EXPERIENCE THE ACHC DIFFERENCE

Developing a Plan of Correction

EXPERIENCE THE ACHC DIFFERENCE

Post Survey Process

POST-SURVEY PROCESS

- ACHC Accreditation Review Committee examines all the data
- Accreditation decision is determined based primarily on CoP/L tag deficiencies
- Summary of Findings is sent within 10 business days from the last day of survey

ACCREDITATION DECISIONS

- All survey results are reviewed by the Review Committee
- Two levels of deficiencies
  - Standard-level deficiencies are ACHC standard-specific deficiencies and/or individual Medicare Conditions of Participation (CoP) standard deficiencies
    - Requires a Plan of Correction (POC)
  - Condition-level deficiencies result when either the entire condition is out of compliance or multiple CoP standards, under one CoP, are out of compliance
    - Requires another on-site survey

ACHC ACCREDITATION DECISION DEFINITIONS

ACCREDITED

Provider meets all requirements for full accreditation status. Accreditation is granted but Plan of Correction (POC) may still be required.*

ACCREDITATION PENDING

Provider meets basic accreditation requirements but accredited status is granted upon submission of an approved POC.

DEPENDENT

Provider has significant deficiencies to achieve accreditation. An additional on-site visit will be necessary to be eligible for accreditation.

DENIED

Accreditation is denied. Provider must start process from the beginning once deficiencies are addressed.

SUMMARY OF FINDINGS SAMPLE

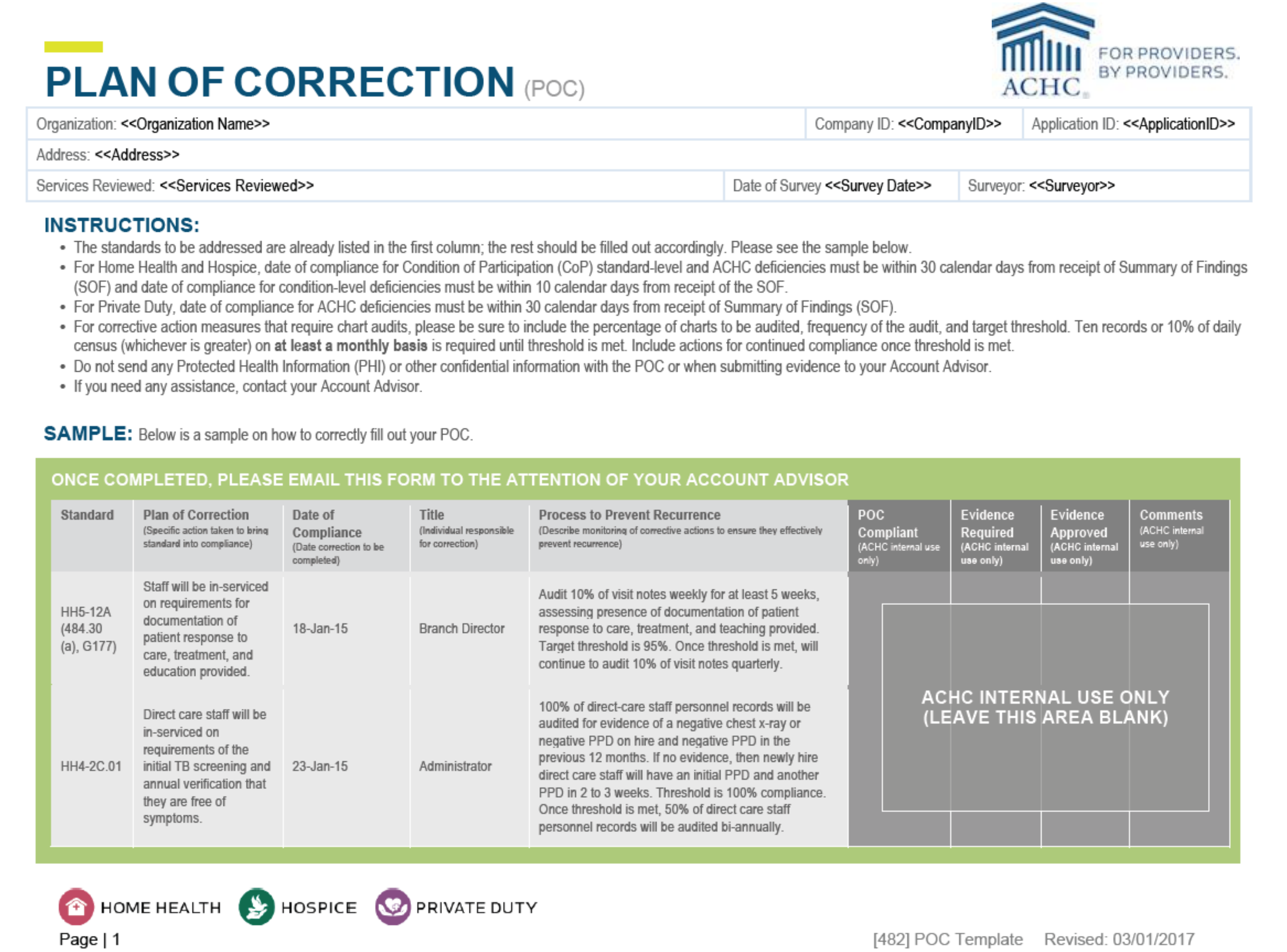
Summary of Findings Report for Survey on 06/12/2017
Services: HSP

