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BY PROVIDERS.



EXPERIENCE THE ACHC DIFFERENCE

Achieving a Successful Hospice Medicare Certification Survey



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EXPERIENCE THE ACHC DIFFERENCE

Pre-Survey Preparation



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BY PROVIDERS.

ACCREDITATION COMMISSION *for* HEALTH CARE



MISSION

Accreditation Commission for Health Care (ACHC) is dedicated to delivering the best possible experience and to partnering with organizations and healthcare professionals that seek accreditation and related services.



Nationally recognized accreditation organization (AO) with more than 30 years of experience



CMS deeming authority for Home Health, Hospice, and DMEPOS



Recognition by most major third-party payors



Approved to perform many state licensure surveys



Quality Management System certified to ISO 9001:2015



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CREATE CUSTOMER CENTRAL ACCOUNT

- Step 1: Visit 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"/>	
Accreditation completed by: -----Please Choose----- <input type="text"/>	Which of the following best describes you? -----Please Choose----- <input type="text"/>	
How did you hear about ACHC? -----Please Choose----- <input type="text"/>	Are you hospital-affiliated? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input type="button" value="SUBMIT"/>		

DOWNLOAD STANDARDS AND POLICIES

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.

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

ACHC Hospice Accreditation Standards are applicable for healthcare organizations that provide hospice care to patients and their families. Hospice services provide an interdisciplinary approach to end of life care, to meet the physical, psychosocial, spiritual, and emotional needs of terminally ill individuals and their families. ACHC Hospice Accreditation Standards are written by industry experts to align with federal regulations, industry best practices, and are approved for CMS Deeming Authority.

- HSP - Hospice Care Services**
Hospice Care services provide care for terminally ill patients in their place of residence. End of life care involves an interdisciplinary approach to meet physical, psychosocial, spiritual, and emotional needs of the patient and/or family, as well as the palliation of symptoms related to the terminal illness.
- Distinction(s)**
 - PCHSP - Palliative Care Hospice**
For an organization to earn Hospice Accreditation with a Distinction in Palliative Care, the provider must also be accredited for Hospice Care Services. 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.
 - HIC - Hospice Inpatient Care Services**
Hospice Inpatient Care services are provided directly by the hospice personnel at a facility owned/operated by the hospice. These services do not include facilities in which care is provided by contract. The level of care provided can be general inpatient, or respite. If general inpatient or respite care is provided, there must be a nurse on duty 24/7. End of life care involves an interdisciplinary approach to meet physical, psychosocial, spiritual, and emotional needs of the patient and/or family, as well as palliation of symptoms related to the terminal illness.

Application »

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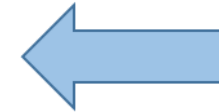
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Standards ?

ACHC Process ?



APPENDIX A

Appendix A: Standard Service Table for Selected Services

Standard	HIC	HSP
HSP1-1A	X	X
HSP1-1A.01	X	X
HSP1-1B	X	X
HSP1-2A	X	X
HSP1-2B	X	X
HSP1-2B.03	X	X
HSP1-3A.01	X	X
HSP1-4A	X	X
HSP1-4B	X	X
HSP1-4B.01	X	X
HSP1-5A.01	X	X
HSP1-6A	X	X
HSP1-7A.01	X	X
HSP1-8A	X	X
HSP1-8A.01	X	X
HSP1-8B		X
HSP1-8C		X
HSP1-9A	X	X
HSP1-10A		X
HSP1-10B	X	
HSP1-11A		X
HSP1-12A	X	X
HSP2-1A	X	X
HSP2-2A	X	X
HSP2-2B	X	X
HSP2-3A	X	X

APPENDIX B

Appendix B: Reference Guide for Required Documents, Policies and Procedures
 Customized for: HIC, HSP

