

Hospice Pre-Survey Preparation Worksheet
(Updated September 2018)

Hospice Name: _____

Op Cert/ASPEN Facility ID# _____

Surveyor Name: _____ Survey Date: _____

Review Regional Office Paper Files and ACO:

- Revisions since last survey? (operator changes, counties served, new or expansion hospice residence or inpatient unit approvals, satellite offices)
- Review agency file & correspondence for indications of issues since last survey that may be pertinent to review on planned survey.
- Does hospice have DOH Approval for Waiver for Contracting for Nurses? (*check ACO notes and attachments*)
- Contracts approved by DOH since last survey (SNF)
- Does hospice operate a hospice residence and/or free- standing hospice inpatient unit? (Check ACO "Building/Wings" tab under Facility Properties)
- Is a LSC arranged with Sanitarian?
- Date & Type of last survey: _____
- Issues from POC for follow-up?

Complaints since last survey:

Closed complaints patterns:

Open complaints – ACTS#s _____

All open complaints must be addressed/investigated during the survey)

Complaint Numbers: _____

- allegations
- patient/personnel names
- patterns
- identify survey sample

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Health Commerce System (initiate HCS worksheet):

Home Care Worker Registry - (initiate HCR worksheet)

CHRC Protocol (initiate CHRC worksheet) for aides hired on or after 4/1/18

Determine compliance with latest Hospice statistical report submission (send email to hcstatrpts@health.ny.gov)

Determine compliance with participation in required DOH drill (send email with hospice name to hcemergency@health.ny.gov)

Analysis of Pre-survey Preparation:

- Identify issues that need to be followed-up onsite:

- Issues for entrance conference:

Other Notes: