



EDUCATIONAL RESOURCES

ACHC Certified Consultant Training

Renal Dialysis

 RENAL DIALYSIS



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE



About ACHC

- Nationally recognized AO with more than 30 years of experience
- CMS Deeming Authority for Home Health, Hospice, Renal Dialysis, Home Infusion Therapy, and DMEPOS
- 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



ACHC Mission & Values

Our 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.

Our Values

- Committed to successful, collaborative relationships
- Flexibility without compromising quality
- Each employee is accountable for his or her contribution to providing the best possible experience
- We will conduct ourselves in an ethical manner in everything we do

Collaborative Survey Approach

- ACHC values guide the survey approach and provide the facility with:
 - ✓ Consistency in interpretation of requirements
 - ✓ Accuracy in reporting findings/observations
 - ✓ The opportunity to clarify or correct ACHC deficiencies
 - ✓ Active engagement to promote ongoing success post-survey

Surveyor Expertise

- Surveyor knowledge and expertise drive both the experience and the quality of the survey
- Surveyor success is driven by ACHC processes and tools
 - Surveyor Training
 - Surveyor Annual Evaluations
 - Internal Post-Survey Reviews
 - Customer Provided Satisfaction Surveys



Personal Account Advisors

- Primary contact with customers
- Assigned once a customer submits an application
- Assist customers with the ACHC survey process
 - Pre-survey phone calls
 - Email with links to brief survey-prep webinars and other resources
- Questions that cannot be answered by them will be sent to the appropriate Clinical or Regulatory department



Customer Satisfaction



ACHC Renal Dialysis Accreditation



- Earned CMS Deeming Authority in 2019
- Program-specific standards include CfCs
- Ability to choose current modalities/services:
 - In-center Dialysis Services include:
 - In-center Hemodialysis
 - In-center Peritoneal Dialysis
 - In-center Nocturnal Hemodialysis
 - Home Dialysis Services:
 - Home Hemodialysis Training & Support
 - Home Hemodialysis in LTC
 - Home Peritoneal Dialysis Training & Support
 - Home Peritoneal Dialysis in LTC

Distinction in Telehealth

- Distinction in Telehealth
- One additional day on survey:
 - Must have served three patients

Types of Surveys

- **Initial Survey:** An Initial Survey is conducted on organizations that apply for ACHC Accreditation for the first time. Initial Surveys are unannounced.
- **Renewal Survey:** A Renewal Survey is conducted on organizations that are currently accredited by ACHC. Renewal Surveys are conducted in the same format as an Initial Survey; however, during the Renewal Survey, the Surveyor also reviews previous deficiencies for compliance. Renewal Surveys are unannounced.
- **Dependent Survey:** A Dependent Survey is a re-survey conducted on an organization that was not in compliance with ACHC Accreditation Standards. Dependent Surveys are unannounced.

Types of Surveys

- **Licensure Survey:** A Licensure Survey is conducted on organizations that are required to obtain a license before beginning to conduct business. If ACHC is approved to conduct a Licensure Survey in that state, ACHC will conduct a one (1) day survey that includes a review of the organization's policies and procedures. The ACHC Surveyor will verify that proper personnel are in place and the organization is ready to begin operation. Licensure Surveys are announced.

Types of Surveys

- **Dependent Survey:** A Dependent Survey is a resurvey conducted on an organization that initially was not in compliance with ACHC Accreditation Standards. Dependent Surveys are unannounced.
- **Corporate Survey:** A Corporate Survey is a resurvey conducted on corporate organizations. Corporate Surveys provide the organization the opportunity to present policies and procedures and other relevant information that demonstrate compliance with the ACHC Accreditation Standards. Corporate Surveys are announced.
- **Validation Survey:** A Validation Survey is for a corporate customer and will be conducted on a percentage of the organization's locations to verify compliance with ACHC Accreditation Standards. Validation Surveys are unannounced.

Types of Surveys

- **Complaint Survey:** A Complaint Survey is conducted on organizations that have a complaint filed against them. Should ACHC determine during the investigation that a site visit is required, ACHC will conduct a Complaint Survey to determine if the complaint is substantiated. Complaint Surveys are unannounced.
- **Disciplinary Action Survey:** A Disciplinary Action Survey is conducted on organizations due to non-compliance from a previous survey, the ACHC Accreditation Standards and/or Accreditation Process and/or a breach in the ACHC Accreditation Agreement. Disciplinary Action Surveys are unannounced.

Types of Surveys

- **Life Safety Code Survey:** A Life Safety Code (LSC) Survey is conducted on organizations that meet the requirements of such a survey unless ACHC is provided an LSC waiver or attestation. If an LSC Survey is applicable, an additional one-day survey with appropriate fees applied will be performed by a trained LSC Surveyor.

Postponement of Survey

- Organizations may postpone an ACHC survey as long as the ACHC Surveyor has not begun to travel to the organization's location. Postponements must be requested in writing to the organization's Account Advisor. ACHC will invoice a postponement fee as listed in the Agreement for Accreditation Services.
- The organization is responsible for notifying the Account Advisor in writing of its readiness for survey within 180 days from receipt of the ACHC Postponement. If the organization notifies the Account Advisor within the specified time frames, the organization will be scheduled for a survey following the ACHC scheduling process. If the organization does not notify the Account Advisor within the specified time frames, the organization's deposit will be forfeited, application voided, and the organization must reapply for accreditation.

Refusal of Survey

- Organizations have the right to refuse an ACHC survey. In the event a refusal is requested, the organization must speak to the Account Advisor or an appropriate manager at ACHC to request a Survey Refusal Form. A completed Survey Refusal Form must be submitted to ACHC before the Surveyor can leave the location. If an ACHC Surveyor arrives on site and the organization does not meet the eligibility criteria for an accreditation survey, the organization must refuse the survey and complete a Survey Refusal Form.
- If an ACHC Surveyor arrives on site and the organization is not operating during its posted business hours, the Surveyor will notify the ACHC Account Advisor and leave the location. This will be considered a refusal of survey.

Refusal of Survey

- The organization is charged a refusal fee as listed in the Agreement for Accreditation Services. The organization is responsible for notifying the Account Advisor in writing of its readiness for a resurvey within 180 days from refusal of survey. If the organization notifies the Account Advisor within the specified time frame, the organization will be sent to scheduling and will follow the normal scheduling process. If the organization notifies the Account Advisor outside of the specified time frame, the organization's deposit will be forfeited, the application will be voided, and the organization must re-apply for accreditation.
- Facilities with a Medicare Provider Number who refuse a survey will be an automatic denial.



EDUCATIONAL RESOURCES

Completing the Application

 RENAL DIALYSIS



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Application

- cc.achc.org
- Customer needs to create a Customer Central account.
- Consultant needs to create a Customer Central account.
- Customer Central allows customers and/or Consultants to initiate the application and access resources.
- Initial or renewals — application and survey process is the same.

USERNAME

PASSWORD

LOG IN

[Forgot username or password?](#)



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

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?	
-----Please Choose-----	-----Please Choose-----	
How did you hear about ACHC?	Are you hospital-affiliated?	
-----Please Choose-----	YES <input type="checkbox"/> NO <input type="checkbox"/>	
<p>SUBMIT</p>		

Go To: cc.achc.org

Log in above or create a new account below.



ACHCU is a brand of ACHC.





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

Once inside your client's account, encourage them to purchase standards.

This allows continuous access to the standards.





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

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

Online Application

- NEW APPLICATION or RENEWAL
- Main office:
 - Profile
 - Location
 - Contracts
 - Services
- Additional locations – branch locations or multiple locations
- Blackout dates – for renewal surveys
- Unduplicated admissions

Preliminary Evidence Report

- Preliminary Evidence Report (PER):
 - Mandatory documents and/or criteria that must be submitted and met in order to begin the survey process
 - Date of Compliance — ACHC standards only
 - Compliance starts with acceptance of first patient
 - CfCs
 - State licensure requirements
 - Discipline-specific scope of practice
 - Federal requirements

Account Advisor



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Video Tutorials
Customer Central Tour
Application Tour

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.

Upload a file

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

Download Your Checklist

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

Download Adobe Reader >>

CONTINUE >


First download the correct PER Checklist.


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

Preliminary Evidence Report Checklist

Establish
Compliance
Date

PRELIMINARY EVIDENCE REPORT CHECKLIST

 FOR PROVIDERS.
BY PROVIDERS.

 RENAL DIALYSIS

This checklist constitutes the requirements of the Preliminary Evidence Report (PER), which is mandatory for organizations applying for initial Renal Dialysis 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 an initial Medicare Provider Number:

- The 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 organization seeking an initial Medicare Provider Number.
- A copy of CMS form 3427
 - Submit a copy of the form
- A signed agreement between the organization and applicable End-Stage Renal Disease (ESRD) network.
 - Submit a copy of the ESRD Network agreement. (A signed agreement between the facility and the applicable Network is required prior to the initial certification survey (V755))
- 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
- Life Safety Code (LSC) attestation or waiver, if applicable
 - Submit a copy of the waiver (If a facility does not meet the qualifications for a waiver, a LSC Survey must be completed)
- The organization must have one patient on the census for each modality offered
- The organization has a full and current license, NOT PROVISIONAL, in the state it is currently doing business, if applicable
 - Please note: all states may not require a license therefore this only pertains to organizations that reside in states that require a license

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.

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.

