**KEY STEPS FOR SURVEY SUCCESS WITH ACHC**

**HOME HEALTH**

1. **Understand the Medicare Conditions of Participation (CoPs) and the interpretive guidelines.**

   The Centers for Medicare & Medicaid Services (CMS) mandates that home health providers remain in significant compliance with the CoPs in order to participate in the Medicare program. ACHC has incorporated the CoPs into ACHC Accreditation Standards. To identify if an ACHC standard has a CoP incorporated into it, the standard identifier ends in a whole number (e.g., HH1-1A) and includes the CoP and the associated G tags at the end of the standard descriptor. Review the State Operations Manual, Chapter 2-The Certification Process, as well as Appendix B - Guidance to Surveyors: Home Health, to gain a better understanding of the certification process as well as the expectations for compliance with the CoPs. Go to [www.cms.gov](http://www.cms.gov) and search for “State Operations Manual Section 2” and “State Operations Manual Appendix B.”

2. **Understand and implement ACHC Accreditation Standards.**

   Make sure you have a current copy of the ACHC standards to prepare your agency and staff for your ACHC survey. In order to identify an ACHC-only requirement, the standard identifier ends in a decimal number (e.g., HH1-1A.01). Make sure you have downloaded the most current copy of the ACHC Accreditation Standards from Customer Central at [cc.achc.org](http://cc.achc.org).

3. **Utilize policies and procedures to guide and direct practice, as well as establish a foundation for your agency.**

   ACHC reviews your policies and procedures while conducting the on-site survey. For a successful survey, we recommend having your policies and procedures reviewed prior to your ACHC survey to ensure alignment with the ACHC Accreditation Standards.

4. **Audit, audit, and audit some more. The ACHC survey process relies heavily on documented evidence to support compliance with the CoPs and ACHC Accreditation Standards.**

   Audit your personnel files and medical records to help you identify areas for improvement prior to the survey. Ensure all required components are present in the medical records and personnel files in order to maintain compliance with CoPs and ACHC standards. Accreditation University (AU) offers the ACHC Accreditation Guide to Success workbook and Survey Readiness Packet to assist with the accreditation process. These tools contain valuable audit checklists, sample forms, sample policies and procedures, and hints on achieving and maintaining compliance with the ACHC Accreditation Standards. Visit [accreditationuniversity.com](http://accreditationuniversity.com) to learn more.

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**ACCRE D ITATION COMMISSION for HEALTH CARE**

For any additional questions, please contact your Account Advisor.

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KEY STEPS FOR SURVEY SUCCESS WITH ACHC

5 Avoid condition-level deficiencies.

If a condition-level deficiency is found during your survey (regardless if it is deemed, non-deemed, initial, or renewal), ACHC, as required by CMS, will conduct an additional on-site survey to determine that the deficiency has been abated.

A standard-level deficiency may be cited when an ACHC-only requirement or a single G tag under a CoP is out of compliance.

A condition-level deficiency is most likely to be cited when multiple G tags under the condition or the entire condition is determined to be out of compliance.

EXAMPLE: STANDARD-LEVEL DEFICIENCY

484.16 Condition of Participation-Group of Professional Personnel has four associated G tags:

- G152–Representation of the Professional Advisory Committee (PAC)
- G153–Advisory and evaluation responsibilities
- G154–Responsibilities and meeting frequency requirements
- G155–Requirement that meetings are dated and documented

ACTION: A Plan of Correction (POC) is required.

EXAMPLE: CONDITION-LEVEL DEFICIENCY

484.16 Condition of Participation-Group of Professional Personnel has four associated G tags:

- G152–Representation of the Professional Advisory Committee (PAC)
- G153–Advisory and evaluation responsibilities
- G154–Responsibilities and meeting frequency requirements
- G155–Requirement that meetings are dated and documented

ACTION: An additional on-site survey is required.

GREEN = In compliance  RED = Out of compliance


6 Avoid the most commonly cited ACHC condition-level deficiency, 484.36 Condition of Participation: Home Health Aide Services.

The G tags that cause agencies the most trouble are G224, G225 and G229:

G224–Written patient care instructions for the home health aide must be prepared by the Registered Nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.

ACTION: Educate staff to ensure they understand the importance of written instructions that are patient- and task-specific, and avoid any ambiguity regarding the tasks the aide is to perform.

G225–The home health aide provides services that are ordered by the physician in the plan of care and that the aide is permitted to perform under State law.

ACTION: Educate staff regarding the importance of providing the care that is ordered on the written instructions and the process to follow when the plan changes.

G229–The Registered Nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient’s home no less frequently than every 2 weeks.

ACTION: Audit charts to ensure the aide supervisory visit is completed by a Registered Nurse (or another professional) in a timely manner and includes a review of the written instructions to ensure the plan of care continues to meet the patient’s needs and is within the scope for an aide to provide.

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