

**CHHA Survey Investigation Worksheet 1: Clinical Record Review/Home Visit  
DRAFT 2-8-18; REVISED 7/5/18**

Agency Name: \_\_\_\_\_ Survey Date: \_\_\_\_\_ Surveyor Name: \_\_\_\_\_

Patient Name/Confidential ID#: \_\_\_\_\_ Referral Date: \_\_\_\_\_ SOC: \_\_\_\_\_

Primary/Secondary Diagnoses: \_\_\_\_\_

Discipline(s) ordered: (circle): SN PT OT SLP MSW Aide      Discipline observed during HV (circle): RN LPN PT PTA OTA COTA SLP MSW SW asst Aide

**Attach copies of current plan of care, medication profile, & subsequent orders, ADL & IADL, Assessment/OASIS items, Aide care plan (if applicable) and any other documentation related to findings.**

**REFER TO DRAFT CoPs FOR HOME HEALTH AGENCIES INTERPRETIVE GUIDELINES 1-13-18**

CoPs and Related G Tags- Level 1 and 2 Tags (Level 1 tags in bold)	Interpretive Guidance Probes	Comments (Indicate if determined by RR or HV)
<p><i>484.50 Condition: Patient Rights (G406)</i>  <b>Level 1 Standards:</b>                      -G434 Participate in care                      -G476 Investigation of Complaints                      -G478 Investigate complaints made by pt.                      -G480 Treatment or care                      -G482 Mistreatment, neglect or abuse                      -G484 Document complaint and resolution                      G-486 Protect patient during investigation                      G488 Immediate reporting of abuse by all staff</p> <p><b>Level 2 Standards</b>                      -G438 Confidential clinical record                      Other: G408, G410, G412, G414, G416, G418, G420, G422, G424, G426, G428, G430, G432, G436, G440, G442, G444, G446, G448, G450, G452, G454, G456, G458, G460, G462, G464, G466, G468, G470, G472, G474, G490.</p>	<p><u>IG:</u>                      -evidence that patient was informed about care, assess, POC, discipline, frequency of visits, changes                      -patient informed how to lodge complaint                      - agency has policy/system to record, track and investigates complaints                      -documentation of complaint and resolution                      -staff report pt abuse, mistreatment, injuries of unknown source, misappropriation of property</p> <p><b>Home Visit Probes:</b>  <input type="checkbox"/> Ask patient/caregivers if they have had any complaints and how they pursued them. Was it resolved to their satisfaction?  <input type="checkbox"/> Ask if patient/caregiver were able to participate in planning care.</p>	

