



EDUCATIONAL RESOURCES

 RENAL DIALYSIS

WELCOME

Achieving ACHC Renal Dialysis Accreditation



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



Today's Educator



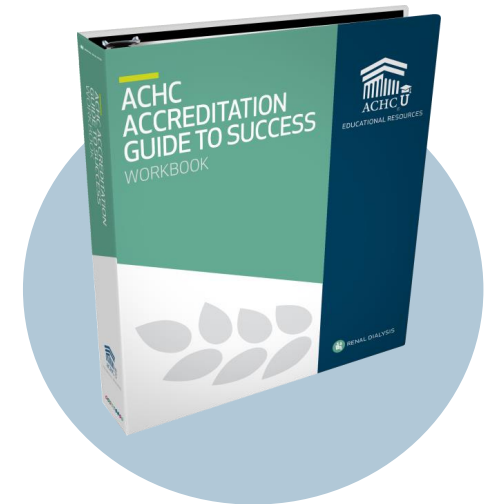
Shannon Roberts, RN
Clinical Compliance Educator

Learning Objectives

- Review the Application Process
- Learn how to prepare an organization for the accreditation survey
- Establish expectations for the on-site survey and strategies for survey success
- Get a detailed look at the survey day and post-survey process
- Learn how to utilize the *ACHC Accreditation Guide to Success* to ensure ongoing compliance

ACHC Accreditation Guide To Success

- *ACHC Accreditation Guide to Success* for Renal Dialysis
- Developed to help walk you through the accreditation process
- The workbook contains all standards broken down by sections
- Audit tools after each section to help you assess readiness
- Sample forms and document templates
- Hints regarding where the Surveyor would expect to see evidence





EDUCATIONAL RESOURCES

Introduction

About ACHC

 RENAL DIALYSIS



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



About ACHC

- Nationally recognized accreditation organization (AO) with more than 30 years of experience
- CMS deeming authority for Home Health, Hospice, Renal Dialysis, Home Infusion Therapy, and DMEPOS
- Recognition by most major third-party payors
- Approved to perform many state licensure surveys for specific programs
- First AO with a Quality Management System certified to ISO 9001:2015

Renal Dialysis Accreditation

- Earned CMS deeming authority in April 2019
- Program-specific standards inclusive of Medicare Conditions for Coverage (CfCs)
- Life Safety Code Surveys
- Accreditation for both in-center dialysis and home therapy services, including:
 - New/Initial Certifications
 - Renewal Certifications
 - Service Additions

Available Programs

 ACUTE CARE HOSPITAL (HFAP)

 AMBULATORY CARE

 AMBULATORY SURGERY CENTER (HFAP)

 ASSISTED LIVING

 BEHAVIORAL HEALTH

 CRITICAL ACCESS HOSPITAL (HFAP)

 CLINICAL LABORATORY

 DENTISTRY

 DMEPOS

 HOME HEALTH

 HOME INFUSION THERAPY

 HOSPICE

 NON-STERILE COMPOUNDING (PCAB)

 OFFICE-BASED SURGERY (HFAP)

 PALLIATIVE CARE

 PHARMACY

 PRIVATE DUTY

 RENAL DIALYSIS

 SLEEP

 STERILE COMPOUNDING (PCAB)