Revised: 02/11/2021
[18] Preliminary Evidence Report Checklist - RD

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****PLEASE NOTE: YOUR ORGANIZATION MUST ALWAYS BE IN COMPLIANCE WITH MEDICARE REGULATIONS, CONDITIONS FOR COVERAGE, AND APPROPRIATE STATE REGULATIONS.**

I, having the authority to represent this organization, verify that _____ (organization's legal name) has met the above requirements for survey. If this organization fails to meet any of the aforementioned requirements when the ACHC Surveyor arrives for your survey, the survey performed by ACHC will not be accepted as a legitimate Initial Medicare Certification Survey by CMS. This will 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)

Revised: 02/11/2021
[18] Preliminary Evidence Report Checklist - RD

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Renal Dialysis Appendix A

Appendix A: Standard Service Table for Selected Services

Standard	HDS	ICD	RDTH
RD1-A	X	X	
RD1-B	X	X	
RD1-D	X	X	
RD1-E	X	X	
RD1-F	X	X	
RD1-H	X	X	
RD1-J.01	X	X	
RD1-L.01	X	X	
TH1-A			X
TH1-B			X
TH2-A			X
TH2-B			X
TH2-C			X
TH2-D			X
TH2-E			X
TH2-F			X
TH2-G			X
TH4-A			X
TH5-A			X
TH5-B			X
TH5-C			X
TH5-D			X
TH5-E			X

Renal Dialysis Appendix B

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

Customized for: HDS, ICD, RDTH

Standard #	Documents, Policies and Procedures	Agency Notes
RD1-E	Written Policies and Procedures	
TH1-B	Resume/Application	
TH2-A	Written policies and Procedures	
TH2-B	Written Policies and Procedures	
TH2-C	Written Policies and Procedures	
TH2-D	Written Policies and Procedures	
TH2-E	Written Policies and Procedures	
TH2-F	Written policies and procedures	
TH2-G	Written Policies and Procedures	
TH4-A	Written policies and procedures	
TH5-A	Written Policies and Procedures	
TH5-B	Written Policies and Procedures	
TH5-D	Written Policies and Procedures	
TH5-F	Written Policies and Procedures	
TH7-A	Written Policies and Procedures	
RD2-E	Written Policies and Procedures	
RD2-H.01	Written Policies and Procedures	

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 facility's policies and procedures to ACHC Accreditation Standards.
- Option to purchase through the Customer Central portal.
- Customized Reference Guide for Required Documents (Appendix B).
- Consultants can also have Policies and Procedures pre-approved.
 - Drop-down box on the application.

Accreditation Process

- After the first three steps are completed (application, deposit, and PER), your Account Advisor will review all documentation and send an Accreditation Agreement to the customer.
- After the Accreditation Agreement is signed by both parties, the customer will receive a direct link to pay the remaining balance.
- At that point, your client's organization will be sent to scheduling.



Account Advisor



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Welcome, Carolyn!

ACHC - Cary, NC

Your entire process begins with an application. To start a new application click "New Application," or to renew an 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

In Progress

APPLICATION	DATE SUBMITTED	TYPE	STATUS	LAST UPDATED	
x 103738		New	Customer In Progress	6/14/2019 3:38 PM	[EDIT]

Accreditation History

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

- My Profile
- Change Company
- Payment History
- Log out



After payments are completed, you can always find a copy of the receipt in the "Payment History" tab.

Customer Central

- Your go-to resource for ACHC Accreditation needs.
- Utilize all documentation and video resources.
- To link all your client accounts together, contact the ACHC Marketing team at info@achc.org:
 - Provide written approval from client (email is okay).
 - Allow two to three business days.



EDUCATIONAL RESOURCES

Renal Dialysis Deemed Survey Process:

Start To Finish

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Deemed Status

- Deemed Status:
 - For startup facilities, in lieu of state/CMS survey in order to obtain Medicare Provider Number for billing.
 - For existing facilities, in lieu of state/CMS survey for the recertification survey every three years.
 - Facility comes under the jurisdiction of ACHC.
 - ACHC makes a recommendation to CMS/Regional Office to participate in the Medicare program.
 - ACHC cannot issue to terminate a Medicare provider number.

On-Site Survey

- Notification call
- Opening conference
- Tour of facility
- Personnel file review
- Medical record review
- Treatment observations & patient SNF home visits (if applicable)
- Water treatment observations and reuse observations (if applicable)
- Interview with staff, Medical Director, governing body, and patients
- Review of facility'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 for the facility to gather the information needed by the Surveyor
- KEY REPORTS
 - Current census/treatment schedule:
 - Name, date of admission, LTC/SNF resident
 - Access report with date of insertion/creation
 - Discharge and transfers (to include IVD's)
 - List of patient's considered "unstable" per the comprehensive assessment criteria
 - Outlier Report
 - Outcomes lists

Tour

- Brief tour of facility:
 - Treatment area (in-center and/or home training)
 - Medication room/area
 - Reuse Room (if applicable)
 - Water room/Warehouse
 - Lab
 - Medical record storage
 - Maintaining confidentiality of Protected Health Information (PHI)
 - Supply area
 - Biohazardous waste area
 - Required posters
 - Fire extinguishers/smoke detectors/non-smoking signage
 - Restrooms

Personnel Record Review

- Review personnel records for key staff and contract staff
 - 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 list of items required in the personnel record, review Section 4 of the ACHC Accreditation Standards.

Personnel File Review



SURVEY CHECKLIST – PERSONNEL FILES



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

COMPLIANCE DATE:

Standard	Item Required	Administrator:	Clinical Director:	Charge Nurse/RN:	PCT:	LPN/LVN:	Registered Dietitian:	MSW:	Biomedical:	Water Tech:	Medical Director:	Home Dialysis Nurse:	Home Dialysis Tech:	Other Staff:
RD2-K.01	Signed confidentiality statement													
RD4-A.01	Position application, CV or Resume (N/A for contract staff)													
RD4-A.01/RD4-G.01	Signed Job Description or contract													
RD4-A.01	Dated and signed withholding statements (N/A for contract staff)													
RD4-A.01	I-9 Form (N/A for contract staff)													
RD4-C.01	Evidence of Orientation													
RD4-D	Evidence of qualifications, license, registration, and/or certification													
RD4-D	Evidence of BLS for direct care staff													
RD7-A	Evidence of baseline TB and annual TB screening (direct care staff only)													
RD4-F.01	Criminal background check													
RD4-F.01	Office of Inspector General Exclusion List check													
RD4-F.01	National sex offender registry check, if applicable													
RD4-G.01	Evidence of receipt of Employee Handbook													



Medical Chart Reviews

- Based on the total facility census at the time of survey to include patients receiving dialysis treatments at a LTC facility.
 - Not meeting outcome goals (“outliers”) in the data-driven focus areas
 - Unstable
 - New admission <90 days
 - Long Term Care (LTC) residents receiving home dialysis in a nursing home
 - Complaints, if applicable (Patients involved with a complaint being investigated during the survey)
 - Involuntarily discharged (IVD) in the past 12 months, if applicable (Do not include patients who voluntarily or involuntarily transferred to other dialysis facilities)

Medical Chart Reviews

- Electronic Medical Record
 - Do not print the medical record
 - Need access to the entire record – Read only format
 - Facility needs to provide a laptop/desktop for the Surveyor
 - Navigator/outline

Medical Record Review & SNF/LTC Visits

Current Census	Minimum # of Record Reviews
1-50	Minimum of 5
51-100	Minimum of 7
101-150	Minimum of 10
>150	Minimum of 15

*If there are fewer than five patients on the facility census, which may occur for facilities that are requesting initial certification, all patients on the facility's census will be reviewed.

*Visits to a minimum of two SNF/LTCF where renal dialysis patients are receiving home dialysis.

Observations

- Observations of Hemodialysis Care and Infection Control Practices
 - Direct care staff delivering care
 - Patient care
 - Dialysis station and equipment preparation
 - Medication preparation and administration
 - Facility isolation practices
 - Dialysis treatment prescription delivery
- Home dialysis training and support
 - Direct care
- Prepare patients and families for potential observations and interviews
 - Facility is responsible to obtain consent from patient/family

Observations

- Critical water treatment components
 - Observation of total chlorine test
 - Documentation of oversight of water & dialysate
- Dialysis Equipment maintenance review
- Dialyzer Reprocessing/Reuse review (if applicable)

Corrected On Site

- ACHC-only/non-CfC requirements can be corrected on site and a Plan of Correction (POC) will not be required.
- V tags that are corrected on site will still be scored as a “No” and a POC will be required:
 - Always want to demonstrate regulatory compliance.
 - Validation surveys.

Exit Conference

- Mini-exit:
 - At the end of each day to identify deficiencies; plan for next day
- Final exit conference:
 - Present all corrections prior to 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/CfC
 - Seek clarification from Surveyor while still on site:
 - Validation survey for corporate customers



EDUCATIONAL RESOURCES

Accreditation Decisions

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Review Committee

- All survey results are reviewed by the Review Committee.
- Compliance with the Medicare CfCs vs. compliance with ACHC-only requirements.
- CfC deficiencies will result in either a standard-level or condition-level deficiency.
- ACHC-only deficiencies will result in a standard-level deficiency.

Standard-Level & Condition-Level


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

Corrected On Site

- ACHC-only requirements can be corrected on site and the deficiencies will not be on the SOF and POC will not be required.
- V tags that are corrected on site will still be scored as a “No” and a POC will be required.
- Encourage customers to correct all deficiencies while the Surveyor is on location:
 - Validation survey