CoPs and Related G Tags- Level 1 and 2 tags (Level 1 tags in bold)	Interpretive Guidance Probes	Comments (Indicate if determined by RR or HV)
<p><i>484.55 Condition: Comprehensive Assessment of Pts.(G510)</i></p> <p><b>Level 1 Standards:</b></p> <ul style="list-style-type: none"> <li>-G512 Initial assessment visit</li> <li>-G514 RN performs assessment</li> <li>-G518 Completion of the comprehensive assessment</li> <li>-G520 5 Calendar days after start of care</li> <li>-G522 Eligibility for Medicare home health benefit</li> <li>-G524 Therapy services determine eligibility</li> <li>-G536 A review of all current medications</li> <li>-G544 Update of comprehensive assessment</li> <li>-G548 Within 48 hours of patient's return</li> </ul> <p><b>Level 2 Standards:</b></p> <ul style="list-style-type: none"> <li>-G546 Last 5 days of every 60 days except for transfer/discharge</li> <li>-G550 At discharge</li> </ul> <p>Other: G516, G526, G528, G530, G532, G534, G538, G540, G542</p>	<p><u>IG:</u></p> <ul style="list-style-type: none"> <li>-initial assessment within 48 hours and not acceptable to request a different SOD date from MD for purposes of complying or agency convenience.</li> <li>-RN must conduct except therapy only cases</li> <li>-Comp assessment must be completed within 5 days of SOC</li> <li>-comp assessment accurately reflects patient's status</li> <li>-update assessment including OASIS items every 60 days</li> <li>- assessment within 48 hours of inpatient or on physician ordered start of care date</li> <li>-med review all meds pt currently taking to identify adverse effects, drug reactions/interactions, side effects, duplicate drug therapy, non compliance</li> </ul> <p>Tag 0017 EP Requirement: Comprehensive assessment includes an individualized emergency plan in the event of an emergency.</p>	
<p><i>484.60 Condition: Care Planning, Coordination, Quality of Care (G570)</i></p> <p><b>Level 1 Standards:</b></p> <ul style="list-style-type: none"> <li>-G572 Plan of Care</li> <li>-G574 Plan of care must include the following</li> <li>-G578 Conformance with physician orders</li> <li>-G580 Only as ordered by a physician</li> <li>-G582 Influenza and pneumococcal vaccines</li> </ul> <p><b>Level 2 Standards:</b></p> <ul style="list-style-type: none"> <li>-G586 Standard: Review and revision of the POC</li> <li>-G588 Reviewed, revised by physician every 60 days</li> </ul> <p>G590 Promptly alert relevant physician of changes</p> <p>Other: G576, 584, G592, G594, G596, 598, G600, G602, G604, G606, G608, G610, G612, G614, G616, G618, G620, G622</p>	<p><u>IG:</u></p> <ul style="list-style-type: none"> <li>- Individualized POC includes outcomes/goals</li> <li>- POC signed by MD</li> <li>- treatments only per MD orders</li> <li>- POC includes pertinent dx, mental, psychosocial, cognitive status, types of services, equipment, supplies required, freq and duration of visits, prognosis, rehab potential, functional limitations, activities permitted, nutritional requirements., medication, tx, safety measures to protect ag injury, description of patient' s risk for ED visits, hospital readmission, and nec interventions to address risk factors, patient specific interventions and education, measurable outcomes and goals, info related to advanced directives, any additional items.</li> <li>- MD notification changes in condition or needs that suggest outcomes not being achieved/or POC should be altered.</li> </ul>	

