



FOR PROVIDERS.  
BY PROVIDERS.



PRIVATE DUTY

# EXPERIENCE THE ACHC DIFFERENCE

## Achieving a Successful Private Duty Survey



FOR PROVIDERS.  
BY PROVIDERS.

# EXPERIENCE THE ACHC DIFFERENCE

## Pre-Survey Preparation

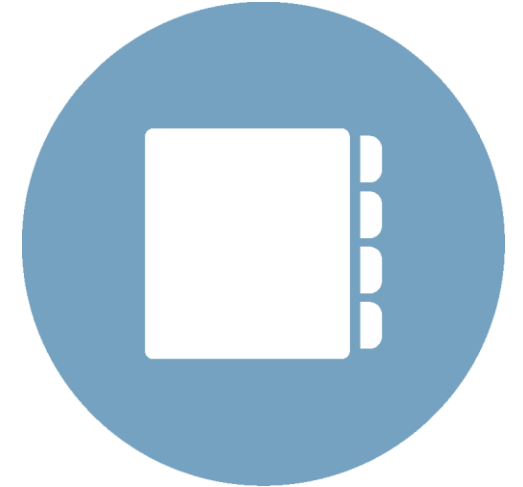


FOR PROVIDERS.  
BY PROVIDERS.

ACCREDITATION COMMISSION *for* HEALTH CARE

# SURVEY PREPARATION

- State and local laws
  - Your organization must always comply with the most stringent regulation in order to be in compliance
  - Make sure you are reviewing all applicable laws for your program and in your state
- Established agency policies and procedures
  - Must abide by policies and procedures



# CREATE CUSTOMER CENTRAL ACCOUNT

- Step 1: Visit [cc.achc.org](http://cc.achc.org)
- Step 2: Complete the demographic information
- Step 3: Preview the appropriate standards
- Step 4: Download your customized ACHC standards



# DEMOGRAPHIC INFORMATION

USERNAME  PASSWORD    
[Forgot username or password?](#)



## 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 »](#)



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

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

FIRST NAME <input type="text"/>	LAST NAME <input type="text"/>	
PHONE <input type="text"/>	EMAIL <input type="text"/>	
COMPANY NAME <input type="text"/>	DBA NAME <input type="text"/>	
ADDRESS <input type="text"/>		
CITY <input type="text"/>	STATE <input type="text"/>	ZIP <input type="text"/>
-----ACREDITATION PROGRAM----- <input type="text"/>		NUMBER OF LOCATIONS <input type="text"/>
SELECT A USERNAME <input type="text"/>		
ENTER PASSWORD <input type="text"/>	CONFIRM PASSWORD <input type="text"/>	
<b>Accreditation completed by:</b> <input type="text"/>	<b>Which of the following best describes you?</b> <input type="text"/>	
<b>How did you hear about ACHC?</b> <input type="text"/>	<b>Are you hospital-affiliated?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input type="button" value="SUBMIT"/>		

# DOWNLOAD STANDARDS

- PDN-Nursing
- PDA-Aide
- PDC-Companion
- PDOT-Occupational Therapy
- PDPT-Physical Therapy
- PDST-Speech Therapy
- PDSW-Social Work
- PDIN-Infusion Nursing
- PCPD-Palliative Care

Private Duty – Non-Medicare Certified

Download

Standards ?

ACHC Process ?

ACHC Private Duty Accreditation Standards are applicable for healthcare organizations that provide both skilled and non-skilled services including nursing care, aide services, companion care, therapy, and social work that allow individuals to remain independent and functional in their own homes. ACHC Private Duty Accreditation Standards are written by industry experts to align with industry best practices for organizations that do not participate in the Medicare program.

**PDN - Private Duty Nursing Services**

Private Duty Nursing services are usually provided either hourly or by shift and are covered by various payors, but not Medicare. Services can be provided by a Registered Nurse (RN), Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN).