Standard #	Documents, Policies and Procedures	Agency Notes
HSP1-1A.01	Written Policies and Procedures	
HSP1-2B	Written Policies and Procedures	
HSP1-3A.01	Written Policies and Procedures	
HSP1-6A	Written Policies and Procedures	
HSP1-10A	Written Policies and Procedures	
HSP1-10B	Written Policies and Procedures	
HSP1-12A	Written Policies and Procedures	
HSP2-1A	Written Policies and Procedures	
HSP2-2A	Written Policies and Procedures	
HSP2-3A	Written Policies and Procedures	
HSP2-4A	Written Policies and Procedures	
HSP2-5A	Written Policies and Procedures	
HSP2-6A	Written Policies and Procedures	
HSP2-6A.01	Written Policies and Procedures	
HSP2-7A.01	Written Policies and Procedures	
HSP2-8A.01	Written Policies and Procedures	
HSP2-8A.02	Written Policies and Procedures	
HSP2-9A.01	Written Policies and Procedures	
HSP2-11B.01	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 – branch locations, per Medicare provider number
- 10 Blackout dates
- Unduplicated admissions for past 12 months
- 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



[ HOSPICE ACCREDITATION]

This checklist constitutes the requirements of the PER, which is mandatory for organizations applying for initial Hospice 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

In addition, verification of the following is required for organizations seeking an initial Medicare Provider Number:

- Organization has completed the CMS-855 application and received written confirmation the application has been "processed" and "the application is being forwarded with a recommendation to the state and CMS Regional Office"
 - Submit a copy of the letter from CMS or the Medicare Administrative Contractor (MAC). This is applicable for companies seeking an initial Medicare Provider Number.
- The organization must have provided care to a minimum of 5 patients (not required to be Medicare patients)
 - At least 3 of the required 5 patients should be receiving care at the time of the Initial Medicare Certification Survey
 - If the hospice is located in a medically underserved area, as determined by the CMS Regional Office (RO), please call ACHC for further guidance
- The organization can demonstrate they are able to provide all services needed by patients being served and is able to demonstrate operational capacity of all facets of the organization. The hospice is fully prepared to provide all services necessary to meet the hospice Conditions of Participation (CoPs)

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

I acknowledge that this organization was/is/will be in compliance with ACHC Accreditation Standards as of _____ (date). Please note that the on-site survey will occur at least 45 days past this date to ensure a sustained period of compliance.

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/non-CoPs
- Medicare CoPs, 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



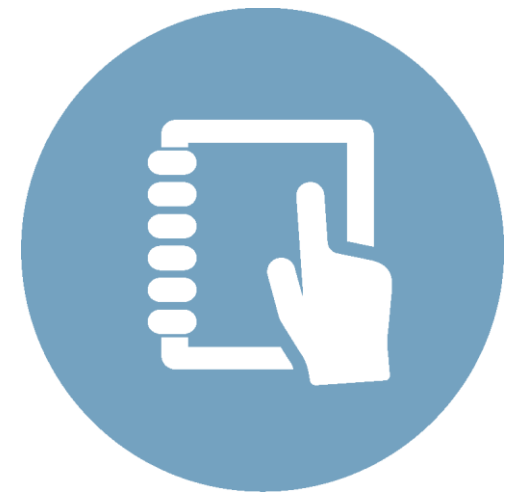
APPENDIX B

Appendix B: Reference Guide for Required Documents, Policies and Procedures
 Customized for: HIC, HSP

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HSP1-3A.01	Written Policies and Procedures	
HSP1-6A	Written Policies and Procedures	
HSP1-10A	Written Policies and Procedures	
HSP1-10B	Written Policies and Procedures	
HSP1-12A	Written Policies and Procedures	
HSP2-1A	Written Policies and Procedures	
HSP2-2A	Written Policies and Procedures	
HSP2-3A	Written Policies and Procedures	
HSP2-4A	Written Policies and Procedures	
HSP2-5A	Written Policies and Procedures	
HSP2-6A	Written Policies and Procedures	
HSP2-6A.01	Written Policies and Procedures	
HSP2-7A.01	Written Policies and Procedures	
HSP2-8A.01	Written Policies and Procedures	
HSP2-8A.02	Written Policies and Procedures	
HSP2-9A.01	Written Policies and Procedures	
HSP2-11B.01	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

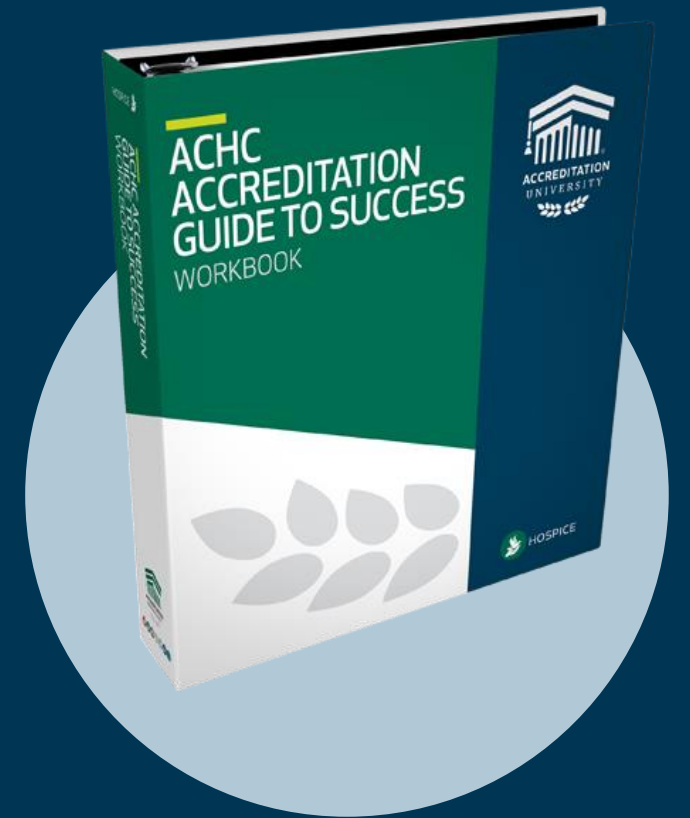




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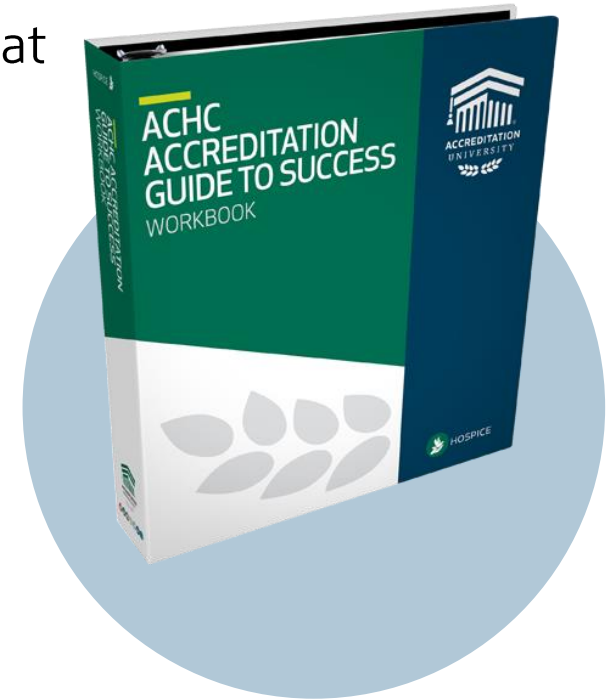
ACHC ACCREDITATION GUIDE TO SUCCESS WORKBOOK

Hospice



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
- Section Index
 - Quickly locate important information for successfully completing the ACHC accreditation process



PREPARATION

- Educate key staff
 - Clinical staff (employees, contract, & volunteers)
 - Administrative
 - Governing body
 - Patients
- Prepare the agency
 - Human Resources
 - IT/EMR
 - Office space
 - Walk around your agency



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ACHIEVING A SUCCESSFUL SURVEY OUTCOME

Understanding the ACHC Hospice Standards

REVIEW THE STANDARDS

- Identifier-HSP
 - Services applicable
 - HSP-Hospice
 - HIC-Inpatient facility
- 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

STANDARD EXAMPLE

Standard HSP1-4B: An individual is appointed to assume the role of the Administrator during temporary absences and/or vacancies. (418.100(b)) (L651)



Interpretation: A qualified person is authorized in writing to act in the absence of the Administrator. The duties that the individual assumes during the absence of the Administrator are written into the job description and policies and procedures and are included in the orientation of this individual.