CoPs and Related G Tags- Level 1 and 2 tags (Level 1 tags in bold)	Interpretive Guidance Probes	Comments (Indicate if determined by RR or HV)
<p>484.75 Condition: Skilled professional services (G700)</p> <p><b>Level 1 Standards:</b></p> <ul style="list-style-type: none"> <li>-G704 Standard: Responsibilities of skilled professionals</li> <li>-G706 Interdisciplinary assessment of the patient</li> <li>-G708 Development and evaluation of POC</li> <li>-G710 Provide services in the POC</li> <li>-G712 Patient, caregiver, and family counseling</li> <li>-G714 Patient and caregiver education</li> <li>-G716 Preparing clinical notes</li> <li>G718 Communication with physicians</li> </ul> <p><b>Level 2 Standards:</b></p> <ul style="list-style-type: none"> <li>-G724 Standard: Supervise skilled professional assistants</li> <li>-G726 Nursing services supervised by RN</li> <li>-G728 Rehab services supervised by PT, OT</li> <li>-G730 Medical social services supervised by MSW</li> </ul> <p>Other: G702, G720, G722</p>	<p><u>IG:</u></p> <ul style="list-style-type: none"> <li>-skilled prof responsible for ongoing interdisciplinary assessment</li> <li>- dev POC in partnership with pt/family/others</li> <li>- provides services per POC &amp; MD orders</li> <li>-provides pt/family counseling, education</li> <li>-communications with all physicians involved in the POC</li> </ul>	
<p>484.80 Condition: Home Health Aide Services (G750)</p> <p><b>Level 1 Standards:</b></p> <ul style="list-style-type: none"> <li>-G798 HHA assignments and duties</li> <li>-G808 Onsite supervisory visit every 14 days</li> </ul> <p><b>Level 2 Standards:</b></p> <ul style="list-style-type: none"> <li>-G768 Competency evaluation</li> <li>-G774 12 hours in-service every 12 months</li> <li>-G800 Services provided by HH aide</li> <li>-G802 Duties of a HH aide</li> <li>-G814 Non-skilled direct observation every 60 days</li> <li>-G820 HH aide services under arrangement</li> </ul> <p>Other: G752, G754, G756, G758, G760, G762, G764, G766, G770, G772, G776, G778, G780, G782, G784, G786, G788, G790, G792, G794, G796, G804, G806, G810, G812, G816, G818, G822, G824, G826, G828</p>	<p><u>IG:</u></p> <ul style="list-style-type: none"> <li>-aide assigned by RN/Therapist</li> <li>-written instructions (aide care plan)</li> <li>-onsite supervision visit every 14 days</li> </ul> <p>Level 2:</p> <ul style="list-style-type: none"> <li>- aides trained/certified</li> <li>-12 hours inservice training</li> <li>- home health aide services ordered by MD, included in POC, consistent with training and aide scope of tasks</li> <li>-aides under contract ensure certified, quality of care provided, supervision</li> </ul>	