**Distinction(s)**

**PCPD - Palliative Care Private Duty**

For an organization to earn Private Duty Accreditation with a Distinction in Palliative Care, the provider must also be accredited for Private Duty Nursing. This additional recognition focuses on patient and family centered care that optimizes quality of life throughout the continuum of illness by addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice. ACHC Palliative Care Standards are based on the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care.

**PDA - Private Duty Aide Services**

Private Duty Aide services encompass hands-on personal care provided by a Nursing Assistant or certified Home Health Aide (HHA) including personal care services.

**PDC - Private Duty Companion/Homemaker Services**

Private Duty Companion services are provided hourly or by shift. This service is a "non-hands-on" service and does not require a clinician to supervise.

**PDOT - Private Duty Occupational Therapy Services**

Occupational Therapy services are provided by a licensed Occupational Therapist or Certified Occupational Therapy Assistant (COTA) for services such as upper body strength training, improving range of motion skills, and provision of a home exercise program. COTAs are supervised by an OT.

**PDPT - Private Duty Physical Therapy Services**

Physical Therapy services are provided by a licensed Physical Therapist (PT) or Physical Therapy Assistant (PTA) for services such as gait training, strength training and range of motion exercise programs. Physical Therapy Assistants are

# APPENDIX A

**Appendix A: Standard Service Table for Selected Services**

Standard	PDA	PDC	PDIN	PDN	PDOT	PDPT	PDST	PDSW
PD1-1A	X	X	X	X	X	X	X	X
PD1-1B	X	X		X	X	X	X	X
PD1-2A	X	X	X	X	X	X	X	X
PD1-2B	X	X	X	X	X	X	X	X
PD1-2C	X	X	X	X	X	X	X	X
PD1-2D	X	X	X	X	X	X	X	X
PD1-3A	X	X	X	X	X	X	X	X
PD1-4A	X	X	X	X	X	X	X	X
PD1-4B	X	X	X	X	X	X	X	X
PD1-4C	X	X	X	X	X	X	X	X
PD1-5A	X	X	X	X	X	X	X	X
PD1-5B	X	X	X	X	X	X	X	X
PD1-6A	X	X	X	X	X	X	X	X
PD1-6B	X	X	X	X	X	X	X	X
PD1-7A	X	X	X	X	X	X	X	X
PD1-7B	X	X	X	X	X	X	X	X
PD1-8A	X	X	X	X	X	X	X	X
PD1-9A	X	X	X	X	X	X	X	X
PD1-10A	X	X	X	X	X	X	X	X
PD1-10B	X	X	X	X	X	X	X	X
PD1-10C			X	X	X	X	X	X
PD1-10D	X	X	X	X	X	X	X	X
PD1-11A	X		X	X	X	X	X	X
PD2-1A	X	X	X	X	X	X	X	X
PD2-2A	X	X	X	X	X	X	X	X
PD2-2B	X	X	X	X	X	X	X	X
PD2-3A	X	X	X	X	X	X	X	X
PD2-4A	X	X	X	X	X	X	X	X
PD2-4B	X	X	X	X	X	X	X	X

# APPENDIX B

## Appendix B: Reference Guide for Required Documents, Policies and Procedures

Customized for: PDA, PDC, PDIN, PDN, PDOT, PDPT, PDST, PDSW

Standard #	Documents, Policies and Procedures	Agency Notes
PD1-1A	Copy of all current applicable license(s)/permit(s) for each premise	
PD1-2A	Written Policies and Procedures	
PD1-3A	Written Policies and Procedures	
PD1-4A	Administrator Resume/Application	
PD1-5A	Organizational Chart	
PD1-7A	Written Policies and Procedures	
PD1-11A	Written Policies and Procedures	
PD2-1A	Written Policies and Procedures	
PD2-2A	Written Policies and Procedures	
	Statement of Client's/Patient's Rights and Responsibilities	
PD2-3A	Written Policies and Procedures	
PD2-4A	Written Policies and Procedures	
PD2-5A	Written Policies and Procedures	
PD2-6A	Written Policies and Procedures	
PD2-6B	Written Policies and Procedures	
PD2-7A	Written Policies and Procedures	
PD2-8A	Written Policies and Procedures	
PD2-8B	Written Policies and Procedures	



