

Home Health Agency (HHA) Survey Protocols

*Refer to Appendix B for full regulatory text and interpretive guidelines

All potential deficient practices must be investigated and cited if confirmed, whether or not directed by the HHA survey protocols.

Condition	Level 1 (Highest Priority) Standards/Tags *(Definitions paraphrased)	Primary Investigation Methods/Sources	Guidelines for Further Investigation of Level 2 (High Priority Tags) and Citing Deficiencies
<p>G100 CoP 484.10 Patient Rights</p> <p><u>Expected outcomes for high-priority standards:</u></p> <ul style="list-style-type: none"> • Patient complaints are investigated, resolved and documented. • Patients are involved in developing the care plan. 	<p>G107: The home health agency (HHA) must investigate complaints and must document both the existence of the complaint and the resolution of the complaint.</p> <p>G109: The patient must be advised in advance of the right to participate in planning care.</p>	<p>Interview:</p> <ul style="list-style-type: none"> • Entrance conference: ask how complaints are investigated and how the existence, investigation and resolution are documented. • Follow-up on investigation and documentation of complaints noted in home visits or record reviews with administrator, clinical manager, and HHA staff. • Ask HHA staff how they facilitate patient/caregivers' participation in planning care. <p>Home Visits:</p> <ul style="list-style-type: none"> • Ask patients/caregivers if they have had any complaints and how they pursued them. • Ask patients/caregivers if they feel they were able to participate in planning care. • If patient/caregiver had a complaint, would they know who to contact and how? <p>Record Reviews:</p> <ul style="list-style-type: none"> • Is there evidence that the patients verbalized complaints and how the complaints were addressed? • Is there evidence that the patient/caregiver was informed about and contributed to planning his/her care? <p>Paper Compliance:</p> <ul style="list-style-type: none"> • Request and review a copy of the HHA documentation of complaint investigation and resolution. • Review patient admission packet for instructions for making a complaint. 	<p>Move to Partial Extended Survey when: Expected outcomes not met for G107 or G109. Evaluate compliance with <u>at least</u> the following tags under this condition (additional tags may be included):</p> <ul style="list-style-type: none"> • G101 Patient has right to be informed of his/her rights. • G108 Right to be informed, in advance, about care to be furnished and changes in care. • G111 Right to confidentiality of clinical records maintained by HHA. • G114 Before care is initiated, the HHA must inform the patient of payment methodology. <p>Consider Citing the CoP (and move to Extended Survey) when: Expected outcomes not met for G107 <u>and</u> G109 and one additional tag within this condition.</p> <p>Related Conditions for Further Investigation: CoP 484.12: Compliance with Federal, State & Local Laws (e.g., compliance with HHA regulations regarding licensure laws & professional standards). CoP 484.14: Organization, Services & Administration (e.g., administrator oversees day-to-day operations of HHA). CoP 484.18: Acceptance of Patients, Plan of Care, & Medical Supervision (e.g., clinicians include patients in planning care).</p>

Home Health Agency (HHA) Survey Protocols

*Refer to Appendix B for full regulatory text and interpretive guidelines

All potential deficient practices must be investigated and cited if confirmed, whether or not directed by the HHA survey protocols.

