## ACCREDITATION 12-MONTH COMPLIANCE CHECKLIST





Use this checklist to audit your Pharmacy and operations 12 months after your survey visit. 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 standards, nor does it guarantee a successful accreditation decision.

Accreditation 12-Month Compliance Checklist		
	Performance Improvement (PI) data has been collected for each of the required categories (past 12 months).	
	PI activities are defined as required by standard (DRX6-2A).	
	Quarterly PI meetings (MORX, SRX, SRXONLY) and quarterly PI reports have been completed.	
	PI activities are summarized annually in a written report that includes:	
	☐ Monitoring of all care/service provided under contract/agreement.	
	$\square$ Description of PI activities, findings, and corrective actions that relate to the care/service provided.	
	All applicable license(s)/permit(s) for each state serviced are displayed and current (including states into which products are shipped).	
	Hours of operation are posted on the front of the building and are compliant with CMS requirements. (AIC, IRX, IRX-NO-797, SRX)	
	Surety bond and insurance documents are current and available for review (as applicable).	
	The organizational chart is up to date.	
	Labor law posters are posted.	
	Marketing materials are current and accurately reflect care/service provided, if applicable.	
	The budget has had an annual review and update.	
	DMEPOS supplier standards are current and distributed to each Medicare recipient.	
	Business Associate Agreements (BAAs) exist for all entities, as required by HIPAA.	
	Complete personnel records are available for inspection.	
	All direct care personnel have been tested/screened for TB upon hire and as needed based on the annual TB risk assessment.	
	All direct care personnel have access to the Hepatitis B vaccine.	
	Job descriptions are consistent with the organizational chart.	
	All direct care personnel have had a Criminal background check, Office of Inspector General (OIG) exclusion list check, and national sex offender registry check.	
	All personnel with access to client/patient records have had a criminal background check and an OIG exclusion list check completed.	



## ACCREDITATION COMMISSION for HEALTH CARE

Accreditation 12-Month Compliance Checklist		
	Annual personnel evaluations have been completed, shared, reviewed, and signed by the supervisor and personnel.	
	Source verification of all licensed/certified personnel was documented at hire and upon renewal.	
	Orientation materials cover all required topics. All personnel have received an orientation.	
	Competency assessments were completed upon hire and annually for personnel who set up, train, clean, test, repair and/or educate the use of equipment, medications, and/or supplies.	
	For infusion pharmacies, annual or semi-annual media fill testing, gloved fingertip sampling, didactic training and testing consistent with the risk level of compounding have been completed.	
	Personnel who access the buffer room are authorized, trained, and competent staff or visitors who comply with garbing and gloving policies (IRX)	
	Ambulatory Infusion Center (AIC) personnel have received annual education on the use of monitoring equipment.	
	Ongoing personnel education containing all topics required by standard has been completed.	
	Contracts/Agreements with outside organizations/personnel have been reviewed annually and are available	
	All grievances/complaints have been documented, investigated, resolved and outcomes reported to leadership through the PI committee.	
	An accurate record is maintained for each client/patient.	
	All client/patient records are safeguarded against loss or unauthorized use.	
	Audits of client/patient records are being completed to ensure compliance with all regulatory and payor requirements.	
	Receipt of all education is documented in the client/patient record.	
	Products or services provided to current clients/patients were requested by the physician or client/patient.	
	Proof of delivery is documented in each client/patient record.	
	Prescriptions and medical necessity documentation are obtained as required by payors.	
	Prescriber credentials have been verified.	
	Client/patient educational materials have been reviewed annually (MORX)	
	An annual TB risk assessment has been completed.	
	Infection control education has been provided to personnel and clients/patients.	
	Personnel follow infection control procedures.	
	An annual evaluation to evaluate the adequacy of the emergency preparedness plan has been conducted.	
	Smoke detectors, fire alarms, and extinguishers are placed in secure areas and have been inspected, maintained, and tested on a regular basis as recommended by the manufacturer.	
	Exits are clearly marked.	



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	Fire drills and tests of backup power systems have been completed.	
	A first-aid kit is available and of appropriate size (check for any expired products).	
	Eyewash is available (check for expiration date).	
	Documentation is kept to verify that storage area(s), refrigerator, and freezer temperatures maintain the appropriate storage condition as described in USP <659>.	
	The cleaning and disinfecting process, including the disinfection agent used for pharmaceutical storage areas is documented (N/A to IRX-NO797)	
	Equipment used for preparing, dispensing, labeling, and shipping preparations have been tested, calibrated, and cleaned as required. (N/A to AIC, IRN)	
	The pharmaceutical shipping system utilized has been either validated by a third-party or by internal studies for the environmental extremes experienced by transported pharmaceuticals. (N/A to IRX-NO797)	
	Products are properly segregated and stored.	
	Expired products are separated and removed/disposed of.	
	Products with lot and/or serial numbers are tracked and manufacturer recalls have been properly addressed.	
	Appropriate cleaning agents are used on equipment, (if applicable).	
	Equipment maintenance and calibration records are current and complete (as applicable).	
	Cleaning, testing, and calibration of equipment, including client/patient monitoring equipment have been completed per manufacturer's guidelines.	
	Routine/preventative maintenance and repairs have been completed per manufacturer's guidelines.	
	Infusion pharmacy clean rooms have had certifications every 6 months.	
	AIC resuscitative cart/box inventories have been completed every 30 days.	
	AIC emergency medication and supplies have been inventoried every 30 days.	
	AIC client/patient care area cleaning/disinfection logs.	
	Call logs/tracking systems are operational, and results are reviewed.	
	Infusion pharmacies have completed an annual certification/review to ensure compliance with USP General Chapter <797>, USP <71>, if applicable, and USP <85> if applicable.	
	AICs preparing aseptically mixed single dose product for single patient use have prepared doses and educated and evaluated personnel as required by policy.	
	Risk Evaluation Mitigation Strategy (REMS) protocols have been followed. (MORX, SRX, SRXONLY)	