CoPs and Related G Tags- Level 1 and 2 tags (Level 1 tags in bold)	Interpretive Guidance Probes	Comments (Indicate if determined by RR or HV)
<p>484.105 Condition: Organization and administration of services</p> <p><b>Level 1 Standard:</b></p> <p><b>-G984 Standard: All services must be provided in accordance with current clinical practice guidelines and accepted professional standards of practice.</b></p>	<p><u>IG:</u></p> <p>The CHHA must offer skilled nursing services and at least one other therapeutic service. One service must be provided directly.</p> <p>-verify direct service &amp; document on CMS Form 1572</p> <p>-cite if care not provided in accordance with current clinical practice, infection control guidelines, State Practice Acts, etc.</p>	
<p>484.110 Condition: Clinical records (G1008)</p> <p><b>Level 1 Standards:</b></p> <p><b>-G1010 Standard: Contents of clinical record</b></p> <p><b>-G1012 Required items in clinical record</b></p> <p><b>-G1014 Interventions and patient response</b></p> <p><b>-G1016 Goals in the patient's plan of care</b></p> <p><b>Level 2 Standards</b></p> <p>-G1028 Standard: Protection of record</p> <p>Other: G1018, G1020, G1022, G1024, G1026, G1030</p>	<p><u>IG:</u></p> <p>-clinical record includes current assessments, all assessments from most recent home health admission, clinical notes, POCs, MD orders</p> <p>-all interventions, treatments, services, medications administration, goals and progress toward goals</p> <p>-HIPAA compliant</p>	

**NYS Department of Health  
PERSONNEL RECORD REVIEW FORM (Updated June 2017)**

**AGENCY:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Surveyor:** \_\_\_\_\_

**Please Note: Documentation is acceptable as an original, fax or copy of original.**

Employee Name		
Title/Discipline		
Date of Birth		
Date of Hire		
Personal ID verified (I 9 Form)		
Qualifications- verification of Certificate/License/Registration		
Application - Signed and Dated		
Verified Reference Check- previous employers if applicable (minimum 2)		
Performance Evaluation & Home Visit annually		
Orientation to Policy & Procedures, Specific Duties, Universal Precautions/HIV, Emergency Plan		
HIV Confidentiality (Annually)		
Universal Precautions (Annually)		
Emergency Response Plan (orientation & annually)		
In-service (HHA 12 Hours/PCA 6 Hours) annually		
Criminal History Background Check – (Aides employed after 4/05)		
Pre-Employment Physical by MD, PA or RN with special training in primary care - with Freedom of Habituation Statement- (within 12 months of date of hire)		
Annual Health Assessment		
Rubella - Titre/Immunization		
Measles - Titre/Immunization if born after 01/01/57		
Results of Tuberculin Skin Test or FDA Blood Assay (Pre-Employ & Annual)		
Influenza Vaccine (Annually)		

