

NYS Department of Health
CHHA PRE-SURVEY WORKSHEET
(Updated Feb 2018)

Agency Name: _____ **Op Cert #** _____

Address: _____

Phone Number: _____

Surveyor: _____ **Date:** _____

1. Review Regional Office Paper File:

Identify any correspondences/agency 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.*

Note any changes (esp address change): _____

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, trends)

Identify trends/issues: _____

- **Open complaints: (All open complaints should be investigated during the survey).**
Obtain all pertinent complaint information from ACTS and/or file to bring on survey.

Log # _____ **Log #** _____ **Log #** _____

- Allegations:
- patient/personnel names:
- patterns:
- Additional notes: _____

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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. (if CHHA employs aides)
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". *(if CHHA employs aides)*

9. Determine compliance with submission of latest CHHA Statistical Report

(send email with agency name and Op Cert # to hcstatrpts@health.ny.gov

Submitted? Yes NO (cite Tag-1520)

10. Determine compliance with participation in required DOH Emergency Drill

(send email with agency name and license # to hcemergency@health.ny.gov

Submitted? Yes NO (cite Tag-1512)

11. Obtain CASPER REPORTS from QIES website. Refer to Pre-Survey Preparation

CASPER REVIEW Guidance - Feb 2018. Review Potentially Avoidable Event and Patient Listing reports and select sample for discharge record review. Review Agency Patient Related Characteristics report and identify any potential focus for survey.

Analysis of information collected and issues to address on survey/notes:
