



EDUCATIONAL RESOURCES

WELCOME

ACHC DMEPOS ACCREDITATION WORKSHOP



GREG STOWELL

Associate Director, Education & Training

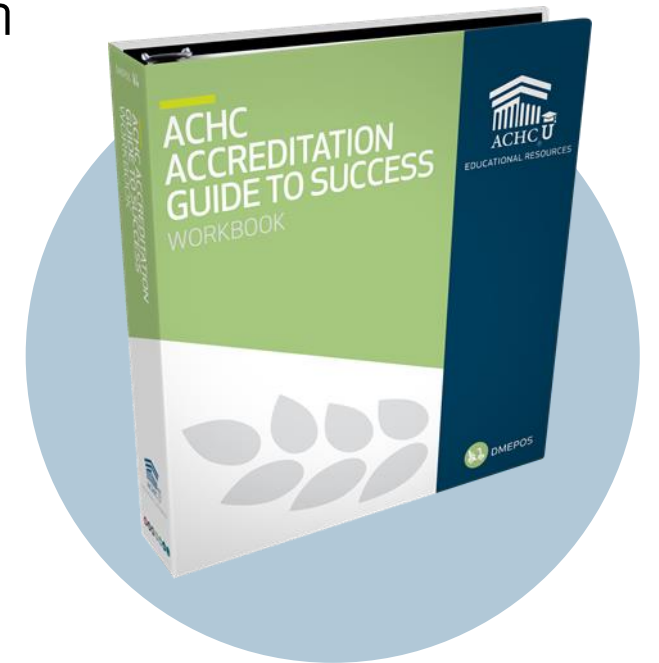


LEARNING OBJECTIVES

- Review the Application Process
- Discuss DMEPOS Standards Updates
- Understand Medicare DMEPOS requirements
- Become familiar with the initial and renewal accreditation process
- Learn how to prepare an organization for the accreditation survey
- Get a detailed look at the survey day and post-survey process
- Learn how to utilize the *ACHC Accreditation Guide to Success* to ensure ongoing compliance

TODAY'S LEARNING GUIDE

- *ACHC Accreditation Guide to Success* for DMEPOS
- Workbook contains all standards for DMEPOS
- Workbook contains audit tools to assist in your survey preparation
- Workbook also references Centers for Medicare & Medicaid Services (CMS)/Medicare
- Workbook was updated March 2021



ABOUT ACHC

- Nationally recognized accreditation organization with more than 30 years of experience
- CMS Deeming Authority for Home Health, Hospice, Renal Dialysis, DMEPOS, Home Infusion Therapy, Clinical Laboratory, Acute Care Hospital, Critical Access Hospital and Ambulatory Surgery Center
- Recognition by major third-party payors
- Approved to perform state licensure surveys
- Quality Management System that is ISO 9001:2015 Certified

EXPERIENCE THE ACHC DIFFERENCE

- Standards created for providers, by providers
- All-inclusive pricing — no annual fees
- Personal Account Advisors
- Commitment to exceptional customer service
- Surveyors with industry-specific experience
- Dedicated clinical support
- Dedicated regulatory support
- Educational resources



ENSURING ACHC QUALITY

- CMS deeming authority
- ISO certification
- Customer satisfaction
- Complaint investigation
- Internal audits
- Quality Council
- Surveyor expertise





EDUCATIONAL RESOURCES

CUSTOMER CENTRAL & OVERVIEW OF THE ACCREDITATION PROCESS



Customer Central is your personalized website to complete the accreditation process, from start to finish!

Becoming accredited with ACHC

Download Standards

Complete Application

On-Site Survey

Watch a video tutorial of the new Customer Central

Watch Install Video »
Get Desktop App for Windows »

EDUCATIONAL RESOURCES

ACHCU helps you prepare for and maintain accreditation with products, tools, and events.

GET SURVEY READY

Please provide the information requested below to create your account and download ACHC standards

FIRST NAME

LAST NAME PHONE

EMAIL

COMPANY NAME

DBA NAME

ADDRESS

CITY STATE

ZIP

-----ACREDITATION PROGRAM----- NUMBER OF LOCATIONS

SELECT A USERNAME

ENTER PASSWORD CONFIRM PASSWORD

Accreditation completed by: **Which of the following best describes you?**

How did you hear about ACHC? **Are you hospital-affiliated?** YES NO



Go to: cc.achc.org

Log in above, or create a new account below.



Download ACHC's Standards

Select the program and services applicable to your company and click 'Download'. If standards are not required, continue to your application.

[Application >>](#)

Applying for reaccreditation? Download the program-specific updates under [Educational Tools](#).

Pharmacy	Download
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	
Community Retail	
Behavioral Health	Download
Home Health – Medicare Certified	Download
Hospice	Download
Private Duty – Non-Medicare Certified	Download
Sleep	Download
Assisted Living Facilities	Download
Ambulatory Care	Download



PREPARE WITH ACCREDITATION WORKSHOPS



Pre-Survey Preparation



Thorough Review of ACHC Accreditation Standards



Key Steps to a Successful On-Site Survey



How to Complete Important Post-Survey Components



Account Advisor



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Fax: (919) 785-3011

ACHC
139 Weston Oaks Ct.
Cary, NC 27513

Video Tutorials
Customer Central Tour
Application Tour
PER "How To"
On-Site Survey
POC "How To"

Welcome, Kevin!

Joyous Healthcare - Paradise, NC

Your entire process begins with an application. To start a new application click "New Application," or to renew an existing accreditation, click "Renewal." A "Renewal" allows you to copy a previously completed application - saving you time!

Click the [EDIT] button under the "In Progress" section to continue the process once you've created an application.

 GET STANDARDS
  NEW APPLICATION
  RENEWAL

In Progress

APPLICATION	DATE SUBMITTED	TYPE	STATUS	LAST UPDATED
You do not have any applications in progress.				

Accreditation History

COMPANY	DATE SUBMITTED	PAYMENT	ACCREDITATION DATE	STATUS
---------	----------------	---------	--------------------	--------

If this is your first time with ACHC Accreditation, click the "NEW APPLICATION" button.


If you're in an existing accredited account (as shown), you can click on the "RENEWAL" button to save time.

ONLINE APPLICATION

- NEW APPLICATION or RENEWAL
- Main office:
 - Profile
 - Location
 - Contacts
 - Services
- Additional locations — branch locations
- Blackout dates
- Services provided

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Application **PER** Payment Survey POC Accreditation

Preliminary Evidence Report (PER)

The PER is a compilation of your company's most important policies and procedures. This step provides supporting evidence of compliance prior to the survey. If you have an Extended Policy Review, you will also upload it on this page. There is a 20mb limit per file.

1. Download the program-specific PER checklist from the 'Download Your Checklist' link to the right, and select all that apply.
2. Complete and save the checklist using Adobe Reader. The checklist will have detailed descriptions of required documents.
3. Upload the checklist and supporting documents from the 'Upload a file' link below.

Download Your Checklist

1. DMEPOS PER Initial Checklist
2. Behavioral Health Initial PER Checklist

[Download Adobe Reader >>](#)

Upload a file
 Select files from the 'Upload a file' link above, or drag and drop.

CONTINUE >

First download the correct PER Checklist.

Completely fill out the PER Checklist and upload with supporting documents.

STEP 4: PER CHECKLIST

PRELIMINARY EVIDENCE REPORT (PER) INITIAL CHECKLIST



[ DMEPOS ACCREDITATION]

This checklist constitutes the requirements of the PER, which is mandatory for organizations applying for initial Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS/Community Retail (CR)) accreditation.

Review and acknowledge that all of the following requirements have been met and submit this signed checklist with the required items listed below.

Required items to be submitted to the Accreditation Commission for Health Care (ACHC):

- Accreditation application
- Non-refundable deposit
- Organization's information packet that is given to the clients when the client is provided equipment, services or products
 - Medicare providers must demonstrate that they are giving the beneficiaries all of the required information that is outlined in the CMS Quality and Supplier Standards. This would be not applicable to any non-Medicare providers.
 - It is preferred that this information be provided to ACHC in digital format
- Organizational chart by position titles

Confirmation of the following (initial in spaces provided):

_____ I attest that this organization possesses all policies and procedures as required by the ACHC Accreditation Standards

_____ Organization has 5 client/patient files, or can provide 5 mock files at the time of survey if equipment or supplies have not been provided

_____ I acknowledge that this organization was/is/will be in compliance with ACHC Accreditation Standards as of _____ (date)

I, having the authority to represent this organization, verify that _____ (organization's legal name) has met the above requirements for survey. Failure to meet any of the aforementioned requirements when the ACHC Surveyor arrives on site may result in additional charges to the organization for a subsequent survey to be performed when the organization has notified ACHC it has met all of the above requirements. I agree that during my accreditation with ACHC that if I receive any citation(s) from a federal or state agency that I will notify ACHC within ten (10) calendar days.

(Name)

(Title)

(Date)

(Signature)

EXTENDED POLICY REVIEW

- Optional review of complete policies and procedures by an ACHC Surveyor to determine compliance prior to the on-site survey
- Feedback from an ACHC Surveyor regarding the alignment of agency's policies and procedures to ACHC Accreditation Standards
- Option to purchase through the Customer Central portal
- Customized Reference Guide for Required Documents; policies and procedures available as a download

DMEPOS ADDENDUM

- As part of your application process, you will be asked to complete a section titled “DMEPOS Supply Categories.”
- You will only need to complete an addendum if you plan on billing Medicare under the DMEPOS program.
- Only select the codes for items that each location is actually providing; you should not select codes for items you hope to provide in the future.
- Your application addendum guides ACHC to ensure we have the proper accreditation programs and tools selected for your survey, and that we send a Surveyor with the necessary expertise.

