EXPERIENCE THE ACHC DIFFERENCE
Avoiding the Top Survey Deficiencies
TOP SURVEY DEFICIENCIES

- Based on previous survey results, these are the anticipated deficiencies likely to be cited based on the new Medicare Conditions of Participation (CoPs)

- The deficiencies focus on 4 CoPs:
  - §484.60 Condition of Participation: Care planning, coordination of services, and quality of care
  - §484.75 Condition of Participation: Skilled professional services
  - §484.80 Condition of participation: Home Health Aide services
  - §484.55 Condition of Participation: Comprehensive assessment of patients
TOP SURVEY DEFICIENCIES

- §484.60 Condition of Participation: Care planning, coordination of services, and quality of care

Plan of Care:

- An individualized plan of care that identifies patient-specific measureable outcomes and goals
- Needs to identify all required components as required in §484.60 (a)(2)
- All verbal orders are required to be recorded in the plan of care and a new requirement is that verbal orders are to be timed
- Care is to be provided in accordance with the plan of care/physician orders
- Drugs, services and treatments are administered only as ordered by the physician
- Plan of care must be reviewed at least every 60 days or when there are any changes that may warrant a change to the plan of care
TOP SURVEY DEFICIENCIES

Plan of care continued:

- Revisions to the plan of care are made based on updated comprehensive assessments.
- Revisions to the plan of care are communicated to the patient, representative (if any), caregiver, and all physicians issuing orders for the plan of care.
- Written information that is provided to the patient:
  - Visit schedule and frequency of visits.
  - Patient medication schedule and instructions.
  - Any treatments to be administered.
  - Any other pertinent instruction related to the patient’s care.
  - Name of the Clinical Manager.
TOP SURVEY DEFICIENCIES

- §484.75 Condition of Participation: Skilled professional services
- Skilled professional services include skilled nursing services, physical therapy, speech-language pathology services, occupational therapy services, and medical social work services. Skilled professionals must:
  - Provide ongoing interdisciplinary assessment of the patient
  - Develop the plan of care with the patient, representative (if any), and caregiver
  - Provide services in accordance with the plan of care
  - Provide patient, caregiver and family counseling and education
  - Prepare clinical notes
  - Communicate with all physicians involved in the plan of care as well as with each other
  - Participate in the QAPI program
  - Participate in HHA-sponsored in-service training
TOP SURVEY DEFICIENCIES

§484.80 Condition of participation: Home health aide services

Home Health Aides must:
- Be qualified per §484.80(a)(1)
- Have evidence of training and competency per §484.80(b) and per §484.80(c)
- Have written patient care instructions prepared by the RN or other appropriate skilled professional
- Provide services that are ordered by the physician and included in the plan of care
- Report changes in the patient’s medical condition and complete documentation per agency policies
TOP SURVEY DEFICIENCIES

§484.80 Condition of participation: Home health aide services

- Be supervised at least every 14 days
- Following the patient’s plan of care for completion of tasks assigned to a home health aide by the registered nurse or other appropriate skilled professional;
- Maintaining an open communication process with the patient, representative (if any), caregivers, and family;
- Demonstrating competency with assigned tasks;
- Complying with infection prevention and control policies and procedures;
- Reporting changes in the patient’s condition; and
- Honoring patient rights.
- Have an annual observation visit in the environment in which the aide is providing care
TOP SURVEY DEFICIENCIES

- §484.55 Condition of Participation: Comprehensive assessment of patients
- Specific to the medication review
  - An ongoing medication review is completed for all patients; in therapy-only cases, the therapist submits a list of medications for the RN to review
  - All PRN medications identify an indicator as to when the PRN medication should be administered
  - O2 is listed on the medication profile
  - The physician is notified of any medication discrepancies, side effects, problems, or reactions
ADDITIONAL DEFICIENCIES

- §484.102 Condition of participation: Emergency preparedness
- Emergency Preparedness
  - Emergency Plan is based on a documented, facility-based and community-based all-hazards risk assessment
  - Policies and procedures are specific to your plan and the geographical area in which you provide patient care
  - Communication plan includes the required information
  - All staff have been trained
  - Two tests of the plan have been conducted:
    - Community or facility-based drill and
    - Community, facility, or tabletop drill
  - The entire plan is reviewed and updated at least annually
ADDITIONAL DEFICIENCIES

§484.65 Condition of participation: Quality assessment and performance improvement (QAPI)

Must have a QAPI Program that is capable of:

- Showing measurable improvement in areas where improvements are needed
- Reflects the scope of the agency
- Tracking and monitoring of quality indicators:
  - Adverse patient events
  - OASIS outcomes
  - High volume, high risk, problem prone areas
- Must maintain improvement
- Demonstrate governing body oversight of the program
- Performance Improvement Projects; July 13, 2018
EVIDENCE FOR COMPLIANCE

- Documented evidence that is readily available
- If it’s not documented, it’s not done!
AFTER ACCREDITATION

- Once your Account Advisor emails you with the survey decision, there will be a link to the After Accreditation webinar which will tell you how to complete a Plan of Correction as well as review resources to help you maintain compliance.
QUESTIONS?
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