## **SURVEY CHECKLIST – PERSONNEL FILES**



HOME HEALTH

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

Raministrator Chinical Manager St. P. T. St. P. St.	

## **COMPLIANCE DATE:**

ACHC Standard	Item Required					
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					

## ACCREDITATION COMMISSION for HEALTH CARE

ACHC Standard	Item Required
HH4-2H.01	National sex offender registry check, if applicable
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	