AGREEMENT

Accreditation Agreement
(BAA/Contract) reviewed
by customer, signed and
returned to Account
Advisor



14 Calendar Days

Payment Information

Deposit Received:

<<<INSERT DEPOSIT AMOUNT HERE>>>

Discount (if applicable):

<<<INSERT DISCOUNT AMOUNT HERE>>>

Remaining Balance: <<<REMAINING BALANCE>>>

<<<FIRST PAYMENT>>> Due on line upon execution of this Agreement.

<<<SECOND PAYMENT>>> Due 12 months from date of the Accreditation Decision Letter.

<<<THIRD PAYMENT>>> Due 24 months from date of the Accreditation Decision Letter.

Payment Method:

I wish to pay my bill online (an email with a link to online payment will be sent following the execution of this agreement)

I wish to receive a paper invoice for payment

SO WHEN AM I OFFICIALLY “IN PROCESS?”

- Completed application (online)
- Deposit (online)
- Completion and return of PER (online)
- Signed and returned Accreditation Agreement
- When will your survey be conducted?
 - New application — Some point after “Date of Readiness” (excluding blackouts)
 - Renewal — Based on when you apply and when accreditation expires



EDUCATIONAL RESOURCES

CUSTOMER CENTRAL REGULATORY RESOURCES



Account Advisor



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On-Site Survey
POC "How To"

WORKSHOPS
Learn more about ACHC standards & survey tips
[MORE INFO](#)

Welcome, Carolyn!

Your entire process begins with an application. To start a new application, click "New Application." To renew an existing application, click "Renewal." A "Renewal" allows you to update your application information without creating a new application - saving you time!

Click the [EDIT] button under the "In Progress" section to edit your application information.

GET STANDARDS
 NEW APPLICATION

Dropdown menu options:
Name Change
Additional Site Location
Change of Location
Change Product Codes
Change Services
Change of Ownership
Change of Personnel
Closure/Withdrawal Notification

In Progress



APPLICATION	DATE SUBMITTED	STATUS	LAST UPDATED
x 103738		New Customer In Progress	4/26/2019 8:06 AM [EDIT]

Accreditation History

COMPANY	DATE SUBMITTED	PAYMENT	ACCREDITATION DATE	STATUS
---------	----------------	---------	--------------------	--------

Use the FORMS tab to edit company information

BRANCH ADDITION

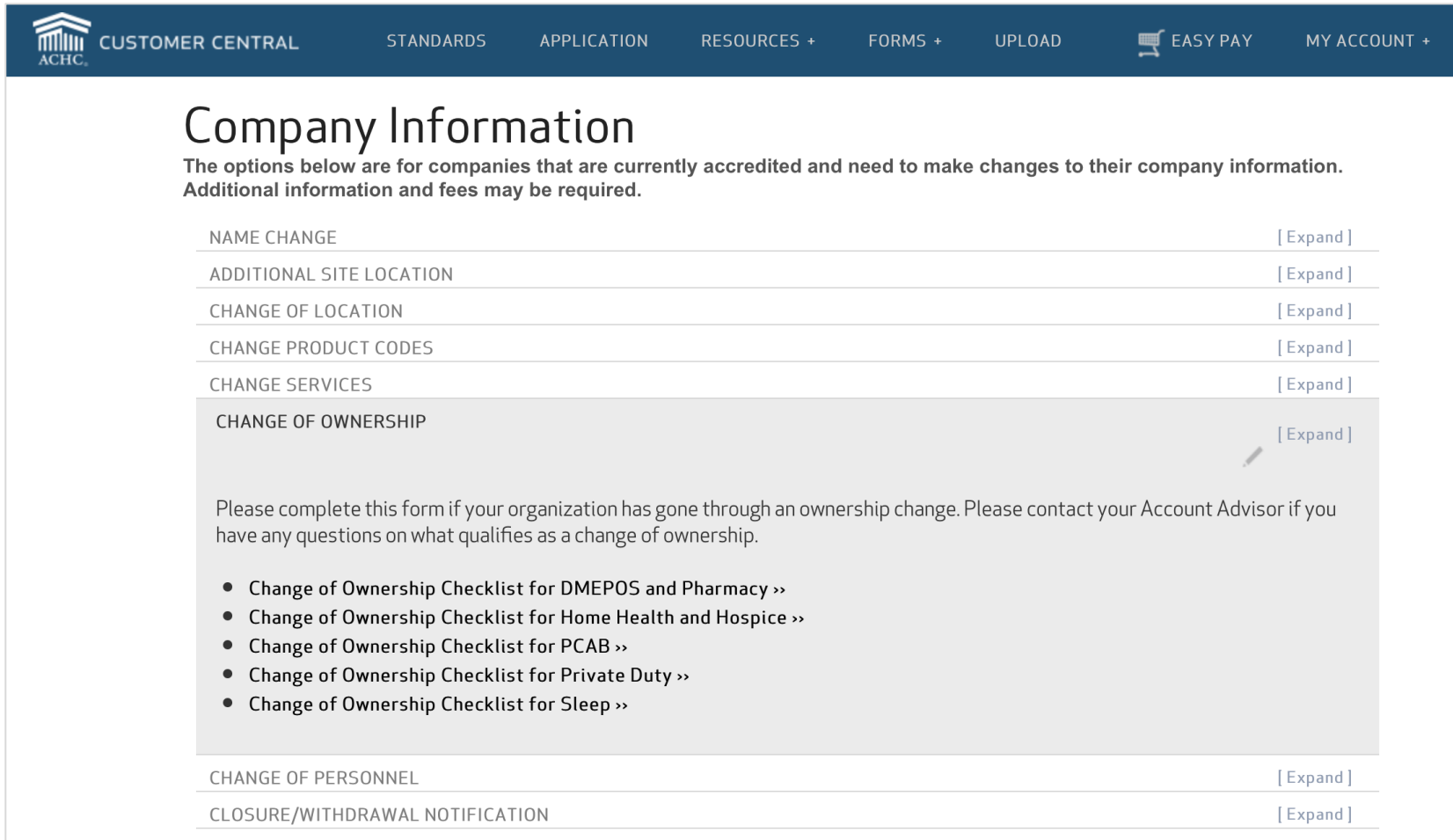
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Company Information