Deficiency Category - COP: Standard Level			Defi-cient
Standard / CFR		**Comments**	
HSP5-3D 418.54(c)(6) L530	**A medication profile is part of the patient-specific comprehensive assessment. A Registered Nurse creates and maintains a current medication profile and reviews all patient medications, both prescription and non-prescription, on an ongoing basis in collaboration with other interdisciplinary group (IDG) members. (418.54(c)(6)(i-v)) (L530)**	Upon client record review, 1 of 16 (IV-Steven's Point) did not contain evidence of oxygen therapy on the medication profile. This was corrected on site. Corrective Action: The hospice will need to ensure that there is evidence in the patient record that all prescription and non-prescription medications, including herbal remedies that could affect drug therapy and oxygen therapy are included on the medication profile. Educate staff and perform chart audits for compliance.	X
HSP5-4B 418.56(e)(2) L555	**Hospice services are delivered in accordance with the written plan of care. (418.56(e)(2)) (L555)**	Upon client record review, 3 of 16 records (DG, MR, MF-De Pere) did not contain evidence that the IDG ensured that all care and services were provided in accordance with the plan of care. DG-Massage therapy visits were ordered as once per week. There was documentation of visits on 6/1/17 and 6/7/17, which is twice in the same week. MR-There was an order for a PT evaluation dated 8/16/16. There was no evidence that this evaluation was completed. MF-PC visits ordered as 1x/month. There is no evidence of a visit after 4/27/17. The patient transferred to another hospice on 6/3/17. Corrective Action: The agency will need to ensure that there is evidence in the patient record that care and services are provided in accordance with the plan of care. Educate staff and perform chart audits for compliance.	X

PLAN OF CORRECTION REQUIREMENTS

- Due in 10 calendar days to ACHC
- Deficiencies are auto-filled
- Plan of Correction (POC)
  - Specific action step to correct the deficiency
- Date of compliance of the action step
  - 10 calendar days if condition-level
  - 30 calendar days if standard-level
- Title of individual responsible
- Process to prevent recurrence (two-step process)
  - Percentage and frequency
  - Target threshold
  - Maintaining compliance

PLAN OF CORRECTION



FOR PROVIDERS. BY PROVIDERS.
ACHC

PLAN OF CORRECTION (POC)

Organization: <<Organization Name>>	Company ID: <<CompanyID>>	Application ID: <<ApplicationID>>
Address: <<Address>>		
Services Reviewed: <<Services Reviewed>>	Date of Survey <<Survey Date>>	Surveyor: <<Surveyor>>

