NYS Department of Health
LHCSA Entrance Conference Worksheet
(Updated July 2017)

AGENCY:_____ **License #** _____

Surveyor: _____ **Date:** _____

Requirement	**Surveyor Notes**	**Complete**
Present identification and introduce survey team		
Request meeting with appropriate staff (administrator, director, supervisor, agency responsible RN)		
Explain purpose of survey		
Explain survey process (how many surveyors, time onsite, record reviews, home visits, extent agency staff may be involved)		
Obtain information on agency operation		
Verify: Agency Legal structure/ownership- individual, partnership, for profit, not for profit,		
Agency Organization- relationship to any corporate structure		
Identify: President/Chairman of Board, Administrator		
Does agency have a DOH approved Management Agreement? If yes, request copy of management agreement.		
Identify: HPN Coordinator Administrator/DPS/DON/RN Emergency Response Coordinator CHRC Authorized Person(s) HCR Updater and Viewer (s)		
Identify any changes since last survey- *ownership, services, geographic are, etc*		
Services provided:		
Services provided indirectly (by contract):		
Determine overlap and agency contracts with: *ALPs, Managed Care Plans, CHHA, LTHHCP, LDSS/HRA for Home Attendant/Personal Care Program, Private Duty Nursing, NHTD or TBI waiver programs, etc.*		
Do they operate a HHATP? HHATP Coordinator:		
Do they have an Infusion Company? If yes, request P & P.		
Do they conduct Flu immunization clinics? If yes, request P & P.		
Address issues from Pre-Survey Prep: _____		
Identify patient record documentation system- paper/electronic and request surveyor access to records.		
Names of key staff*: Supervisors, quality improvement*		
Identify agency point person (primary resource responding to the surveyor's questions)		
Request area/space to work		
Provide "LHCSA Survey Documents/Information Required" to administrator/designee		

NYS Department of Health
LHCSA Survey Documents/Information Required
Agency Copy

Agency _____ **Date:** _____

Please provide the following information to Surveyors:

Information/Document
Current Patient Census & Active Patient roster including start of care (SOC) date, primary diagnosis, services provided, payer source.
Patient visit schedule for survey dates- include date, service/discipline
Personnel Roster - including employee name, title, date of hire
List of discharged patients within past 3 months with SOC date, discharge date, primary diagnosis
Provide area/space for surveyors to work
Name of Owner/Operator
Name of agency responsible RN
Organizational Chart
Admission Packet including Bill of Rights
Agency Policy & Procedure Manual including polices on: Clinical Supervision Criminal History Record Check Home Care Worker Registry Complaint Policy Influenza Vaccination/Flu Mask Requirement Health Commerce System *New policies implemented since last survey
Complaint/Grievance Log
Emergency Preparedness Plan
QI Committee Meeting minutes past 12 months
Governing Authority Meeting Minutes past 12 months
List of Contracts/Agreements related to patient care delivery
Copy of DOH approved Management Agreement if applicable.
Orientation to clinical record & access to clinical records and the equipment necessary to read any clinical records maintained electronically. The agency must also produce a paper copy of the record, if requested by the surveyor. Assign staff member to assist the team with review of electronic records.

NYS Department of Health
LHCSA Survey Documents/Information Required
DOH Surveyor Copy

Agency _____ **Survey Date:** _____

Surveyor Name: _____

Information/Document	**Date/Time Provided**	**Initials**
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