The options below are for companies that are currently accredited and need to make changes to their company information. Additional information and fees may be required.

NAME CHANGE	[Expand]
ADDITIONAL SITE LOCATION	[Expand]
Please complete this form if you would like to add an additional location to your organization. Examples include: branch, multiple location, satellite location, drop-site, warehouse, call center, etc.	
<ul style="list-style-type: none">• DMEPOS/Pharmacy Branch Addition Packet >>• Home Health Branch Addition Packet >>• Florida Home Health Branch Addition Packet >>• Home Health/Hospice/Private Duty Parent Addition Packet >>• PCAB Branch Addition Packet >>• Behavioral Health Branch Addition Packet >>• Private Duty Branch Addition Packet >>• Florida Private Duty Branch Addition Packet >>• Hospice Multiple Location Branch Addition Packet >>• Sleep Branch Addition Packet >>• Pharmacy (not PCAB) Branch Addition Packet >>	
CHANGE OF LOCATION	[Expand]
CHANGE PRODUCT CODES	[Expand]
CHANGE SERVICES	[Expand]
CHANGE OF OWNERSHIP	[Expand]

CHANGE OF OWNERSHIP





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Company Information


The options below are for companies that are currently accredited and need to make changes to their company information. Additional information and fees may be required.

NAME CHANGE	[Expand]
ADDITIONAL SITE LOCATION	[Expand]
CHANGE OF LOCATION	[Expand]
CHANGE PRODUCT CODES	[Expand]
CHANGE SERVICES	[Expand]
CHANGE OF OWNERSHIP	[Expand]
<p>Please complete this form if your organization has gone through an ownership change. Please contact your Account Advisor if you have any questions on what qualifies as a change of ownership.</p> <ul style="list-style-type: none">• Change of Ownership Checklist for DMEPOS and Pharmacy >>• Change of Ownership Checklist for Home Health and Hospice >>• Change of Ownership Checklist for PCAB >>• Change of Ownership Checklist for Private Duty >>• Change of Ownership Checklist for Sleep >>	
CHANGE OF PERSONNEL	[Expand]
CLOSURE/WITHDRAWAL NOTIFICATION	[Expand]

EDUCATION LIBRARY

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On-Site Survey
POC "How To"

Education Library

ACHC is dedicated to providing its customers with up-to-date news and education. Below is a list of educational material that ACHC has provided to customers. You will also find a list of helpful links to industry websites.

Please contact your organization's Account Advisor with any questions.

Educational Tools

Educational program-specific documents for your industry.

-----Please Select----- ▾

"Did You Know" Emails

Review archived program-specific emails.

["Did You Know" Emails Section >>](#)

ACHC Today

Review ACHC Today news.