# APPLICATION

- Online application
- Deposit
- Signed Accreditation Agreement
- Payment method
- Preliminary Evidence Report (PER) checklist
- Required documents in order to be placed into scheduling



# ONLINE APPLICATION

- Select “NEW APPLICATION” or “RENEWAL”
- Main office
  - Profile
  - Location
  - Contacts
  - Services
- Additional locations
- 10 Blackout dates
- Identify services you want accredited
- **Renewal should complete application 6-9 months prior to expiration**
- Contact your AA if any of this information needs to be updated



# PRELIMINARY EVIDENCE REPORT

## PRELIMINARY EVIDENCE REPORT (PER) INITIAL CHECKLIST



PRIVATE DUTY

This checklist constitutes the requirements of the PER, which is mandatory for organizations applying for initial Private Duty accreditation.

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

Verification of the following is required for organizations seeking initial accreditation:

- The organization must have provided care to a minimum of 5 clients/patients, having 3 active at time of survey unless state law requires more

Confirmation of the following (initial in spaces provided):

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

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

Your organization will be placed into scheduling once this document, the Agreement for Accreditation Services and Business Associate Agreement are submitted to your Account Advisor and payments are up-to-date. ACHC will strive to conduct your survey as soon as possible.

\*\*PLEASE NOTE: YOUR ORGANIZATION MUST ALWAYS BE IN COMPLIANCE WITH APPROPRIATE STATE REGULATIONS.

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.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

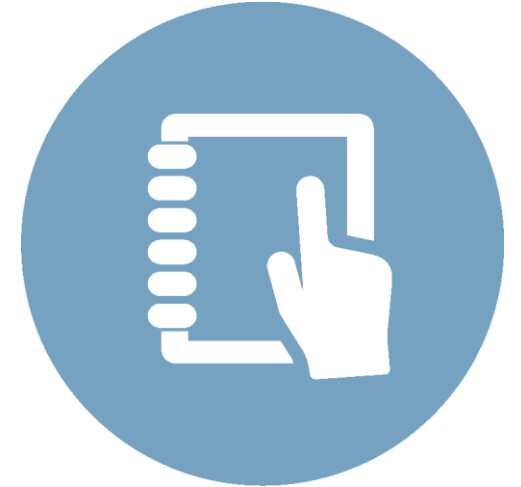
# PER CHECKLIST

- PER
  - Mandatory documents and/or criteria that must be submitted and met in order to begin the survey process
- **Date of Compliance** you establish on the PER
  - ACHC-only requirements
  - State requirements
  - Acceptance of first patient
- Agency policies
  - Implementation date of policy



# 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 and policies and procedures, available as a download
- Utilize Appendix B to organize policies



# APPENDIX B

## Appendix B: Reference Guide for Required Documents, Policies and Procedures

Customized for: PDA, PDC, PDIN, PDN, PDOT, PDPT, PDST, PDSW

Standard #	Documents, Policies and Procedures	Agency Notes
PD1-1A	Copy of all current applicable license(s)/permit(s) for each premise	
PD1-2A	Written Policies and Procedures	
PD1-3A	Written Policies and Procedures	
PD1-4A	Administrator Resume/Application	
PD1-5A	Organizational Chart	
PD1-7A	Written Policies and Procedures	
PD1-11A	Written Policies and Procedures	
PD2-1A	Written Policies and Procedures	
PD2-2A	Written Policies and Procedures	
	Statement of Client's/Patient's Rights and Responsibilities	
PD2-3A	Written Policies and Procedures	
PD2-4A	Written Policies and Procedures	
PD2-5A	Written Policies and Procedures	
PD2-6A	Written Policies and Procedures	
PD2-6B	Written Policies and Procedures	
PD2-7A	Written Policies and Procedures	
PD2-8A	Written Policies and Procedures	
PD2-8B	Written Policies and Procedures	

# POLICY REVIEW RESULTS

- Desk Review Report will come from your Account Advisor
- 21 days to revise and re-submit all corrections to Account Advisor
- 30-day window to prepare staff
  - Policy often reflects practice

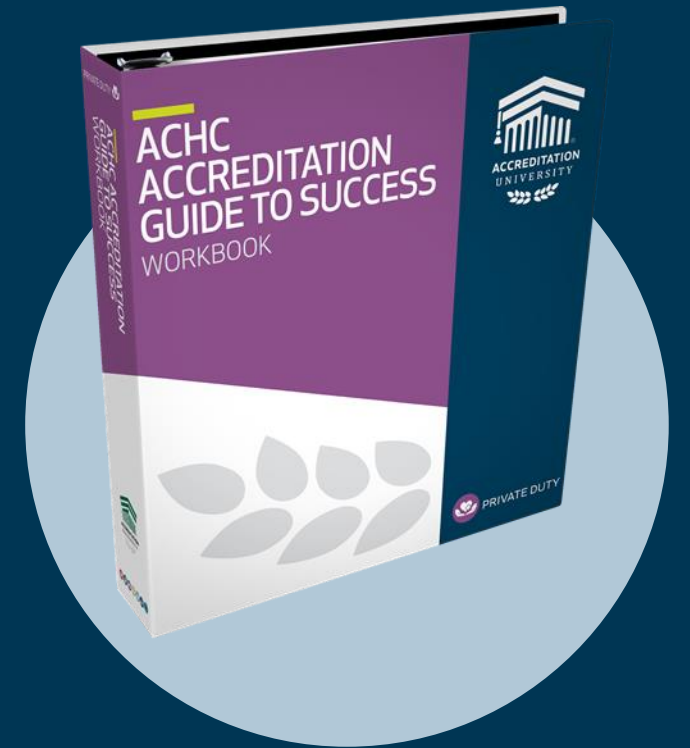




FOR PROVIDERS.  
BY PROVIDERS.

# ACHC ACCREDITATION GUIDE TO SUCCESS WORKBOOK

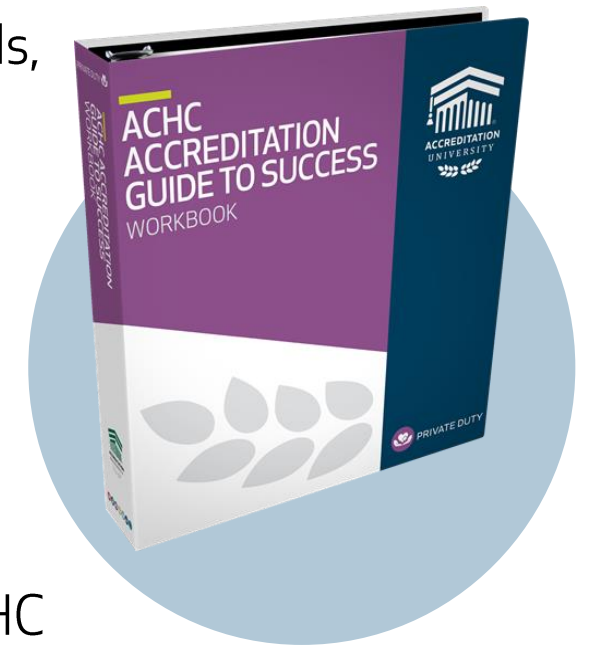
## Private Duty





# GUIDE TO SUCCESS WORKBOOK

- Essential Components
  - Each ACHC standard contains “Essential Components” that indicate what should be readily identifiable in policies and procedures, personnel records, medical records, etc.
  - Each section also contains audit tools, sample policies and procedures, templates, and helpful hints
- Other Tools
  - Each section contains a compliance checklist and a self-assessment tool to further guide the preparation process
- Quick Standard Reference
  - Quickly locate important information for successfully completing the ACHC accreditation process



# PREPARATION

---

- Educate Key Staff
  - Clinical/bedside staff
  - Administrative/leadership
  - Governing body
  - Patients
  
- Prepare the agency
  - Human Resources
  - IT
  - Walk around your agency



FOR PROVIDERS.  
BY PROVIDERS.

# ACHIEVING A SUCCESSFUL SURVEY OUTCOME

## Understanding the ACHC Private Duty Standards

# REVIEW THE STANDARDS

---

- Identifier
  - PD (PDN, PDA, PDC, PDPT, PDOT, PDST, PDSW, PDIN, PCPD)
- Standard
  - Provides a broad statement of the expectation in order to be in compliance with ACHC standards
- Interpretation
  - Gives you more detailed information and specific direction on how to meet ACHC standards
- Evidence
  - Items that will be reviewed to determine if the standard is met

# MOST STRINGENT REGULATION

- Must be in compliance with the most stringent regulation in order to be determined compliant with ACHC Accreditation Standards



# ITEMS NEEDED FOR ON-SITE SURVEY

## ITEMS NEEDED FOR ON-SITE SURVEY

### PRIVATE DUTY-NON-MEDICARE SURVEY



Below are items that will need to be reviewed by the Surveyor during your on-site survey. Please have these items available prior to your Surveyor's arrival to expedite the process. If you have any questions, please contact your Account Advisor.

- Current patient census, complete with start-of-care date, admitting diagnosis, and disciplines providing care
- Current schedule of patient visits
- Discharge/transfer patient census for past 12 months (or since start of operation, if less than one year)
- Personnel list with title, discipline, and hire date (including direct care contract staff)
- Any previous survey results from the past year
- Admission packet or education materials given to patients
- Staff meeting minutes for the past 12 months
- Any internal Plan of Correction based on identified deficiencies along with audit results

Annual requirements are not applicable to agencies in operation for less than one year.

This document is applicable to PDA, PDC, PDN, PDIN, PDPT, PDOT, PDST and PDSW. You should reference the standards applicable to the services your agency provides for full detail of the requirements for compliance.

ACHC Standard	Required Item	Located
IPD1-1A	Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws	
IPD1-01	Access to policy and procedure manual with the following policies flagged: <ul style="list-style-type: none"> <li>• PD2-2A Patient rights and responsibilities policy</li> <li>• PD2-3A Investigation of abuse, neglect, and exploitation policy</li> <li>• PD2-4A Grievance/complaint policy</li> <li>• PD4-2H Background check policy</li> <li>• PD4-13B Aide qualification requirements</li> <li>• PD5-3A Plan of care policy</li> <li>• IPD6-4A Investigation of adverse events policy</li> <li>• PD7-11A Medication and product recall</li> <li>• PD7-12A Pharmaceutical storage</li> </ul>	
IPD1-2A/PD1-2D/PD1-3A/PD1-8A/PD2-4/PD2-5A/PD2-7A/PD3-1A/PD6-1A/PD6-1C/PD7-7A	Governing body meeting minutes for the past 12 months and documentation of orientation and signed confidentiality statement(s)	
IPD1-4A	The job description for the Administrator meets any applicable state and federal laws as well as agency requirements	
IPD1-4B	Annual performance review of the Administrator	
IPD1-4C	The job description for the alternate Administrator meets any applicable state and federal laws as well as agency requirements	
IPD1-5A	Organizational chart	

Revised: 08/09/2018

[561] Items Needed for Survey--Private Duty

Page 1 of 3 | [achc.org](http://achc.org)

