

Facility:  
 Date:  
 Surveyor:

Survey Process Worksheet  
 Elements of a Level One and Level Two Survey  
 Home Health

Condition	Level 1 Standards (Standard Survey)	Level 2 Standards (Partial Extended Survey)
Patients' Rights (§484.10)	G107, G109	G101,G108,G111,G114
Compliance with Federal, State, and Local Laws (§484.12)	G121	G118
Organization, Services, and Administration (§484.14)	G123, G133, G143, and G144	G124, G125, G137, G138, G139, G150
Acceptance of Patients Plan of Care, and Medical Supervision (§484.18)	Tag G157-G159, G164-G166	G160, G162, G163
Therapy Services (§484.32)	G186, G187, G188	G190, G193
Home Health Aide Services (§484.36)	G224, G229	G212, G215, G225, G226, G230, G232
Clinical Records (§484.48)	G236	G239
Comprehensive Assessment of Patients (§484.55)	G331, G332, G334, G335, G336, G337, G338, G340	G339, G341

Directions: Check off the appropriate information as obtained or completed.

Description of Task	Comments	<input checked="" type="checkbox"/>
Task 1: Pre-Survey Preparation	State Operations Manual (SOM) Section 2200, Appendix B, 2011	
Use Exhibit 285 Worksheet to conduct a review of:		
<ul style="list-style-type: none"> <li>• Potentially Avoidable Events Report</li> </ul>		<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Outcome Based Quality Indicators (OBQI) Outcome Report</li> </ul>		<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Patient and/or Agency Characteristics Report</li> </ul>		<input type="checkbox"/>

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<ul style="list-style-type: none"> <li>• Submission Statistics by Agency Report</li> </ul>		<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Error Summary Report by Home Health Agency (HHA)</li> </ul>		<input type="checkbox"/>
Review ownership information for changes since last survey.	E-client look-up in ASPEN	<input type="checkbox"/>
Review for administrator changes since last survey.	E-client look-up in ASPEN	<input type="checkbox"/>
Task 2: Entrance Interview	SOM Section 2200, Appendix B	
Inform the HHA administrator, director, or supervisor of the purpose of the survey.		<input type="checkbox"/>
Present identification and introduce the survey team members.		<input type="checkbox"/>
Explain the survey process and estimate the number of days on-site.		<input type="checkbox"/>
Discuss the extent to which the HHA staff may be involved during the survey.		<input type="checkbox"/>
Request verbal explanation of organizational structure, lines of authority, delegation of responsibility, and services furnished (both directly and under arrangement), and the HHA's relationship to any corporate structure.		<input type="checkbox"/>
Complete Form CMS-1572a, HHA Survey and Deficiency Report.		<input type="checkbox"/>
Ask if the HHA is operating any additional locations, including branches.		<input type="checkbox"/>
Ask for the number of unduplicated patients admitted and receiving skilled services during a recent 12-month period.		<input type="checkbox"/>
Ask for a list or access to names of patients scheduled for a home visit during the survey. Include all branch locations.		<input type="checkbox"/>

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Ask for a list of current (direct and contracted) employees (including name and title). Ask to meet the administrator and/or supervisory nurse. Present business card. Wear identification (ID) badges (entire survey team).		<input type="checkbox"/>
Verify the process to have unrestricted access to the clinical records.		<input type="checkbox"/>
Set up the schedules for any necessary interviews with staff.		<input type="checkbox"/>
Request:		
Names of key staff (i.e., staff persons most knowledgeable about the home health aides, in-service training, and clinical supervision) and the clinical staff person who will be the primary resource to respond to the surveyor's questions		<input type="checkbox"/>
Statistical report submitted to state for last calendar year (use for CMS Form-1572 and number of home visits/record reviews)		<input type="checkbox"/>
Home visit schedules for all disciplines including contract employees		<input type="checkbox"/>
Access to all active patient names (Medicare, Medicaid, and private pay) receiving skilled services that identifies the Start of Care (SOC) date, primary diagnosis, and services provided  This aids in selecting the sample for home visits with record review based on the review of the Outcome Based Quality Monitoring (OBQM) and OBQI reports.		<input type="checkbox"/>
Discharge patient list for past three months		<input type="checkbox"/>
Complaint file: review for complaints received, investigated, and resolutions		<input type="checkbox"/>

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Specific closed records for review from the agency's Potentially Avoidable Event Patient Listing Report		<input type="checkbox"/>
Meeting with appropriate staff based on the organizational characteristics of the HHA		<input type="checkbox"/>
Copy of the organization chart, if available		
Space to work after the completion of the entrance interview		<input type="checkbox"/>
Task 3: Information Gathering	Focus on Level 1 standards for the Standard Survey (review of clinical record materials unless problems are identified)	
Clinical Record Review		<input type="checkbox"/>
Use the HHA Patient Worksheet.		<input type="checkbox"/>
Ask to see where clinical records are kept. Observe storage, and ask staff to give tutorial on clinical record contents and organization.		<input type="checkbox"/>
The minimum number of clinical records to review during the HHA survey equals the sum of the number of clinical records without home visits and the number of clinical records with home visits.	See grid in Appendix B, rev. 12	
<ul style="list-style-type: none"> <li>• Consider variety of disciplines, payer sources, OBQI/OBQM reports, diagnoses, and recertification when choosing records for review and Home Visits (HV). Use the current visit schedule for the survey week to select your samples.</li> </ul>		<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Assign a number for identification to each clinical record chosen for review and/or HV.</li> </ul>		<input type="checkbox"/>

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<ul style="list-style-type: none"> <li>The sample should include a range of primary admitting diagnoses and represent patients receiving various kinds of services.</li> </ul>		<input type="checkbox"/>
Request copies of the plan of care, medication profile, and aide assignment when necessary to support findings.		<input type="checkbox"/>
Perform systematic review of clinical records.	See Clinical Record Review Guidelines Appendix B, rev. 12	<input type="checkbox"/>
Interview Clinical Managers and/or Case Managers.	See Probes in Appendix B, rev. 12	<input type="checkbox"/>
Interview Case Managers and clinical staff members.	See Probes in Appendix B, rev. 12	<input type="checkbox"/>
Home Visits		
Obtain patients' verbal consents prior to home visits; agency staff may obtain these consents.		<input type="checkbox"/>
Schedule home visits with staff.		<input type="checkbox"/>
Consent for home visit form is signed during the observation visit.		<input type="checkbox"/>
During HV: Review home folder for patients' rights, advance directives, and financial liability information.		<input type="checkbox"/>
Interview the patient and/or caregiver.	See Probes in Appendix B, rev. 12	<input type="checkbox"/>
Interview staff as needed to validate home visit findings.		<input type="checkbox"/>
Task 4: Information Analysis		
Determine if the HHA failed to meet regulatory requirements to determine the need for partial extended or extended survey.	For each Condition of Participation (CoP), with each clinical record, look first at level one tags. If there is a need to look at partial extended regulations, look at level two tags. If any condition is out, move to an extended survey of all CoPs.	<input type="checkbox"/>

