



# ACCREDITATION ANNUAL COMPLIANCE CHECKLIST

## RENAL DIALYSIS

Use this checklist to audit your Home Dialysis Support and/or In-Center Dialysis 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		
Standard	Expectation	Comments
RD1-A	Federal and state posters are posted.	
RD1-B	All applicable licenses and permits are current and posted for all locations.	
RD1-D	Governing body minutes are properly documented.	
RD1-E	Any changes in ownership or of managing employees have been properly reported.	
RD1-E	Organizational chart is up to date.	
RD1-F	Governing body appoints a qualified Chief Executive Officer (CEO) or Administrator who is responsible for the management of the facility, and the provision of all dialysis services.	
RD1-F	CEO/Administrator or other pre-designated individual is qualified and available during all operating hours include but are not limited to: <ul style="list-style-type: none"> <li>■ Staff appointments</li> <li>■ Fiscal operations</li> <li>■ The relationship with the End Stage Renal Disease (ESRD) networks</li> <li>■ Allocation of necessary staff and other resources for the facility's quality assessment and performance improvement program as described in 42 CFR 494.110</li> </ul>	
RD1-H	Governing body ensures that the facility provides patients and staff with written instructions for obtaining emergency medical care when away from the facility.	
RD1-J.01	All contracts for direct care, that uses outside personnel/organizations to provide services on behalf of the facility, have been reviewed as required per the terms of the contract that includes, but is not limited to: <ul style="list-style-type: none"> <li>■ The care/services to be provided</li> <li>■ The necessity to conform to all applicable facility policies and procedures, including personnel qualifications, orientation, competencies and required background checks</li> </ul>	
RD1-L.01	Negative outcomes from sanctions, regulatory inspections, and/or audits have been reported, if applicable.	

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Section 2: Programs/Service Operations		
Standard	Expectation	Comments
RD2-C	CLIA certificate of waiver is current and posted.	
RD2-D	A Special Purpose Dialysis Facility (vacation camp or emergency circumstances) is approved to furnish dialysis on a short-term basis.	
RD2-E	Patient Rights and Responsibilities document is up to date and contains the current contact information for the facility, ESRD Network and the state survey agency.	
RD2-H.01	All alleged violations involving discrimination, mistreatment, neglect, or verbal, mental, sexual, and physical abuse by anyone furnishing services on behalf of the facility have been properly investigated and appropriate corrective action has been taken as needed.	
RD2-I	Evidence that the facility informs all patients when they begin treatment how to report grievances, complaints or concerns and explain how they are investigated and resolved.	
RD2-I	All grievances and complaints have been documented, investigated, resolved, and reported to the governing body quarterly.	
RD2-J	Evidence that the facility provides all patients with written information concerning how to contact the facility, ESRD Network, and the state survey agency regarding grievances/complaints.	
RD2-K.01	Evidence that the facility ensures the establishment and implementation of patient medical record confidentiality in regard to securing and releasing confidential and Protected Health Information (PHI) and Electronic Protected Health Information (EPHI).	
RD2-N	Evidence that the facility ensures that mechanisms are in place regarding communication, language, and/or cultural background barriers in recognition of the individual patient and personal needs, sensitivity to his/her psychological needs and ability to cope with end stage renal disease.	
RD2-P.01	Evidence that the facility ensures the establishment and implementation of a Compliance Program to prevent violations of fraud and abuse laws.	
RD2-Q.01	Evidence that the facility ensures the establishment and implementation of dialysis services to the residents located in a nursing home are equivalent to the standards of care provided in a dialysis facility, including by not limited to: <ul style="list-style-type: none"> <li>■ Infection control 494.30</li> <li>■ Patient assessment 494.80</li> <li>■ Patient plans of care 494.90</li> <li>■ Care of the dialysis patient at home 494.100</li> </ul>	

Section 3: Fiscal Management		
Standard	Expectation	Comments
RD3-D.01	Evidence that the facility provides guidance to patients and/or caregivers in regard to what type of financial assistance is available to them.	

Section 4: Human Resource Management		
<p>Personnel records 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.</p>		
Standard	Expectation	Comments
RD4-A.01	The facility has a complete personnel record available for inspection by federal, state regulatory agencies and accreditation agencies.	
RD4-D	All personnel credentialing activities are verified up to date and documented in the personnel file.	
RD4-F.01	Criminal background checks and Office of Inspector General Exclusion List (OIG) are completed and documented in the personnel file. In circumstances that an employee will go into a patient home, a National Sex Offender registry check is also completed and documented.	
RD4-G.01	<p>Documentation is retained verifying that the employee has reviewed and has access to personnel policies and procedures and/or Employee Handbook that includes but is not limited to:</p> <ul style="list-style-type: none"> <li>■ Wages</li> <li>■ Benefits</li> <li>■ Grievances and Complaints</li> <li>■ Recruitment, hiring and retention of personnel</li> <li>■ Disciplinary action/termination of employment</li> <li>■ Conflict of interest</li> </ul> <p>Performance expectations and evaluations</p>	
RD4-I	Competency assessments have been completed on all direct care personnel (including contract personnel).	
RD4-L.01	Competency verification identifies the appropriate training for the individuals conducting waived tests.	
RD4-M	A qualified Medical Director is appointed by the governing board, who is responsible for the delivery of patient care and outcomes in the facility.	
RD4-N	The facility employs a full-time qualified nurse manager who is responsible for nursing services.	
RD4-O	The facility employs a qualified self-care or home care dialysis training nurse.	
RD4-P	The facility employs qualified charge nurse(s) responsible for each shift to oversee patient care.	
RD4-Q	The facility employs or has a contractual agreement with a qualified registered dietitian.	
RD4-R	The facility employs or has a contractual agreement with a qualified social worker.	
RD4-S	The facility employs and utilizes patient care dialysis technicians that meet the specific qualifications and training.	