Condition	Level 1 (Highest Priority) Standards/Tags *(Definitions paraphrased)	Primary Investigation Methods/Sources	Guidelines for Further Investigation of Level 2 (High Priority Tags) and Citing Deficiencies
<p>G117 CoP 484.12 Compliance with Federal, State & Local Laws, Disclosure & Ownership Information, & Accepted Professional Standards & Principles</p> <p><u>Expected outcomes for high-priority standards:</u></p> <ul style="list-style-type: none"> All care providers follow parameters defined by state practice acts, Federal & State laws & regulations, HHA policies and other accepted guidelines (e.g., CDC guidelines for infection control); 	<p>G121: Compliance With Accepted Professional Standards & Principles</p>	<p>Interview:</p> <ul style="list-style-type: none"> Entrance conference: <ul style="list-style-type: none"> ✓ Ask how the HHA ensures that all clinical staff members (direct and contractual) follow professional practice standards, laws, HHA policies and procedures; ✓ Ask how HHA monitors the professional skills of its staff to determine if those skills are appropriate and adequate for the agency's patients (e.g., competency testing, supervisory visits, skills labs, etc.). If questions arise during home visits or record reviews, ask clinical managers and staff what the HHA's policies are regarding the issue in question. <p>Home Visits: Are there instances of staff providing care not supported by laws, regulations, state practice acts, accepted professional standards or HHA policies/procedures (e.g., wound care procedures, prevention of infection, physical assessment, medication review)?</p> <p>Record Reviews: Are there examples of care provision not in compliance with laws, regulations, accepted professional standards or HHA policies and procedures (e.g., documentation of wound care, wound assessment, or physical assessment)?</p> <p>Paper Compliance: If questions arise during interviews, home visits or record reviews, consider:</p> <ul style="list-style-type: none"> Review HHA policies and procedures for the area of interest. Identify and review materials that HHA provides to staff as clinical/procedural resources. 	<p>Move to Partial Extended Survey when: Expected outcomes not met for G121*. Evaluate compliance with at least the following tag under this condition (additional tags may be included):</p> <ul style="list-style-type: none"> G118 Compliance with Federal, State, & local laws and regulations <p>Consider Citing the CoP (and move to Extended Survey) when:</p> <ol style="list-style-type: none"> The HHA is out of compliance with G118 <u>and</u> G121*; OR The HHA is out of compliance with G118 <u>or</u> G121* and <u>two</u> additional tags within this condition. <p>*NOTE: If a standard of practice is cited, the surveyor must provide a copy of the accepted professional standard/principle cited with the CMS Form—2567.</p> <p>Related Conditions for Further Investigation: CoP 484.14: Organization, Services & Administration (e.g., administrator oversees supervision of staff performance). CoP 484.18: Acceptance of Patients, Plan of Care, & Medical Supervision (e.g., clinicians follow regulations and HHA policies in planning & providing care). CoP 484.30: Skilled Nursing Services (e.g., nurses follow regulations, HHA policies, and state practice act). CoP 484.32: Therapy Services (e.g., therapists follow regulations & HHA policies). CoP 484.34: Medical Social Services (e.g., social workers follow regulations & HHA policies). CoP 484.36: Home Health Aide Services (e.g., aides follow regulations & HHA policies). CoP 484.48: Clinical Records (e.g., HHA follows regulations, laws & HHA policies related to clinical records). CoP 484.55: Comprehensive Assessment of Patients (e.g., completion of comprehensive assessments meet accepted professional standards, regulations, & HHA policies).</p>

Home Health Agency (HHA) Survey Protocols

*Refer to Appendix B for full regulatory text and interpretive guidelines

All potential deficient practices must be investigated and cited if confirmed, whether or not directed by the HHA survey protocols.