**Home Health Agency (HHA) QAPI & Infection Control Survey Tool  
(Draft 02/26/2018)**

HHA: \_\_\_\_\_

SURVEY DATE(S): \_\_\_\_\_

Surveyor Name: \_\_\_\_\_

*In order to assess compliance with QAPI and Infection Control requirements and to assess the adequacy and appropriateness of a HHA's QAPI program, **the following information should be requested as a part of the Entrance Interview:***

1. *The HHA's QAPI program/plan;*
2. *The individuals responsible for the QAPI program (Professional Advisory Committee);*
3. *Evidence that the QAPI system has been implemented and is functioning effectively, including evidence of:*
  - *Quarterly meetings;*
  - *Review of policies*
  - *Review of clinical records*
  - *Identified quality indicators that are tracked and analyzed;*
  - *Recommendations to governing authority identified issues/problems;*
  - *Documentation of Performance Improvement Projects (Required July 13, 2018).*
4. *The HHA's Infection Control Program*

Standards and Review Criteria	Tags	Documentary Evidence Provided	Comments
<p><b>§484.65 Condition of Participation: Quality Assessment and Performance Improvement (QAPI) (G640)</b></p>			
<p>The HHA must develop, implement, evaluate, and maintain an effective, ongoing, HHA-wide, data-driven QAPI program. The HHA's governing body must ensure that the program reflects the complexity of its organization and services; involves all HHA services (including those services provided under contract or arrangement); focuses on indicators related to improved outcomes, including the use of emergent care services, hospital admissions and re-admissions; and takes actions that address the HHA's performance across the spectrum of care, including the prevention and reduction of medical errors. The HHA must maintain documentary evidence of its QAPI program and be able to demonstrate its operation to CMS.</p>			
<p><b>§484.65(a) Standard: Program Scope</b>  <b>(1) The program must at least be capable of showing measurable improvement in indicators for which there is evidence that improvement in those indicators will improve health outcomes, patient safety and quality of care.</b>  <b>(2) The HHA must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of</b></p>	<p><b>G642</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p><b>performance that enable the HHA to assess processes of care, HHA services, and operations.</b></p> <p>The indicators utilized in the HHA QAPI program are selected by the HHA and are based upon identified adverse or negative patient outcomes or agency processes that the HHA wishes to monitor and measure. Each indicator must be measurable through data in order to evaluate any HHA change in procedure, policy or intervention.</p> <p>The HHA QAPI program includes procedures for and frequency of measurement and analysis of indicators.</p> <p>Per §484.70(b) the HHA must maintain an agency wide surveillance, investigation, control and investigation of infectious and communicable diseases as an integral part of the QAPI program.</p>			
<p><b>§484.65(b) Standard: Program Data</b></p> <p><b>(1) The program must use quality indicator data, including measures derived from OASIS, where applicable, and other relevant data, in the design of its program.</b></p> <p><b>(2) The HHA must use the data collected to:</b></p> <p><b>(i) Monitor the effectiveness and safety of services and quality of care; and</b></p> <p><b>(ii) Identify opportunities for improvement.</b></p> <p><b>(3) The frequency and detail of the data collection must be approved by the HHA’s governing body.</b></p> <p>The governing body ensures that the HHA systematically collects data to measure various aspects of quality of care; the frequency of data collection; how the data will be collected and analyzed; the HHA uses the data that is collected to assess quality and stimulate performance improvement.</p>	<p><b>G644</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>§484.65(c) Standard: Program Activities</b></p> <p><b>(1) The HHA’s performance improvement activities must:</b></p> <p><b>(i) Focus on high risk, high volume, or problem-prone areas;</b></p> <p><b>(ii) Consider incidence, prevalence, and severity of problems in those areas; and</b></p> <p><b>(iii) Lead to an immediate correction of any identified problem that directly or potentially threaten the health and safety of patients.</b></p>	<p><b>G646</b></p> <p><b>G648</b></p> <p><b>G650</b></p> <p><b>G652</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>§484.65(c) Standard: Program Activities</b></p> <p><b>(2) Performance improvement activities must track adverse patient events, analyze their causes, and implement preventive actions.</b></p>	<p><b>G654</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>§484.65(c) Standard: Program Activities</b></p> <p><b>(3) The HHA must take actions aimed at performance improvement and, after implementing those actions, the HHA must measure its success and track performance to ensure that improvements are</b></p>	<p><b>G656</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p><b>sustained.</b></p> <p>High risk areas may include global concerns such as a type of service such as pediatrics, geographic concerns such as the safety of a neighborhood served or specific patient care services such as administration of intravenous medications or tracheostomy care. All factors would be associated with significant risk to the health or safety of patients.</p> <p>High volume areas refers to care or service areas that are frequently provided by the HHA to a large patient population, thus possibly increasing the scope of the problem (e.g. laboratory testing, physical therapy, infusion therapy, diabetes management).</p> <p>Problem-prone areas refer to care and service that have the potential for negative outcomes and that are associated with a diagnosis or condition for a particular patient group or a particular component of the HHA operation or historical problem areas.</p> <p>Adverse patient events are those patient events which are negative and unexpected; impact the patient's HHA plan of care; and have the potential to cause a decline in the patient condition.</p>			
<p><b>§484.65(d) Standard: Performance Improvement Projects (PIPs) Beginning July 13, 2018, HHAs must conduct performance improvement projects.</b></p> <p><b>(1) The number and scope of distinct performance improvement projects conducted annually must reflect the scope, complexity, and past performance of the HHA's services and operations.</b></p> <p><b>(2) The HHA must document the quality improvement projects undertaken, the reasons for conducting these projects, and the measurable progress achieved on these projects.</b></p> <p>The HHA should have at a minimum one performance improvement project either in development, on-going or completed each calendar year.</p> <p>The HHA decides, based on the QAPI program activities and data, what projects are indicated and the priority of the projects.</p>	<p><b>G658</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>§484.65(e) Standard: Executive Responsibilities</b></p> <p><b>The HHA's governing body is responsible for ensuring the following:</b></p> <p><b>(1) That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained;</b></p> <p><b>(2) That the HHA-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness;</b></p> <p><b>(3) That clear expectations for patient safety are established, implemented, and maintained; and</b></p> <p><b>(4) That any findings of fraud or waste are appropriately addressed.</b></p>	<p><b>G660</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	