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

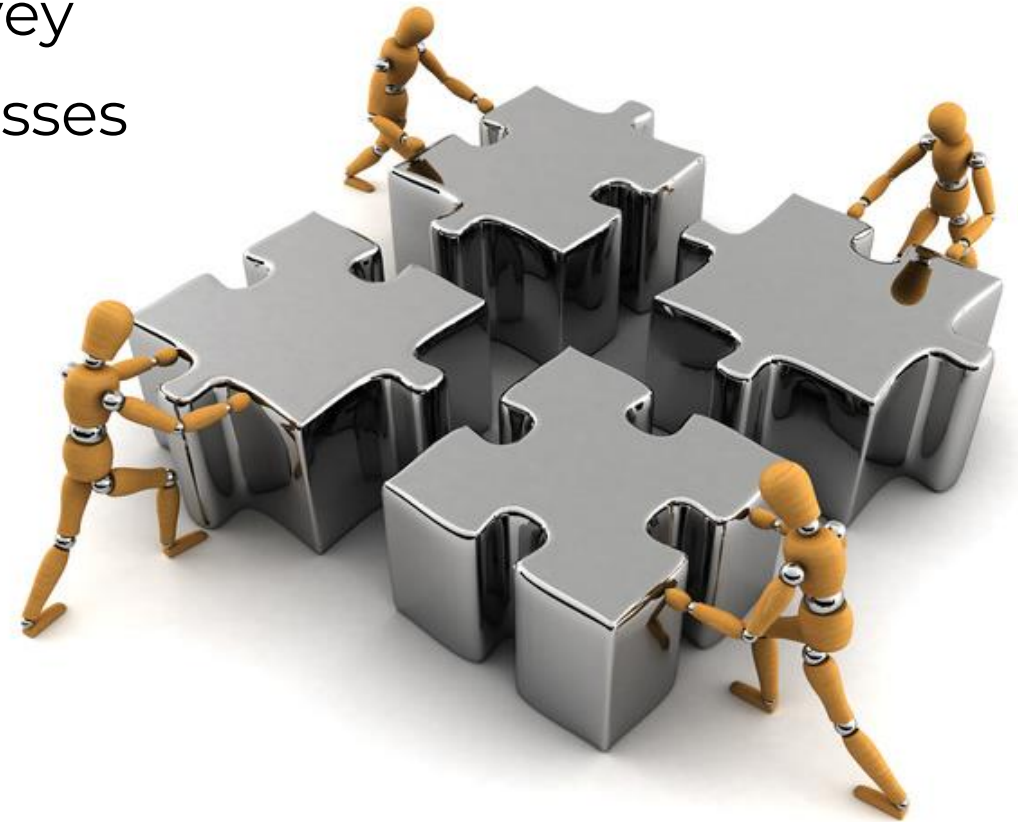


Collaborative Survey Approach

- 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
- Key resources in navigating 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 the Account Advisor will be sent to the appropriate clinical or regulatory department.
- One question the Account Advisor cannot answer: When is my survey?



EDUCATIONAL RESOURCES

Creating Your Customer Central Account

cc.achc.org

 RENAL DIALYSIS



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Create Customer Central Account

- Step 1: Visit cc.achc.org
- Step 2: Complete the demographic information
- Step 3: Preview the appropriate standards
- Step 4: Download your customized ACHC standards





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

Becoming accredited with ACHC

Download Standards

Complete Application

On-Site Survey

Watch a video tutorial of the new Customer Central

Watch Install Video »
Get Desktop App for Windows »

EDUCATIONAL RESOURCES

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

GET SURVEY READY

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

FIRST NAME

LAST NAME PHONE

EMAIL

COMPANY NAME

DBA NAME

ADDRESS

CITY STATE

ZIP

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

SELECT A USERNAME

ENTER PASSWORD CONFIRM PASSWORD

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

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



Go to: cc.achc.org

Log in above, or create a new account below.



Download ACHC's Standards

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

[Application >>](#)

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

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



PREPARE WITH ACCREDITATION WORKSHOPS



Pre-Survey Preparation



Thorough Review of ACHC Accreditation Standards



Key Steps to a Successful On-Site Survey



How to Complete Important Post-Survey Components





Account Advisor



Lomeka Perry
Lperry@achc.org
(919) 785-1214 ext. 226
Fax: (919) 785-3011

ACHC
139 Weston Oaks Ct.
Cary, NC 27513

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

Welcome, Kevin!

Joyous Healthcare - Paradise, NC

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

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

 GET STANDARDS
  NEW APPLICATION
  RENEWAL

In Progress

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

Accreditation History

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

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

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

Getting Started with Application

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




Online Application

- Select “NEW APPLICATION” or “RENEWAL”
- Main office
 - Profile
 - Location
 - Contacts
 - Services
- Services you want accredited
 - In-center Hemodialysis
 - Home Therapy
 - Dialysis in LTC/SNF (Home Therapy)
 - Current Census per modality
- Renewals should complete application six to nine months prior to expiration




Confirmation Of Application

 CUSTOMER CENTRAL

[STANDARDS](#)
[APPLICATION](#)
[RESOURCES +](#)
[FORMS +](#)
[UPLOAD](#)
[EASY PAY](#)
[MY ACCOUNT +](#)

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✔ Application
PER
Payment
Survey
POC
Accreditation

Application: Home Care Company

[Download Application PDF >>](#)
[Download Receipt PDF >>](#)

CONTINUE >

Your application was submitted on 7/28/2016 11:05 AM.