Condition	Level 1 (Highest Priority) Standards/Tags *(Definitions paraphrased)	Primary Investigation Methods/Sources	Guidelines for Further Investigation of Level 2 (High Priority Tags) and Citing Deficiencies
<p>G122 CoP 484.14 Organization, Services, & Administration</p> <p><u>Expected outcomes for high-priority standards:</u></p> <ul style="list-style-type: none"> • There are clearly defined lines of authority and responsibility within the HHA. • A qualified administrator directs day-to-day agency functions according to regulations, policies and procedures. • Information regarding each patient's health status and care plan is communicated among all relevant care providers, including the home health aide and the physician. • Communication among providers is documented (e.g., case conferences, phone calls). 	<p>G123: Organization, services furnished, administrative control, & lines of authority for delegation of responsibility are clearly set forth in writing.</p> <p>G133: The administrator organizes & directs agency's ongoing functions.</p> <p>G143: Coordination of Patient Services - care providers maintain liaison to effectively coordinate care to meet objectives of plan of care.</p> <p>G144: Clinical record or minutes of case conferences establish that effective coordination of care occurs.</p>	<p>Interview:</p> <ul style="list-style-type: none"> • Entrance conference: request verbal explanation of organizational structure, lines of authority and delegation of responsibility, and services furnished. • Ask clinical managers and HHA staff about specific patients, including how information about patient condition, response to interventions and teaching, changes in the plan of care, and discharge planning are communicated among the appropriate care providers and where those communications are documented. <p>Home Visits:</p> <ul style="list-style-type: none"> • How do providers communicate with patient/caregivers and identify the need to communicate with other providers? • When pertinent clinical findings are noted during visit (e.g., changes in patient condition, new medication, lab values, updates to the plan of care, etc.), how will provider follow up or share the information with the appropriate care providers? Is there evidence that the communication plan was implemented? <p>Record Reviews:</p> <ul style="list-style-type: none"> • Is information about patient condition, response to interventions (e.g., medication side effects, responses to wound therapy, and teaching, etc.) and laboratory values, changes in the plan of care, and discharge planning discussed with or forwarded to the appropriate care providers, including home health aide and physician? • Are case conferences, informal conferences and phone calls documented? <p>Paper Compliance: If questions arise during interviews, home visits or record reviews, consider:</p> <ul style="list-style-type: none"> • Review organizational chart to verify administrator's responses. • Review HHA policies regarding coordination of care, communication with team members, etc. • Review contracts of services provided under arrangement. 	<p>Move to Partial Extended Survey when: Expected outcomes not met for <u>one</u> of the high-priority tags listed (G123, G133, G143, G144). Evaluate HHA's compliance with <u>at least</u> the following tags under this condition (additional tags may be included):</p> <ul style="list-style-type: none"> • G124 Administrative & supervisory functions are not delegated to another agency or organization • G125 Services not furnished directly are monitored & controlled by parent agency • G137 Qualified person authorized in writing to act in absence of administrator • G138 Skilled nursing & other therapeutic services furnished under supervision & direction of a physician or RN. • G139 Supervising physician or RN or qualified alternate is available during all operating hours. • G150 Laboratory Services <p>Consider Citing the CoP (and move to Extended Survey) when:</p> <ol style="list-style-type: none"> 1. Expected outcomes not met for <u>three</u> of the four high-priority tags listed (G123, G133, G143, G144); OR 2. The agency is out of compliance with <u>one</u> of the high priority tags plus two additional tags. <p>Related Conditions for Further Investigation: CoP 484.12: Compliance with Federal, State & Local Laws (e.g., administration demonstrates responsibility for ensuring that agency staff follow all laws, regulations & HHA policies). CoP 484.18: Acceptance of Patients, Plan of Care, & Medical Supervision (e.g., administration oversees acceptance of appropriate patients, and ensures plans of care are followed). CoP 484.30: Skilled Nursing Services (e.g., supervisory staff ensure that nursing staff coordinate care as needed). CoP 484.32: Therapy Services (e.g., supervisory staff ensure that therapy staff coordinate care as needed). CoP 484.34: Medical Social Services (e.g., supervisory staff ensure that social services staff coordinate care as needed). CoP 484.36: Home Health Aide Services (e.g., supervisory staff ensure that aides provide care as instructed and report questions or problems promptly).</p>

Home Health Agency (HHA) Survey Protocols

*Refer to Appendix B for full regulatory text and interpretive guidelines

All potential deficient practices must be investigated and cited if confirmed, whether or not directed by the HHA survey protocols.

Condition	Level 1 (Highest Priority) Standards/Tags *(Definitions paraphrased)	Primary Investigation Methods/Sources	Guidelines for Further Investigation of Level 2 (High Priority Tags) and Citing Deficiencies
			<p>CoP 484.48: Clinical Records (e.g., administration ensures that clinical records regulations, policies & procedures are followed).</p> <p>CoP 484.52: Evaluation of Agency's Program (e.g., administration ensures that this occurs as required).</p> <p>CoP 484.55: Comprehensive Assessment of Patients (e.g., supervisory staff ensure that comprehensive assessments are complete, meet all regulations and policies, and findings are communicated to other care team members).</p>
<p>G156 CoP 484.18 Acceptance of Patients, Plan of Care, & Medical Supervision</p> <p><u>Expected outcomes for high-priority standards:</u></p> <ul style="list-style-type: none"> • The HHA will accept patients for care if the HHA can adequately meet the patient's medical, nursing and social needs. • Every HHA patient will have a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, podiatric medicine. • Patients receive appropriate services based on an assessment of their needs and physician orders. • HHA develops a written plan of care specific to each patient's needs containing all required elements. • Changes in patient status, including 	<p>G157: Patients are accepted for treatment with the expectation that the patient's needs can be adequately met by the HHA in patient's residence.</p> <p>G158: Care follows written plan of care periodically reviewed by physician.</p> <p>G159: Plan of care covers all pertinent diagnoses, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications, treatments, safety measures, instructions for timely discharge & any other appropriate items.</p> <p>G164: HHA professional staff promptly alert the physician to any changes in patient's condition that may require a change in the plan of care.</p> <p>G165: Drugs & treatments are administered by agency staff only as ordered by physician, except influenza and pneumonia vaccines.</p> <p>G166: Verbal orders are written, signed and dated by RN or qualified therapist responsible for furnishing or supervising the ordered services and are</p>	<p>Interview:</p> <ul style="list-style-type: none"> • Entrance conference: ask if there are any services that the agency sometimes has trouble staffing, and if so, what they do when a patient needing those services is referred. • Ask administrative staff if the HHA has a policy regarding how quickly an order for therapy, MSW, or an aide will be staffed. • Ask clinical supervisors/staff about instances of patient care noted in home visits or record reviews that deviated from the physician's orders, accepted professional standards or agency policy. • Ask how the HHA ensures that verbal orders are accepted, co-signed by the nurse or therapist and countersigned by the physician appropriately. <p>Home Visits:</p> <ul style="list-style-type: none"> • Did care provider(s) deliver care as ordered and according to accepted standards (e.g., CDC guidelines) and agency policy? • Did care provider report any untoward or unexpected patient changes timely? • Is the care being provided as the patient was told it would be? <p>Record Reviews:</p> <ul style="list-style-type: none"> • Did the HHA begin services as ordered, within the specified time frame, and at the frequency ordered? • Do plans of care contain all required elements and are they reviewed by physician every 60 days? • Are plans of care patient-specific (i.e., contain measurable goals and instructions for care that are specific to the individual patient) with stated parameters for measurements where appropriate? 	<p>Move to Partial Extended Survey when: Expected outcomes are not met for one of the six high-priority tags listed (G157, G158, G159, G164, G165, G166). Evaluate compliance with at least the following tags under this condition (additional tags may be included):</p> <ul style="list-style-type: none"> • G160 Physician is consulted to approve additions or modifications to the plan of care. • G162 Therapist, other personnel participate in developing the plan of care. • G163 Total written plan of care reviewed by physician and HHA personnel at least every 60 days. <p>Consider Citing the CoP (and move to Extended Survey) when:</p> <ol style="list-style-type: none"> 1. Expected outcomes not met for three of the six high-priority tags listed (G157, G158, G159, G164, G165, G166); OR 2. The HHA is out of compliance with one high priority tag plus two additional tags. <p>Related Conditions for Further Investigation:</p> <p>CoP 484.12: Compliance with Federal, State & Local Laws (e.g., regulations, HHA's policies and procedures, CDC guidelines for infection control).</p> <p>CoP 484.14: Organization, Services and Administration (e.g., administrative oversight of HHA operations).</p> <p>CoP 484.30: Skilled Nursing Services (e.g., physician's orders and HHA policies followed; care is based on patient needs).</p> <p>CoP 484.32: Therapy Services (e.g., physician's orders and HHA policies followed; care is based on patient needs).</p> <p>CoP 484.34: Medical Social Services (e.g., physician's orders and HHA policies followed; care is based on patient needs).</p> <p>CoP 484.36: Home Health Aide Services (e.g., appropriateness of aide care plan and aide follows care plan).</p>

Home Health Agency (HHA) Survey Protocols

*Refer to Appendix B for full regulatory text and interpretive guidelines

All potential deficient practices must be investigated and cited if confirmed, whether or not directed by the HHA survey protocols.