Evidence: Written Policies and Procedures, Alternate Administrator Resume, Orientation Records

STANDARD EXAMPLE

Standard HSP1-8A.02: Service contracts/agreements are reviewed and renewed as required in the contract.



Interpretation: The hospice has an established process to review and renew contract/agreements as required in the contract. A mechanism to indicate that the review/renewal has been accomplished may be evidenced by either a notation of the review dates on the initial contract/agreement or development of an updated contract/agreement.



Evidence: Written Contracts/Agreements

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

MEDICARE CERTIFICATION AND RECERTIFICATION

HOSPICE

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 personal Account Advisor.

- Number of unduplicated admissions per Medicare Provider number during the past 12 months (or since start of operation if less than one year)
- Number of unduplicated admissions per multiple location served under the parent Medicare provider number during the past 12 months (or since start of operation if less than one year)
- Current patient census, complete with start-of-care date, admitting diagnosis, and disciplines providing care
- Current schedule of patient visits
- Discharge/transfer/revocation patient census for past 12 months (or since start of operation if less than one year)
- List of individuals receiving bereavement services
- Personnel list with title, discipline, and hire date (including direct care contract staff and volunteers)
- Any survey results from the past year
- Admission packet and education materials given to patients
- Staff meeting minutes for the past 12 months
- Any internal Plans of Correction based on identified deficiencies along with audit results

Annual requirements are not applicable to agencies in operation for less than one year. Unduplicated admissions refer to all patients admitted one time during the past 12 months regardless of payer.

ACHC Standard	Required Item	Located
HSP1A	Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws	
HSP1-1A.01	Access to policies and procedures manual with the following policies flagged: <ul style="list-style-type: none"> • HSP4-7A Competency assessment policy • HSP5-1B HIPAA policy • HSP7-6B Disposal of controlled drugs policy • HSP7-4C Emergency Preparedness Plan/Policies 	
HSP1-1A.01	All required federal and state posters are placed in a prominent location	
HSP1-B	Current B55A/CMS approval letter	
HSP1-2A	Evidence hospice is able to provide all core services, non-core services, and all four levels of care	
HSP1-2B/HSP1-2B.02/ HSP1-3A.01/HSP2-7A.01/ HSP3-1A.01/HSP4-12D/ HSP1-3A.01	Governing body meeting minutes for the past 12 months and documentation of orientation and signed confidentiality statement(s)	
HSP1-3A.01	Governing body as well as personnel have a signed conflict of interest disclosure statement (if applicable)	

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[560] Items Needed for Survey - Hospice

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ACCREDITATION COMMISSION for HEALTH CARE

