist in this process. Internal plans of correction have been developed and implemented based on audit findings		
ACHC Standard	Expectation	Comments
HC4-2B	All credentialing activities are up to date	
HC4-2C	TB annual risk assessment has been completed to determine type and frequency of screening/testing for direct care personnel	
HC4-2E	All job descriptions are up to date and any revisions made, new job descriptions have been signed	
HC4-2F	Motor Vehicle Records have been checked for any personnel who drive patients/clients in the course of their duties	

## Section 4: Human Resource Management

Personnel files have been audited and contain all required elements.

Utilize the ACHC Personnel File Audit tool to assist in this process.

Internal plans of correction have been developed and implemented based on audit findings

ACHC Standard	Expectation	Comments
HC4-2J	All personnel evaluations have been completed, reviewed, and signed by personnel	
HC4-5A	Orientation materials cover the required topics	
HC4-6A/ HC4-6B	Competency assessments have been completed on all direct care personnel	
HC4-7A/ HC4-7B	<p>All direct care personnel have received 12 hours of in-service education and non-direct have received 8 hours. The required topics have been addressed:</p> <ul style="list-style-type: none"> <li>■ Emergency/disaster training</li> <li>■ How to handle grievances/complaints</li> <li>■ Infection control training</li> <li>■ Cultural diversity</li> <li>■ Communication barriers</li> <li>■ Ethics training</li> <li>■ Work place (OSHA), client/patient safety, and components of HC7-2A</li> <li>■ Client/patient rights and responsibilities</li> <li>■ Compliance Program</li> </ul>	
HC4-7D	Annual on-site evaluation visits have been completed on direct care personnel	

## Section 5: Provision of Care and Record Management

Patient/client records have been audited and contain all required elements.

Utilize the ACHC Patient/Client Record Audit tool to assist in this process.

Internal plans of correction have been developed and implemented based on audit findings.

ACHC Standard	Expectation	Comments
HC5-2A	All patient/client records are retained for the appropriate period of time after discharge	

## Section 6: Quality Outcomes/Performance Improvement

ACHC Standard	Expectation	Comments
HC6-1A	The agency has evidence of an on-going, organization wide Performance Improvement (PI) program that measures, analyzes, and tracks quality indicators, including adverse patient events, and other aspects of performance that enable the organization to assess processes of care, services and operations to show measurable improvement in the indicators related to improved outcomes.	
HC6-1C	There is evidence of involvement of the governing body/owner and organizational leaders in the PI process	

Section 6: Quality Outcomes/Performance Improvement		
ACHC Standard	Expectation	Comments
HC6-1D	There is evidence of personnel in the PI process	
HC6-2C	The PI report has been completed	
HC6-2D	PI activities include ongoing monitoring of processes that involve risks, including infections and communicable diseases	
HC6-2D	A review of all variances is conducted at least quarterly	
HC6-2E	PI activities include ongoing monitoring of at least one important aspect related to the care/service provided	
HC6-2F	PI activities include ongoing monitoring of at least one important administrative aspect of function or care/service of the agency	
HC6-2G	PI plan identifies the process for conducting client/patient and personnel satisfaction surveys	
HC6-2H	PI activities include ongoing monitoring of the patient/client record	
HC6-2I	PI activities include ongoing monitoring of patient/client complaints	
HC6-4A	Agency investigates all adverse events, incidents, accidents, variances or unusual occurrences that involve client/patient services and develops a plan to prevent the same or similar event from occurring again	

Section 7: Risk Management: Infection and Safety Control		
ACHC Standard	Expectation	Comments
HC7-1A	The agency maintains and documents an effective infection control program that protects clients/patients and personnel by preventing and controlling infections and communicable diseases	
HC7-1B	Copies of the TB Exposure Control and OSHA Blood Borne pathogen plans have been reviewed annually and are available to personnel	
HC7-1B	The agency provides infection control education to employees, contracted providers, clients/patients regarding basic and high-risk infection control procedures as appropriate to the care/services provided	
HC7-1E	The agency reviews and evaluates the effectiveness of the infection control program and infection control data and action plans are included in PI reports	
HC7-3A	There is evidence of the annual disaster practice drill has been conducted	
HC7-5A	There is evidence of an annual fire drill; smoke detectors, fire alarms, and extinguishers are inspected and maintained as recommended by the manufacturer	
HC7-6A	Hazardous waste, chemicals, and materials are handled properly	
HC7-6B	Current Safety Data Sheets (SDS) are accessible to personnel	
HC7-7A	Evidence of identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel is incorporated into PI when appropriate	

Section 7: Risk Management: Infection and Safety Control		
ACHC Standard	Expectation	Comments
HC7-8A	Quality control logs are maintained for equipment used for conducting waived tests	
HC7-9A	Quality control logs are maintained for any equipment used in the provision of patient care	
HC7-11A	Evidence of external reporting of medication or product defects	
HC7-12A	Evidence of that temperatures are monitored wherever pharmaceuticals are stored	
HC7-12B	Evidence that shipping methods are tested periodically to ensure that containers stay within specified temperature requirements	
HC7-14A	CLIA certificate of waiver is current and posted	