INSTRUCTIONS:

- The standards to be addressed are already listed in the first column; the rest should be filled out accordingly. Please see the sample below.
- For Home Health and Hospice, date of compliance for Condition of Participation (CoP) standard-level and ACHC deficiencies must be within 30 calendar days from receipt of Summary of Findings (SOF) and date of compliance for condition-level deficiencies must be within 10 calendar days from receipt of the SOF.
- For Private Duty, date of compliance for ACHC deficiencies must be within 30 calendar days from receipt of Summary of Findings (SOF).
- For corrective action measures that require chart audits, please be sure to include the percentage of charts to be audited, frequency of the audit, and target threshold. Ten records or 10% of daily census (whichever is greater) on **at least a monthly basis** is required until threshold is met. Include actions for continued compliance once threshold is met.
- Do not send any Protected Health Information (PHI) or other confidential information with the POC or when submitting evidence to your Account Advisor.
- If you need any assistance, contact your Account Advisor.

SAMPLE: Below is a sample on how to correctly fill out your POC.

ONCE COMPLETED, PLEASE EMAIL THIS FORM TO THE ATTENTION OF YOUR ACCOUNT ADVISOR

Standard	Plan of Correction (Specific action taken to bring standard into compliance)	Date of Compliance (Date correction to be completed)	Title (Individual responsible for correction)	Process to Prevent Recurrence (Describe monitoring of corrective actions to ensure they effectively prevent recurrence)	POC Compliant (ACHC internal use only)	Evidence Required (ACHC internal use only)	Evidence Approved (ACHC internal use only)	Comments (ACHC internal use only)
HH5-12A (484.30 (a), G177)	Staff will be in-serviced on requirements for documentation of patient response to care, treatment, and education provided.	18-Jan-15	Branch Director	Audit 10% of visit notes weekly for at least 5 weeks, assessing presence of documentation of patient response to care, treatment, and teaching provided. Target threshold is 95%. Once threshold is met, will continue to audit 10% of visit notes quarterly.	ACHC INTERNAL USE ONLY (LEAVE THIS AREA BLANK)			
HH4-2C.01	Direct care staff will be in-serviced on requirements of the initial TB screening and annual verification that they are free of symptoms.	23-Jan-15	Administrator	100% of direct-care staff personnel records will be audited for evidence of a negative chest x-ray or negative PPD on hire and negative PPD in the previous 12 months. If no evidence, then newly hire direct care staff will have an initial PPD and another PPD in 2 to 3 weeks. Threshold is 100% compliance. Once threshold is met, 50% of direct care staff personnel records will be audited bi-annually.				

HOME HEALTH HOSPICE PRIVATE DUTY

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SAMPLE AUDIT SUMMARY

EVIDENCE CHART

ACHC FOR PROVIDERS. BY PROVIDERS.

Company name: ______________________

Date: __________ For the week/month of: __________

Complete the Medical Record /Personnel Record chart with the summation of your medical record and/or personnel record audit results. Complete the Observation Deficiencies chart and provide the required documents to support compliance with the requirements. Examples of evidence that may need to be submitted are: Governing Body meeting minutes, revised contracts, annual program evaluation, QAPI activities, or evidence of Volunteer activity.

All evidence supporting the implementation of the Plan of Correction (POC) must be submitted, at one time, to your Account Advisor within 60 days following the survey decision letter.

Do not submit evidence until your POC has been approved.
Do not submit any Protected Health Information (PHI) or confidential employee information.