## ACCREDITATION COMMISSION *for* HEALTH CARE

ACHC Standard	Required Item	Located
PD1-7A	All required federal and state posters are placed in a prominent location	
PD1-10A	Contracts for direct care staff, including copies of professional liability insurance certificates	
PD1-10D	Evidence of monitoring of care/service provided by contract staff	
PD1-11A	Verification of physician licensure (if applicable)	
PD2-1A	Marketing materials	
PD2-3A/PD2-4A	Grievance/complaint log	
PD2-5A	Signed confidentiality statement for all personnel and contract staff	
PD2-5C	Business Associate Agreements (BAAs)	
PD2-6A	Advance Directive information provided to patients/clients	
PD2-7A	Evidence of how ethical issues are identified, evaluated and discussed	
PD2-8A	Evidence of communication assistance for language barriers	
PD2-9A	Compliance Program	
PD2-10A/PD2-11A/PD2-12A	On-call calendar	
PD3-1A	Most recent annual operating budget	
PD3-2A	Evidence that financial records are maintained and retained according to IRS requirements	
PD3-6A	Listing of patient care charges	
PD4-1C	Personnel records (including direct care and contract staff) contain evidence of the items listed in the standard. Surveyor will review personnel records based on the services provided by the agency.	
IPD4-2E	Job descriptions	
PD4-2I	Employee handbook or access to personnel policies	
PD4-7A/PD4-7B	Evidence of ongoing education and/or written education plan	
PD5-2A	Evidence agency maintains patient/client records in a confidential manner	
PD5-4A	Referral log	
PD5-6A	Patient/client education materials	
PD6-1A	Performance Improvement (PI) Program	
PD6-1B	Job description for individual responsible for the PI Program	
PD6-1C	Governing body meeting minutes demonstrate involvement of the governing body in PI	
PD6-1D	Evidence of personnel involvement in PI	
PD6-2B	PI annual report	
PD6-2D	Evidence of monitoring processes that involve risks, including infections and communicable diseases	
IPD6-2D	Evidence of monitoring staff incidents, accidents, complaints and worker compensation claims	

Revised: 08/09/2018

[561] Items Needed for Survey--Private Duty

Page 2 of 3 | [achc.org](http://achc.org)



ACHC Standard	Required Item	Located
IPD6-2E	Evidence of monitoring of an aspect related to patient care (high risk, high volume, problem prone)	
IPD6-2F	Evidence of monitoring of an aspect related to administrative function of the agency	
IPD6-2G	Satisfaction surveys utilized in PI	
IPD6-2H	Evidence of ongoing chart audits and that results are utilized in PI	
IPD6-2I	Evidence of monitoring of patient/client complaints and actions needed to resolve issues	
IPD6-4A	Incident log demonstrates proper documentation, investigation and resolution of all adverse events	
PD7-1A/PD7-1B	TB prevalence rates for all counties served, TB exposure control plan, and OSHA Bloodborne Pathogens plan	
PD7-1E	Infection control logs for patients and personnel and evidence infection control data is monitored and incorporated into PI as appropriate	
PD7-3A	Emergency disaster plan and results of an annual emergency disaster drill	
PD7-3C	Emergency preparedness information provided to patients/clients	
PD7-5A	Report of annual fire drill and results of testing of emergency power systems	
PD7-6B	Access to Safety Data Sheets (SDS)	
PD7-7A	Evidence of proper reporting of personnel incidents, accidents, variance or unusual occurrences OSHA forms 300, 300A, and/or 301 (if applicable)	
PD7-8A/7-9A/PD7-13A	Maintenance logs of any equipment used in the provision of care	
PD7-11A	Agency uses the Med Watch 3500 to report serious medical product problems (PDIN only)	
PD7-12A	Evidence pharmaceuticals are stored in accordance with manufacturers and USP requirements (PDIN only)	
PD7-12B	Evidence shipping methods are tested periodically to ensure containers stay within specified temperature requirements (PDIN only)	
PD7-14A	CLIA certificate of waiver for agency or CLIA certificate for the reference laboratory (PDIN only)	

Revised: 08/09/2018

[561] Items Needed for Survey--Private Duty

Page 3 of 3 | [achc.org](http://achc.org)