[ACHC Today >>](#)

Industry Links

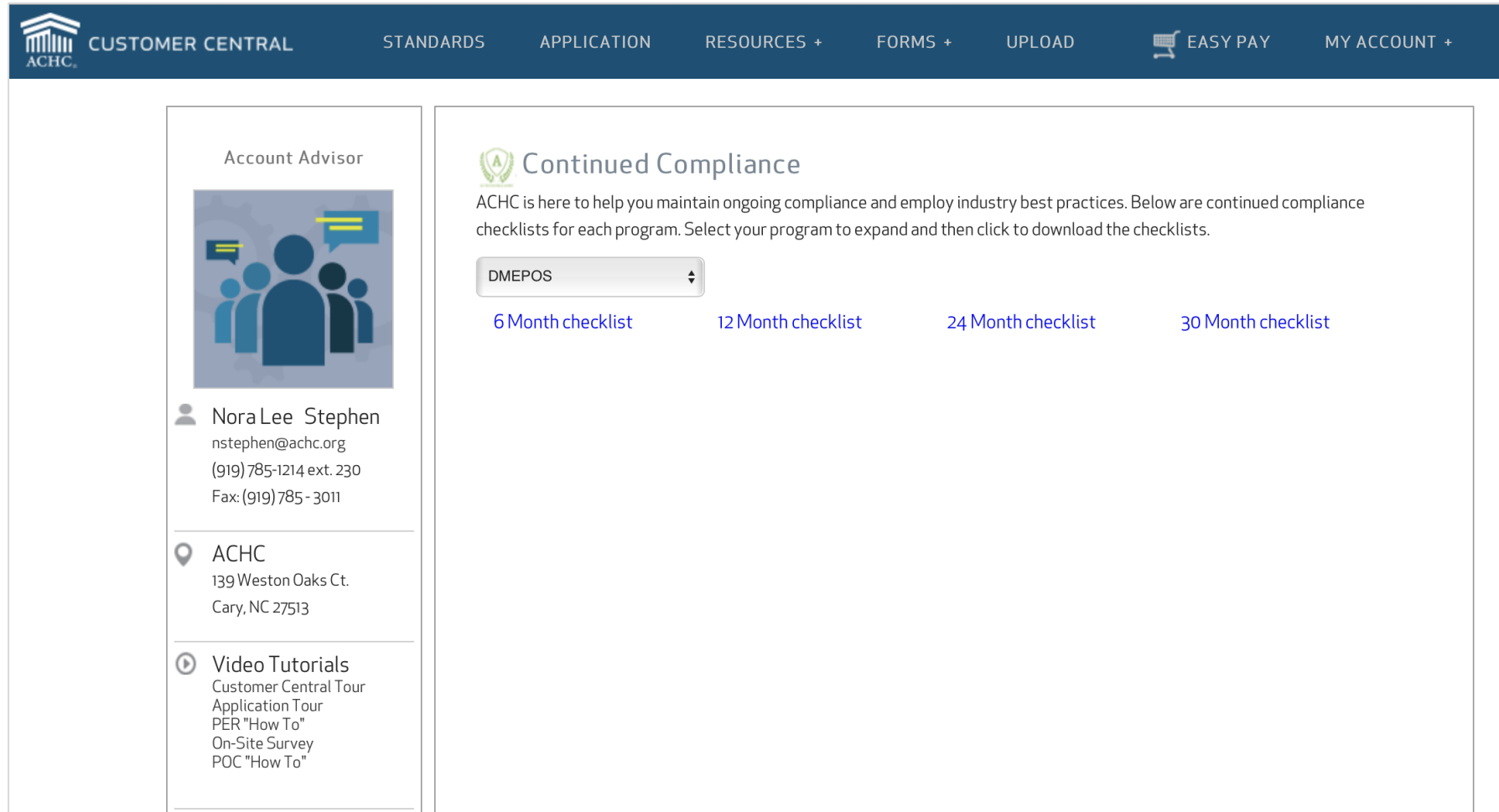
Great resources for state-specific industry links.

DMEPOS

-----Please Select----- ▾

Home Health & Hospice

CONTINUED COMPLIANCE



The screenshot displays the ACHC Customer Central interface. The top navigation bar includes the ACHC logo, 'CUSTOMER CENTRAL', and menu items for 'STANDARDS', 'APPLICATION', 'RESOURCES +', 'FORMS +', 'UPLOAD', 'EASY PAY', and 'MY ACCOUNT +'. The main content area is divided into two columns. The left column features an 'Account Advisor' section with a group icon, contact information for Nora Lee Stephen (nstephen@achc.org, (919) 785-1214 ext. 230, Fax: (919) 785-3011), the ACHC address (139 Weston Oaks Ct., Cary, NC 27513), and a list of video tutorials including 'Customer Central Tour', 'Application Tour', 'PER "How To"', 'On-Site Survey', and 'POC "How To"'. The right column is titled 'Continued Compliance' and includes a dropdown menu set to 'DMEPOS' and four links for '6 Month checklist', '12 Month checklist', '24 Month checkli...', and '30 Month checklist'. Below the links, there is a paragraph explaining that ACHC provides ongoing compliance help and that users can select a program to expand and download checklists.