Medical Record/Personnel Record Audit Summary:

DEFICIENCY/L-TAG	AUDIT DESCRIPTION	RECORDS CORRECT/ RECORDS REVIEWED	PERCENT CORRECT
Example: HSP5-4B/L555	Audit charts to determine care provided in accordance with plan of care	9/10	90%

Observation Deficiencies:

DEFICIENCY/L-TAG	DEFICIENCY	SUGGESTED EVIDENCE
Example: HSP6-3A/L574	Missing annual QAPI evaluation	Written QAPI annual evaluation
HSP1-8A/L655	Incomplete contracts	Revised contracts

SUBMISSION OF EVIDENCE

- All evidence must be submitted within 60 days to your Account Advisor; do not submit evidence until the POC has been approved
- No Protected Health Information (PHI) or other confidential information of patients or employees is to be submitted; if it is, it will be returned
- Accreditation can be denied based on lack of evidence to support the POC was implemented and effective

DISPUTE

- If you want to formally dispute a deficiency on your Summary of Findings, you must:
  - Submit a written request to your Account Advisor that outlines the specific standard you wish to dispute within 10 calendar days from the receipt of your Summary of Findings
  - Along with the letter, you must submit the evidence to support that, at the time of the survey, you were in compliance with the standard
  - Any areas that were corrected on site during the survey are not able to be disputed
  - Do not submit any documents with PHI
  - Activity logs/data entry logs are also required if the dispute is related to an entry into an electronic medical record
- ACHC will not review any evidence for dispute if:
  - Information is submitted after the 10-day calendar time frame or
  - The agency is not current with payment or has an outstanding balance

RE-CAP

- Initial Medicare certification survey
  - Standard-level deficiencies require a plan of correction
  - Condition-level deficiencies require another full survey
- Medicare recertification survey
  - Standard-level deficiencies require a plan of correction
  - Condition-level deficiencies require another on-site survey
- Plan of correction is submitted to ACHC within 10 calendar days
  - Standard-level deficiencies action step must be completed within 30 calendar days
  - Condition-level deficiencies action step must be completed within 10 calendar days
  - Required evidence must be submitted within 60 calendar days

EXPERIENCE THE ACHC DIFFERENCE

Benefits of Partnering with ACHC

EXPERIENCE THE ACHC DIFFERENCE

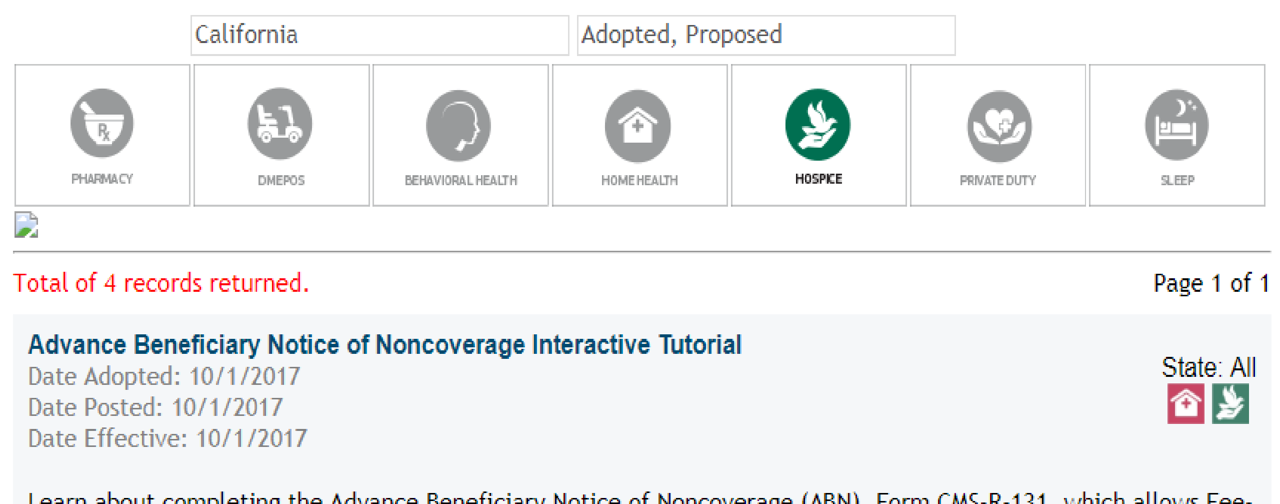
Educational Resources

EDUCATIONAL RESOURCES

- ACHCU resources (ACHCU.com)
  - Workbooks and workshops
  - Webinars
- Online resources
  - *The Surveyor* newsletter
  - Regulatory updates
  - Accreditation resources
  - Maintaining compliance checklists
- Email updates
  - *"Did You Know?"* emails
  - *"ACHC Today"* bi-monthly e-newsletter