Condition	Level 1 (Highest Priority) Standards/Tags *(Definitions paraphrased)	Primary Investigation Methods/Sources	Guidelines for Further Investigation of Level 2 (High Priority Tags) and Citing Deficiencies
<p>measurements outside of stated parameters, are reported promptly to the physician. This includes notifying the physician of discharge when the patient's needs have been met.</p> <ul style="list-style-type: none"> • HHA staff administer only medications and treatments as ordered by the physician (except influenza and pneumonia vaccines, which may be administered per agency policy developed in consultation with a physician, and after an assessment of considerations). • Verbal orders are written, signed and dated by the appropriate RN or skilled therapist and countersigned by the physician as soon as possible. 	<p>countersigned by the physician as soon as possible.</p>	<ul style="list-style-type: none"> • Is there evidence that physician orders obtained after the beginning of each 60-day episode of care are documented and implemented? • Do clinicians promptly report patient status changes, including variance from any parameters stated in the plan of care? • Is there evidence of patients denied or not offered needed services? • Review records of hospitalized patients to determine if staffing or scheduling is a problem. <p>Paper Compliance: If questions arise during interviews, home visits or record reviews, consider:</p> <ul style="list-style-type: none"> • Review agency policies/procedures regarding obtaining physician orders, new/additional telephone or verbal orders, time frames to start ordered therapies and aide services, reporting patient changes, and specific types of care (e.g., wound care, IV therapy). • Review contracts of services provided under arrangement. 	<p>CoP 484.48: Clinical Records (e.g., documentation in record is complete).</p> <p>CoP 484.52: Evaluation of Agency's Program (e.g., HHA addresses problems that appear to be systemic).</p> <p>CoP 484.55: Comprehensive Assessment of Patients (e.g., assessments are complete; problems identified at assessment are addressed in plan of care).</p>

Home Health Agency (HHA) Survey Protocols

*Refer to Appendix B for full regulatory text and interpretive guidelines

All potential deficient practices must be investigated and cited if confirmed, whether or not directed by the HHA survey protocols.