Renal Dialysis Summary of Findings

Summary of Findings Report for Survey on 02/17/2020
Services: ICD



Deficiency Category - Policies & Procedures			Deficient
Standard	Comments		
RD2-E	Written policies and procedures are established and implemented by the facility in regard to the creation and distribution of the Patient Rights and Responsibilities statement. (494.75) V450-V451, (494.75)(a)(1-17) V452-467, (494.70)(b)(1-2) V468-469	Upon policy and procedure review, the policy "Patient's Rights, Conduct, and Responsibilities" did not include a section regarding that if a patient cannot read the statement of rights and responsibilities, it is read to the patient and a copy is provided. For a minor or a patient needing assistance in understanding these rights and responsibilities, both the patient and the parent or other responsible person are fully informed of these rights and responsibilities. Corrective Action: The facility will need to ensure that the policy and procedures state that if a patient cannot read the statement of rights and responsibilities, it is read to the patient and a copy is provided. For a minor or a patient needing assistance in understanding these rights and responsibilities, both the patient and the parent or other responsible person are fully informed of these rights and responsibilities. Educate staff of this requirement. Audit policies to ensure compliance.	X
Deficiency Category - CFC: Standard Level			Deficient
Standard	Comments		
RD7-A 494.30(a)(1)(i) V112	Written policies and procedures are established and implemented that address the surveillance, identification, prevention, control and investigation of infectious and communicable diseases and the compliance with regulatory standards. (494.30) V110-V111, (494.30)(a)(1)(i) V112-V120, (494.30)(a)(3) no tag (494.30)(a)(4)(i) V121, (494.30)(a)(4)(ii) V122	Upon observation the facility did not demonstrate that they consistently follow standard infection control precautions, by implementing the recommendations developed by the Centers for Disease Control Prevention, Morbidity and Mortality Weekly Report, volume 50, number RR05, April 27, 2001, pages 18 to 28. During treatment observation it was noted that staff placed tape strips directly onto the chairside table without using a barrier for infection control precautions. Corrective Action: The facility will need to ensure that it follows standard infection control precautions by ensuring that tape strips torn for use on the patient's access must be placed onto a barrier prior to being placed onto the chairside table. Educate staff of this requirement. Perform audits to ensure compliance.	X
RD7-A 494.30(a)(1)(i) V115	Written policies and procedures are established and implemented that address the surveillance, identification, prevention, control and investigation of infectious and communicable diseases and the compliance with regulatory standards. (494.30) V110-V111, (494.30)(a)(1)(i) V112-V120, (494.30)(a)(3) no tag (494.30)(a)(4)(i) V121, (494.30)(a)(4)(ii) V122	Upon observation, the facility did not demonstrate appropriate infection control procedures as evidenced by direct care staff members wearing gowns covering only the area from the neck to the waist when performing initiation and termination of dialysis treatment. Policy and procedure "Infection Control", #IC-20 states that PPE, specifically gowns, should fully cover staff from the neck to the knee area to prevent soiling of clothing. Corrective Action: The facility will need to ensure that the staff demonstrates appropriate infection control procedures and follow the facilities policy "Infection Control" #IC-20.	X

Identify the standard and specific tag

Deficiency cited

Action required for compliance

ACHC Accreditation Decisions



ACCREDITED

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



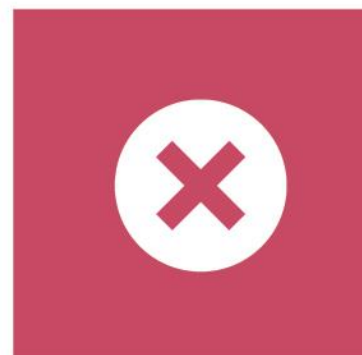
ACCREDITATION PENDING

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.

Dispute Process

- Organizations, whether applying for the first time or renewing their accreditation, may formally request to dispute a standard(s) deficiency documented on the Summary of Findings.
- The organization submits a written request for dispute to its ACHC Account Advisor no later than 10 calendar days from the receipt of the Summary of Findings. Disputes will not be granted if:
 - The request is received after the 10-calendar-day time frame.
 - An organization has an outstanding balance.
 - An organization has a payment plan that is not current.

Dispute Process

- The written request outlines the standard(s) noted in the Summary of Findings that the organization believes ACHC incorrectly determined as a deficiency.
- The organization must also provide evidence to support that, at the time of the survey, the organization was in compliance with the standard(s).
- Any evidence the organization submits must have been presented to and reviewed by the Surveyor(s) at the time of the survey.
- Evidence provided with the request letter will not be returned to the organization.



EDUCATIONAL RESOURCES

Developing an Approved Plan of Correction


 RENAL DIALYSIS



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Plan of Correction



FOR PROVIDERS.
BY PROVIDERS.

PLAN OF CORRECTION (POC)

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


INSTRUCTIONS:

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

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

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

Standard	Plan of Correction (Specific action taken to bring standard into compliance)	Date of Compliance (Date correction to be completed)	Title (Individual responsible for correction)	Process to Prevent Recurrence (Describe monitoring of corrective actions to ensure they effectively prevent recurrence)	POC Compliant (ACHC Internal Use Only)	Evidence Required (ACHC Internal Use Only)	Evidence Approved (ACHC Internal Use Only)	Comments (ACHC Internal Use Only)
RD5-J VS41	Staff will be in-service on how to document a complete and individualized comprehensive plan of care that specifies the care and services necessary to meet the patient's needs.	mo/dd/yr	Clinical Manager	Audit 10% of all active patients to ensure the plan of care is individualized, complete and addresses the care and services necessary to meet the needs of the patient for at least 5 weeks. Target threshold is 95%. Once threshold is met, will continue to audit 10% of all patient records quarterly.	ACHC INTERNAL USE ONLY (LEAVE THIS AREA BLANK)			
RD6-H.01	Appropriate staff will be in-service on requirements that QAPI activities must include at least one important administrative function of the facility. QAPI activities will be revised to include the monitoring of the number of annual in-service hours completed by personnel.	mo/dd/yr	Administrator	QAPI meetings will include the review and reporting of at least one administrative function of the facility on at least a quarterly basis or as frequently as required by the QAPI program. Audits will occur at least quarterly to ensure ongoing compliance.				



RENAL DIALYSIS

[725] POC Template-RD Revised: 06/15/2020

Page | 1

Plan Of Correction Requirements

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



Evidence

- Evidence is required to support compliance .
- Once POC is approved, POC identifies which deficiencies will require evidence.
- All evidence to the Account Advisor within 60 days.
- No PHI or other confidential information of patients or employees.
- Accreditation can be terminated if evidence is not submitted.

Additional evidence may be required based on the decision of the ACHC Review Committee.

Sample Audit Summary

EVIDENCE CHART

 RENAL DIALYSIS



Company name: _____

Date: _____ For the week/month of: _____

As you compile evidence to support your approved Plan of Correction (POC), please complete the following:

- In the Patient Record/Personnel File Audit Summary chart, summarize the results of your patient record/personnel file audits.
- In the Observation Deficiencies chart, document observation deficiencies from your POC and evidence of continued compliance. Examples of evidence that may need to be submitted are: governing body meeting minutes, revised contracts, emergency preparedness plan, performance improvement activities, or administrator qualifications.

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

Do not submit evidence until your POC has been approved.

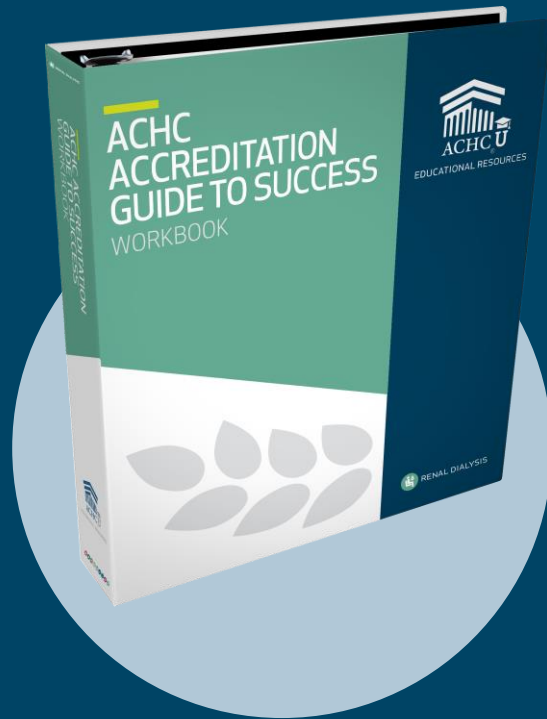
Do not submit any Protected Health Information (PHI) or confidential employee information.

PATIENT RECORD/PERSONNEL FILE AUDIT SUMMARY

DEFICIENCY	AUDIT DESCRIPTION	RECORDS CORRECT/ RECORDS REVIEWED	PERCENT CORRECT
Example: RDF5-J	Audit charts to determine care provided in accordance with the plan of care	9/10	90%

ACHC Accreditation Guide To Success

Renal Dialysis



Medicare CFC Checklist

MEDICARE CONDITIONS FOR COVERAGE SURVEY REQUIREMENTS



RENAL DIALYSIS

ACHC Accreditation Standards are developed in conjunction with the Medicare Conditions for Coverage (CFCs). This checklist will assist you in auditing and preparing your dialysis facility for accreditation.

Non-compliance with a minimum of one condition-level CFC will require another on-site survey at your organization's expense. Following this checklist does not guarantee approval of accreditation by the Accreditation Commission for Health Care (ACHC). You should refer to the State Operations Manual, Appendix M-2270-ESRD Conditions for Coverage, for further information regarding Medicare CFCs. This document only reviews the Medicare CFCs. Please refer to ACHC Accreditation Standards for additional ACHC requirements.

How to use this pre-evaluation checklist:

Review each Medicare CFC and the associated V tags. If in compliance, score the V tag as a "Yes." If not in compliance, score the V tag as a "No." Multiple "No" answers under an individual CFC could put the facility at risk for a condition-level deficiency, and therefore should be a priority for correcting.

YES	NO	V tag	
Are you in compliance with the Medicare Conditions for Coverage pertaining to Federal, State, and local laws and regulations (reference CFR 494.20)?			
<input type="checkbox"/>	<input type="checkbox"/>	V100	Is there evidence you are in compliance with all applicable Federal, State, and local laws and regulations?
<input type="checkbox"/>	<input type="checkbox"/>	V101	Is there evidence you operate and furnish services in compliance with Federal, State, and local laws and regulations pertaining to licensure and any other relevant health and safety requirements?
Are you in compliance with the Medicare Conditions for Coverage pertaining to Infection Control Requirements (reference CFR 494.30)?			
<input type="checkbox"/>	<input type="checkbox"/>	V110	Is there evidence you are in compliance with infection control practices to avoid risk to the patient's health and safety?
<input type="checkbox"/>	<input type="checkbox"/>	V111	Is there evidence you are in compliance with providing and monitoring a sanitary environment to minimize the transmission of infectious agents within and between the unit and any adjacent hospital or other public areas?
<input type="checkbox"/>	<input type="checkbox"/>	V112	Is there evidence you are in compliance with (a) Standard Procedures for Infection Control and demonstrate that you follow the standard infection control precautions by implementing - (1)(i) The recommendations (with the exception of screening for hepatitis C), found in "Recommendations for Preventing Transmission of Infections Among Hemodialysis Patients," developed by the Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, Volume 50, Number RR05, April 27, 2001, Pages 1B-2B?
<input type="checkbox"/>	<input type="checkbox"/>	V113	Is there evidence you are in compliance with staff wearing disposable gloves when caring for the patient, touching the patient's equipment at the dialysis station, and staff removal of gloves as well as washing hands between each patient or station?
<input type="checkbox"/>	<input type="checkbox"/>	V114	Is there evidence you are in compliance with a sufficient number of sinks with warm water and soap available to facilitate hand washing?