REGULATORY UPDATES

- Regulatory Updates
- *achc.org*
  - Resources & Events
  - Regulatory Updates



CUSTOMER CENTRAL

- Customer Central is available 24/7 with resources and educational materials designed for your company
- *cc.achc.org*
- Resources
  - Continued Compliance
  - Education Library
  - Did You Know Emails
  - *ACHC Today*
  - Accreditation Resources

MAINTAINING COMPLIANCE

HOSPICE RENEWAL ACCREDITATION COMPLIANCE RESOURCES

HOSPICE

PROTECT YOURSELF WITH ACHC ACCREDITATION

Let us help you maintain compliance in an ever-changing regulatory environment. In April 2015, the Improving Medicare Post-Acute Care Transformation (IMPACT) Act required that all Medicare-certified hospice providers undergo a Medicare recertification survey every 36 months for the next 10 years. Hospice providers have the option of choosing a deemed status survey with an approved accrediting organization, such as ACHC, or remaining with their state agency to conduct the recertification survey. Choosing ACHC to complete your Medicare re-certification not only demonstrates your agency's commitment to delivering high-quality care, it also prepares you for the best possible survey outcome, as ACHC has numerous resources to help you prepare.

Utilize the 12-Month and 24-Month Compliance Checklists to assist you in maintaining compliance with the Medicare Conditions of Participation (CoPs) along with the ACHC Accreditation Standards and the Exit Packet materials provided to you at your last survey. We have included those resources with this information. These checklists, along with the additional materials provided, will help you determine if your organization is in compliance with applicable local, state, and federal laws and regulations and assist in identifying issues of non-compliance that can be corrected prior to your renewal survey. Utilizing the Plan of Correction (POC) template provided will allow you to develop and implement a POC to monitor your compliance.

Approximately 6-9 months prior to the expiration of your accreditation, complete your renewal application and prepare your hospice agency for your renewal survey. Using the data gathered from your medical record audits, your personnel record audits, the annual Compliance Checklists, and the Items Needed for On-Site Survey tool will allow you to have a comprehensive assessment of your hospice agency's preparedness.

NEED SOME EXTRA ASSISTANCE?

ACHC recognizes the important role education plays in helping customers achieve accreditation, which is why we have developed and compiled numerous resources to assist you with the initial and renewal accreditation process. Creating a Customer Central account allows you 24/7 access to free educational resources including the monthly Did You Know emails, which you can print and share with your staff; ACHC audit tools; as well as CMS information. **You can locate these resources and many more by logging in to your account at cc.achc.org.**

Accreditation University, a division of ACHC, is committed to your agency's success in preparing for and maintaining accreditation through a full range of educational resources, such as:

- The *ACHC Accreditation Guide to Success* workbook
- Survey Readiness Packets
- Survey Prep workshops
- Program-specific webinars, which are free to current ACHC customers

You can locate these resources and many more at AccreditationUniversity.com.

ACHC also strives to keep you up-to-date on the latest state-specific regulations. The Regulatory Updates page on achc.org allows you to check on both state and program-specific proposed and adopted regulations as well as up-to-date CMS

ACCREDITATION 12-MONTH COMPLIANCE CHECKLIST

HOSPICE

Use this checklist, along with the Medical Record Audit tool and the Personnel File Audit tool, to audit your Hospice agency and operations 12 months after your ACHC survey. This checklist also helps you determine if your organization is in compliance with applicable local, state, and federal laws and regulations. This checklist is not intended to replace your own comprehensive review of ACHC Accreditation Standards, nor does it guarantee a successful accreditation decision. For any areas found to be out of compliance, it is recommended that an internal Plan of Correction be implemented and results monitored for compliance.