ACCOUNT ADVISORS

- Key resource in navigating the accreditation process.
- Experts on the process, not DMEPOS experts
- If asking a regulatory question, your Account Advisor (AA) will direct your question to the appropriate clinical or regulatory department.
- Phone calls are good, but a well-worded email can help get you the most accurate answers.
- Customer Central and your workbook answer many of the most common process questions.
- One question they cannot answer: When is my survey?

ACHC STANDARDS

- ACHC Standards are developed and customized specifically for the services that you provide and are based on applicable regulations from CMS and other federal and state regulators.
- There are “core” standards that apply to all programs.
- Your workbooks reference all programs to which a standard applies.
- You can download program specific standards only.
- ACHC standards are NOT intended to tell you how to “run your business.”

ACHC STANDARDS

Standards Update Guide



UPDATE OVERVIEW

Listed below are summaries of ACHC DMEPOS Accreditation Standards updates for 2021. A major change across all ACHC programs in 2021 is deletion of the word “preferred” from standards, since providers cannot be held to “preferred” requirements. Standards changes that reflect lesser requirements are effective February 1, 2021, while changes that reflect more stringent requirements are effective June 1, 2021. Please review the following updates and compare them with previous standards applicable to the services you provide.

Standard	Services Applicable	Update Summary	Effective Date
DRX1-2A	HME, CRCS, MSP, RTS, Fitter	⌚ Changed review of the organization's policies and procedures from annual to once during each accreditation cycle.	February 1, 2021
DRX2-2A	HME, CRCS, MSP, RTS, Fitter	⊗ Removed the preference that the client/patient rights and responsibilities be reviewed annually with the client/patient.	February 1, 2021

ACHC STANDARDS

ACHC ACCREDITATION STANDARDS

Customized for Specialty Pharmacy Services

Section 1: ORGANIZATION AND ADMINISTRATION

The standards in this section apply to the leadership and organizational structure of the company. All items referring to business licensure including federal, state, and local licenses that affect the day-to-day operations of the business should be addressed. This section includes the leadership structure including board of directors, advisory committees, management, and employees. Also included is information about leadership responsibilities, conflicts of interest, chain of command, program goals, and regulatory compliance.

Standard DRX1-1A: The organization is an established entity with legal authority to operate and has the appropriate licensure, Articles of Incorporation, or other documentation of legal authority.

The organization is an established entity with legal authority to operate and has the appropriate articles of incorporation or other documentation of legal authority.

Legal authority is granted to one individual, members of a limited liability corporation (LLC), a board of directors, usually referred to as the governing body, and as allowed in state statutes for the appropriate type and structure of the organization. The entity, individual or organization has a copy of the appropriate documentation or authorization to conduct business.

If state or applicable local law requires a license or permit the organization posts the current copy in a prominent location accessible to public view in all locations/branches and/or in accordance with appropriate regulations or laws.

Evidence: Copy of all current applicable license(s)/permit(s) for each location

Services applicable: AIC, CRCS, CRDS, CRTL, Fitter, HME, IRN, IRX, MORX, MSP, RTS, SRX, SRXONLY



EDUCATIONAL RESOURCES

ACHC ACCREDITATION VISITS TO PHARMACY & DMEPOS PROVIDERS

Overview of the ACHC Accreditation survey

SURVEY DAY/SURVEYOR

- Who is your Surveyor?
 - Expert in DMEPOS
 - 20-plus years of experience
 - Industry experience and knowledge
 - Completed comprehensive ACHC training
 - Completed required field training (precept)
 - Background checks and completed BAA
 - Selected for your survey based on experience
 - Most are contracted staff; some are full-time employees
 - Asked to verify that survey does not create a conflict of interest
 - You will not know the name of your Surveyor in advance



SURVEY DAY

- Based on your services, your survey will most likely be an unannounced survey (DMEPOS)
- Your survey date is selected with several factors in mind:
 - The date you apply and submit all required information
 - The date your accreditation expires (for renewals)
 - A date of readiness selected by new organizations (you select on your application)
 - Your selected blackout dates
 - ACHC-listed holidays
- On your survey day, the Surveyor will attempt to call the number you listed on your application; they will not leave a callback number but will state their name and that they will be arriving today for your survey
- When the Surveyor arrives you are welcome to ask to see identification to verify their identity; the Surveyor should have a name badge with a picture ID
- Surveyor may show up any time during standard hours of operation

SURVEY DAY (CONT.)

- Try to keep your staff relaxed and focused
- Customers come first! (Just keep us in the loop)
- Perfection is not the goal of the day
- Almost everything can be “fixed”
- There is nothing your staff can say in an interview that will sink the ship, so relax!
- Deficiencies are common... and expected
- Don't get sidetracked by “What's my score?”
- Ask questions/seek clarification
- The Surveyor is not always correct, so challenge him/her

SURVEY DAY (CONT.)