MEDICARE CONDITIONS FOR COVERAGE SURVEY REQUIREMENTS



RENAL DIALYSIS

YES	NO	V tag	
<input type="checkbox"/>	<input type="checkbox"/>	V116	Are items taken to the dialysis station dedicated for use only on a single patient or cleaned and disinfected prior to be taken to a common clean area? Are nondisposable items - adhesive tape, cloth-covered blood pressure cuffs, etc. - dedicated for use only on a single patient? Are unused medications or supplies (syringes, alcohol swabs, etc.) taken to a patient's station not returned to a common clean area or used on other patients?
<input type="checkbox"/>	<input type="checkbox"/>	V117	Is there evidence you are in compliance with designated clean areas for the preparation, handling, and storage of medications and unused supplies and equipment? Do you ensure medications or clean supplies are in an area away from the area of used equipment or blood samples? Are medications prepared for individual patient administration in a clean area away from the dialysis stations and delivered separately to each patient? Do you ensure that medications carts are not used to deliver medications to the patients or if trays are used to deliver medications to individual patients that the tray is cleaned between patients?
<input type="checkbox"/>	<input type="checkbox"/>	V118	Is there evidence you are in compliance with the requirement that intravenous medication vials, labeled for single use, are not punctured more than once and discarded after the single use?
<input type="checkbox"/>	<input type="checkbox"/>	V119	Are common supply carts used to store clean supplies in a designated area at a sufficient distance from the patient's stations to avoid contamination with blood? Is staff in compliance with not moving the cart between the stations to distribute supplies? Does staff avoid carrying medications and clean supplies in pockets or fanny packs?
<input type="checkbox"/>	<input type="checkbox"/>	V120	If external venous and arterial transducer filters/protectors are used and become wet, does the staff replace immediately and inspect the transducer to ensure that the filter that faces the machine is checked for contamination? If contamination has occurred, is the machine taken out of service and disinfected internally prior to the next patient use?
<input type="checkbox"/>	<input type="checkbox"/>	V121	Is there evidence of the safe handling, storage, and disposal of potentially infectious waste?
<input type="checkbox"/>	<input type="checkbox"/>	V122	Is there evidence that the staff is observed following the established written protocols for cleaning and disinfection of contaminated surfaces, medical devices, and equipment?
		No tag	Is staff following the patient isolation procedures to minimize the spread of infectious agents and communicable diseases?
<input type="checkbox"/>	<input type="checkbox"/>	V124	Is there evidence of routine testing for Hepatitis B? Is there a serological status (i.e., HBsAg, total anti-HBc, and anti-HBs) known and documented before admission of the patient to the dialysis unit? Is there routine testing and review of results documented to ensure that patients are managed appropriately based on their testing results?
<input type="checkbox"/>	<input type="checkbox"/>	V125	Is there evidence of routine testing for Hepatitis B: seroconversion? Is there monitoring of routine laboratory results to identify additional cases? Do you investigate the potential sources for infection to determine if the transmission might have occurred within the dialysis unit, history of high-risk behavior, and/or unit practices and procedures?
<input type="checkbox"/>	<input type="checkbox"/>	V126	Is there evidence of Hepatitis B vaccination? Do you provide all susceptible patients and staff members the HBV vaccine?
<input type="checkbox"/>	<input type="checkbox"/>	V127	Is there evidence of Hepatitis B screening for all susceptible patients and staff? Do you test all vaccinated patients and staff for anti-HBs 1-2 months after last primary vaccine dose? Do you retest patients annually?

MEDICARE CONDITIONS FOR COVERAGE SURVEY REQUIREMENTS



RENAL DIALYSIS

YES	NO	V tag	
<input type="checkbox"/>	<input type="checkbox"/>	V128	Is there evidence of a designated, separate isolation room for HBsAg-positive patients for their treatment? For units where a separate room is not possible, are the HBsAg positive patients in a separate area removed from the mainstream of activity?
<input type="checkbox"/>	<input type="checkbox"/>	V129	Is there evidence of a dialysis isolation room/waiver due to an isolation room available locally that sufficiently serves the needs of patients in the geographical area?
<input type="checkbox"/>	<input type="checkbox"/>	V130	Is there evidence of HBsAg-positive patients have dedicated machines, equipment, instruments, supplies, and medications that will not be used by HBV susceptible patients?
<input type="checkbox"/>	<input type="checkbox"/>	V131	Do you ensure that the staff members caring for HBsAg-positive patients are not caring for HBV-susceptible patients at the same time, including during the period when dialysis is terminated on one patient and initiated on another?
<input type="checkbox"/>	<input type="checkbox"/>	V132	Is there evidence of infection control practices for hemodialysis units that intensive efforts are made to educate new staff members and re-educate existing staff members regarding these practices? Is there evidence that the training and education is provided initially on employment and periodically (at least annually)?
<input type="checkbox"/>	<input type="checkbox"/>	V142	Is there evidence that there is oversight, monitoring, and implementing of biohazard and infection control policies and activities within the dialysis unit?
<input type="checkbox"/>	<input type="checkbox"/>	V143	Is there evidence to ensure that clinical staff demonstrates compliance with current aseptic techniques when dispensing and administering intravenous medications from vials and ampules?
<input type="checkbox"/>	<input type="checkbox"/>	V144	Is there evidence that requires all clinical staff to report infection control issues to the dialysis facility's Medical Director and the quality improvement committee?
<input type="checkbox"/>	<input type="checkbox"/>	V145	Is there evidence that the facility reports incidences of communicable diseases as required by federal, state, and local regulations? Is the reporting of incidences of communicable diseases documentation a part of the QAPI record?
<input type="checkbox"/>	<input type="checkbox"/>	V146	Is there evidence of surveillance of the CVC site in the medical record, and evidence following the CDC's recommended "Guidelines for the Prevention of Intravascular Catheter-Related Infections" titled "Recommendations for Placement on Intravascular Catheters in Adults and Children" parts I-IV and "Central Venous Catheters, Including PICCs, Hemodialysis, and Pulmonary Artery Catheters in Adult and Pediatric Patients," Morbidity and Mortality Weekly Report, Volume 51, Number RR-10, Pages 16 through 1B, August 9, 2002?
<input type="checkbox"/>	<input type="checkbox"/>	V147	Is there evidence that CDC RR-10 Requirements as Adopted by Reference 42 CFR 494.30 (a)(2) Recommendations for the Placement of Intravascular Catheters in Adults and Children are being followed? Does healthcare worker education and training include appropriate infection control measures to prevent intravascular catheter-related infection? Are the healthcare workers monitoring the catheter sites appropriately? Is catheter-site care being completed appropriately? Are antibiotic lock solutions being reserved for use only in special circumstances and not for routine use?
<input type="checkbox"/>	<input type="checkbox"/>	V148	Is there evidence of surveillance of the Central Venous Catheters, including PICCs, Hemodialysis, and Pulmonary Artery Catheters in Adults and Pediatric Patients to determine catheter-related bloodstream infections (CRBSI) rates, monitoring trends, and identifying lapses in infection-control practices? Are you investigating events leading to unexpected life-threatening or fatal outcomes?

ACHC Accreditation Guide To Success

■ Essential Components:

- Each ACHC standard contains Essential Components that indicate what should be readily identifiable in a policy and procedure, personnel record, medical record, etc.
- Each standard also contains audit tools, sample policies and procedures, templates, and helpful hints.

■ Other Tools:

- Each section contains compliance checklists and a self-assessment tool to further guide the preparation process.

■ Quick Standard Reference:


- Quickly locate important information for successfully completing the accreditation process with ACHC.

STANDARD RD2-J:

The facility provides the patient with written information concerning how to contact the facility, appropriate state agencies, and ACHC concerning grievances/complaints.

HINT The Surveyor will expect to see written documentation that the patient was provided the contact information and mailing address for the state regulatory bodies along with phone number for ACHC. There should be prominently displayed a copy of the patient's rights in the facility, including the current state agency and ESRD network mailing addresses and telephone complaint numbers, in an area where it can be easily seen and read by patients.

CfC/V tag Reference: (494.70(d))V470



Items Needed for On-Site Survey

ITEMS NEEDED FOR ON-SITE SURVEY

RENAL DIALYSIS

Below are items that will need to be reviewed by the Surveyor during your on-site survey. If you have any questions, please contact your Account Advisor.

1. List of current patients by name, separated by modalities.
2. List of organization key personnel: medical director, administrator, nurse manager, social worker, dietician, chief technician, and home training nurse(s).
3. Current in-center hemodialysis patient schedule by days and shifts with any isolation patients identified (seating chart or assignment sheet).
4. List of patients admitted to this organization within the past 90 days who are currently on census (do not include visiting patients) separated by modality with date of admission.
5. List of patients who have been designated 'unstable' for any month in the past three months, including reason for unstable and month.
6. List of all patients who were involuntarily discharged (not transferred to another outpatient dialysis organization) from this organization in the past 12 months.
7. List of all discharged patients categorized as 'lost to follow up' (i.e., not transferred out or discontinued by dialysis) for the past 12 months.
8. List of home hemodialysis (HD) or peritoneal dialysis (PD) patients scheduled to be seen at the organization during the survey.
9. List of residents of long-term care facilities who receive their hemodialysis or peritoneal dialysis at the long-term care facility and the name of the long-term care facility where they are receiving dialysis.
10. Hospitalization logs with admitting diagnoses listed for six months.
11. List of current patients readmitted to the hospital within 30 days of discharge in the past 6 months, separated by modality.
12. Infection logs for the last 6 months.
13. List of in-center hemodialysis patients who are dialyzed with 0 K+ or 1.0 K+ dialysate.
14. All patients' individual laboratory results for hemoglobin, Kt/V, uncorrected calcium, phosphorus and albumin for the current three months; separated by modality.
15. Vaccination information:
 - a. Number of patients who received a complete series of hepatitis B vaccine.
 - b. Number of patients who received the influenza vaccine between August 1 and March 31.
 - c. Number of patients who received the pneumococcal vaccine.