ACHC Standard	Required Item	Located
HSP1-4B.01	Annual evaluation of the Administrator	
HSP1-5A.01	Organizational chart	
HSP1-8A/HSP1-8A.01	Contracts for direct care, including copies of professional liability insurance certificates as well as evidence of monitoring contracted services	
HSP1-8B	Contracts for short term inpatient care (respite and short-term pain and symptom management)	
HSP1-8C	Contracts for hospice patients residing in SNF/NF or ICF/IID receiving routine hospice care	
HSP1-9A	CLIA certificate of waiver for agency and/or CLIA certificate for reference laboratory	
HSP1-11A	CMS letter of approval for multiple locations addition (if applicable)	
HSP1-12A	Verification of physician licensure	
HSP2-1A	Marketing materials	
HSP2-3A	Grievance/complaint log	
HSP2-5A.01	Business Associate Agreements (BAAs) for non-covered entities	
HSP2-7A.01	Evidence of how ethical issues are identified, evaluated, and discussed	
HSP2-8A.01	Evidence of communication assistance for language barriers	
HSP2-10A	On-call calendar	
HSP2-9A.01	Evidence of a Compliance Program	
HSP2-11B.01	Written explanation of attending physician responsibilities	
HSP2-11D	Nursing waiver (if applicable)	
HSP2-11F & HSP5-5B.01	Bereavement program materials	
HSP2-11F.01	Counseling resources for bereaved individuals whose needs cannot be met by the hospice	
HSP2-12A	Contract(s) for non-core services; this includes but is not limited to PT, OT, ST	
HSP2-12B	Therapy and dietary counseling waiver (if applicable)	
HSP2-13B	Contract(s) for DME provider and copy of certificate of accreditation	
HSP3-1A.01	Most recent annual operating budget	
HSP3-3B.02	Recent Medicare cost report (N/A for initial Medicare certification)	
HSP3-4A	Listing of patient care charges	
HSP3-6A	Hospice inpatient CAP report	
HSP4-1B.01	Personnel records contain evidence of the items listed in the standard. Surveyor will review personnel records for the following disciplines (at a minimum): Administrator, Alternate Administrator, Director of Clinical Services, Alternate Director of Clinical Services, Medical Director, Nurses, Social Worker, Spiritual Care Provider, Volunteer Coordinator, Volunteer, Bereavement Coordinator, Hospice Aide, Physical Therapist, Occupational Therapist, Speech Therapist	
HSP4-2E.01	Job descriptions for identified staff	
HSP4-2L.01	Employee handbook or access to personnel policies	
HSP4-4B	Training logs/materials used to educate SNF/NF or ICF/IID staff	

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ACHC Standard

ACHC Standard	Required Item	Located
HSP4-5B.01, HSP4-5B.02, HSP4-6A/HSP4-6A.01	Evidence of ongoing education and/or a written education plan and evidence of required training	
HSP4-6B/HSP4-7B/HSP4-7C/HSP4-8A	Hospice aide competency evaluation and/or training materials	
HSP4-11A	Evidence of a designated Medical Director and Alternate Medical Director (if under arrangement, must have a signed contract for both)	
HSP4-12A & HSP4-4A	Evidence of volunteer orientation	
HSP4-12B	Evidence of the ability to provide direct care and administrative volunteers	
HSP4-12C	Current volunteer cost savings report	
HSP4-12D	Current volunteer activity report	
HSP5-1A & HSP5-1A.01	Patient records contain all required items as identified in the standards	
HSP5-3C.01	Evidence of the submission of Hospice Information Set (HIS) admission and discharge data (N/A for initial Medicare certification surveys)	
HSP5-4A	Plans of care contain all required items as identified in the standard	
HSP5-9A.01	Referral log and community referral resources	
HSP6-1A	Quality Assessment and Performance Improvement (QAPI) program	
HSP6-1B	Job description for the individual responsible for the QAPI program	
HSP6-2A	Governing body meeting minutes demonstrate involvement of governing body and organizational leaders in QAPI	
HSP6-2B	Evidence of personnel involvement in QAPI	
HSP6-3A/HSP6-4A	QAPI annual report	
HSP6-4A	Completed QAPI projects for past 12 months	
HSP6-6A	Evidence of monitoring of an aspect related to patient care (high risk, high volume, problem prone)	
HSP6-6B	Evidence of data elements collected from the comprehensive assessment are monitored and utilized in QAPI	
HSP6-6B.01	Evidence of chart audit results utilized in QAPI	
HSP6-6B.02	Satisfaction surveys utilized in QAPI	
HSP6-6B.03	Grievance log and evidence of monitoring of patient grievances/complaints	
HSP6-6B.04	Evidence of monitoring of an aspect related to administrative function of the agency	
HSP6-6C	Evidence of written corrective action plans for any QAPI projects that did not meet desired outcomes	
HSP6-7A/HSP2-4A/HSP7-5A.01	Incident log and evidence of monitoring of all patient grievances and complaints	
HSP7-1A	TB prevalence rates for all counties served, TB exposure control plan, and OSHA Bloodborne Pathogens plan	
HSP7-1C	Infection control logs for patients and personnel and evidence infection control data is monitored and incorporated into QAPI as appropriate	

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[560] Items Needed for Survey - Hospice

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ACCREDITATION COMMISSION for HEALTH CARE