FOR PROVIDERS.
BY PROVIDERS.

Accreditation Commission for Health Care, Inc.
 139 Weston Oaks Ct.
 Cary, NC 27513
 Phone 855-YES-ACHC (937-2242)
<http://www.achc.org>

Order ID: 8638
 Order date: 7/28/2016 11:04 AM

Company: Home Care Company
 Purchased By: Rebecca Jones
 Payment Method: Credit Card [1111]

Billing Address:
 123 Easy St
 Cary, NC 27511


Shipping Address:
 123 Easy St
 Cary, NC 27511

Physical Address:
 123 Easy Street
 Cary, NC 27511

Quantity	Item	Unit Price	Amount
1	Application Deposit	\$1500.00	\$1500.00
		SubTotal:	\$1,500.00
		Discount:	\$0.00
		Total:	\$1,500.00

Submit Deposit

CUSTOMER CENTRAL
STANDARDS
APPLICATION
RESOURCES +
FORMS +
UPLOAD
EASY PAY
MY ACCOUNT +




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WORKSHOPS
Learn more about ACHC
 standards & survey tips

MORE INFO

Application
PER
Payment
Survey
POC
Accreditation

Application: ACHC PAY DEPOSIT & SUBMIT >

[Download Application PDF >](#)

Main Office
You can complete the application all at once, or in stages, as time permits. All sections, including your additional locations, must be completed prior to submitting the application.

CONTINUE MAIN OFFICE >

Main Office: 139 Weston Oaks Court Cary, NC 27344

Location	Incomplete
Profile	Incomplete
Contacts	Incomplete
Services Offered	Incomplete
More Info	Incomplete

Additional Office
Click the "ADD LOCATION" button to add other physical offices or warehouses.

+ ADD LOCATION

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Accreditation Agreement

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". To the right of the logo are several menu items: "STANDARDS", "APPLICATION", "RESOURCES +", "FORMS +", "UPLOAD", "EASY PAY" (with a shopping cart icon), and "MY ACCOUNT +".

Below the navigation bar, the main content area is divided into two columns. The left column, titled "Account Advisor", features a blue icon of three people. Below the icon, the contact information for Lomeka Perry is listed: "Lomeka Perry", "lperry@achc.org", "(919) 785-1214 ext. 226", and "Fax: (919) 785-3011". Further down, the address "ACHC, 139 Weston Oaks Ct., Cary, NC 27513" is provided. At the bottom of this column, a "Video Tutorials" section lists: "Customer Central Tour", "Application Tour", "PER 'How To'", "On-Site Survey", and "POC 'How To'".

The right column shows a progress bar with six stages: "Application" (checked), "PER", "Payment" (active), "Survey", "POC", and "Accreditation". Below the progress bar, a green hourglass icon is followed by the heading "Processing Accreditation Agreement". The text states: "Your Accreditation Agreement is currently being processed. Once it has been completed, the payment section will become accessible." A text box below this contains the message "Advisor Drafting Agreement...". At the bottom of the right column, a note reads: "For immediate questions/concerns about your Accreditation Agreement, contact your Advisor."

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 (PER)


- PER
 - Mandatory documents and/or criteria that must be submitted and met in order to begin the survey process – Approved 855 A, CMS Form - 3427, LSC Waiver, ESRD Network Agreement
- Date of Compliance you establish on the PER
 - ACHC-only requirements/non-CfCs
- Medicare CfCs, state requirements
 - Acceptance of first patient
- Agency policies
 - Implementation date of policy



Preliminary Evidence Report

ACHC CUSTOMER CENTRAL
STANDARDS
APPLICATION
RESOURCES +
FORMS +
UPLOAD
EASY PAY
MY ACCOUNT +

Account Advisor



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Accreditation

⌚ Waiting on previous steps

For the best possible accreditation experience, please follow the navigation above. This page will become available once all previous steps have been completed.