Section 4: Human Resource Management		
<p>Personnel records 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.</p>		
Standard	Expectation	Comments
RD4-S	Evidence that the facility ensures that any staff who operate the water treatment system complete a training program to perform monitoring and testing of the water treatment system. The training program has been approved by the medical director and the governing body.	

Section 5: Human Resource Management		
<p>Medical records have been audited and contain all required elements.                      Internal plans of correction have been developed and implemented based on audit findings.</p>		
Standard	Expectation	Comments
RD5-A	All patient records are complete, accurate, and accessible, including home patients who elect to receive dialysis supplies and equipment from a supplier whose care is under the supervision of the facility.	
RD5-D	All clinical records are maintained confidentially and safeguarded against loss, destruction, or unauthorized use.	
RD5-E	The facility has established and implemented procedures for the prompt transfer of medical information between treatment facilities to facilitate continuity of care.	
RD5-F	The facility has established and implemented procedures in regard to the retention and preservation of patient and equipment maintenance records.	
RD5-G	The interdisciplinary team, consisting of, at minimum: the patient or the patient's designee (if the patient chooses), a registered nurse, a physician treating the patient for ESRD, a social worker, and a dietitian, is responsible for providing each patient with an individualized and comprehensive assessment of his or her needs.	
RD5-J	The interdisciplinary team is responsible for developing and implementing a written, individualized comprehensive plan of care for each patient that specifies the care/services necessary to address the patient's needs, as identified by the comprehensive assessment and changes in the patient's condition, and must include measurable and expected outcomes with estimated timetables to achieve these outcomes.	
RD5-K	The facility must ensure they are certified to provide home dialysis services and the interdisciplinary team consists of members as required and are at least equivalent to those provided to in-facility patients.	
RD5-L	The facility must ensure they are certified to provide support services to home patients and that the home dialysis services are at least equivalent to those provided to in-facility patients.	
RD5-P.01	The facility has established and implemented procedures addressing the administration, dispensing, storage, handling, labeling, of drugs and biologicals.	

Section 6: Risk Management: Infection and Safety Control		
Standard	Expectation	Comments
RD6-A	The facility has evidence of a Quality Assessment and Performance Improvement (QAPI) program that measures, analyzes, and tracks quality indicators, that enable the facility to assess processes of care, services, and operations. The QAPI program addresses priorities for improved quality of care and patient safety and that all improvement actions are evaluated for effectiveness.	
RD6-H.01	QAPI activities include ongoing monitoring of at least one important administrative function of the facility.	
RD6-I.01	QAPI activities include a review of the medical records.	
RD6-L	The facility has established and implemented policies and procedures in regard to mandatory information and data reporting to the ESRD Network.	

Section 7: Risk Management: Infection and Safety Control		
Standard	Expectation	Comments
RD7-A	The facility has established and implemented procedures that address the surveillance, identification, prevention control, and investigation of infectious and communicable diseases and the compliance with regulatory standards.	
RD7-B	The facility has established and implemented procedures in regard to vaccination of staff and patients that are susceptible to Hepatitis B.	
RD7-C	The facility has established and implemented infection control training and education to employees, contracted providers, patients, and family members regarding basic and high-risk infection control procedures.	
RD7-E	The facility has established and implemented procedures regarding the operation of the water treatment system, dialysate quality standards, and equipment developed by the Association for the Advancement of Medical Instrumentation (AAMI).	
RD7-F	The facility has established and implemented procedures in regard to the facility that reuses hemodialyzers, bloodlines, and other dialysis supplies. The facility follows laws and regulations, as well as AAMI guidelines.	
RD7-G	The facility has established and implemented procedures in regard to patient care, monitoring and documentation when being treated with reused hemodialyzers, bloodlines, and other dialysis supplies. The facility follows laws, regulations, and AAMI guidelines.	
RD7-H	The facility has established and implemented procedures in regard to the personnel training and competencies required when reused hemodialyzers, bloodlines, and other dialysis supplies are used. The facility follows laws, regulations, and AAMI guidelines.	
RD7-I	The facility has established and implemented procedures in regard to the auditing requirements when reused hemodialyzers, bloodlines and other dialysis supplies are used. The facility follows laws, regulations, and AAMI guidelines.	
RD7-J	The facility has established and implemented procedures in regard to the design, construction, equipment, and maintenance of the facility to provide dialysis patients, staff and the public a safe, functional and comfortable treatment	

Section 7: Risk Management: Infection and Safety Control		
Standard	Expectation	Comments
	environment.	
RD7-K	The facility is in compliance with applicable laws and regulations pertaining to fire safety, equipment, and other relevant health and safety requirements.	
RD7-P.01	The facility has established and implemented procedures for identifying, monitoring, reporting, investigating, and documenting all accidents, variances, or unusual occurrences involving personnel.	
RD7-Q	Emergency Preparedness Plan outlines the process for meeting the patient and personnel needs in a disaster or crisis, including but not limited to: a community based risk assessment, collaboration with other health organizations in the same area. The EPP is reviewed and updated at least every two years.	
RD7-R	Emergency Preparedness Plan have been reviewed and updated at least every two years.	
RD7-S	Emergency Preparedness Plan outlines the communication plan has been reviewed.	
RD7-T	Emergency Preparedness Plan includes the process of training and testing the plan and has occurred at least every two years.	
RD7-U	Emergency Preparedness Plan identifies each separately certified facility and how each facility participated in the development of the unified and integrated program.	