ACHC Standard	Required Item	Located
HSP7-3A.01	Report of annual fire drill and results of testing of emergency power systems	
HSP7-4B	Emergency Preparedness Plan that includes the all-hazards risk assessment	
HSP7-4D	Communication Plan	
HSP7-4E	Evidence of emergency preparedness training for all existing and new staff including staff that provide services under arrangement	
HSP7-4E	Evidence of a minimum of two tests completed <ul style="list-style-type: none"> • One is a community-based or facility-based exercise • Second is a community-based or facility-based exercise or, when a community-based or facility-based exercise cannot be completed, a tabletop exercise is completed If unable to complete a community-based exercise, documentation must exist to support attempts made to participate in a community-based exercise	
HSP7-4F	Emergency plan for integrated healthcare systems can demonstrate that the hospice's needs and circumstances, patient population and services offered were included in all aspects of the emergency preparedness requirements (if applicable)	
HSP7-5A.01	OSHA forms 300, 300A, and/or 301 (if applicable)	
HSP7-7A.01/HSP7-8A	Maintenance logs of any equipment used in the provision of care	
HSP7-9A.02	Access to Safety Data Sheets (SDS)	

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[560] Items Needed for Survey - Hospice

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ITEMS NEEDED FOR ON-SITE LSC SURVEY

ITEMS NEEDED FOR ON-SITE SURVEY

HOSPICE INPATIENT- MEDICARE CERTIFICATION AND RECERTIFICATION



Below are the 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.

- Number of unduplicated admissions for each inpatient facility during the past 12 months (or since start of operation, if less than one year)
- Current patient census, complete with start-of-care date, admitting diagnosis, and disciplines providing care for each inpatient unit
- Personnel list with title, discipline and hire date (including direct care contract staff and volunteers) for each inpatient unit
- Building plans including Life Safety drawings
- The following policies need to be available for review:
 - Drug Disposal Policy HSP7-6C
 - Smoking Policy for Campus HSP7-3D
 - Emergency Preparedness Plan/Policy HSP7-4A and HSP7-4C

Note: Standards HSP7-4B through HSP7-4F incorporate the CMS Emergency Preparedness requirements, which will be surveyed against after November 15, 2017.

ACHC Standard	Required Item	Located
HSP1-1A	Licenses and permits as required by the state	
HSP1-10B	Evidence that the ordering, dispensing and administration of drugs is in accordance with applicable laws and regulations	
HSP2-16A.02	Evidence of meal planning and supervision of dietary services	
HSP2-16B	Evidence of adequate staffing based on level of care	
HSP2-17A, B & C	Evidence of proper use of restraints (if applicable)	
HSP4-9A	Evidence staff are properly trained in the use of restraints (if applicable)	
HSP4-14B	Pharmacist's license	
HSP4-15A.01	Evidence of a Registered Dietician or other qualified individual oversees meal planning	
HSP7-3C	<ul style="list-style-type: none"> • Evidence of maintenance and testing of alternate power sources and transfer • Weekly inspection of generator • Monthly testing of generator(s) in which it is exercised under load for 30 minutes • Annual testing of main and feeder circuit breakers and records of inspections, performance, exercising period, and repairs 	
HSP7-3D	Evidence of fire watch plan if fire alarms are out of service	
HSP7-3D	Evidence of fire watch plan if sprinklers are out of service	

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[630] Hospice LSC Items Needed for Survey

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ACCREDITATION COMMISSION *for* HEALTH CARE

