ACCREDITATION
PRE-SURVEY CHECKLIST

Use this checklist to audit your Home/Durable Medical Equipment (HME) facility and operations to prepare your organization for 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 Accreditation Standards nor does it guarantee a successful accreditation decision.

Organization and Administration (Section 1)

☐ Business and/or HME licenses/permits for each state serviced are displayed and current (including states that products are shipped into).
☐ Board meeting minutes, if applicable.
☐ Job description of leader and temporary leader and temporary leader orientation to these duties.
☐ List of Governing Body members and their orientation to these duties, if applicable.
☐ Organizational chart.
☐ Hours of operation are posted on the front of the building and are compliant with Centers for Medicare and Medicaid Services (CMS) requirements.
☐ Copies of all applicable laws and rules are available to all personnel. These may include Board of Pharmacy, Respiratory Care Board, Board of Nursing, HME Board, and Department of Health.
☐ Required labor law posters are posted.
☐ Services are provided in accordance with accepted ethical and industry standards, professional practice standards, and in accordance with all applicable local, state, federal laws and regulations.
☐ Complex Rehabilitation and Assistive Technology Supplier (RTS) providers have at least one W2 Assistive Technology Professional (ATP).
☐ Fitter services providers have properly certified/licensed fitters.
☐ Documentation of reportable negative outcomes and changes in ownership/management.
☐ Policy and procedure manuals are reviewed annually and are available to all staff.

Program Services and Operations (Section 2)

☐ A description of company services is distributed to all clients/patients.
☐ Client/patient rights and responsibilities include all requirements.
☐ Client/patient rights and responsibilities are distributed to all clients/patients and honored by all personnel.
☐ DMEPOS Supplier Standards are distributed to each Medicare recipient receiving care/service.
☐ The organization provides and informs all clients/patients of written information listing a telephone number, contact person, and the organization’s process for receiving, investigating, and resolving grievances/complaints about its care/service.
☐ The organization will maintain records of all grievances/complaints, investigations, and outcomes and report them to leadership through the Performance Improvement (PI) committee.
☐ Information about confidentiality is distributed to all clients/patients.
☐ The organization has Business Associate Agreements (BAAs) for all business associates that may have access to Protected Health Information (PHI) as required by Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws and regulations.
☐ Signed confidentiality statements as required by policy and procedure.
☐ Personnel abide by confidentiality policies and procedures.
Fiscal Management (Section 3)

☐ The organization has a budget that includes projected revenue and expenses for all programs and care/service it provides.
☐ The budget is reviewed and updated at least annually.
☐ The organization has sound business practices for receipt and tracking of revenue, billing clients/patients, collections and reconciliation of accounts, assignment of revenue and financial record retention.
☐ The client/patient is provided written information concerning the charges for care/service at or prior to the receipt of care/service. Price list is available.
☐ Financial hardship forms are completed on all clients/patients if they are unable to pay for the equipment, supplies, drugs (if applicable), or care/services that have been provided.
☐ Client/patient records contain payor required documentation specific to the equipment/service provided.

Human Resource Management (Section 4)

☐ The organization has a complete personnel record for all employees of the organization that is available for inspection by federal, state regulatory, and accreditation agencies.
☐ Documentation reflects an application/resume, withholding statements, and I9 for all personnel.
☐ All direct care personnel have had an initial Tuberculosis (TB) skin test and annual verification that they are free of symptoms when required by TB prevalence rates.
☐ All direct care personnel have access to the Hepatitis B vaccine.
☐ There is a job description for all positions that are consistent with the organizational chart. Personnel have reviewed their job descriptions.
☐ Documentation reflects proof of a current special class driver’s license, if applicable.
☐ Criminal background check, Office of Inspector General (OIG) exclusion list check, and national sex offender registry check are completed on all employees who have direct client/patient contact. Personnel with access to client/patient records are required to have a criminal background check and an OIG exclusion list check completed.
☐ Written personnel policies or an employee handbook are provided to/available for personnel.
☐ Personnel evaluations are completed, shared, reviewed, and signed by the supervisor and personnel no less frequently than every 12 months.
☐ Personnel credentialing of all licensed/certified employees is conducted and documented at hire and upon renewal.
☐ RTS providers have at least one trained technician available to service each location. Technician has completed 10 hours of continuing education specific to repair, servicing and assembly of RTS products. The Assistive Technology Professional (ATP) can act as the technician.
☐ There is a qualified person responsible for supervision of HME and Fitter services.
☐ Organizations providing Clinical Respiratory Care Services are supervised by a licensed Respiratory Therapist, Registered Respiratory Therapist (RRT), Certified Respiratory Therapist, Registered Nurse (RN), or state licensed Pharmacist, in accordance with applicable federal, state, and local law.
☐ Respiratory equipment services are supervised by an individual with extensive experience with respiratory equipment and related uses of equipment.
The organization complies with American Association of Respiratory Care (AARC) guidelines in the practice of respiratory care services in the home.

Documentation reflects that all personnel have received an orientation.

The organization designs and implements a competency assessment program based on the care/service provided. Competence assessments are completed upon hire, annually, and prior to performing new tasks.

The organization has an ongoing education plan containing all topics required by ACHC.

Supervision is available during all hours that care/service is provided.

Qualified personnel observe and evaluate each direct care/service personnel performing their job duties at frequencies required by state and/or federal regulations. If no regulation exists, the evaluation is performed at least once annually to assess that quality care/service is being provided.

The organization maintains current copies of professional liability insurance certificates for all contract personnel providing direct care/service and/or other organizations providing shared responsibility for care/service.

Contracts/agreements are reviewed and available.

Documentation reflects monitoring of all care/services provided under a contract/agreement.