Please return to the [Application](#) section to continue.

Completed Steps:

- Application
- PER
- Payment
- Survey
- POC

Steps Remaining:

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Preliminary Evidence Report

RENAL DIALYSIS PRELIMINARY EVIDENCE REPORT (PER) INITIAL CHECKLIST



RENAL DIALYSIS

This checklist constitutes the requirements of the PER, which is mandatory for facilities applying for initial Renal Dialysis Facility 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 facilities seeking an initial Medicare Provider Number:

- The facility 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 facilities seeking an initial Medicare Provider Number.
- A copy of CMS form 3427
 - Submit a copy of the form
- A signed agreement between the facility and applicable ESRD network is required prior to the initial certification survey.
 - Submit a copy of the agreement
- The facility 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 facility.
- Life Safety Code (LSC) attestation or waiver, if applicable
 - Submit a copy of the waiver
- The facility must have one patient on the census for each modality offered.
- The facility 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 facilities that reside in states that require a license

Confirmation of the following (initial in spaces provided):

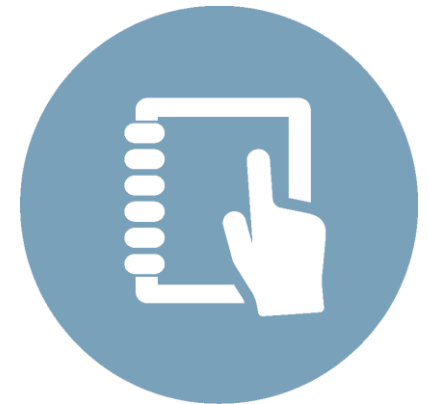
_____ I attest that this facility possesses all policies and procedures as required by the ACHC Accreditation Standards

_____ I acknowledge that this facility was/is/will be in compliance with ACHC Accreditation Standards as of _____ date.



Extended Policy Review

- Optional review of complete policies and procedures by an ACHC Surveyor to determine compliance prior to the on-site survey
- Feedback from an ACHC Surveyor regarding the alignment of agency's policies and procedures to ACHC Accreditation Standards
- Option to purchase through Customer Central
- Customized reference guide for required documents and policies and procedures, available as a download



Extended Policy Review Results

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



Desk Review Report Sample

Desk Review Report
Services: RDF



Standard	Comments	Deficient
RDF2-E	<p>Mandatory on site review: Written policies and procedures are established outlining patient rights and responsibilities. The Patient Rights include, but are not limited to:</p>	X
	<p>Referenced policy does not address the patients rights for the following:</p> <ul style="list-style-type: none"> •The right to receive resource information for dialysis modalities not offered by the facility, including information about alternative scheduling options for working patients •Be informed of external grievance mechanisms and processes, including how to contact the ESRD Network and the state survey agency 	

Agreement

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



14 Calendar Days

Payment Information

Deposit Received:

<<<INSERT DEPOSIT AMOUNT HERE>>>

Discount (if applicable):

<<<INSERT DISCOUNT AMOUNT HERE>>>

Remaining Balance: <<<REMAINING BALANCE>>>

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

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

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

Payment Method:

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

I wish to receive a paper invoice for payment

So when am I officially “in process?”

- Completed application (online)
- Deposit (online)
- Completion and return of PER (online)
- Signed and returned Accreditation Agreement
- When will your survey be conducted?
 - New application —25-30 days the latter of one of the two scenarios:
 - After the specified “Date of Readiness” or
 - After all required documents are received by the AA
 - Renewal — Based on when you apply and when accreditation expires
 - NOTE: Survey offers do not go out to surveyors until all required paperwork has been received by ACHC



EDUCATIONAL RESOURCES

Customer Central Regulatory Resources

 RENAL DIALYSIS



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POC "How To"

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

Welcome, Carolyn!

Your entire process begins with an application. To start a new application, click "New Application." To edit an existing application, click "Renewal." A "Renewal" allows you to update your application information, or to renew an existing application - saving you time!