ACCREDITATION COMMISSION *for* HEALTH CARE

16. Staff schedule for the last two weeks by day.
17. Policy and procedure manuals for patient care, water treatment, dialysate preparation and delivery, and dialyzer reprocessing/reuse, if applicable.
18. Patient suggestion/complaint/grievance log for the past six months.
19. Adverse events (e.g., clinical variances, medical errors) documentation for the past six months.
20. QAPI team meeting minutes for the past 6 months and any supporting materials.
21. Copy of CMS-approved waivers for medical director and/or isolation room.
22. Organization's Life Safety Code attestation or waiver (required if the in-center dialysis or home dialysis support training treatment area does not provide exit at grade level or if the organization is adjacent to industrial high hazard occupancy).
23. Staff practice audits for infection prevention while performing direct patient care (12 months).
24. Water and Dialysate Review
Logs for:
 - a. Daily water system monitoring (two months).
 - b. Total chlorine testing (two months).
 - c. Bacterial cultures and endotoxin results – water and dialysate (six months).
 - d. Chemical analysis of product water (12 months).
 - e. Staff practice audits for water testing, dialysate mixing and testing, and microbiological sampling (12 months).
25. Equipment Maintenance Review:
 - a. Documentation of preventative maintenance and repair of hemodialysis machines (12 months).
 - b. Documentation of calibration of equipment used for machine maintenance (12 months).
 - c. Documentation of calibration of equipment used to test dialysate pH/conductivity (12 months).
26. Dialyzer Reprocessing Review (if applicable)
Logs for:
 - a. Bacterial cultures and endotoxin results from reuse room sites (six months).
 - b. Preventative maintenance and repair of reprocessing equipment (12 months).
 - c. Reuse QA audits (12 months).



Survey Preparation Tools

OBSERVATION AUDIT TOOL

4 RENAL DIALYSIS

- Compliance program is available for Surveyor to review upon arrival
- Personnel meet the qualifications per federal, state, and facility requirements
- Job descriptions are specific to the tasks and duties personnel are required to perform
- Quality Assessment and Performance Improvement activities and annual report are available for Surveyor to review upon arrival
- Patient Incident/Variance reports are available for Surveyor to review
- There is evidence of an on-call process to ensure nursing services are available 24 hours a day, 7 days a week as necessary to meet home training patient needs
- Evidence of service charges in writing and available upon request
- On-call schedule shows evidence that physicians are on-call at all times the facility is in operation
- Patient roster for each bay/treatment area
- Daily staffing schedule
- On-call staffing schedule for home patients

- There is a description of the governing body that includes name and contact information
- Facility has appropriate Articles of Incorporation or other documents of legal authority
- Copy of Fair Labor Standards Act is posted in a prominent location
- Emergency preparedness plan
- Emergency evacuation plan
- Facility once per year
- Evidence of fire extinguisher training
- Evidence of fire extinguisher inspection
- Fire exit the bulk
- Fire exit manufac
- Personn hazardo

PERSONNEL FILE AUDIT TOOL

REQUIREMENTS	STANDARD	STAFF INITIALS
	Date of Hire:	
Application, CV, or resume with references	RD4-A.01	
Dated and signed withholding statements	RD4-A.01	
Completed I-9	RD4-A.01	
Contractual agreement (if contract)	RD4-A.01	
Signed job description	RD4-A.01	
Verification of credentials (licensure, registration, certification)	RD4-D	
Orientation checklist/Competency/Performance Evaluation Assessment/Training	RD4-I	
TB skin testing (direct care staff only)	RD7-A	
Hepatitis B series or signed declination statement (direct care staff only)	RD7-B	
Background Checks:	RD4-F.01	
OIG exclusion list	RD4-F.01	
National sex offender registry (only staff that may go into a patient's home)	RD4-F.01	

POTENTIAL AGENCY STAFF INTERVIEW QUESTIONS

4 RENAL DIALYSIS

STANDARD ADMINISTRATOR CEO/OWNER/GOV BOARD MEDICAL DIRECTOR REGISTERED NURSE PATIENT TECHNICIAN SOCIAL WORKER REGISTERED DIETITIAN HOME TRAINING NURSE SNF STAFF FOR DIALYSIS OTHER CLINICAL STAFF

When there is a change in ownership and/or management how does the organization report the changes and to whom are the changes reported to? **RD1-E**

Please explain the facility's policies and procedures in regard to **RD2.P.01**

Audit each patient record for the items listed under all patients. Audit for the additional requirements as it pertains to the services provided to the patient.

Date: _____ Auditor: _____


RD	REQUIREMENTS	CLIENT INITIALS	SCORE
	Start of Care Date:		
2-C	Laboratory test provided as ordered		of %
2-D	SPDF records sent to usual facility w/30 days		of %
2-D	SPDF contacted patient's physician prior to initiating dialysis		of %
2-E	Rights and Responsibilities provided to patient		of %
2-E	Written notice 30 days in advance for IVD		of %
2-E	Informed of P&P for transfer, routine or IVD, discontinuation of service		of %
2-J	Informed of contact info for regulatory bodies		of %
2-K.01	Confidentiality/Privacy Statement		of %


Compliance Checklist

SECTION 1 COMPLIANCE CHECKLIST

STANDARD	Policy/ Procedure	Personnel File	Patient Record	Observation	Audit tools provided	Compliance Y/N	Comments
RD1-A		Yes		Copies of required posters and local & state licensures are posted; verification of professional licensure/certifications, & observation of staff	Observation Tool, Personnel File Audit Tool, & Interview Tool		
RD1-B				Appropriate licenses and required permits are prominently posted	Observation Tool		
RD1-D				Governing body meeting minutes & staff interviews	Governing Body Meeting Minute Template & Interview Tool		
RD1-E	Yes			Organizational chart, staff interviews and governing body meeting minutes/ Bylaws	Governing Body Meeting Minute Template, Interview Tool & Observation Tool		
RD1-F		Yes		Job description & CEO/ Administrator's resumé/ application, governing body meeting minutes	Personnel File Audit Tool & Governing Body Meeting Minute Template		
RD1-H				Written contract/ agreement, List of on-call physicians & staff/patient interviews	Observation Tool & Interview Tool		
RD1-J.01		Yes		Written Contracts/ Agreements	Hourly Contract Staff Audit Tool		
RD1-L.01				Governing body meeting minutes, prior regulatory inspection reports & staff interviews	Governing Body Meeting Minutes Template & Interview Audit Tool		

Self-Audit

 **ACHC**

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BY PROVIDERS.**

ACHC

43 RENAL DIALYSIS

SECTION 1 SELF-AUDIT

REQUIRED POLICIES AND PROCEDURES

- Disclosure of information to regulatory agencies upon initial request for certification, and including the disclosure of changes in ownership or management

RESPONSIBILITIES OF THE CEO/ADMINISTRATOR

- Responsible for the overall management of the facility and provision of dialysis services
- Compliance with applicable federal, state, and local laws and regulations
- If contract services are utilized, there must be continued assessment with dated, signed reports for evaluation of performance and follow-up action documented

RESPONSIBILITIES OF THE GOVERNING BODY

- Ensures patients (to include home patients) and staff are provided with information regarding who to call and how to obtain medical care when away from the facility
- Responsible for the general operation of the facility, to include fiscal management, staff training and coverage, medical staff appointments and coverage, protection of the patients' personal and property rights, the health care and safety of patients, grievances and complaints, clinical ethics review, and the QAPI program
- Appointment of the CEO or Administrator

REQUIRED DOCUMENTS

- Appropriate licenses, permits, registrations, etc., to conduct business
- Articles of incorporation/organization or other documentation of legal authority
- Copies of applicable laws, rules, and regulations
- Professional practice acts or standards of practice
- Governing body meeting minutes


PERSONNEL FILE CONTENTS

- CEO/Administrator's job description and resume/application with verification of qualifications
- Signed conflict of interest disclosure statements, if applicable
- Personnel licensure/certification verification
- Signed, fully executed contract if applicable for contract staff

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43 ACHC ACCREDITATION GUIDE TO SUCCESS

AUDIT TOOLS

 **FOR PROVIDERS.
BY PROVIDERS.**

ACHC

43 RENAL DIALYSIS

APPROPRIATE STAFF KNOWLEDGE OF THE FOLLOWING:

- Knowledge of time frames for request of information and changes in authority, ownership, or management
- Potential conflict of interest situations and procedure for disclosing
- Chain of command
- Reporting of negative outcomes affecting accreditation or licensure
- Knowledge of infection control procedures and professional standards practice

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON-SITE?

- Licenses, permits, etc., posted in public view
- Required state and federal labor law posters
- List of Physicians for on-call/emergencies

SELF TEST

1. Who is designated as the Administrator of the organization?
2. What is an example of a conflict of interest?
3. Are the staff informed and aware of the chain of command?
4. To whom do you report a conflict of interest?
5. What negative company outcomes must be reported to ACHC within 30 days?
6. What ownership/management information are you required to disclose to ACHC and other appropriate state and federal agencies?
7. If contract staff are utilized, do the written contracts have all required elements?
8. Are all my state license and required permits posted and in view for easy observation?
9. Are copies of state and federal posters are placed in a prominent location for easy viewing by personnel?
10. Is there a physician on-call call list posted at the nurses' station for easy access?
11. Are the patients aware of what to do and who to call in the event of an emergency, 24/7?
12. Do I have a record of governing body minutes?
13. Are the contracts (if applicable) up to date and on file at the facility?

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EDUCATIONAL RESOURCES

Adding Value With ACHC Accreditation

 RENAL DIALYSIS



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Tools Of The Trade

- ACHC provides the tools to leverage the accredited status.
- All accredited organizations receive the ACHC Branding Kit:
 - ACHC Brand Guidelines
 - ACHC Accredited Logos
 - Window Cling

Branding Elements

- Gold Seal of Accreditation:
 - Represents compliance with the most stringent national standards.