**Provision of Care and Record Management (Section 5)**

- The organization follows their policies and procedures in regard to access, storage, removal, retention and destruction of client/patient records and information.
- An accurate record is maintained for each client/patient with all items required by ACHC standards.
- Client/patient records contain documentation of all care/service provided, directly or by contract, and has entries dated and signed by the appropriate personnel, with credentials, if applicable.
- Home assessments are completed for deliveries made into the home. Electrical safety is evaluated.
- All clients/patients referred for care/service have an evaluation/assessment of need completed.
- There is a written plan of care/service for each client/patient accepted. There is documentation of plan of care/service reviews and updates.
- Client/patient participation in the plan of care/service is documented in the client/patient record.
- Receipt of all written/verbal education must be documented in the client/patient record.
- Documentation reflects respiratory medication profiles and review/updates (CRCS).
- The organization does not supply currently prescribed products or services to current clients/patients unless requested specifically by the physician or client/patient. For refill orders, there is documentation in the client/patient record of the need for the refill, quantity on hand, and who requested it.
- Clients/patients are notified of when equipment/supplies will be delivered.
- Proof of delivery is documented in each client/patient record.
- The organization maintains a referral log or other tool to record when clients/patients are referred to another organization. The prescribing physician and/or referral source is notified within 5 days if the equipment/services ordered cannot be provided.
- The organization has a room or rooms designated for fitting and evaluation of mastectomy, custom-fit orthotic appliances and rehab technology products when fitted on site. These rooms are private, clean, safe and comfortable (Fitter, RTS).
- RTS providers maintain a repair shop in the facility or in close proximity for assembly and modifications of products.
- Mastectomy fitting rooms contain a full length mirror, adequate lighting, tape measurer and soft gown to check symmetry or fit.
- RTS providers utilize assembly documentation to assure proper assembly of equipment.
- Discharges/transfers are documented in the client/patient record as required by ACHC standards.
Quality Outcomes/Performance Improvement (Section 6)

- The organization develops, implements, and maintains an effective, ongoing, organization-wide PI program. All personnel are involved in PI activities.
- The individual responsible for coordinating PI activities may be the owner, manager, supervisor, or other designated personnel. Duties are found in a job description.
- PI activities must document at a minimum:
  - Adverse Events
  - Client/patient complaints
  - Client/patient records
  - Satisfaction surveys of clients/patients, personnel and referral sources
  - Billing and coding errors
  - At least one important aspect related to care/service provided
- Personnel receive training related to PI activities and their involvement.
- Each PI activity/study includes the following items:
  - A description of indicator(s) to be monitored/activities to be conducted
  - Frequency of activities
  - Designation of who is responsible for conducting the activities
  - Methods of data collection
  - Acceptable limits for findings or thresholds
  - Who will receive the reports
  - Written plan of correction when thresholds are not met
  - Plans to re-evaluate if findings fail to meet acceptable limits
  - Any other activities required under state or federal laws or regulations
- There is a comprehensive, written annual report that describes the PI activities, findings, and corrective actions that relate to the care/service provided.
- There is evidence of the involvement of the governing body/owner in the PI program.

Risk Management: Infection and Safety Control (Section 7)

- The organization has an effective infection control program that protects clients/patients and personnel by preventing and controlling infections and communicable diseases.
- The TB Exposure Control plan includes a current organization assessment indicating the community and company TB incidence and prevalence rates as recommended by CDC guidelines.
- The organization provides infection control education to employees, contracted providers, and clients/patients regarding both basic and high-risk infection control procedures as appropriate to the care/services provided.
- All personnel demonstrate infection control procedures in the process of providing care/service to clients/patients as described in OSHA and CDC standards, and as adopted into program care/service policies and procedures.
- Infection control logs (CRCS).
- Safety training is conducted during orientation and at least annually for all personnel.
- Personnel receive training on home safety during orientation and at least once annually.
- The organization has an emergency preparedness plan and, at a minimum, has an annual practice drill to evaluate the adequacy of the plan.
- The organization provides education to client/patient/caregiver regarding emergency preparedness.
Smoke detectors, fire alarms, and extinguishers are present and placed in secure areas. These items are inspected, maintained, and tested on a regular basis as recommended by the manufacturer.

Exits are clearly marked. It is recommended that exit signs are illuminated.

A first aid kit is available and of appropriate size (check for any expired products).

An eyewash station is available (check for expiration date).

Fire drills are conducted at least annually. The organization evaluates their response to the fire drill and communicates these results to personnel.

Emergency power systems are tested annually.

Safety Data Sheets (SDS) is available for all hazardous materials. Materials are labeled, stored, handled, transported and disposed per Occupational Safety and Health Administration (OSHA) requirements.

Enteral products are stored in the required environment (e.g., refrigerated or room temperature, as required).

Staff are educated on and follow policies and procedures for reporting and documenting incidents.

The organization properly stores/warehouses products.

Equipment is segregated by categories (clean, dirty, repair, quarantine, etc.).

Stock is properly rotated.

Oxygen tanks are segregated by full and empty and properly secured.

The organization separates and removes/disposes of expired products.

The organization tracks products with lot and/or serial numbers, and manufacturer recalls.

The organization uses appropriate warehouse cleaning agents, if applicable.

Equipment is properly cleaned and tested prior to use. Calibration is completed per manufactures guidelines.

Maintenance and repairs are properly documented. Staff who complete maintenance/repairs have documentation of training to do so.

Delivery vehicles contain that ability to tie down equipment, is neat & clean, segregates clean & dirty equipment, and contains appropriate SDS and oxygen manifest, if applicable. Delivery vehicles comply with all applicable laws and regulations.

All incidents are documented, investigated and reported. OSHA documentation and reporting requirements are followed.

Appropriate back up equipment is provided.

Warranty information is provided to all clients/patients.