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

GET STANDARDS
 NEW APPLICATION

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

In Progress



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

Accreditation History

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

Use the FORMS tab to edit company information

Change of Ownership


CUSTOMER CENTRAL
STANDARDS
APPLICATION
RESOURCES +
FORMS +
UPLOAD
 EASY PAY
MY ACCOUNT +

Company Information

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

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

Education Library

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STANDARDS
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Education Library

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

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

Educational Tools

Educational program-specific documents for your industry.

-----Please Select-----

"Did You Know" Emails

Review archived program-specific emails.

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

ACHC Today

Review ACHC Today news.

[ACHC Today >>](#)

Industry Links



Great resources for state-specific industry links.

DMEPOS


-----Please Select-----


[Home Health & Hospice](#)


Continued Compliance



CUSTOMER CENTRAL
STANDARDS
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FORMS +
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 POC "How To"

Continued Compliance

ACHC is here to help you maintain ongoing compliance and employ industry best practices. Below are continued compliance checklists for each program. Select your program to expand and then click to download the checklists.

[6 Month checklist](#)

[12 Month checklist](#)

[24 Month checklist](#)

[30 Month checklist](#)



EDUCATIONAL RESOURCES

Renal Dialysis Requirements

Startups — Initial Medicare Certification

 RENAL DIALYSIS



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Initial Certification Requirements

- Approved 855A letter
- LSC attestation waiver (otherwise a LSC survey will be conducted)
- ESRD Network agreement
- CMS FORM 3427
- Must be able to demonstrate operational capability of all facets of its operation
 - Medications, supplies,
 - Machines, emergency equipment
 - Water Treatment (meets all testing requirements per the CMS CfC)

Initial Certification Requirements

- Required number of patients
 - Must have at least one active patient receiving treatment for each modality being offered by the facility
- Required services
 - Must be able to provide all treatment service needed by the patients actually being served

Facility Core Personnel

- Core Personnel — (must meet the qualifications per the CMS CfC)
 - Medical Director (cannot use a waiver for an initial certification)
 - Nurse Manager
 - Social Work (MSW)
 - Registered Dietitian

Facility Core Personnel

- The Administrator/Nurse Manager must be a full-time employee of the facility
- With the exception of the Administrator, a facility may use contracted staff, if necessary, to supplement employees in order to meet the needs of patients
- Waiver for Medical Director– An extraordinary circumstance generally would be a short-term, temporary event that was unanticipated (Already certified programs are applicable for the waiver)



EDUCATIONAL RESOURCES

Achieving A Successful Survey Outcome

Pre-survey Preparation

 RENAL DIALYSIS



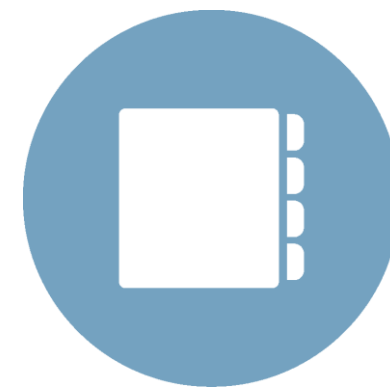
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Essential Manuals

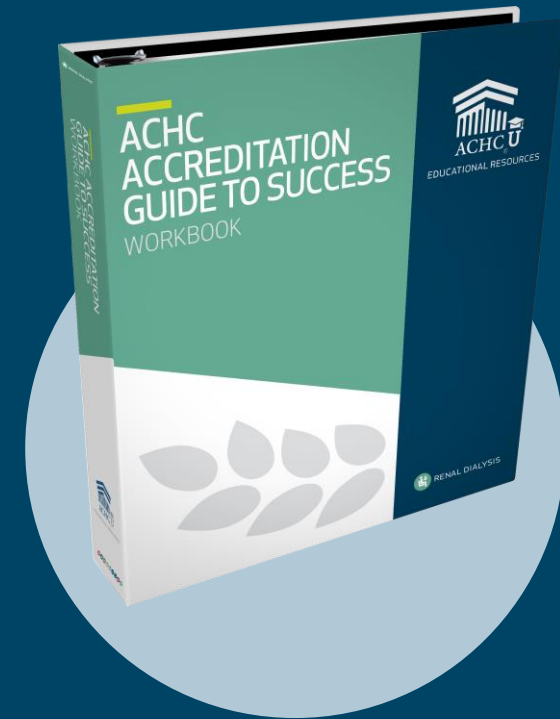
- State Operations Manual Appendix H — Guidance to Surveyors: ESRD Facilities
- ACHC Accreditation Standards
- State Operations Manual, Chapter 2 — The Certification Process
- State licensing laws/regulations
- Agency policies and procedures
- Scope of practice for each discipline provided
- Local laws/regulations