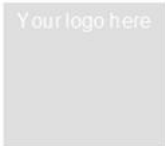


Branding Elements

- ACHC Accredited Logo



Sample Press Release



Your logo here

FOR IMMEDIATE RELEASE

February 26, 2014
Media Contact:
 Contact Name
 Organization Name
 Contact Email
 Website

**YOUR ORGANIZATION NAME
 ACHIEVES ACCREDITATION WITH ACHC**

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

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

ACHC is a not-for-profit organization that has stood as a symbol of quality and excellence since 1986. ACHC is ISO 9001:2008 certified and has CMS Deeming Authority for Home Health, Hospice and DMEPOS.

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

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

###

In Conclusion

- Achieving ACHC Accreditation can help your clients add value to their brand.
- Consultants can add value to their service by encouraging providers to utilize the marketing tools that ACHC provides.
- In doing so, you can exceed your client's expectations — earning trust and building your brand.

References

- If you would like to revisit the ACHC Brand Guidelines at any time, please:
 - Visit Customer Central at cc.achc.org
 - Contact the ACHC Marketing Department at (855) 937-2242



EDUCATIONAL RESOURCES

Marketing Your Consultant Business

 RENAL DIALYSIS



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE



ACHC Certified Consultant

- Becoming an ACHC Certified Consultant is a notable accomplishment that you should be proud to display:
 - It shows a dedication to providing the very best service to your clients.
 - It provides assurance to healthcare providers when choosing your business.
 - It highlights your knowledge of ACHC Accreditation and your ability to guide them through the process.
 - Allows you access to materials such as audit tools designed for our certified consultants to help with customer preparation.

Consultant Portal

- Access and update your consultant profile displayed on achc.org.
- As a consultant you will have access to tools to use with your customers through the portal.*
- Access to your branding kit.
- Stay in the know with updates from ACHC and ACHCU:
 - Upcoming webinars
 - Did You Knows
 - News updates from ACHC specifically for you

*Only accessible to Certified Consultants

ACHC CERTIFIED CONSULTANT PORTAL

Welcome, Lindsey!

Manage Your Public Profile - Verified
This information will be displayed on the "Find a Certified Consultant" page.

Photo

Company Name ACHC (Accreditation Commission for Health Care)

Description Accreditation Commission for Health Care (ACHC) is a nonprofit accreditation organization that has stood as a symbol of quality and excellence since 1986. ACHC has CMS Deeming Authority for Home Health, Hospice, and DMEPOS and a quality management system that is ISO 9001:2015 certified.

Address 139 Weston Oaks Ct. Cary, NC 27513

Phone# (855) 937-2242

Website www.achc.org

Certified Consultants John Smith Jane Parker Stephanie Johnson add/edit

Programs Home Health, Hospice, Private Duty

Update **Preview Profile** **CLICK TO PREVIEW PROFILE**

Tools

- Readiness Packets
- Survey Prep
- Compliance Checklists
- Branding Guidelines
- Workbooks

Contact Information
- Email Customer Service
- 878 228-6553

Accreditation University
139 Weston Oaks Ct.
Cary, NC 27513

Office Hours
Monday-Friday 9:00am - 5:00pm EST

Consultant Listing

- ACHC is proud to host the listing of all of our certified consultants on our website.
 - Customers can search the list to find the best consultant based on their needs.
 - Searchable by P&P manuals, mock surveys, training events, etc.
 - Be sure to keep you profile up-to-date through the portal.

Branding Elements

- ACHC is committed to providing the tools you need to leverage your certified status:
 - Certificate
 - Logos and Brand Guidelines
 - Sample Press Release
 - Certified Consultant Pin



In Conclusion

- As an ACHC Certified Consultant, you can establish trust with providers.
- Utilize the resources available to you to enhance the value of your consultant business.
- Use multiple communication channels to create multiple touch points and reach a broader audience with your message.

ACHC Resources

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



EDUCATIONAL RESOURCES

Customer Central Regulatory Resources

 RENAL DIALYSIS



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE



Edit Company Information

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]
CHANGE OF PERSONNEL	[Expand]
CLOSURE/WITHDRAWAL NOTIFICATION	[Expand]

Change Services

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]

Please complete this form to add or remove services associated with your accreditation.

- [Service Addition Packet - DMEPOS »](#)
- [Service Addition Packet - HH »](#)
- [Service Addition Packet - PCAB US »](#)
- [Service Addition Packet - Specialty Pharmacy Distinctions »](#)
- [Service Addition Packet - BH »](#)
- [Service Addition Packet - RD »](#)
- [Service Addition Packet - Pharmacy »](#)
- [Service Addition Packet - HSP »](#)
- [Service Addition Packet - PD »](#)
- [Service Addition Packet – Crossing Programs DMEPOS, Pharmacy »](#)
- [Service Addition Packet - SLP »](#)

[View Main Office Services](#)

<---View Branch Office Services--->

Service Addition Checklist

SERVICE ADDITION CHECKLIST



RENAL DIALYSIS



Company Information

Legal Name: _____ DBA Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Federal Tax ID #: _____ Medicare Provider/CCN #: _____

Requested Service Addition:

- In-Center Dialysis (ICD)
- Home Dialysis Support (HDS)
- Distinction in Telehealth services (RDTH)

Please provide the following:

- Copies of applicable policies and procedures (please refer to chart on following page)
- List of all appropriate license numbers and/or certification of staff, if applicable (e.g., physician and RN)
- Approval letter from the Centers for Medicare and Medicaid Services (CMS) and completed form CMS-3427

Please note that additional information may be requested prior to approving service addition.

Attestation Statement: I, _____, hereby certify that all of the information on this request of Accreditation Commission for Health Care is true and correct. I certify the following:

- All policies and procedures have been updated to reflect the new service and are in compliance with all ACHC standards and state, federal, and local rules and regulations.
- All applicable employees have been trained to provide the service.
- The physical location is appropriate and equipped to provide the new service.

Signature: _____ Date: _____
 Title: _____

Please note that an on-site survey will be required. The normal unannounced survey scheduling process will apply and the organization will be charged the site visit fee.

For ACHC Internal Use Only:

ACHC Approval: _____ Date: _____
 Company ID #: _____ Application #: _____
 P&P Approval: _____
 Site visit required: YES NO Fee: _____
 Accreditation Dates: _____ Services approved: _____

ACCREDITATION COMMISSION for HEALTH CARE

ACHC Standards for Service Additions

Policies and procedures (P&P) are required for all standards marked "Yes" under P&P. Please note that P&P can refer to job descriptions, licensures and/or written policies and procedures. Standards marked "No" under P&P do not require any submitted documentation. Organizations are responsible for compliance with the applicable standards for the service addition.

Service Names:

- In-Center Dialysis (ICD)
- Home Dialysis Support (HDS)
- Distinction in Telehealth services (RDTH)

ICD adding HDS	P&P
RD2-Q-01	Yes
RD4-O	No
RD5-K	No
RD5-L	No

HDS adding ICD	P&P
RD2-D	No
RD4-P	No
RD7-E	Yes
RD7-F	Yes
RD7-G	Yes
RD7-H	Yes
RD7-I	Yes

Adding Telehealth	P&P
TH2-A	Yes
TH2-B	Yes
TH2-C	Yes
TH2-D	Yes
TH2-E	Yes
TH2-F	Yes
TH2-G	Yes
TH4-A	Yes
TH5-A	Yes
TH5-B	Yes
TH5-D	Yes
TH5-F	Yes
TH7-A	Yes



Change of Ownership


CHANGE OF OWNERSHIP

[Expand]


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.

- [Ownership or Ownership Information Change Packet - DMEPOS Pharmacy »](#)
- [Change of Ownership Checklist for Home Health and Hospice »](#)
- [Change of Ownership Checklist for PCAB »](#)
- [Ownership or Ownership Information Change Packet - PD »](#)
- [Change of Ownership Checklist for Sleep »](#)
- [Change of Ownership Checklist for Renal Dialysis »](#)
- [Change of Ownership Checklist for HIT »](#)
- [Change of Ownership Checklist for Palliative Care »](#)
- [Change of Ownership Checklist for Mobile Dentistry »](#)

Ownership or Ownership Information Change Checklist

 FOR PROVIDERS.
BY PROVIDERS.

OWNERSHIP OR OWNERSHIP INFORMATION CHANGE CHECKLIST

 RENAL DIALYSIS

Accreditation Commission for Health Care (ACHC) requires organizations to provide written notification for any change of ownership or ownership information change of 5% or greater. Failure to notify ACHC within 30 days of the change may result in a gap in accreditation. ACHC will not backdate any accreditation dates to when the change officially took place.

The following items must be submitted by the proposed new owner to the organization's assigned Account Advisor.

Letter of Attestation, including:

- Type of change (e.g., acquisition, merger).
- Details of all changes, including names of new management and list of new contacts:
 - Owner, leader and liaison.
 - Names, phone numbers and email addresses.
- Actual or proposed date of change.
- Statement that policies and procedures will not change, or statement that policies and procedures are changing (include copies of policies and procedures of key standards).
- List of old and new Federal Tax ID numbers and National Provider Identifier (NPI) numbers, if applicable.
- Statement of whether purchased company is accredited (include name of accreditation organization and current accreditation dates).

Documentation, including:

- Completed Site Information form.
- Proof that new owners/managers/facility is not on the Office of Inspector General's (OIG) exclusion list (<http://exclusions.oig.hhs.gov>).
- Pre-transaction and post-transaction organizational charts.

After ACHC approves the ownership change or ownership information change, the organization should:

- Submit an updated 855A form to the Centers for Medicare and Medicaid Services (CMS).
- Upon receipt of the CMS acknowledgment letter, submit a copy of letter approving changes to ACHC.

Once all required documentation has been submitted, it will be reviewed. Accreditation will be determined based on the date of submission.

A site survey may be required and the normal survey scheduling process and fees will apply. If it is determined a survey is not necessary, the organization will be charged based upon the signed accreditation agreement.

If the organization is found to have substantial deficiencies during the on-site survey, a Plan of Correction will be required and/or a follow-up Focus Survey may be required.