ACHC Standard	Required Item	Located
HSP7-3D	Evidence of fire drills being conducted every shift, at least quarterly, with evidence of an audible alarm drill conducted between the hours of 6AM and 9PM each quarter	
HSP7-3D	Evidence smoking is allowed in designated areas only with ashtrays of noncombustible material and that non-smoking signs are posted in areas where smoking is not allowed	
HSP7-3D	Fire alarm testing/maintenance records	
HSP7-3D	Sprinkler system maintenance records	
HSP7-3D	Kitchen range hood maintenance records	
HSP7-3D	HVAC system maintenance records	
HSP7-3D	Fire extinguisher maintenance and testing reports	
HSP7-3D	Evidence medical gases are properly stored and storage area has posted no-smoking signage	
HSP7-3D	Fire door assembly inspected and tested annually (effective January 1, 2018)	
HSP7-3D	Piped-in medical gas system maintenance records	
HSP7-4B	Emergency Preparedness Plan based on all-hazards risk assessment	
HSP7-4D	Communication plan	
HSP7-4E	Evidence of emergency preparedness training for all existing and new staff, including staff that provide services under arrangement	
HSP7-4E	Evidence of a minimum of two tests completed: <ul style="list-style-type: none"> • One is a community-based or facility-based exercise • Second is a community-based or facility-based exercise or, when community-based or facility-based exercise cannot be completed, a tabletop exercise is completed If unable to complete a community-based exercise, documentation must exist to support attempts made to participate in a community-based exercise	
HSP7-4F	Emergency plan for integrated healthcare systems can demonstrate that the hospice's needs and circumstances, patient population, and services offered were included in all aspects of the emergency preparedness requirements (if applicable)	
HSP7-6C	Drug disposal logs/records	
HSP7-6D	Temperature logs for refrigerators that contain patient medications	
HSP7-7A.01	Maintenance logs for equipment used in the provision of patient care	
HSP7-10A	Patient room water temperature logs	
HSP7-10D	Evidence linens are provided in a sanitary manner	
HSP7-10E	Temperature logs for refrigerators that contain patient food	

For a full listing of the Life Safety Code requirements, visit:
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/LSC.html>
 CMS2786-R is also available to assist in preparation for the Life Safety Code Survey.

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REPORTS

- Unduplicated admissions per Medicare Provider for the past 12 months
 - Parent location
 - Multiple locations
- Current census
- Current schedule of visits
- List of live discharges/transfers/revocations for past 12 months
- List of individuals receiving bereavement services

REPORTS

- Personnel list
 - Employees
 - Volunteers
 - 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

- Current 855A
 - If you are a start-up agency or you have had a change that required an updated CMS 855A
- 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
- Personnel file for Administrator and Alternate Administrator
- Personnel file for Director and alternate Director of clinical services
- Contracts for Inpatient and SNF/NF or ICF/IID

SECTION 1

- 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 2

- Attending physician written responsibilities
- Any waivers, as applicable
- Community resources for bereaved individuals
- Contract or evidence of the ability to provide DME and certificate of accreditation

SECTION 3

- Budget/evidence of review of budget
- Capital Expenditure Plan, if applicable
- Most recent Medicare Cost Report (not applicable for start-ups)
- Written list of patient service care charges

SECTION 4

- Personnel records
 - Direct-care staff and contract staff
 - Administrator and clinical
 - QAPI Coordinator role
- 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

- Quality Assessment and Performance Improvement (QAPI) 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 QAPI projects
- Annual evaluation of QAPI Program

SECTION 7

- Evidence of an Infection Control Program
 - TB Exposure Plan
 - Bloodborne Pathogen Plan
 - Policies and procedures
 - Training of staff
- Emergency Preparedness Plan
- Access to SDS information
- Maintenance logs

INPATIENT UNIT

- Maintenance and safety logs
- Previous inspection records
- Evidence of fire drills
- Drug disposal logs/records
- Temperature logs for refrigerators that contain patient medication
- Temperature logs for refrigerators that contain any patient food
- Patient room water- temperature logs
- Pharmacist's license
- Evidence of Registered Dietician or other qualified individual oversees meal planning

STANDARD- & CONDITION-LEVEL DEFICIENCIES

- Standard-level deficiencies are ACHC-only deficiencies and individual standards under the Medicare Conditions of Participation
 - Not as “severe”
 - Individual, random issue vs. a systemic issue
- Condition-level deficiencies result when either an entire condition is out of compliance, or multiple standards under a single condition are out of compliance

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

SURVEY SUCCESS

A silhouette of a person standing on the peak of a mountain, holding a flag. The background is a dark teal gradient with a silhouette of a mountain range at the bottom.

Key to survey success is compliance with the Medicare Conditions of Participation (CoPs)!