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Determine effects or potential effects on the patients: degree of severity and impact on the delivery of services. Relate findings to specific tags.		<input type="checkbox"/>
Identify any CoPs out of compliance: Items that substantially limit the HHA's capacity to furnish adequate care or adversely affects the health and safety of patients.	(Use HHA Survey Protocol from CMS, effective May 2011)	<input type="checkbox"/>
Exit Conference		<input type="checkbox"/>
Conduct the conference with the HHA administrator, clinical managers, and other staff invited by the HHA. Clarify names and positions.		<input type="checkbox"/>
Summarize the facts to set the tone: <ul style="list-style-type: none"> <li>• Team size</li> <li>• Composition</li> <li>• Days on-site</li> <li>• Sample size for record review</li> <li>• Home visits</li> </ul>		<input type="checkbox"/>
Describe regulatory requirements not met and findings that substantiate deficiencies, but do not give tag numbers.		<input type="checkbox"/>
Present findings regarding potential citations of deficient practice. Offer to support findings as appropriate. Respond to any questions from the HHA.		<input type="checkbox"/>
Inform agency of issuance of Form CMS-2567 within ten working days after exit date.		<input type="checkbox"/>
Provide instructions and time frame for submission of Plan of Correction (POC). POC must be submitted within 10 days.		<input type="checkbox"/>
Task 6: Formation of the Statement of Deficiencies (SOD)		

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SOD (Form CMS-2567) should include information from observations, clinical record reviews, interviews, and policy (and other administrative records) reviews.		<input type="checkbox"/>
SOD should include date, time, location of observations and findings; and the date and time of interviews. Identify persons by letters or numbers; use no personal names or identifiers.		<input type="checkbox"/>
Form CMS-2567 becomes public information. Write the deficiency statement in terms specific enough to allow a reasonably knowledgeable person to understand the aspects of each requirement not met.		<input type="checkbox"/>
Use the Principles of Documentation for SOD writing.		<input type="checkbox"/>
Enter survey into ASPEN.		<input type="checkbox"/>
Complete Survey Team Composition and Workload report (Form CMS-670) in ASPEN.		<input type="checkbox"/>
Enter Form CMS-1572 into ASPEN.		<input type="checkbox"/>
Send e-mail and/or notice to office and include all information per policy (if allowed in your state).	(Name of agency, provider number, facility ID number, type of survey [e.g., Medicare, state licensure, complaint], date of survey, number of home visits, number of clinical records, citation tag numbers [Federal and state], date entered in Accountable Care Organization [ACO], and explanation of any variance in required HVs, records)	<input type="checkbox"/>
Review and approve the Plan of Correction (POC)		<input type="checkbox"/>
Retrieve the POC.		<input type="checkbox"/>

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An acceptable POC must include:	(As per items listed in POC handout given to agency at exit)	
POC has completion date (X5) within 60 days of the standard survey exit date (within 45 days for condition-level deficiencies).		<input type="checkbox"/>
Agency representative's signature and date are on the first page of the Federal and the state 2567s (Locator X6), and included with submission of POC.		<input type="checkbox"/>
Determine the approval date of the POC:		
<ul style="list-style-type: none"> <li>If the first POC sent by the agency was acceptable as submitted, the approval date is the date the POC arrived in the office.</li> </ul>		<input type="checkbox"/>
<ul style="list-style-type: none"> <li>If the POC submitted needed revisions and/or additions, the agency must resubmit it. The surveyor will notify the agency of the needed changes and/or additions, and will email the state office that the POC is unacceptable.</li> </ul>		<input type="checkbox"/>
<ul style="list-style-type: none"> <li>The effective approval date of the revised POC is the date the revised and/or acceptable POC was received at the office.</li> </ul>		<input type="checkbox"/>
Enter approval of the POC into ASPEN.		<input type="checkbox"/>
Complete Form CMS-1539 in ASPEN.	If condition level would not mark as in compliance per acceptable plan of correction and would not enter statement to "recommend Medicare certification and state licensure based on an acceptable plan of correction"	<input type="checkbox"/>

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Send e-mail and/or notice to office regarding approval of POC (if acceptable in your state).	(Includes name of agency, provider number and/or facility ID number, survey exit date, statement of whether revised or original and date received, effective date of approval of POC, date agency notified of acceptable POC, date entered in ASPEN)	<input type="checkbox"/>
Complete follow-up survey for condition-level deficiencies within 45 days of the survey exit date.		<input type="checkbox"/>
Follow-up surveys for standard-level deficiencies are not routinely completed.		