- The Surveyor is only a data collector; the Surveyor does not play any role in the ultimate review decision or the status of your accreditation
- You will be given the opportunity to correct deficiencies during the survey day (if reasonable)
- Correcting deficiencies as you go eliminates the need to submit a Plan of Correction for those items, although the item is still recorded as a “no”
- If requested items cannot be located in a “reasonable time frame,” the item must be marked as a deficiency

SURVEY DAY (CONT.)

- Opening conference (set the schedule for the day)
- Tour of facilities
- Staff interviews
- Personnel record review
- Patient record review
- Patient visits/interviews
- Review of logs and Medicare-required documents
- Review of PI/QI data
- Exit conference

OPENING CONFERENCE

- Begins shortly after arrival of Surveyor
- Management may invite all staff members
- Good time to gather information needed by the Surveyor:
 - Logs, inspections, reports
 - Licenses, bonds, insurance as required
 - Personnel list
 - Staff schedules
 - HR records
 - PI/QI data
- The Surveyor will use this time to set the schedule for the day

PERSONNEL RECORD REVIEW

- Surveyor will review personnel records for key staff and contract staff
- Must be selected randomly by the Surveyor
- May include all staff members or only select ones:
 - Preferable to have someone from your organization review charts with us
- Looking for items to include:
 - Application, tax forms, I-9 (as applicable)
 - Job descriptions and evaluations
 - Verification of qualifications/licenses
 - Orientation records, trainings, competencies, ongoing education
 - Medical information (TB/HepB as applicable)
 - Background checks

For a complete listing of items required in the personnel record, review DRX4-1C of the ACHC Accreditation Standards.

CLIENT RECORD REVIEWS

- Client records must be selected randomly by the Surveyor:
 - Preferable to choose from a list/printout of payments (EOB)
 - Preferable to have someone from your organization review with us
- May include current patients and discharged patients
- Both billing and medical records:
 - Representative of the care/services provided
- Review of patient paperwork and education provided
- Review of Plan of Service/Plan of Care and updates

DRX5-1A details the requirements of the client record.

PATIENT VISITS/INTERVIEWS

- ACHC Surveyors will expect you to arrange for us to visit patients/customers as part of your accreditation visit
- Please provide the Surveyor with a list of potential customers (who are within a reasonable driving distance)
- The Surveyor may also call some recent customers for a phone interview
- If you have a location that customers may come to for products and/or services, the Surveyor may ask to speak with some of those customers as well
- The customer needs to give you permission for us to visit or interview them (we do not require that it be in writing)

REVIEW OF LOGS AND MEDICARE-REQUIRED DOCUMENTS

- Training/in-service logs
- Referral logs
- On-call schedule/logs
- Infection control tracking logs
- Temperature logs
- Fire and disaster drill logs
- Maintenance, repair, and cleaning logs
- Complaint logs
- Surety bond, liability and vehicle insurance, organizational chart, budget, contracts/BAAAs, required licenses

REVIEW OF PI/QI DATA

- Your Surveyor will expect to see evidence of ongoing PI/QI activities for the previous three years (if a renewal); PI/QI meeting notes alone do not meet these requirements
- If an initial ACHC Survey, documentation of a PI plan will be limited, but the plan should be in place with evidence that you have started the process
- If you are part of a large health system, your PI/QI data can be included in your corporate plan but you need to be able to show compliance with each requirement
- Refer to the Performance Improvement Made Simple Document located on Customer Central

CLOSING CONFERENCE

- The ACHC Surveyor conducts a closing conference with the organization's representatives
- Management may decide which staff members attend
- Can provide a scheduled time for closing to accommodate phone participation by remote staff
- Surveyor covers all areas of noncompliance with reference to the standard requirement
- Great opportunity for you provide missing items or seek clarification
- The Surveyor cannot comment on how you performed, as they only collect and submit the data
- The Surveyor shall complete the closing conference by the end of the business day


DURING YOUR SURVEY

- Management is welcome and encouraged to be a part of the entire accreditation process
- Deficiencies may be corrected during the survey, if practical:
 - The deficiency will be corrected on site but will be recorded as a “no”
- Seek clarification from your Surveyor while still on site:
 - If you believe they have misunderstood something, provide clarification
- Surveyors are experts in the industry and have hands-on knowledge regarding the implementation of the ACHC standards:
 - Take advantage of their knowledge and experience


INITIAL SURVEYS

- Initial surveys can be “complicated”
- The Surveyor is assessing your level of compliance with a set of standards by looking for evidence of compliance
- Evidence is limited because ACHC can only hold you accountable back to a “date of readiness” (the date you represented that you were in full compliance with ACHC requirements)
- As an example, let’s assume that was 90 days before survey:
 - ACHC cannot hold you accountable for compliance prior to that date (but when you represent that you are in compliance, you must be fully in compliance)


SURVEY REPORT FOR HME SURVEY



DRX4-2H




Written policies and procedures are established and implemented in regard to background checks being completed on personnel who have direct client/patient care and/or access to client/patient records. Background checks include: Office of Inspector General (OIG) exclusion list, criminal background record, and national sex offender registry.