Contact Name: _____ Contact Phone/Email: _____

Revised: 09/04/2020
[911] Renal Dialysis Ownership or Ownership Information Change Packet

Page 1 of 2 | acho.org

ACCREDITATION COMMISSION *for* HEALTH CARE

SITE INFORMATION

 RENAL DIALYSIS

Location Information

Name to display on Accreditation Certificate: Legal Name DBA Name Both Legal and DBA Name (check only one)

Legal Name: _____ DBA Name: _____

Location Phone: _____ Location Fax: _____

Physical Address _____ Location Contact Information _____

Address: _____ Name: _____

City: _____ Title: _____

State: _____ Zip: _____ Email: _____

Profile Information

Federal Tax ID #: _____


Medicare Provider Number/CCN _____ Miscellaneous Information _____

CCN for this location: _____ Hours of Operation: _____

National Provider Identifier/NPI _____ Date Location Established: _____

NPI for this location: _____ Number of Employees: _____

Please select the services that are being provided from this location:

 RENAL DIALYSIS

In-Center Dialysis (ICD): In-center HD In-center PD In-center Nocturnal HD

Average Number of Clinical Patients Per Month: _____

Home Dialysis Support (HDS): Home HD Training & Support HD in LTC Home PD Training & Support PD in LTC

Dialzer Reuse

Average Number of Clinical Patients Per Month: _____

Distinction in Telehealth services (RDTH)

Revised: 09/04/2020
[911] Renal Dialysis Ownership or Ownership Information Change Packet

Page 2 of 2 | acho.org

Change of Personnel

CHANGE SERVICES

[Expand]

CHANGE OF OWNERSHIP

[Expand]

CHANGE OF PERSONNEL

[Expand]

Please complete this form if key personnel have changed within your organization. Please see the form below for a list of key personnel.

- [Administrator and Director of Nursing Change Form »](#)
- [RD Personnel Change Notification Form »](#)
- [Manager-Leader Change Form - Palliative Care »](#)

CLOSURE/WITHDRAWAL NOTIFICATION

[Expand]

Personnel Change Notification

PERSONNEL CHANGE NOTIFICATION

RENAL DIALYSIS

 **FOR PROVIDERS BY PROVIDERS**

Personnel Change:
 Medical Director Administrator Director of Operations Director of Nursing/Clinic Manager

Name of Former Director or Administrator: _____
Name of New Director or Administrator: _____
Email: _____ Effective Date of Change: _____

Please indicate if you would like to keep the Former Director/Administrator as an approved contact on the account:
 Yes No

Company Information:
Legal Name: _____ DSA Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Medicare Provider Number (CCN): _____


Attestation Statement:
I, _____, hereby certify that all of the information on this request is true and correct. I certify the following:

- The Director/Administrator is qualified for the position and is in compliance with ACHC standards and state and federal rules and regulations.
- The Director/Administrator has been orientated and is aware of all the goals of his/her role, to the organization's policies and procedures, state licensure rules and Medicare Conditions of Coverage.
- The Director/Administrator has completed all required background checks required by ACHC standards and state and federal rules and regulations.
- If applicable, the state licensing agency and CHS have been informed of the Director/Administrator change.

Signature: _____ Date: _____

ACHC HAS THE RIGHT TO REQUEST ADDITIONAL INFORMATION AND VERIFICATION THAT CHS AND THE STATE LICENSING AGENCY HAVE BEEN NOTIFIED OF THIS CHANGE.

(02/17) Revised: 08/21/2019
Personnel Change Notification – Renal Dialysis Page 1 of 2 | aachc.org

 **FOR PROVIDERS BY PROVIDERS**

Please provide ACHC with updated contact information, if the change reported above affects ACHC records.

Name of Primary Contact: _____
Email: _____ Phone Number: _____

(02/17) Revised: 08/21/2019
Personnel Change Notification – Renal Dialysis Page 2 of 2 | aachc.org



EDUCATIONAL RESOURCES

Benefits of Partnering With ACHC

Educational Resources

 RENAL DIALYSIS



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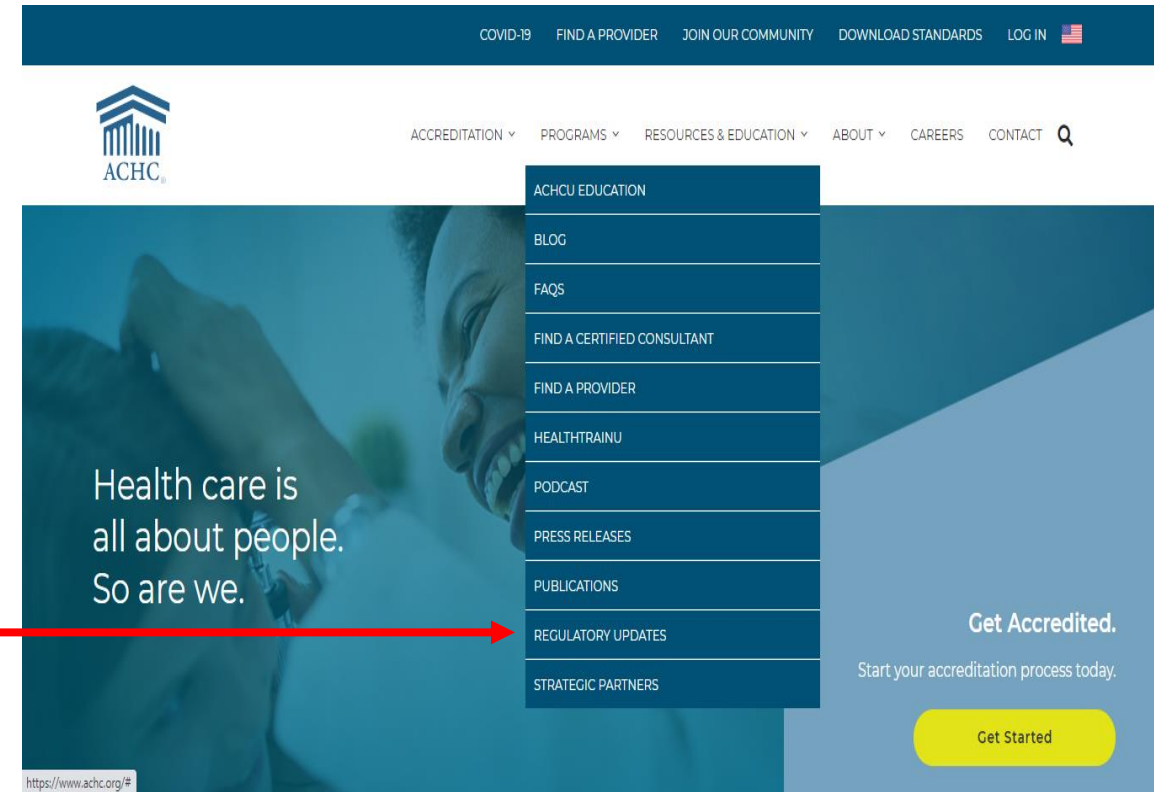


Educational Resources

- ACHCU.com:
 - Workbooks
 - Workshops
 - Webinars
- Online resources:
 - The Surveyor newsletter
 - Regulatory updates
 - Accreditation resources
 - Maintaining compliance checklists
- Email updates:
 - “Did You Know?”
 - ACHC Today e-newsletter
 - Sign Up at <https://www.achc.org/e-news-signup.html>

Regulatory Updates

- Regulatory updates can be filtered to state-specific issues
- achc.org:
 - Resources & Education
 - Regulatory Updates



Customer Central

- Customer Central is available 24/7 with resources and educational materials designed for your company.
- cc.achc.org

USERNAME
PASSWORD
LOG IN

Forgot username or password?

CUSTOMER CENTRAL

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 consulting*

GET SURVEY READY

*Consulting available for Pharmacy and DIMEPOS providers

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

-----ACREDITATION PROGRAM-----

NUMBER OF LOCATIONS

Accreditation completed by:

-----Please Choose-----

Which of the following best describes you?

-----Please Choose-----

How did you hear about ACHC?

-----Please Choose-----

Are you hospital-affiliated?

YES NO

Resources

CUSTOMER CENTRAL
ACHC

STANDARDS APPLICATION **RESOURCES** FORMS UPLOAD CART MY ACCOUNT

Account Advisor

Renee White
rwhite@achc.org
(855) 937-2242 ext. 223
Fax: (919) 785-3011

ACHC
139 Weston Oaks Ct.
Cary, NC 27513

ACHC Holidays

ACHC observes the following holidays and will not survey your agency on these dates. Please reach out to your Account Advisor if you would like to add black out days or with any questions.

New Year's Day
Good Friday
Memorial Day
Independence Day
Labor Day

Resources

- Accreditation Resources
- ACHC Today
- Branding Kit
- Did You Know Emails
- Education
- E-news Signup
- PCAB Today

Behavioral Health

DMEPOS

Home Health

Hospice

Palliative Care

PCAB

Pharmacy

Private Duty

Renal Dialysis

Sleep

Dentistry

Assisted Living

General Info

State Info

Maintaining Compliance Checklist

The screenshot displays the ACHC Customer Central interface. At the top, a dark blue navigation bar contains the ACHC logo and the text 'CUSTOMER CENTRAL'. Below this, a secondary navigation bar lists menu items: STANDARDS, APPLICATION, RESOURCES, FORMS, UPLOAD, CART, and MY ACCOUNT. A dropdown menu is open under 'RESOURCES', listing options such as Accreditation Resources, ACHC Today, Branding Kit, Did You Know Emails, Education, E-news Signup, and PCAB Today. A red arrow points from the 'Accreditation Resources' option in the dropdown to the 'Accreditation Resources' text on the main page. The main content area features a grid of program icons: Behavioral Health, DMEPOS, Home Health, Hospice, Palliative Care, PCAB, Pharmacy, Private Duty, Renal Dialysis, Sleep, Dentistry, and Assisted Living. At the bottom, there are sections for 'General Info' and 'State Info'.