Condition	Level 1 (Highest Priority) Standards/Tags *(Definitions paraphrased)	Primary Investigation Methods/Sources	Guidelines for Further Investigation of Level 2 (High Priority Tags) and Citing Deficiencies
<p>G168 CoP 484.30 Skilled Nursing Services</p> <p><u>Expected outcomes for high-priority standards:</u></p> <ul style="list-style-type: none"> • Nursing care is provided as ordered on the plan of care for each patient. • RN re-evaluates patient's status at least every 60 days (or more often if the patient's condition or needs change), initiates the plan of care and any revisions to the plan when appropriate. • Patients receive appropriate preventive & rehabilitative nursing care as ordered on the plan of care. • RN regularly communicates with other staff members providing care to each patient. • RN provides or supervises the provision of care & teaching appropriate to each patient's needs. • Nursing notes are complete & provide consistent (e.g., non-conflicting) data regarding patient status. • Patients receive specialized nursing care as ordered & 	<p>G170: HHA furnishes skilled nursing services in accordance with the plan of care G172: RN regularly re-evaluates patient's nursing needs. G173: RN initiates the plan of care and necessary revisions. G174: RN furnishes those services requiring substantial and specialized nursing skill. G175: RN initiates appropriate preventive and rehabilitative nursing procedures. G176: RN prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs. G177: RN counsels the patient and family in meeting nursing and related needs.</p>	<p>Interview:</p> <ul style="list-style-type: none"> • Entrance conference: how does HHA staff RNs and LPNs? If HHA relies primarily on LPNs for most visits, how does HHA ensure that RNs supervise and manage each case? • When questions arise as a result of home visits and record reviews, ask nursing managers and clinicians about specific issues. <p>Home Visits:</p> <ul style="list-style-type: none"> • Is care provided as ordered? • Does clinician follow CDC infection control guidelines, state practice act, and accepted nursing standards in providing care? • Does patient/caregiver know what medications patient is taking and do they match the orders? • Are patient's needs being met and is patient/caregiver satisfied with HHA services? <p>Record Reviews:</p> <ul style="list-style-type: none"> • Is there evidence that RN is managing and coordinating each patient's care? • Is nursing care provided to each patient as ordered on the plan of care? • For patients with co-morbidities, is there evidence that inter-related factors are addressed in managing patient's care (e.g., addressing nutrition and skin care in a diabetic patient with a wound)? • Is there evidence of patient needs that are not addressed in the plan of care or communicated to the physician? <p>Paper Compliance: If questions arise during interviews, home visits or record reviews, consider:</p> <ul style="list-style-type: none"> • Review specific HHA policies and procedures related to areas of interest. • Review personnel records of clinicians that appear to provide care that does not meet state practice guidelines, orders, or HHA policies. • Review contracts with staffing agencies as needed. 	<p>Move to Partial Extended Survey when: Expected outcomes not met for one of the high priority tags listed (G170, G172, G173, G174, G175, G176, G177). Evaluate compliance with at least the following tags under this condition (additional tags may be included):</p> <ul style="list-style-type: none"> • G169 HHA furnishes skilled nursing services by or under the supervision of a RN. • G179 The LPN furnishes services in accordance with agency policies. <p>Consider Citing the CoP (and move to Extended Survey) when:</p> <ol style="list-style-type: none"> 1. Expected outcomes not met for three of the seven high-priority tags (G170, G172, G173, G174, G175, G176, G177); OR 2. The HHA is out of compliance with one high priority tag plus two additional tags. <p>Related Conditions for Further Investigation: CoP 484.12: Compliance with Federal, State & Local Laws (e.g., HHA policies and procedures, State practice act, CDC guidelines). CoP 484.14: Organization, Services and Administration (e.g., coordination of services, supervision). CoP 484.20(b): Accuracy of encoded OASIS data (e.g., nursing documentation of problems do not contain conflicting data). CoP 484.32: Therapy Services (e.g., coordination of care). CoP 484.34: Medical Social Services (e.g., coordination of care). CoP 484.36: Home Health Aide Services (e.g., appropriateness of aide care plan, aide following care plan, supervision of aide). CoP 484.48: Clinical Records (e.g., documentation of visits, orders, phone calls, lab results, conferences is complete). CoP 484.52: Evaluation of Agency's Program (e.g., HHA addresses problems that appear to be systemic). CoP 484.55: Comprehensive Assessment of Patients (e.g., assessments are complete; problems identified at assessment are addressed in plan of care).</p>

Home Health Agency (HHA) Survey Protocols

*Refer to Appendix B for full regulatory text and interpretive guidelines

All potential deficient practices must be investigated and cited if confirmed, whether or not directed by the HHA survey protocols.

