

# ACCREDITATION 12-MONTH COMPLIANCE CHECKLIST



FOR PROVIDERS.  
BY PROVIDERS.

## [ HOME HEALTH ]

Use this checklist to audit your Home Health agency (HHA) 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.

### Annual Organizational Responsibilities

- The Agency's financial report is available.
- Outcome and Assessment Information Set (OASIS) outcome reports are generated.
- The annual Performance Improvement (PI) report is completed to include:
  - A review of patient records
  - A process that involves risks
  - One aspect related to patient care
  - One aspect related to an administrative function
  - A review of patient complaints/grievances
  - A review of adverse events
  - Satisfaction surveys utilized within the PI program
  - OASIS reports utilized within the PI program (Home Health only)
- Licenses are up to date/Clinical Laboratory Improvement Amendment (CLIA) waived.
- Logs (Grievances, Incidents, and Safety) are reviewed.
- Contracts and Business Associate Agreements (BAAs) are reviewed and renewed as needed..
- The liability insurance certificates are current for all contract personnel.
- The organizational chart is current.
- Forms are current.
- Review care/service rate information is current.
- The Capital Expenditure Plan is updated as needed.
- An annual evaluation of the program that includes an overall policy and administrative review, and a clinical record review to determine the following:
  - Appropriateness: Does the HHA being evaluated address existing or potential problems?
  - Adequacy: Does the HHA have the capacity to overcome or minimize existing or potential problems?
  - Effectiveness: Do the services the HHA offers accomplish the objectives of the HHA and anticipated client/patient outcomes to include contractual arrangements?
  - Efficiency: Is there a minimal expenditure of resources by the HHA to achieve the desired goals and anticipated client/patient outcomes?
- Are you aware of the current ACHC Branding Guidelines? If not, please contact the ACHC Marketing Department at (855) YES-ACHC or log in to your Customer Central Account.

### **Governing Body Responsibilities**

- Complete the Administrator's annual performance evaluation.
- The established frequency of meetings is fulfilled and documented.
- The annual program evaluation is reviewed by the Governing Body.
- Annually review policies and procedures. Ensure that new members have completed:
  - Orientation
  - Signed Conflict of Interest & Disclosure Statement
- Annually review the budget.

### **Professional Advisory Committee (PAC) Responsibilities**

- Annual program evaluation is conducted by the PAC, Home Health Staff and consumers or by professional people outside the agency working in conjunction with consumers. Annual evaluation includes:
  - o An overall policy review, administrative review and a patient record review to determine:
    - Effectiveness, quality and appropriateness of care/service provided to the clients/patients, care/service areas and community served, including culturally diverse populations
    - Effectiveness of the overall administrative and fiscal operations
    - Effectiveness of all programs including care/service provided under contractual arrangements
    - Utilization of personnel
    - Review and revision of policies and procedures and forms used by the organization
    - Effectiveness of annual Performance Improvement Report
    - Results of clinical record review
    - Action steps needed as a result of evaluation of program
- Established frequency of PAC meetings is fulfilled and documented.
- New PAC members have completed:
  - o Orientation
  - o Signed Conflict of Interest & Disclosure Statement

### **Annual Education Requirements**

- Annual education includes:
  - o Emergency/disaster training
  - o Complaints/grievances
  - o Infection Control
  - o Cultural diversity
  - o Communication barriers
  - o Ethics training
  - o Work place and patient safety
  - o Patient Rights & Responsibilities
  - o Patient confidentiality
- Direct Care staff has 12 hours of documented education.
- Non-direct care staff has eight hours of documented education.
- Any specialized training is completed.
- Supervisors have ongoing education/training related to supervisory duties.
- Education Plan is current.
- Patient/family education materials are current.



### Personnel Requirements

- Orientation continues to meet ACHC requirements
- Credentials are current for direct care staff
- Direct care staff have an annual TB screening.
- Personnel have a valid driver's license.
- Current motor vehicle insurance verification is only for employees who transport patients in their personal vehicles.
- Annual evaluations of employees are completed.
- Annual competencies for direct care staff are completed.
- Annual observation visits for direct care staff are completed.
- Job descriptions are current.

### Annual Safety Checks

- A fire drill is conducted.
  - o Results shared with staff
- An emergency/disaster drill is conducted.
  - o Results shared with staff
- Fire extinguishers are maintained per manufacturer's recommendations.
- Smoke detectors are maintained per manufacturer's recommendations.
- Maintenance of any equipment utilized in patient care is documented.
- The annual TB Exposure Control Plan is completed.
- A review of the HHA's Infection Control Program is conducted.