- Select “Accreditation Resources”
- Next select the applicable program icon and scroll down to “Continued Compliance”

Maintaining Compliance

ACCREDITATION 12-MONTH COMPLIANCE CHECKLIST

ACHC FOR PROVIDERS BY PROVIDERS

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

SECTION 5: ORGANIZATION AND ADMINISTRATION

Standard	Expectation	Comments
5D1-A	Facilities and state policies are posted.	
5D1-B	All applicable licenses and permits are current and posted for all locations.	
5D1-C	Governing body minutes are properly documented.	
5D1-D	Any changes in ownership or of managing employees have been properly reported.	
5D1-E	Organizational chart is up-to-date.	
5D1-F	Governing body appoints a qualified Chief Executive Officer (CEO) or Administrator who is responsible for the management of the facility and the provision of all dialysis services.	
5D1-G	CEO/Administrator or other pre-designated individual is qualified and available during all operating hours including but not limited to: <ul style="list-style-type: none"> Staff appointments Fiscal operations The relationship with the End Stage Renal Disease (ESRD) networks Allocation of necessary staff and other resources for the facility's quality improvement and/or business improvement program as described in 5D1G.01-03 	
5D1-H	Governing body ensures that the facility provides patients and staff with written instructions for obtaining emergency medical care when away from the facility. All contracts for direct care that was outside personnel/governments to provide services on behalf of the facility have been reviewed as required per the terms of the contract that includes, but is not limited to: <ul style="list-style-type: none"> The services to be provided The necessity to conform to all applicable facility policies and procedures, including personnel qualifications, orientation, compensation, and required background checks 	
5D1-I01	<ul style="list-style-type: none"> The necessity to conform to all applicable facility policies and procedures, including personnel qualifications, orientation, compensation, and required background checks 	
5D1-I02	Negative outcomes from contracts, regulatory requirements, and/or audits have been reported, if applicable.	

Effective 04/17/2020
 [PDF] Accreditation 12-Month Compliance Checklist - PDF
 Page 1 of 5 vsh.wg

ACCREDITATION COMMISSION for HEALTH CARE

SECTION 6: PROGRAMS/SERVICE OPERATIONS

Expectation	Comments
6.1 Certificate of waiver is current and posted.	
6.2 General Purpose Dialysis Facility location maps or emergency instructions are approved to furnish dialysis on a short-term basis.	
6.3 Patient Rights and Responsibilities document is up to date and contains the current contact information for the facility, ESRD Network and the state survey agency.	
6.4 All alleged violations involving discrimination, mistreatment, neglect, or verbal, mental, sexual, and physical abuse by anyone for seeking services on behalf of the facility have been properly investigated and appropriate corrective action has been taken as needed.	
6.5 Evidence that the facility informs all patients when they begin treatment how to report grievances, complaints or concerns and explain how they are investigated and resolved.	
6.6 Evidence that the facility provides all patients with written information concerning how to contact the facility, ESRD Network, and the state survey agency regarding grievance/complaints.	
6.7 Evidence that the facility ensures the establishment and implementation of patient medical records confidentiality in regards to securing and releasing confidential and Protected Health Information (PHI) and Electronic Protected Health Information (EPHI).	
6.8 Evidence that the facility ensures that medications are dispensed in a secure, controlled, and confidential manner to patients and staff.	
6.9 Evidence that the facility ensures the establishment and implementation of a Compliance Program to prevent violations of fraud and abuse laws.	
6.10 Evidence that the facility ensures the establishment and implementation of dialysis services to the residents located in emergency homes are equivalent to the standards of care provided in a dialysis facility including but not limited to: <ul style="list-style-type: none"> Infection control at 4.5.50 Patient assessment at 4.6.01 Patient plans of care at 4.6.04.01 Care of the dialysis patient at home at 4.6.100 	
6.11 All grievances and complaints have been documented, investigated, resolved, and reported to the governing body quarterly.	

SECTION 7: FINANCIAL MANAGEMENT

Expectation	Comments
7.1 Evidence that the facility provides guidance to patients and/or caregivers in regards to what type of financial assistance is available to them.	

Effective 04/17/2020
 [PDF] Accreditation 12-Month Compliance Checklist - PDF
 Page 2 of 5 vsh.wg

ACCREDITATION COMMISSION for HEALTH CARE

SECTION 8: HUMAN RESOURCE MANAGEMENT

Expectation	Comments
8.1 The facility has a complete personnel record available for inspection by federal, state regulatory agencies and accreditation agencies.	
8.2 All personnel credentialing activities are verified up to date and documented in the personnel file.	
8.3 Criminal background checks and OIG of Inspector General Exclusion List (OIG) are completed and documented in the personnel file. In circumstances that an employee will go into a patient home, a National Sex Offender registry check is also completed and documented.	
8.4 Documentation is retained verifying that the employee has received and has access to personnel policies and procedures and/or Employee Handbook that includes but is not limited to: <ul style="list-style-type: none"> Wages Benefits Grievances and Complaints Recruitment, hiring, and retention of personnel Disciplinary action/termination of employment Conflict of interest Performance expectations and evaluations 	
8.5 Competency assessments have been completed on all direct care personnel (including contract personnel).	
8.6 Competency verification identifies the appropriate training for the individuals conducting needed tasks.	
8.7 A qualified Medical Director is appointed by the governing board whose responsibility for the delivery of patient care and outcomes is the facility.	
8.8 The facility employs a full-time qualified nurse manager who is responsible for nursing services.	
8.9 The facility employs a qualified off-care or home care dialysis training nurse.	
8.10 The facility employs a qualified charge nurse(s) responsible for each shift to oversee patient care.	
8.11 The facility employs, or has a contractual agreement with a qualified registered dietitian.	
8.12 The facility employs, or has a contractual agreement with a qualified social worker.	
8.13 The facility employs and utilizes patient care dialysis technicians that meet the specific qualifications and training.	
8.14 Evidence that the facility ensures that any staff who operate the water treatment system complete a training program to perform monitoring and testing of the water treatment system. The training program has been approved by the medical director and the governing body.	

Effective 04/17/2020
 [PDF] Accreditation 12-Month Compliance Checklist - PDF
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ACCREDITATION COMMISSION for HEALTH CARE

SECTION 9: PROVISION OF CARE AND RECORD MANAGEMENT

Expectation	Comments
9.1 The facility has established and implemented procedures in regard to the retention and maintenance of patient and equipment maintenance records.	
9.2 Patient records are complete, accurate, and accessible including home patients who do not receive dialysis supplies and equipment from a supplier whose care is under the supervision of the facility.	
9.3 Follow-up results are maintained confidentially and safeguarded against loss, destruction, unauthorized use.	
9.4 The facility has established and implemented procedures in regard to the retention and maintenance of patient and equipment maintenance records.	
9.5 Interdisciplinary team, consisting of, at minimum, the patient or the patient's caregiver (the patient chosen), a registered nurse, a physician caring for the patient for ESRD, a social worker, and a dietitian, is responsible for providing management with an individualized and comprehensive assessment of his or her needs.	
9.6 Interdisciplinary team is responsible for developing and implementing a written, individualized comprehensive plan of care for each patient that specifies the interventions necessary to address the patient's needs, as identified by the comprehensive assessment of changes in the patient's condition, and must include measurable and expected outcomes, disseminated to all staff to achieve these goals.	
9.7 The facility must ensure that any certified providers home dialysis services, and the interdisciplinary team consists of members who are trained and are at least equivalent to those needed in a facility patient.	
9.8 The facility must ensure that any certified providers support services to home patients and that the home dialysis services are at least equivalent to those provided in a facility patient.	
9.9 The facility has established and implemented procedures addressing the administration, opening, storage, handling, labeling, of drugs and biologicals.	

QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

Expectation	Comments
10.1 The facility has evidence of a Quality Assessment and Performance Improvement (QAPI) system that measures, analyzes, and tracks quality indicators, that enable the facility to take processes of care, services and/or systems. The QAPI program sets measurable priorities or improved quality of care and patient safety and that all improvement actions are related to effectiveness.	
10.2 QAPI activities include ongoing monitoring of at least one important administrative metric of the facility.	
10.3 QAPI activities include a review of the medical records.	
10.4 The facility has established and implemented policies and procedures in regard to voluntary information and data reporting to the ESRD Network.	

Effective 04/17/2020
 [PDF] Accreditation 12-Month Compliance Checklist - PDF
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ACCREDITATION COMMISSION for HEALTH CARE

SECTION 10: RISK MANAGEMENT, INFECTION AND SAFETY CONTROL

Expectation	Comments
11.1 The facility has established and implemented procedures that address the surveillance, identification, prevention control, and investigation of infectious and communicable diseases and the compliance with regulatory standards.	
11.2 The facility has established and implemented procedures in regard to vaccination of staff and patients that are susceptible to Hepatitis B.	
11.3 The facility has established and implemented infection control training and education to employees, contracted providers, patients and family members regarding basic and high-risk infection control procedures.	
11.4 The facility has established and implemented procedures regarding the operation of the water treatment system, dialysis quality standards, and equipment developed by the Association for the Advancement of Medical Instrumentation (AAMI).	
11.5 The facility has established and implemented procedures in regard to the facility that receive hemodialysis, biofilters, and other dialysis supplies. The facility follows laws and regulations, as well as AAMI guidelines.	
11.6 The facility has established and implemented procedures in regard to patient care, monitoring and documentation when being treated with renal hemodialysis, biofilters, and other dialysis supplies. The facility follows laws, regulations, and AAMI guidelines.	
11.7 The facility has established and implemented procedures in regard to the personnel training and competencies required when received hemodialysis, biofilters, and other dialysis supplies are used. The facility follows laws, regulations, and AAMI guidelines.	
11.8 The facility has established and implemented procedures in regard to the design, construction, equipment, and maintenance of the facility to provide dialysis patients, staff and the public a safe, functional and comfortable treatment environment.	
11.9 The facility is in compliance with applicable laws and regulations pertaining to fire safety, equipment, and other relevant health and safety requirements.	
11.10 The facility has established and implemented procedures for identifying, monitoring, reporting, investigating, and documenting all incidents, variances, or unusual or unusual events involving personnel.	
11.11 Emergency Preparedness Plan outlines the process for meeting the patient and/or resident needs in a disaster or crisis, including but not limited to a community-based risk assessment, collaboration with other health organizations in the same area. The EPHI is reviewed and updated at least every two years.	
11.12 Emergency Preparedness Plan has been reviewed and updated at least every two years.	
11.13 Emergency Preparedness Plan outlines the communication plan has been reviewed and updated at least every two years.	
11.14 Emergency Preparedness Plan identifies each process of a certified facility and how each facility per required in the development of the unified and integrated program.	

Effective 04/17/2020
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