Condition	Level 1 (Highest Priority) Standards/Tags *(Definitions paraphrased)	Primary Investigation Methods/Sources	Guidelines for Further Investigation of Level 2 (High Priority Tags) and Citing Deficiencies
needed (e.g., IV care, ostomy care, wound assessment & care) from qualified nurses.			
<p>G184 - CoP 484.32 Therapy Services</p> <p><u>Expected outcomes for high-priority standards:</u></p> <ul style="list-style-type: none"> • Therapy services are started when ordered and provided according to the plan of care. • Therapist communicates with patient/family, physician and other disciplines regarding patient status and documents same. • Equipment needs are addressed by therapist to the satisfaction of the patient/caregiver. 	<p>G186: Qualified therapist assists the physician in evaluating level of function; helps develop the plan of care (revising it as necessary). G187: Therapist prepares clinical and progress notes. G188: Therapist advises and consults with family and other agency personnel.</p>	<p><u>Interview:</u></p> <ul style="list-style-type: none"> • Entrance conference: <ul style="list-style-type: none"> ✓ Ask how HHA staffs therapists and therapy assistants. ✓ How does HHA ensure that qualified therapists supervise and manage each case? • When questions arise as a result of home visits and record reviews, ask clinical managers and therapy staff about specific issues. <p><u>Home Visits:</u></p> <ul style="list-style-type: none"> • Is care provided as ordered? • Does therapist follow CDC infection control guidelines, laws, regulations, HHA policies and procedures and accepted clinical standards in providing care? • Ask patient/caregiver if needs are being met and if they are satisfied with services. <p><u>Record Reviews:</u></p> <ul style="list-style-type: none"> • Are therapy visits made at the frequency ordered? • Are assessments & communication with other care providers documented? • Is therapy provided to each patient as ordered? • Is there evidence of patient therapy or equipment needs that are not addressed in the plan of care or communicated to the physician? <p><u>Paper Compliance:</u> If questions arise during interviews, home visits or record reviews, consider:</p> <ul style="list-style-type: none"> • Review specific HHA policies and procedures related to areas of interest. • Review personnel records of clinicians that appear to provide care that does not meet laws, regulations, standards, & policies. • Review contracts for services provided under arrangement as needed. 	<p><u>Move to Partial Extended Survey when:</u> Expected outcomes not met for <u>one</u> of the high-priority tags listed (G186, G187, and G188). Evaluate compliance with <u>at least</u> the following tags under this condition (additional tags may be included):</p> <ul style="list-style-type: none"> • G190 Qualified PT or OT supervises PT Assistant or OT Assistant services. • G193 Speech Therapy services furnished by or under supervision of qualified speech-language pathologist or audiologist. <p><u>Consider Citing the CoP (and move to Extended Survey) when:</u></p> <ol style="list-style-type: none"> 1. Expected outcomes not met for <u>two</u> of the high-priority tags listed (G186, G187, G188); <u>OR</u> 2. The HHA is out of compliance with <u>one</u> high-priority tag <u>plus one</u> additional tag. <p><u>Related Conditions for Further Investigation:</u> CoP 484.12: Compliance with Federal, State & Local Laws (e.g., agency policies, procedures, & regulations; CDC guidelines for infection control). CoP 484.14: Organization, Services and Administration (e.g., administrative oversight of therapy services). CoP 484.30: Skilled Nursing Services (e.g., coordination of care). CoP 484.34: Medical Social Services (e.g., coordination of care). CoP 484.36: Home Health Aide Services (e.g., appropriateness of aide care plan, aide following care plan, supervision of aide). CoP 484.48: Clinical Records (e.g., documentation in clinical record is complete). CoP 484.52: Evaluation of Agency's Program (e.g., evaluation includes therapy services). CoP 484.55: Comprehensive Assessment of Patients (e.g., assessments done by therapists are complete; problems identified at assessment are addressed in plan of care).</p>

Home Health Agency (HHA) Survey Protocols

*Refer to Appendix B for full regulatory text and interpretive guidelines

All potential deficient practices must be investigated and cited if confirmed, whether or not directed by the HHA survey protocols.