SECTION 1: ORGANIZATION AND ADMINISTRATION

Standard	Expectation	Comments
HSP1-1A	All applicable licenses and permits are current and posted for all locations	
HSP1-1A.01	Federal and state posters are posted	
HSP1-1B	Any changes in ownership or managing employees have been properly reported	
HSP1-2A	Evidence hospice is able to provide all core services, non-core services, and all four levels of care	
HSP1-2B	Governing body meeting minutes are properly documented	
HSP1-2B.03	New governing body members have been oriented	
HSP1-3A.01	Any conflict of interest has been properly disclosed	
HSP1-4B.01	Annual evaluation of the Administrator has been completed	
HSP1-5A.01	Organizational chart is up to date	
HSP1-8A/ HSP1-8A.01	Contracts for direct care have been reviewed per the terms of the contract and professional liability insurance certificates are up to date	
HSP1-8B	Contracts for short-term inpatient care (respite and short-term pain and symptom management) have been reviewed per the terms of the contract	
HSP1-8C	Contracts for hospice patients residing in SNF/NF or ICF/IID receiving routine hospice care have been reviewed per the terms of contract	
HSP1-9A	CLIA certificate of waiver for agency is current and posted	
HSP1-11A	Any new multiple locations have obtained Medicare approval prior to billing for Medicare services	
HSP1-12A	Verification of physician licensure occurs before the acceptance of patient	

SECTION 2: PROGRAMS/SERVICE OPERATIONS

Standard	Expectation	Comments
HSP2-1A	Marketing materials are current and accurately reflect care/service provided	
HSP2-3A	All grievances and complaints have been reported, documented, investigated, resolved, and reported to the governing body quarterly	
HSP2-5A.01	Business Associate Agreements exist for non-covered entities	

ACCREDITATION 24-MONTH COMPLIANCE CHECKLIST

HOSPICE

Use this checklist, along with the Medical Record Audit tool and the Personnel File Audit tool, to audit your Hospice agency and operations 24 months after your ACHC survey. This checklist also helps you determine if your organization is in compliance with applicable local, state, and federal laws and regulations. This checklist is not intended to replace your own comprehensive review of ACHC Accreditation Standards, nor does it guarantee a successful accreditation decision. For any areas found to be out of compliance, it is recommended that an internal Plan of Correction be implemented and results monitored for compliance.

SECTION 1: ORGANIZATION AND ADMINISTRATION

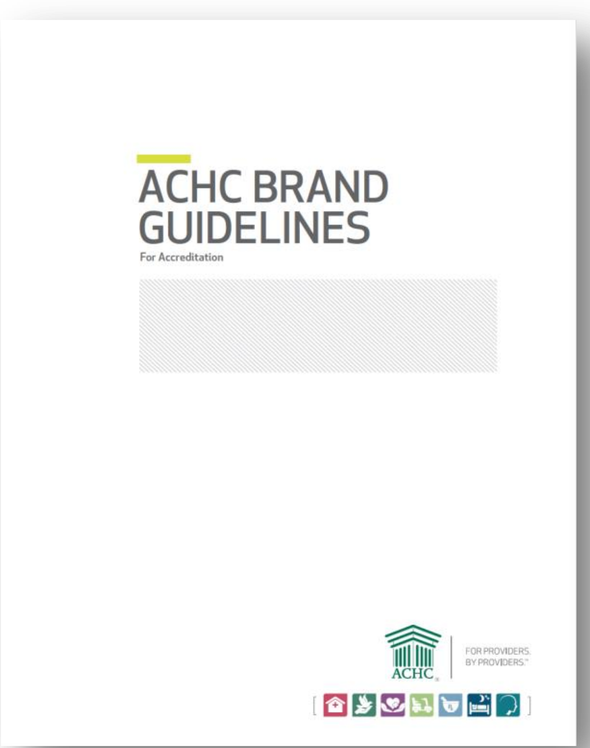
Standard	Expectation	Comments
HSP1-1A	All applicable licenses and permits are current and posted for all locations	
HSP1-1A.01	Federal and state posters are posted	
HSP1-1B	Any changes in ownership or managing employees have been properly reported	
HSP1-2A	Evidence hospice is able to provide all core services, non-core services, and all four levels of care	
HSP1-2B	Governing body meeting minutes are properly documented	
HSP1-2B.03	New governing body members have been oriented	
HSP1-3A.01	Any conflict of interest has been properly disclosed	
HSP1-4B.01	Annual evaluation of the Administrator has been completed	
HSP1-5A.01	Organizational chart is up to date	
HSP1-8A/ HSP1-8A.01	Contracts for direct care have been reviewed per the terms of the contract and professional liability insurance certificates are up to date	
HSP1-8B	Contracts for short-term inpatient care (respite and short-term pain and symptom management) have been reviewed per the terms of the contract	
HSP1-8C	Contracts for hospice patients residing in SNF/NF or ICF/IID receiving routine hospice care have been reviewed per the terms of contract	
HSP1-9A	CLIA certificate of waiver for agency is current and posted	
HSP1-11A	Any new multiple locations have obtained Medicare approval prior to billing for Medicare services	
HSP1-12A	Verification of physician licensure occurs before the acceptance of patient	

