EXPERIENCE THE ACHC DIFFERENCE
Developing a Plan of Correction
EXPERIENCE THE ACHC DIFFERENCE

Post-Survey Process
POST-SURVEY PROCESS

- ACHC Accreditation Review Committee examines all the data
- 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.
SUMMARY OF FINDINGS SAMPLE

Summary of Findings Report for Survey on 08/21/2018
Services: PDA, PDN

Deficiency Category - Personnel Files

<table>
<thead>
<tr>
<th>Standard</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDM-18</td>
<td>Prior to or at the time of hire all personnel complete appropriate documentation. Upon review of personnel records, 2 of 3 records (TB, NZ) did not contain evidence of completion, and/or incorrect for all fields on the I-9 form. The Birth certificate which should have been placed in column &quot;C&quot; was entered in Column &quot;A&quot;. There was also not evidence of the first day of employment or a signature by an Authorized Representative of the agency. NZ's Driver license was listed under Column &quot;A&quot;. This is not the required documentation under Column &quot;A&quot;. This should be listed under Column &quot;B&quot; or &quot;C&quot;. Corrective Action: The agency will need to ensure that Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States) is completed and completed correctly. Educate staff and audit records for compliance.</td>
</tr>
</tbody>
</table>

PDA-21H | Written policies and procedures are established and implemented in regard to background checks being completed on personnel that have direct patient contact and/or access to clinical patient records. Background checks include: Office of Inspector General (OIG) exclusion list, criminal background check, and national sex offender registry. Upon personnel record review, 1 of 2 (TB) did not contain evidence of a criminal background check for the RN providing direct care. The administrator stated that it was not legal to check a criminal background in the state of New York. Documentation submitted indicated direction that unlicensed staff were required to have a criminal background check but did not support that a criminal background check was not needed for licensed staff. Corrective Action: The agency will need to ensure that there is evidence of a criminal background check for all staff who provide direct patient care or who have access to clinical patient records. Educate staff and perform audits for compliance. |
PLAN OF CORRECTION REQUIREMENTS

- Due in 30 calendar days to ACHC
- Deficiencies are autofilled
- Plan of Correction
  - Specific action step to correct the deficiency
- Date of compliance of the action step
  - 30 calendar days
- Title of individual responsible
- Process to prevent recurrence (two-step process)
  - Percentage and frequency
  - Target threshold
  - Maintaining compliance
# PLAN OF CORRECTION (POC)

**Organization:** <<Organization Name>>

**Company ID:** <<CompanyID>>

**Application ID:** <<ApplicationID>>

**Address:** <<Address>>

**Services Reviewed:** <<ServicesReviewed>>

**Date of Survey:** <<SurveyDate>>

**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 Home Health and Hospice, date of compliance for Conditions of Participation (CoP) 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 Private Duty, date of compliance for ACHC deficiencies must be within 30 calendar days from receipt of Summary of Findings (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 on 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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Plan of Correction</th>
<th>Date of Compliance</th>
<th>Title</th>
<th>Process to Prevent Reoccurrence</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHS 126 (42CFR483) (k), (l), (t)</td>
<td>Staff will be in-sourced on requirements for documentation of patient response to care, treatment, and education provided.</td>
<td>18-Jan-15</td>
<td>Branch Director</td>
<td>Audit 10% of visit notes weekly for at least 3 weeks, assessing presence of documentation of patient response to care, treatment, and education provided. Target threshold is 90%. Once threshold is met, will continue to audit 10% of visit notes quarterly.</td>
<td></td>
</tr>
<tr>
<td>1914.2C (d)</td>
<td>Direct care staff will be in-sourced on requirements of the initial TS screening and annual verification that they are free of symptoms.</td>
<td>23-Jan-15</td>
<td>Administrator</td>
<td>100% of direct care staff personnel records will be audited for evidence of a negative drug test or negative PPD on hire and negative PPD in the previous 12 months. If no evidence, then yearly hire direct care staff will have an initial PPD and another PPD in 2 to 3 years. Threshold is 100% compliance. Once threshold is met, 50% of direct care staff personnel records will be audited bi-annually.</td>
<td></td>
</tr>
</tbody>
</table>

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**ACCOUNT ADVISOR**

**Home Health**

**Hospice**

**Private Duty**

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**ACCRREDITATION COMMISSION for HEALTH CARE**

Page 1
## SAMPLE AUDIT SUMMARY

### EVIDENCE CHART

**Company name:**

<table>
<thead>
<tr>
<th>Date:</th>
<th>For the week/month of:</th>
</tr>
</thead>
</table>

Complete the Medical Record/Patient Record chart with the submission of your medical record and/or patient record audit results. Complete the Observation Deficiences chart and provide the required documents to support compliance with the requirements. Examples of evidence that may need to be submitted are: Governing Board meeting minutes, revised contracts, annual program evaluation, activities, or administrator qualifications.

