



SURVEY CHECKLIST – PERSONNEL FILES

HOME HEALTH

Please gather or flag the identified items for the following personnel/contract individuals.

Administrator Name: _____
 Clinical Manager Name: _____
 RN Name: _____
 LPN Name: _____
 Aide Name: _____
 PT/PTA Name: _____
 OT/COTA Name: _____
 SLP Name: _____
 BSW/MSW Name: _____
 Other Name: _____

COMPLIANCE DATE:

ACHC Standard	Item Required	Administrator	Clinical Manager	RN	LPN	Aide	PT/PTA	OT/COTA	SLP	BSW/MSW	Other
HH4-1A.02	Position application (N/A for contract staff)										
HH4-1A.02	Dated and signed withholding statements (N/A for contract staff)										
HH4-1A.02	I-9 Form (N/A for contract staff)										
HH4-2B.01	Evidence that licensed staff credentials have been verified and are current										
HH4-2C.01	Evidence of initial and annual TB screening										
HH4-2D.01	Evidence of Hepatitis B vaccination received or signed declination statement										
HH4-2E.01	Signed job description or contract										
HH4-2F.01	Current driver's license and MVR check, if applicable										
HH4-2H.01	Criminal background check										
HH4-2H.01	Office of Inspector General Exclusion List check										
HH4-2H.01	National sex offender registry check, if applicable										



ACHC Standard	Item Required											
HH4-2I.01	Evidence of access to personnel policies (N/A for contract staff)											
HH4-2J.01	Most recent annual performance evaluation											
HH4-4A.01	Verifications of qualifications for non-licensed personnel											
HH4-5A.01	Evidence of orientation											
HH4-6A.01 & HH4-12G	Initial and annual competency assessment											
HH4-6C.01	Evidence of training for the utilization of waived tests											
HH4-7C.01	Initial and annual on-site observation visit											
HH4-8A & HH4-8A.01	Evidence of annual education											
HH4-10A.01	Verification of additional education needed to administer pharmaceuticals or special treatments											
HH1-4A.01	Conflict of Interest Disclosure Form, if applicable											
HH2-5A	Signed confidentiality statement											
HH2-6B.01	Evidence of CPR, if applicable											
Other state- or agency-specific requirements												