In the event that the HHA identifies or otherwise learns of a possibly illegal action by its employees, contractors or responsible/relevant physicians, it is the responsibility of the HHA to report the actions to the appropriate authorities according to the individual State laws and the nature of the action(s).			
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<b>§484.70 Condition of Participation: Infection prevention and Control. G680</b> <b>The HHA must maintain and document and infection control program which has as its goal the prevention and control of infections and communicable diseases.</b>			
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<p><b>(a) Standard: Prevention</b>  <b>The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.</b>  Standard precautions must be used to prevent transmission of infectious agents. Standard precautions are a group of infection practices that apply to all patients regardless of suspected or confirmed infection status when health care is delivered. Standard precautions are based on the principle that all blood, body fluids, secretions, excretions, may contain transmissible infectious agents. The following are six (6) elements, identified by the Center for Disease Control and Prevention (CDC) which apply during any episodes of patient care;</p> <ul style="list-style-type: none"> <li>- Hand Hygiene;</li> <li>- Environmental Cleaning and Disinfection;</li> <li>- Injection and medication safety;</li> <li>- Appropriate use of personal protective equipment;</li> <li>- Minimizing potential exposures; and</li> <li>- Reprocessing of reusable medical equipment between each patient and when soiled (<i>more details found in Interpretive guidance</i>).</li> </ul>	<b>G682</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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<p><b>(b) Standard: Infection Control</b>  <b>The HHA must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the HHA’s quality assessment and performance improvement (QAPI) program. The infection control program must include:</b>  The HHA should have a surveillance program to identify, investigate and control infections or transmission of communicable disease specific to care/services provided in the home setting.  The CDC defines surveillance as “the ongoing, systematic collection, analysis, interpretation and evaluation of health data closely integrated with the timely dissemination of this data to those who need it.”  The HHA infection control program should use observation and evaluation of services from all disciplines to identify sources or causative factors of infection, track patterns and trends of infections, establish a corrective plan, and monitor</p>	<b>G684</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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<p>effectiveness of the corrective plan. Cross Reference to §484.65(a), QAPI Program Scope.</p> <p><b>(1) A method for identifying infectious and communicable disease problems; and</b></p> <p>The HHA should develop a procedure for the identification of infections or risk for infections among patients. It is the prerogative of the HHA to determine the methodology to be used for identification. Examples of methodologies might include:</p> <ul style="list-style-type: none"> <li>• Clinical record review;</li> <li>• Staff reporting procedures;</li> <li>• Review of laboratory results;</li> <li>• Data analysis for physician and emergency room visits for symptoms of infection; and</li> <li>• Identification of root cause of infection through evaluation of HHA personnel technique and self-care technique by patients or caregivers.</li> </ul> <p>The issues identified through the analysis of surveillance data should be used as a basis to improve care practices and control infections and transmission of communicable diseases.</p> <p><b>(2) A plan for the appropriate actions that are expected to result in improvements and disease prevention.</b></p> <p>The plan developed to address or prevent infections or transmission of communicable disease should be based on the surveillance findings, any root cause identification, tracking data and analysis of findings. Actions to facilitate improvements and disease prevention may include the following:</p> <ul style="list-style-type: none"> <li>• Policy, procedure or practice changes to improve care;</li> <li>• Education for patients, caregivers, and HHA personnel to prevent infections and transmission of communicable diseases; and/or</li> <li>• The development of process or outcome measures which could be used to monitor and address identified issues (e.g., infection prevention and control observations for technique).</li> </ul> <p>The HHA should evaluate and revises the plan as needed.</p>			
<p><b>484.70(c) Standard: Infection Education</b> <b>The HHA must provide infection control education to staff, patients, and caregiver(s).</b></p> <p>HHA staff education should include as a minimum:</p> <ul style="list-style-type: none"> <li>• Information on appropriate use, transport, storage, and cleaning methods of patient care equipment according to manufacturer's guidelines;</li> <li>• Job-specific, infection prevention education and training to all healthcare personnel for all of their respective tasks;</li> <li>• Processes to ensure that all healthcare personnel understand and are competent to adhere to infection prevention requirements as they perform their roles and responsibilities;</li> </ul>	<p><b>G686</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<ul style="list-style-type: none"> <li>• Written infection prevention policies and procedures that are widely available, current, and based on current standards of practice;</li> <li>• Training before individuals are allowed to perform their duties and periodic refresher training as designated by HHA policy;</li> <li>• Additional training in response to recognized lapses in adherence and to address newly recognized infection transmission threats (e.g., introduction of new equipment or procedures);</li> <li>• In-service infection control education for staff at periodic intervals (minimally annually) consistent with accepted standards of practice, such as: at orientation, annually, and as needed to meet the staffs learning needs to provide adequate care, identify infection signs and symptoms, identify routes of infection transmission, appropriately disinfect/sanitize/transport equipment and devices used for the patient's care, medical waste disposal, including instructions on how to implement current infection prevention/treatment practices in the home setting.</li> </ul> <p>The education provided to patients and caregivers should be specific to the patient's plan of care, health conditions, and individual learning needs. The HHA should review training information with the patient/caregiver, such as how to clean and care for equipment (for example: blood glucose meters, reusable catheters etc...) at sufficient intervals to re-enforce the comprehension an application of the training.</p>			
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