Always follow the most stringent regulation!



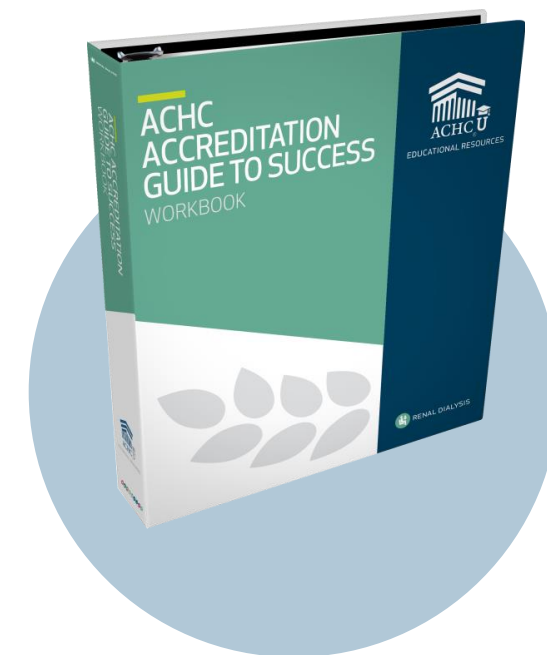
ACHC Accreditation Guide To Success workbook

Renal Dialysis



ACHC Accreditation Guide To Success

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



STANDARD RD1-L.01:

The facility informs the accrediting body and other state/federal regulatory agencies, as appropriate, of negative outcomes from regulatory inspections and/or audits.

PRACTICE REQUIREMENTS

- Outcomes that must be reported to ACHC include, but are not limited to:
 - » Facility License suspension(s)
 - » Facility License probation; conditions/restrictions to license(s)
 - » Non-compliance with Medicare regulations identified during survey by another regulatory body resulting in a Condition-Level deficiency or Immediate Jeopardy
 - » Revocation of Medicare/Medicaid/third-party provider number
 - » Any open investigation by any regulatory or governmental authority

HINT While on site, the Surveyor will expect to see evidence of governing body involvement if any of the above incidents occurred, and that the incident was reported to ACHC within 30 days.

If interviewed, staff should be able to describe which negative outcomes are reportable and to whom they are reported.

Preparation

- Educate key staff
 - Clinical staff (employees & contract)
 - Administrative
 - Governing body
 - Medical Director
 - QAPI Coordinator
 - Patients
- Prepare the facility
 - Office/lobby space
 - Treatment area
 - Warehouse (water room, supply area)

Preparation

- Helpful tools in the *ACHC Accreditation Guide to Success*
- Mock Surveys
 - Interview Questions — Survey Process
 - Infection Control — Section 7
 - Medical chart audits — Section 5
 - Personnel file audits — Section 4
 - Observation of the environment — Survey Process
 - Items Needed for the On-Site Visit — Survey Process
 - Medicare CfC Checklist — Standards download

“Tell me and I’ll forget;
show me and I may remember;
involve me and I’ll understand”.

