



FOR PROVIDERS.  
BY PROVIDERS.



# EXPERIENCE THE ACHC DIFFERENCE

Avoiding the Top Survey Deficiencies

# TOP SURVEY DEFICIENCIES

---

- Top survey deficiencies are primarily from Section 4 and Section 5
  - Audit personnel files
  - Audit medical/client records

# SECTION 4

- **Standard PD4-2B:** Personnel are qualified for the positions they hold by meeting the education, training, and experience requirements defined by the Agency. Personnel credentialing activities are conducted at the time of hire and upon renewal to verify qualifications of all personnel.
  - Validation of credentialing information is obtained from Primary Source Verification
  - At time of hire
  - Upon renewal

# SECTION 4

- **Standard PD4-6A:** Written policies and procedures are established and implemented requiring the Agency to design a competency assessment program on the care/service provided for all direct care personnel.
  - All direct care staff and contracted individuals
  - Prior to providing care independently
  - Annually
  - Anytime a new skill is introduced

# SECTION 4

- **Standard PD4-7A:** A written education plan is developed and implemented which defines the content, frequency of evaluations and amount of ongoing in-service training for each classification of personnel.
  - All direct care individuals need to have 12 hours of in-service hours on an annual basis
  - All indirect care individuals need to have eight hours of in-service hours on an annual basis
  - Required topics have to be addressed annually
    - Emergency/disaster training
    - How to handle grievances/complaints
    - Infection control training
    - Cultural diversity
    - Communication barriers
    - Ethics training
    - Workplace (OSHA), client/patient safety and components of PD7-2A
    - Client/patient rights and responsibilities
    - Compliance Program

# SECTION 4

- **Standard PD4-7B:** Written policies and procedures are established and implemented defining the number of hours of in-service or continuing education required for each classification of personnel.
  - All direct care individuals need to have 12 hours of in-service hours on an annual basis
  - All indirect care individuals need to have eight hours of in-service hours on an annual basis
  - All companion/homemaker need to have eight hours of in-service hours on an annual basis

# SECTION 5

- **Standard PD5-3F:** There is a written plan of care for each client/patient accepted to services. (PDN, PDIN only)
  - The initial plan of care includes, but is not limited to:
    - Start of care date
    - Certification period
    - Client/patient demographics
    - Principle diagnoses and other pertinent diagnoses
    - Medications: dose/frequency/route
    - Allergies
    - Orders for specific clinical services, treatments, procedures (specify amount/frequency/duration)
    - Equipment and supply needs
    - Caregiver needs
    - Functional limitations
    - Diet and nutritional needs
    - Safety measures
    - Measurable goals

# SECTION 5

---

- **Standard PD5-3G:** There is a written plan of care for each client/patient accepted for Aide Services.
  - The written plan of care shall be based upon assessment data and specify:
    - Problems/needs
    - Interventions
    - Services
    - Expected client/patient outcomes/goals
    - Treatments/orders



# SECTION 5

---

- **Standard PD5-3K:** Care/services are delivered in accordance with the written plan of care.
  - Patient/client record reflects that care is delivered in accordance with the plan of care

# SECTION 5

- **Standard PD5-3L:** There is evidence that the plan of care for Aide Services is reviewed and revised based on reassessment data by a Registered Nurse (RN) or qualified professional. (PDA only)
  - Plan of care is reviewed by RN or qualified professional at least every 90 days
    - Appropriateness (care/service being provided is still needed)
    - Effectiveness (client/patient outcomes/response to care/service)
    - To determine if all needed care/services are being provided
    - Change in client's/patient's condition

# SECTION 5

- **Standard PD5-3M:** Aides providing personal care services are supervised in those tasks in the client's/patient's home as appropriate to the service level provided. (PDA only)
  - An RN or other qualified professional provides a supervisory visit in the home while the aide is providing services at least every 90 days
  - An RN must provide supervision to aides who provide Medicaid Personal Care services

# SECTION 7

- **Standard PD7-1A:** Written policies and procedures are established and implemented that address the surveillance, identification, prevention, control and investigation of infectious and communicable diseases and the compliance with regulatory standards.
  - Agency has an infection control program that focuses on the prevention and transmission of infections and communicable diseases
  - OSHA Bloodborne Pathogen Plan
  - TB Exposure Control Plan
  - Infection control education is provided to staff, contracted individuals, patients and families
  - Personnel can demonstrate infection control procedures

# EVIDENCE FOR COMPLIANCE

---

- Documented evidence that is readily available
- If it's not documented, it's not done!

# AFTER ACCREDITATION

---

- Once your Account Advisor emails you with the survey decision, there will be a link to the After Accreditation webinar which will tell you how to complete a Plan of Correction as well as review resources to help you maintain compliance.



FOR PROVIDERS.  
BY PROVIDERS.

# THANK YOU

Accreditation Commission for Health Care

139 Weston Oaks Ct., Cary, NC 27513

(855) 937-2242 | [achc.org](https://www.achc.org)