

**NYS Department of Health**  
**LHCSA PRE-SURVEY WORKSHEET**  
(Updated June 2017)

Agency Name: \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Surveyor: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Review Regional Office Paper File:**

Identify any correspondences/changes since last survey (operator, counties, services):  
\_\_\_\_\_

Determine if agency has approved Management Contract in place. Yes  NO

If yes: Management entity name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**2. Review ASPEN:** *In Aspen look under "Services" and "Notes" sections.*

Identify services & Programs (HHATP, waiver, etc.) approved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Type & Last Survey Date:** \_\_\_\_\_

SOD issued: Yes  No  Acceptable POC: Yes  NO

Issues from POC to follow up: \_\_\_\_\_

**4. ACTS- Review Complaints since last survey: # complaints:** \_\_\_\_\_

- **Closed complaints** (Review allegations & findings)  
*May use a closed complaint for Discharge Record Review.*

Identify trends/issues: \_\_\_\_\_

- **Open complaints: (All open complaints should be investigated during the survey).**

Log # \_\_\_\_\_ Log # \_\_\_\_\_

- Allegations-
- patient/personnel names-
- patterns-

Additional notes: \_\_\_\_\_

**5. Health Commerce System (HCS)** - Initiate HCS Surveyor Worksheet  
Review agency's communication directory for role assignments.

**6. Home Care Registry (HCR)** – Initiate HCR Surveyor Worksheet.  
Print out and review agency profile - (This will also be used onsite).

**7. Review Home Care Registry (HCR) to determine if agency operates a HHATP.**

**Does agency operate a HHATP?** Yes  No

*If yes, initiate HHATP Surveillance Tool.*

**8. Review CHRC Employee Negative Determination List** (monthly report)  
Initiate "CHRC Compliance Protocol and Surveyor Worksheet".

**9. Determine compliance with submission of latest LHCSA Statistical Report**

(send email with agency name and license # to [hcstatrpts@health.ny.gov](mailto:hcstatrpts@health.ny.gov)

Submitted? Yes  NO  (cite Tag-1454)

**10. Determine compliance with participation in required DOH Emergency Drill**

(send email with agency name and license # to [hcemergency@health.ny.gov](mailto:hcemergency@health.ny.gov)

Submitted? Yes  NO  (cite Tag-1454)

**11. Analysis of information collected:**

**Patient record sample:** *Sample may be based on LHCSA Questionnaire (if used), complaint issues/trends, new services, new counties, etc.*

**Personnel record sample:** *Sample may be based on LHCSA Questionnaire (if used). Review at least one record from each service offered and any personnel observed on home visits.*

**Issues to address on survey/Notes:**

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