Items Needed For On-Site Survey

ITEMS NEEDED FOR ON-SITE SURVEY RENAL DIALYSIS FACIL



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 facility 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 & shifts with any isolation patients identified (seating chart or assignment sheet)
4. List of patients admitted to this facility 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 3 months, including reason for unstable and month
6. List of all patients who were involuntarily discharged (not transferred to another outpatient dialysis facility) from this facility 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 facility 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 6 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 3 months, separated by modality
15. Vaccination information:
 - a. # of patients who received a complete series of hepatitis B vaccine
 - b. # of patients who received the influenza vaccine between August 1 and March 31

Effective: 07/17/2018
[727] Items Needed for Survey - Renal Dialysis Facilities

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- c. # of patients who received the pneumococcal vaccine
16. Staff schedule for the last 2 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 6 months
 19. Adverse events (e.g., clinical variances, medical errors) documentation for the past 6 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. Facility Life Safety Code attestation or waiver (required if the in-center or home training treatment area does not provide exit at grade level or if the facility is adjacent to an 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 (2 months)
 - b. Total chlorine testing (2 months)
 - c. Bacterial cultures and endotoxin results – water and dialysate (6 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 (6 months)
 - b. Preventative maintenance and repair of reprocessing equipment (12 months)
 - c. Reuse QA audits (12 months)

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Survey Preparation Tools




OBSERVATION AUDIT TOOL

- Compliance program is reviewed upon arrival
- Annual budget is available and facility requirements are met
- Personnel meet the qualifications and facility requirements
- Job descriptions are signed and personnel are required to read them
- Quality Assessment activities and annual review to review upon arrival
- Patient incident/variance Surveyor to review
- There is evidence of all nursing services are available a week as necessary to meet needs
- Evidence of service changes upon request
- On-call schedule shows on-call at all times the week
- Patient roster for each shift
- Daily staffing schedule
- On-call staffing schedule
- Emergency takeover by



PERSONNEL FILE AUDIT TOOL

REQUIREMENTS	STANDARD	STAFF INITIALS
	Date of Hire:	
Application, CV, or resume with references	RD4-B.01	
Dated and signed withholding statements	RD4-B.01	
Completed I-9	RD4-B.01	
Contractual agreement (if contract)	RD4-B.01	
Signed job description	RD4-B.01	
Verification of credentials (licensure, registration, certification)	RD4-D	
Orientation checklist/Competency/Performance Evaluation Assessment/Training	RD4-H.01, RD4-I, RD4-J.01	
TB skin testing (direct care staff only)	RD4-E.01	
Hepatitis B series or signed declination statement (direct care staff only)	RD4-T.01	
Background Checks:	RD4-F.01	
OIG exclusion list	RD4-F.01	



POTENTIAL AGENCY STAFF INTERVIEW QUESTIONS

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 **RD1-I.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
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,		of %

Legend: 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

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 and state licensures are posted; verification of professional licensure/certifications	Observation Tool & Personnel File Audit Tool		
RD1-B				Appropriate licenses and required permits are prominently posted	Observation Tool		
RD1-C.01				Observation of Staff	Observation Tool & Interview 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-G.01				Organizational chart & staff interviews	Observation Tool & Interview Tool		
RD1-H				Written contract/ agreement, List of on-call physicians & staff/patient interviews	Observation Tool & Interview Tool		
RD1-I.01	Yes	Yes		Orientation to conflict of interest disclosure & staff interviews	Personnel File Audit Tool & Interview Audit Tool		
RD1-J.01		Yes		Written Contracts/ agreements, & copy of liability insurance	Hourly Contract Staff Audit Tool		
RD1-K.01				Contracts/Agreements for services, Leadership Meeting Documentation, PI Activities	Hourly Contract Staff Audit Tool		

Self-Audit

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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
- Conflicts of interest and the procedure for disclosure

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, 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
- Organizational chart showing all positions with identifiable and accurate lines of 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 resumé/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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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
- Organizational chart/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 as well as copies of professional liability insurance certificates?
8. Are all my state license and required permits posted and in view for easy observation?
9. Are copies of state and federal posters 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?

Standard- And Condition-Level Deficiencies

- 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

Focus Areas

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



EDUCATIONAL RESOURCES

Achieving A Successful ACHC Accreditation Survey

Overview of the Survey Process

 RENAL DIALYSIS



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The Surveyor

- What is the role of the Surveyor?
 - To ensure ACHC Accreditation Standards are being followed
 - Data collectors
 - Your outside resource to offer tools and education on how to identify and improve potential risky or non-compliant areas



Day Of Survey

- Unannounced per CMS requirements
- Notification call (no more than 30 minutes prior to arrival)
- Surveyor may show up at anytime during the hours of operation
- Upon arrival, the surveyor will provide you with a picture ID
- Opening conference
- Tour of facility
- Treatment observations
- Water treatment observations
- Reuse observation (if applicable)
- Patient SNF home visits (if applicable)

Survey Day (Cont.)