# REPORTS

---

- Current census
- Current schedule of visits
- List of live discharges/transfers for past 12 months
- Personnel list
  - Employees
  - Contract staff
- Previous survey results for past year
- Admission packet and education materials
- Staff meeting minutes for past 12 months
- Internal Plans of Corrections

# SECTION 1

---

- Copies of bylaws, Articles of Incorporation
- Governing body meeting minutes for the past 12 months
- Orientation records and signed confidentiality statements for governing body members
- Organizational chart
- Contracts for any direct-care services and copy of professional liability insurance
- CLIA certificate of waiver for laboratory testing being performed at your agency as well as verification that the referral laboratory is certified in the appropriate specialties and subspecialties
- Verification of physician licensure



# SECTION 2

---

- Marketing materials
- Business Associate Agreements
- Grievance/complaint log
- Compliance plan/program
- On-call calendar
- Evidence of how communication language barriers are addressed
- Evidence of how ethical issues are addressed

# SECTION 3

---

- Budget/evidence of review of budget
- Written list of patient service care charges

# SECTION 4

---

- Personnel records
  - Direct-care staff and contract staff
  - Administrator and Clinical
- Employee handbook or evidence that staff have access to personnel policies and procedures
- Written education plan and evidence of ongoing education

# SECTION 5

---

- Medical records
  - Surveyor needs the entire medical record (electronic and paper documents)
  - Do not print the medical record
  - Surveyor will need “read only” access to the entire medical record
  - Agency must provide the Surveyor with a laptop or desktop computer for reviewing the medical record
- Referral log or evidence of referrals not admitted

# SECTION 6

---

- Performance Improvement (PI) Program
  - Individual designated as responsible for the program
  - Evidence that governing body, organizational leaders and personnel are involved in the program
- Evidence for the tracking of:
  - Complaints and grievances
  - Patient incidents/variances
  - Quarterly chart audit
- Ongoing and/or current PI projects
- Annual evaluation of PI Program

# SECTION 7

---

- Evidence of an Infection Control Program
  - TB Exposure Plan
  - Bloodborne Pathogen Plan
  - Policies and procedures
  - Training of staff
- Emergency disaster plan
- Annual office fire drill
- Access to SDS information
- Maintenance logs

# FOCUS AREAS

---

- Utilize the audit tools, Compliance Checklists, and Self-Assessment to prioritize education
- Implement an internal Plan of Correction (POC)
- Share improvements with your Surveyor during survey



FOR PROVIDERS.  
BY PROVIDERS.

# ACHIEVING A SUCCESSFUL SURVEY OUTCOME

## On-site Survey Process



FOR PROVIDERS.  
BY PROVIDERS.



# ROLE OF SURVEYOR

---

- To ensure ACHC Accreditation Standards are being followed
- Data collectors
- Documented evidence that is “readily identifiable”

# ON-SITE SURVEY

---

- Notification call
- Opening conference
- Tour of facility
- Personnel file review
- Patient home visits/patient chart review
- Interview with staff, management, governing body, and volunteers
- Review of agency's implementation of policies
- Performance Improvement (PI)
- Exit conference

# OPENING CONFERENCE

---

- Begins shortly after arrival of Surveyor
- Good time to gather information needed by the Surveyor
- KEY REPORTS
  - Current census and current schedule of visits
    - Name, diagnosis, start of care date, disciplines involved
  - Discharges and transfers
  - Personnel (Employee and contract)
    - Name, start of hire, and discipline/role

# TOUR

---

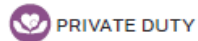
- Brief tour of facility
  - Medical record storage
  - Maintaining confidentiality of Protected Health Information (PHI)
  - Supply closet
  - Biohazard waste
  - Required posters
  - Fire extinguishers/smoke detectors/non-smoking signage
  - Restrooms

# PERSONNEL RECORD REVIEW

- Review personnel records for key staff, contract staff, and volunteers
  - Application, tax forms, and I-9
  - Job descriptions and evaluations
  - Verification of qualifications
  - Orientation records, competencies, and ongoing education
  - Medical information
  - Background checks

**For a complete listing of items required in the personnel record, review Section 4 of the ACHC Accreditation Standards.**

# PERSONNEL FILE REVIEW



PRIVATE DUTY



FOR PROVIDERS.  
BY PROVIDERS.

