

Facility:  
 Date:  
 Surveyor:

Survey Checklist  
 Home Health Agency

Directions: Fill in or select appropriate data.

Beginning Billing Day of Week:

Reg. #	Description	Additional Information	<input checked="" type="checkbox"/>
	<u>Complete forms:</u> State Disclosure of Ownership and Form CMS-1572	Matches Accountable Care Organization (ACO) information	<input type="checkbox"/>
	Is agency accredited? (Request proof, i.e., letter) <ul style="list-style-type: none"> <li>• Check for deemed status</li> </ul>	Enter on Form CMS-1539.	<input type="checkbox"/>
	Qualifying service: _____ Other programs: _____ Psychiatric services provided? If so, what percentage of census? Do you have qualified psychiatric nurses?		<input type="checkbox"/>
	Any changes in: Services provided: _____ Administration: _____ Supervisory Registered Nurse (RN): _____ Address: _____ Phone: _____ Counties: _____	If so, information sent to office?	<input type="checkbox"/>
	Outcome Based Quality Monitoring/ Outcome Based Quality Indicators (OBQM/OBQI) Reports—worksheet completed prior to survey? _____	Choose home visits and records for review based on worksheet.	<input type="checkbox"/>
G101 to G116	Admission information: <ul style="list-style-type: none"> <li>• Written financial information</li> <li>• Patients' rights</li> <li>• Advance directives</li> <li>• OASIS Statement of Patient Privacy Rights</li> <li>• Informed of plan of care (and disciplines)</li> </ul>	Must see documentation regarding whether or not patient has an advance directive and that the agency attempted to obtain copy of Durable Power of Attorney (DPOA) for health decisions.	<input type="checkbox"/>

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	List of current patients with Start of Care (SOC) date (discipline, diagnosis, payor source also helpful)	Use to choose additional home visits and records for review.	<input type="checkbox"/>
	List of discharged patients for the past 2–3 months		<input type="checkbox"/>
	List of current employees with title and date of hire and MAY need date of first patient contact		<input type="checkbox"/>
G330 to G342	OASIS: Comprehensive assessments completed within required timeframes for start of care, resumption of care, significant change in condition, recertification, and discharge	(Test transmission for initial surveys).	<input type="checkbox"/>
	Home visits: <ul style="list-style-type: none"> <li>Schedule of patient home visits for the week (including various treatments and disciplines)</li> <li>Choose visits and request agency to call and obtain verbal permission in advance</li> </ul>		<input type="checkbox"/>
	Record review: <ul style="list-style-type: none"> <li>Copy of most recent Form CMS-485</li> <li>Copy of current medication profile</li> <li>Copy of HHA assignment sheet (if applicable)</li> </ul>	Request selected records be updated with current filing.  Make copies of additional documents related to deficiencies.	<input type="checkbox"/>
G236	Progress notes (per agency policy)	G176, Skilled Nursing G187, Therapist G197, Social work	<input type="checkbox"/>
G145	Physician summary (must be sent at least every 60 days)	Must include all disciplines	<input type="checkbox"/>
G236	Discharge summary (per agency policy)		<input type="checkbox"/>

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G337	RN medication review: SOC, Resumption of Care (ROC), Recertification, Significant Change In Condition (SCIC), and discharge		<input type="checkbox"/>
G239 to G241	Protection of records (how are records stored and safe-guarded against unauthorized use)		<input type="checkbox"/>
G238 G228 G229 G190	Transfer summary, if patient sent to another facility Supervisory visits: <ul style="list-style-type: none"> <li>Home health aide supervision by RN every two weeks</li> </ul>	If no RN, appropriate therapist may supervise aide (G228)	<input type="checkbox"/>
G141 G203 to G222 G118	<u>Personnel Files:</u> Professional staff—check for: <ul style="list-style-type: none"> <li>Registered Nurse (RN), Licensed Practical Nurse (LPN), Physical Therapist (PT), Occupational Therapist (OT), Physical Therapy Assistants (PTA), Occupational Therapy Assistants (OTA), Speech Therapist (ST) (current license only)</li> <li>Licensed Certified Social Worker (LCSW) <u>or</u> Diploma for Masters in Social Work (MSW)</li> <li>Licensed Bachelor of Social Work (LBSW) <u>or</u> Diploma for social work assistant</li> </ul> Home Health Aides—check for: <ul style="list-style-type: none"> <li>Written competency exam (no less than three correct answers per section)</li> <li>Basic and/or additional skills checklist</li> <li>Annual evaluation</li> <li>In-service hours (12 hours annually)</li> </ul>	Choose a sample from list of personnel to review.  Choose employees hired since last survey and some home health aides employed more than one year.	<input type="checkbox"/>

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G118	Pharmacy rule (agency policy for possession of prescription drugs)		<input type="checkbox"/>
G107	Complaint file: Documentation of complaints received, investigated, and resolved		<input type="checkbox"/>
G150	CLIA certificate of waiver (if needed)	Expiration date:	<input type="checkbox"/>
G118	Agency license: If license only agency (branch of bordering state), obtain copy of last Medicare survey	Expiration date:	<input type="checkbox"/>
	<i>Extended Survey:</i> May review any of these areas for a PARTIAL EXTENDED survey		<input type="checkbox"/>
G128	Governing body minutes for past year	Reviewed annual evaluation?	<input type="checkbox"/>
G151 to G155	Professional Advisory Board Minutes for past year	Participated in annual evaluation?	<input type="checkbox"/>
G148	Annual budget	G149—reviewed annually	<input type="checkbox"/>
G133 to G137	Administrator		<input type="checkbox"/>
G138 to G140	Supervisory nurse		<input type="checkbox"/>
G142, G146	Contracts		<input type="checkbox"/>
G320 to G327	Reporting of OASIS information		<input type="checkbox"/>
G242 to G251	Evaluation of the agency's program <ul style="list-style-type: none"> <li>• Annual agency evaluation</li> <li>• Quarterly clinical record review</li> </ul>	Assess for appropriateness, adequacy, effectiveness, and efficiency (See G247).	<input type="checkbox"/>
G141	Personnel files (per agency policy for orientation, Tuberculosis (TB), Cardiopulmonary Resuscitation (CPR), in-services)		<input type="checkbox"/>
G320 G327	Reporting of OASIS information	Parent/Branch	<input type="checkbox"/>
G310	Confidentiality and/or release of patient identifiable OASIS information		<input type="checkbox"/>

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G168 to G170	Skilled nursing services	RN, G171–178 LPN, G179–183	<input type="checkbox"/>
G184 to G193	Therapy services	PTA/OTA, G190–192	<input type="checkbox"/>
G194 to G201	Medical social services		<input type="checkbox"/>