All evidence supporting the implementation of the Plan of Correction (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.

### Medical Record/Patient Record Audit Summary

<table>
<thead>
<tr>
<th>DECIENCY</th>
<th>AUDIT DESCRIPTION</th>
<th>RECORDS CORRECT / RECORDS REVIEWED</th>
<th>PERCENT CORRECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC 038</td>
<td>Audit chart(s) to determine compliance with the plan of care</td>
<td>5 of 10</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Observation Deficiencies:**

<table>
<thead>
<tr>
<th>DECIENCY</th>
<th>DECIENCY</th>
<th>SUGGESTED EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDF 10A</td>
<td>Incomplete contracts</td>
<td>Revised contracts</td>
</tr>
<tr>
<td>PDF 32A</td>
<td>Nursing staff program evaluation</td>
<td>Revised program evaluation</td>
</tr>
</tbody>
</table>
SUBMISSION OF EVIDENCE

- All evidence must be submitted within 60 days to your Account Advisor; do not submit evidence until the POC has been approved.
- No Protected Health Information (PHI) or other confidential information of patients or employees is to be submitted; if it is, it will be returned.
- Accreditation can be denied based on lack of evidence to support the POC was implemented and effective.
DISPUTE

If you want to formally dispute a deficiency on your Summary of Findings, you must:

• Submit a written request to your Account Advisor that outlines the specific standard you wish to dispute within 10 calendar days from the receipt of your Summary of Findings
• Along with the letter, you must submit the evidence to support that, at the time of the survey, you were in compliance with the standard
• Any areas that were corrected on site during the survey are not able to be disputed
• Do not submit any documents with PHI
• Activity logs/data entry logs are also required if the dispute is related to an entry into an electronic medical record

ACHC will not review any evidence for dispute if:

• Information is submitted after the 10-day calendar timeframe or
• The agency is not current with payment or has an outstanding balance
EXPERIENCE THE ACHC DIFFERENCE

Benefits of Partnering with ACHC
EXPERIENCE THE ACHC DIFFERENCE
Educational Resources
EDUCATIONAL RESOURCES

- ACHCU educational division (achcu.com)
  - Workbooks and workshops
  - Webinars
- Online resources
  - *The Surveyor* newsletter
  - Regulatory updates
  - Accreditation resources
  - Maintaining compliance checklists
- Email updates
  - “Did You Know?” emails
  - “ACHC Today” bi-monthly e-newsletter
REGULATORY UPDATES

- Regulatory Updates
- achc.org
  - Resources and Events
  - Regulatory Updates
CUSTOMER CENTRAL

- Customer Central is available 24/7 with resources and educational materials designed for your company
- cc.achc.org
- Resources
  - Continued Compliance
  - Education Library
  - “Did You Know?” emails
  - “ACHC Today”
  - Accreditation Resources
MAINTAINING COMPLIANCE

ACCREDITATION 12-MONTH COMPLIANCE CHECKLIST
PRIVATE DUTY

The first, the PDA, along with the Medical Record Audit tool, is the Personnel File Audit tool, to audit your private duty agency and ensure that it meets all of your requirements. This checklist will help you determine if your organization is in compliance with applicable state, local, federal laws, and regulations. This checklist is not intended to replace your complete compliance review of ACHC Accreditation Standards, nor is it designed to be 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 monitored for compliance.

SECTION: ORGANIZATION AND ADMINISTRATION

<table>
<thead>
<tr>
<th>Standard</th>
<th>Expectation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC2A</td>
<td>All applicable forms and permits are in accordance with the law.</td>
<td></td>
</tr>
<tr>
<td>PC2B</td>
<td>Governing body meeting minutes have been properly documented.</td>
<td></td>
</tr>
<tr>
<td>PC2D</td>
<td>The governing body minutes are up to date.</td>
<td></td>
</tr>
<tr>
<td>PC2E</td>
<td>The minutes show that the meeting was held.</td>
<td></td>
</tr>
<tr>
<td>PC2F</td>
<td>All sections of the minutes have been signed.</td>
<td></td>
</tr>
<tr>
<td>PC2G</td>
<td>Board members have been properly trained.</td>
<td></td>
</tr>
<tr>
<td>PC2H</td>
<td>All board members have been properly trained.</td>
<td></td>
</tr>
<tr>
<td>PC2I</td>
<td>All policies and procedures have been reviewed and updated.</td>
<td></td>
</tr>
<tr>
<td>PC2J</td>
<td>All policies and procedures are in compliance with all state, local, federal laws, and regulations.</td>
<td></td>
</tr>
</tbody>
</table>