Please gather or flag the identified items for the following personnel/contract individuals.

COMPLIANCE DATE:

Standard	Item Required	Administrator	Alternate Administrator	Director of Clinical Services, if applicable	Alternate Director of Clinical Services, if applicable	RN Name:	LPN Name:	PDA Name:	PDC Name:	PT/PTA Name:	OT/COTA Name:	ST/SLPA Name:	BSW/MSW Name:	Other Name:
PD4-1B	Position application (N/A for contract staff)													
PD4-1B	Dated and signed withholding statements (N/A for contract staff)													
PD4-1B	I-9 Form (N/A for contract staff)													
PD4-2B	Evidence that licensed staff credentials are current & verification that non-licensed staff are qualified													
PD4-2C	Evidence of initial and annual TB screening													
PD4-2D	Evidence of Hepatitis B vaccination received or signed declination statement													
PD4-2E	Signed job description or contract													
PD4-2F	Current driver's license and MVR check, if applicable													
PD4-2H	Criminal background check													
PD4-2H	Office of Inspector General Exclusion List check													
PD4-2H	National sex offender registry check, if applicable													
PD4-2I	Evidence of access to personnel policies (N/A for contract staff)													
PD4-2J	Most recent annual performance evaluation													
PD4-5A	Evidence of orientation													
PD4-6A & PD4-6B	Initial and annual competency assessment													
PD4-7A & PD4-7B	Evidence of annual education													
PD4-7D	Initial and annual on-site observation visit													
PD4-12A	Verification of additional education needed to administer pharmaceuticals or special treatments													
PD1-3A	Conflict of Interest Disclosure Form, if applicable													
PD2-5A	Signed confidentiality statement													
PD2-6B	Evidence of CPR, if applicable													
Other state- or agency-specific requirements														

ACCREDITATION COMMISSION *for* HEALTH CARE

→ [achc.org](http://achc.org) | (855) 937-2242

6480122017



FOR PROVIDERS.  
BY PROVIDERS.

# MEDICAL CHART REVIEWS

- Review five patient/client charts
- Representative of the care provided
  - Interdisciplinary
  - Pediatric-geriatric
  - Environment served
  - Medically complex
  - All payors
- Electronic Medical Record
  - Do not print the medical record
  - Need access to the entire record
  - Need to have a laptop/desktop supplied by the agency
  - Navigator/outline

# HOME VISITS

---

- Will complete one home visit
- Visits will be with patients already scheduled for visits if census is large enough to accommodate
- Agency responsibility to obtain consent from patient/family
- Prepare patients and families for potential home visits
- Surveyor transportation



# EXIT CONFERENCE

---

- Final exit conference
  - Present all corrections prior to the exit conference
  - Surveyor cannot provide a score
  - Invite those you want to attend
  - Preliminary Summary of Findings (SOF) as identified by Surveyor and the ACHC standard
  - Seek clarification from Surveyor while still on site

# CORRECTED ON SITE

---

- ACHC-only requirements can be corrected on site and a Plan of Correction (POC) will not be required

# RESOURCES

---

- Account Advisor
- Customer Central
- Private Duty Survey Prep Packet
  - Items Needed for On-Site Survey
  - Top Survey Deficiencies
  - Personnel File Review
  - Pulse Oximetry in the Home
- Monthly “Did You Know” emails
- *ACHC Today* emails
- ACHCU educational division ([achcu.com](http://achcu.com))

# TOP SURVEY DEFICIENCIES

---

- Learn what the top survey deficiencies are and how to avoid them in the next webinar that will be sent to you after you have your pre-survey call with your Account Advisor



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)