- Try to keep your staff relaxed and focused
- We understand some interruptions may occur as patients are your top priority (Just keep us in the loop)
- Perfection is not the goal of the day
- Almost everything can be “fixed”
- There is nothing your staff can say in an interview that will sink the ship, so relax!
- Deficiencies are common... and expected
- Ask questions/seek clarification
- The Surveyor is approachable and open to discussion, so challenge him/her for an explanation if you don't agree or don't understand.

Survey Day (Cont.)

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

On-site Survey

- Personnel file review
- Patient chart review
- Interview with patients, staff, management, governing body, and Medical Director
- Review of agency's implementation of policies
- Quality Assessment Performance Improvement (QAPI)
- Emergency Preparedness Plan
- Exit conference

Opening Conference

- Begins shortly after arrival of Surveyor
- Completion of CMS paperwork
 - CMS 3427
- KEY REPORTS
 - Current census with specific details (Name, date of admission, LTC/SNF residents)
 - 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

Opening Conference

- Designate a space for the Surveyor(s)
- Laptop or computer to access medical records
 - Read-only access
- Appoint a liaison
- Any previous survey results from past 12 months (if applicable)
- Patient admission packet and education materials
- Facility policies and procedures

Tour

- Brief tour of facility
 - Treatment area (in-center and 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 in place
 - 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 listing of items required in the personnel record, review Section 4 of the ACHC Accreditation Standards.

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
 - Need to have a laptop/desktop supplied by the agency
 - 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.

Treatment Observations

- Facility responsibility to obtain consent from patient
- Observations to include all aspects of treatment
- Observe medication preparation and administration
- Disinfect of patient station
- Prepare patients and families for potential interviews

Exit Conference

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

Corrected On Site

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



EDUCATIONAL RESOURCES

Achieving A Successful Survey Outcome

Post-Survey Process

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Post-Survey Process

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

ACHC Accreditation Decision Definitions



ACCREDITED

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



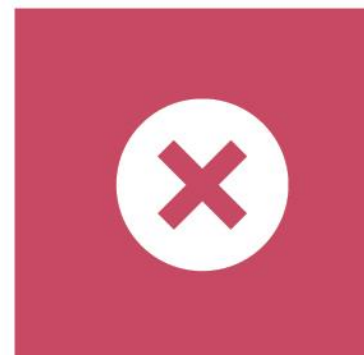
ACCREDITATION PENDING

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



DEPENDENT

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



DENIED


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

Plan Of Correction (POC) Requirements

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



Plan Of Correction


**FOR PROVIDERS.
BY PROVIDERS.**

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 Facilities, date of compliance for Conditions for Coverage (CFC) 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 <small>(Specific action taken to bring standard into compliance)</small>	Date of Compliance <small>(Date correction to be completed)</small>	Title <small>(Individual responsible for correction)</small>	Process to Prevent Recurrence <small>(Describe monitoring of corrective actions to ensure they effectively prevent recurrence)</small>	POC Compliant <small>(ACHC internal use only)</small>	Evidence Required <small>(ACHC internal use only)</small>	Evidence Approved <small>(ACHC internal use only)</small>	Comments <small>(ACHC internal use only)</small>
RD5-J V541	Staff will be in-serviced on how to document a complete and individualized 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)			
RD4-F.01	Appropriate staff will be in-serviced on requirements of the initial TB screening and annual verification.	mo/dd/yr	Administrator	100% of newly hired, direct-care personnel records will be audited within 30 days of hire for evidence that an initial baseline TB screen using TST or BAMT. Was completed Threshold is 100% compliance. Once threshold is met, 50% of direct care personnel records will be audited annually.				



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[725] POC Template-RDF Effective: 06/18/2018



EDUCATIONAL RESOURCES

Thank you!

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