SECTION: PROGRAMS AND SERVICES OPERATIONS

<table>
<thead>
<tr>
<th>Standard</th>
<th>Expectation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC3A</td>
<td>Policies and procedures are up to date and in compliance.</td>
<td></td>
</tr>
<tr>
<td>PC3B</td>
<td>Policies and procedures are up to date and in compliance.</td>
<td></td>
</tr>
<tr>
<td>PC3C</td>
<td>Policies and procedures are up to date and in compliance.</td>
<td></td>
</tr>
</tbody>
</table>

SECTION: ACCREDITATION 24-MONTH COMPLIANCE CHECKLIST
PRIVATE DUTY

Use this checklist, along with the Patient/Client Record Audit tool and the Personnel File Audit tool, to audit your private duty agency and operations 24 months after your ACHC survey. This checklist is designed to determine if your organization is in compliance with applicable state, local, federal laws, and regulations. This checklist is not intended to replace your complete compliance review of ACHC Accreditation Standards nor is it designed to be 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 monitored for compliance.

SECTION: ORGANIZATION AND ADMINISTRATION

<table>
<thead>
<tr>
<th>Standard</th>
<th>Expectation</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>PC4A</td>
<td>All applicable forms and permits are in accordance with the law.</td>
<td></td>
</tr>
<tr>
<td>PC4B</td>
<td>Governing body meeting minutes have been properly documented.</td>
<td></td>
</tr>
<tr>
<td>PC4C</td>
<td>The governing body minutes are up to date.</td>
<td></td>
</tr>
<tr>
<td>PC4D</td>
<td>The minutes show that the meeting was held.</td>
<td></td>
</tr>
<tr>
<td>PC4E</td>
<td>All sections of the minutes have been signed.</td>
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<tr>
<td>PC4F</td>
<td>Board members have been properly trained.</td>
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<tr>
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<td>All board members have been properly trained.</td>
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</tr>
<tr>
<td>PC4H</td>
<td>All policies and procedures have been reviewed and updated.</td>
<td></td>
</tr>
<tr>
<td>PC4I</td>
<td>All policies and procedures are in compliance with all state, local, federal laws, and regulations.</td>
<td></td>
</tr>
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</table>

SECTION: PROGRAMS AND SERVICES OPERATIONS

<table>
<thead>
<tr>
<th>Standard</th>
<th>Expectation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC5A</td>
<td>Policies and procedures are up to date and in compliance.</td>
<td></td>
</tr>
<tr>
<td>PC5B</td>
<td>Policies and procedures are up to date and in compliance.</td>
<td></td>
</tr>
<tr>
<td>PC5C</td>
<td>Policies and procedures are up to date and in compliance.</td>
<td></td>
</tr>
</tbody>
</table>

ACCREDITATION COMMISSION for HEALTH CARE

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MARKETING TOOLS

- ACHC provides you the tools to leverage your accredited status
- All accredited organizations receive the ACHC Branding Kit
  - Brand Guidelines
  - ACHC Accredited logos
  - Window cling
- cc.achc.org
  - Branding Kit
BRANDING ELEMENTS

- Gold Seal of Accreditation
  - Represents compliance with the most stringent national standards
- ACHC Accredited Logo
PROMOTING YOUR ACCREDITED STATUS

A few basic places to promote ACHC-accredited status:

- Website – home page or dedicated landing page
- Marketing Materials – any marketing piece that is seen by the public
- Press Releases – in the “boilerplate” of the press release, or the background information normally found towards the bottom of a press release
- Social Media – home page, banner image, or profile image
- Promotional Items – trade show displays, giveaways, binders, or folders
- Email – email signature
SAMPLE PRESS RELEASE

FOR IMMEDIATE RELEASE

September 28, 2018
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 its 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 9001:2015 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.

###

ACREDITATION COMMISSION for HEALTH CARE
ACHC MARKETING RESOURCES

- ACHC’s Marketing Department is available to help with your marketing needs
- Feel free to contact ainfo@achc.org or (855) 937-2242
WE VALUE YOUR FEEDBACK

- You will receive a Customer Satisfaction survey once you receive your final accreditation decision
THANK YOU
Accreditation Commission for Health Care
139 Weston Oaks Ct., Cary, NC 27513
(855) 937-2242 | achc.org