SECTION 2: PROGRAMS/SERVICE OPERATIONS

Standard	Expectation	Comments
HSP2-1A	Marketing materials are current and accurately reflect care/service provided	
HSP2-3A	All grievances and complaints have been reported, documented, investigated, resolved, and reported to the governing body quarterly	
HSP2-5A.01	Business Associate Agreements exist for non-covered entities	

MARKETING TOOLS

- ACHC provides you the tools to leverage your accredited status
- All accredited organizations receive the ACHC Branding Kit
  - Brand Guidelines
  - ACHC Accredited logos
  - Window cling
- cc.achc.org
  - Branding Kit



BRANDING ELEMENTS

- Gold Seal of Accreditation
  - Represents compliance with the most stringent national standards
- ACHC Accredited Logo

PROMOTING YOUR ACCREDITED STATUS

- A few basic places to promote ACHC-accredited status:
  - Website – *home page or dedicated landing page*
  - Marketing Materials – *any marketing piece that is seen by the public*
  - Press Releases – *in the "boilerplate" of the press release, or the background information normally found towards the bottom of a press release*
  - Social Media – *home page, banner image, or profile image*
  - Promotional Items – *trade show displays, giveaways, binders, or folders*
  - Email – *email signature*

SAMPLE PRESS RELEASE

Your logo here

FOR IMMEDIATE RELEASE

September 28, 18
Media Contact:
Contact Name
Organization Name
Contact Email
Website

YOUR ORGANIZATION NAME
ACHIEVES ACCREDITATION WITH ACHC

CITY, STATE, Your organization name proudly announces its approval of accreditation status by Accreditation Commission for Health Care (ACHC) for the services of list services.

Achieving accreditation is a process where healthcare organizations demonstrate compliance with national standards. Accreditation by ACHC reflects an organization's dedication and commitment to meeting standards that facilitate a higher level of performance and patient care.

ACHC is a not-for-profit organization that has stood as a symbol of quality and excellence since 1986. ACHC is ISO 9001:2015 certified and has CMS Deeming Authority for Home Health, Hospice and DMEPOS.

Write a brief paragraph about your company, communities you serve, why you're unique, etc. A quote about the accreditation process or what this accreditation means to your organization is a great way to personalize the press release.

For more information, please visit your website, or contact us at email address or (XXX) XXX-XXXX.

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ACHC MARKETING RESOURCES

- ACHC's Marketing Department is available to help with your marketing needs
- Feel free to contact ainfo@achc.org or (855) 937-2242

WE VALUE YOUR FEEDBACK

- You will receive a Customer Satisfaction survey once you receive your final accreditation decision

THANK YOU

Accreditation Commission for Health Care
139 Weston Oaks Ct., Cary, NC 27513
(855) 937-2242 | **achc.org**