2 of 2 direct care personnel files did not have evidence of a National Sex Offender Registry check.

X

Corrective Action: Obtain documentation of the performance of a National Sex Offender Registry check for all direct care personnel.



SUMMARY OF FINDINGS REPORT



Deficiency Category - Quality & Supplier with ** Evidence Required on POC**		Deficient
Standard	Comments	
DRX4-7A	<p>Written policies and procedures are established and implemented requiring the organization to design a competency assessment program on the care/service provided for all personnel who set up, train, clean, test, repair and/or educate the use of medications, equipment, and/or supplies.</p>	<p>A competency assessment for the dispensary manager is not present.</p> <p>Corrective Action: Perform such a competency assessment annually.</p> <p>Best Practice: "Peer-on-peer" assessments are acceptable.</p>
		X

Deficiency Category - Interviews/Observations

Standard

Comments

Defi-
cient

DRX2-4C

The organization provides the client/patient with written information concerning how to contact the organization, appropriate state agencies, and ACHC concerning grievances/complaints at the time of admission.

Best Practice: Be sure to include the ACHC phone number in patient information in case a patient wants to lodge a complaint.



DRX7-11A

Written policies and procedures are established and implemented for identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel.

Best Practice: Suggest adding fields for preventative actions needed to complaint and incident reports.

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.*



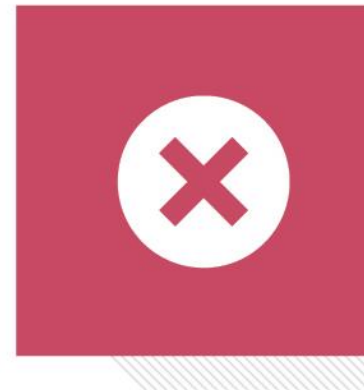
ACCREDITATION PENDING

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.

PLAN OF CORRECTION (POC)

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



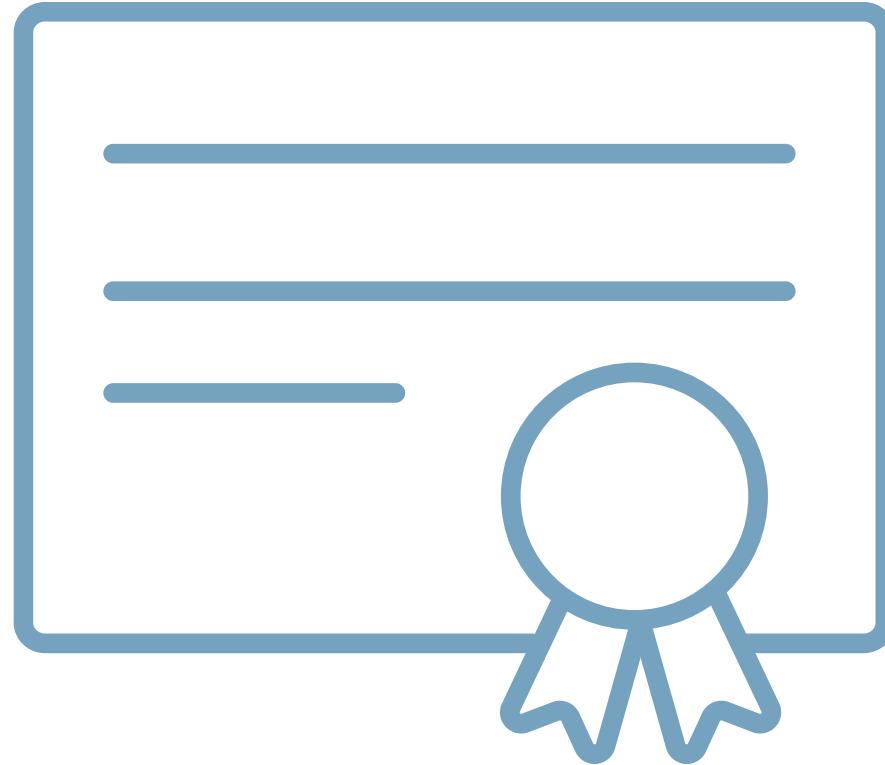
Organization: Greg's Pharmacy

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)	Comments (ACHC internal use only)
TCRX3-B	What would be a proper POC for this deficiency?	What's a reasonable time frame?		How do you prevent this from happening again?		

PLAN OF CORRECTION (POC)

- Required when a deficiency is found
- Must be submitted within 30 days from receipt
- Follow a specific format
- Submitting a thorough and complete Plan of Correction (POC) will expedite your accreditation
- All deficiencies require a POC
- Some deficiencies require evidence of correction

CONGRATULATIONS!



QUESTIONS?





EDUCATIONAL RESOURCES

THANK YOU

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