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
- Quality Assessment Performance Improvement (QAPI)
- Emergency Preparedness Plan
- Exit conference

OPENING CONFERENCE

- Begins shortly after arrival of Surveyor
- Completion of CMS paperwork
- Good time to gather information needed by the Surveyor
- KEY REPORTS
 - Unduplicated admissions for previous 12 months (number)
 - Current census and current schedule of visits
 - Name, diagnosis, start of care date, disciplines involved
 - Discharge, transfers, revocation, and death
 - Personnel/Volunteers/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



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	Alternate Director of Clinical Services	RN	MD	Aide	PT/PTA	OT/COTA	ST	BSW/MSW	SCP	BC	VC	Volunteer	Other
HSP4-1A.02	Position application																
HSP4-1A.02	Dated and signed withholding statements																
HSP4-1A.02	I-9 Form (N/A if independent contractor)																
HSP4-2B	Evidence of verification credentials of licensed staff are current																
HSP4-2C.01	Evidence of initial and annual TB screening																
HSP4-2D.01	Evidence of Hepatitis B vaccination received or signed declination statement																
HSP4-2E.01	Signed job description or contract																
HSP4-2F.01	Current driver's license and MVR check, if applicable																
HSP4-2H	Criminal background check																
HSP4-2H	Office of Inspector General Exclusion List check																
HSP4-2H	National sex offender registry check, if applicable																
HSP4-2I.01	Evidence of access to personnel policies																
HSP4-2J.01	Most recent annual performance evaluation																
HSP4-2B	Verifications of qualifications for non-licensed personnel																
HSP4-4A	Evidence of orientation																
HSP4-5B.01	Verification of additional education needed to administer pharmaceuticals or special treatments																
HSP4-5B.02	Evidence of training for the utilization of waived tests																
HSP4-6A & HSP4-6A.01	Evidence of annual education																
HSP4-7A	Initial and annual competency assessment																
HSP4-9A	Restraint competency (In-patient only)																
HSP4-10A.03	Initial and annual on-site observation visit																
HSP1-2B.03	Conflict of Interest Disclosure Form, if applicable																
HSP2-5A	Signed confidentiality statement																
HSP2-6A.01	Evidence of CPR, if applicable																
Other state- or agency-specific requirements																	

ACCREDITATION COMMISSION *for* HEALTH CARE

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MEDICAL CHART REVIEWS

- CMS requirement based on unduplicated admissions
- 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

- CMS requirement based on unduplicated admissions
- 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

RECORD REVIEW/HOME VISITS

Unduplicated Admissions for a recent 12 months	Minimum # of Record Reviews Without Home Visit	Minimum # of Record Reviews With Home Visit	Total Record Reviews
<150	8	3	11
150-750	10	3	13
751-1250	12	4	16
1251 or more	15	5	20

EXIT CONFERENCE

- Mini-exit
 - At the end of each day to identify the deficiencies
- 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
- L tags that are corrected on site will still be scored as a “No” and a POC will be required
 - Always seek to demonstrate regulatory compliance
 - Validation surveys

RESOURCES

- Account Advisor
- Customer Central
- Hospice Survey Prep Packet
 - Items Needed for On-Site Survey
 - Completion of CMS paperwork
 - Personnel File Review
 - Use of PRN on the aide plan of care
- Monthly “Did You Know” emails
- *ACHC Today* emails
- ACHCU (achcu.com)

RE-CAP

- Generate the needed reports
 - Unduplicated admissions
 - Current census
 - Recent live discharges, transfers, and revocations
 - Personnel and contracted individuals
 - Full-time equivalent
 - Number of volunteers
- Contracts for in-patient care and skilled nursing facility (routine care)
 - Medicare Provider Number
- Contracts for Medical Director and alternate Medical Director
- Contracts for Physical Therapy, Occupational Therapy, and Speech-Language Pathology

RE-CAP

- Electronic Medical Record
 - Read-only access
- Gathered all information on the Items Needed List
- Flagged the required policies and procedures
- Flagged the required documents for personnel files

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



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BY PROVIDERS.

THANK YOU

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