Condition	Level 1 (Highest Priority) Standards/Tags *(Definitions paraphrased)	Primary Investigation Methods/Sources	Guidelines for Further Investigation of Level 2 (High Priority Tags) and Citing Deficiencies
<p>202 CoP 484.36 Home Health Aide Services</p> <p><u>Expected outcomes for high-priority standards:</u></p> <ul style="list-style-type: none"> Home health aide receives written instructions for patient care that are clear and complete and address patients' current needs. Additional instruction provided to aide during supervisory visits when needed. Aide supervisory visits occur no less frequently than every 14 days. 	<p>G224: Assignment and Duties of the Home Health Aide: written patient care instructions for the aide are prepared by the RN if patient receives skilled nursing care or by the qualified therapist if patient receives only therapy.</p> <p>G229: The RN (or therapist if no skilled nursing care is provided) must make an on-site visit to the patient's home at least every two weeks to supervise the home health aide's care.</p>	<p>Interview:</p> <ul style="list-style-type: none"> Entrance conference: <ul style="list-style-type: none"> ✓ Ask if aides are direct employees of the HHA or provided by arrangement. ✓ Ask what the HHA's system is for tracking aide supervisory visits. When questions arise as a result of home visits or record reviews, ask clinical managers to respond to specific issues. <p>Home Visits:</p> <ul style="list-style-type: none"> How does aide interact with patient/caregiver(s)? Did aide provide care as described on written instructions? Ask patient/caregiver(s) what care the aide provides and whether they are satisfied with the care. <p>Record Reviews:</p> <ul style="list-style-type: none"> Were supervisory visits made every two weeks? Did the RN or therapist ever observe aide's provision of care? Was aide instructed in any clean dressing changes or other specialized procedures? Was aide's care provided according to the written instructions and the physician's orders? Were written instructions provided to the aide specific to the patient? <p>Paper Compliance: If questions arise during interviews, home visits or record reviews, consider:</p> <ul style="list-style-type: none"> Review HHA policies regarding development of aide instructions and aide supervision. Review aide personnel records. Review contracts if aide services are provided under arrangement. 	<p>Move to Partial Extended Survey when:</p> <p>Expected outcomes not met for <u>one</u> of the high-priority tags listed (G224, G229). Evaluate compliance with <u>at least</u> the following tags under this condition (additional tags may also be included):</p> <ul style="list-style-type: none"> G212 HHA responsible for ensuring that aides meet competency evaluation requirements. G215 Home health aide must receive at least 12 hours in-service training each 12 mo. period. G225 Home health aide provides services ordered by physician in POC & that aide permitted to do per state law. G226 Duties of home health aide include provision of hands-on personal care, performing simple procedures as extension of therapy or nursing services, and assistance with self-administered medications. G230 RN must supervise home health aide in patient's home at least every 60 days when no skilled care provided. G232 HHA must ensure overall quality of care by aide when aide services provided under arrangement. <p>Consider Citing the CoP (and move to Extended Survey) when:</p> <ol style="list-style-type: none"> Expected outcomes not met for the <u>two</u> high-priority tags listed (G224, G229); OR The HHA is out of compliance with <u>one</u> high priority tag plus one additional tag. <p>Related Conditions for Further Investigation:</p> <p>CoP 484.12: Compliance with Federal, State & Local Laws (e.g., laws & regulations, HHA policies & procedures, CDC guidelines for infection control).</p> <p>CoP 484.14: Organization, Services and Administration (e.g., coordination of services, responsibility for aide training, in-services & competency evaluations).</p> <p>CoP 484.30: Skilled Nursing Services (e.g., coordination of care, supervision of aide).</p> <p>CoP 484.32: Therapy services (e.g., coordination of care, supervision of aide).</p> <p>CoP 484.48: Clinical Records (e.g., visit and communication documentation filed in record per agency policy).</p>

Home Health Agency (HHA) Survey Protocols

*Refer to Appendix B for full regulatory text and interpretive guidelines

All potential deficient practices must be investigated and cited if confirmed, whether or not directed by the HHA survey protocols.

Condition	Level 1 (Highest Priority) Standards/Tags *(Definitions paraphrased)	Primary Investigation Methods/Sources	Guidelines for Further Investigation of Level 2 (High Priority Tags) and Citing Deficiencies
			<p>CoP 484.52: Evaluation of Agency's Program (e.g., evaluation includes aide services, training & competency evaluations).</p> <p>CoP 484.55: Comprehensive Assessment of Patients (e.g., any personal care problems identified at assessment are addressed in aide written instructions).</p>
<p>G235 CoP 484.48 Clinical Records</p> <p><u>Expected outcomes for high-priority standards:</u></p> <ul style="list-style-type: none"> Each clinical record contains all required elements, is current, organized and provides a clear synopsis of the services provided to the patient. Filing of documents into clinical record is current according to agency policy. If electronic signatures are accepted, the HHA follows its policies governing their use and protection of unauthorized access to records. When comprehensive assessments are corrected, the HHA maintains the original assessment as well as all subsequent corrected assessments. 	<p>G236: Clinical record containing pertinent past and current findings in accordance with accepted professional standards (e.g., confidentiality of protected health information) is maintained for every patient receiving home health services.</p> <p>In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary.</p>	<p>Interview:</p> <ul style="list-style-type: none"> Ask if the HHA accepts electronic signatures by either clinicians or physicians, and what the related policies allow. Ask how clinical records are maintained (i.e., all electronic, all paper, or combination), stored, and accessed. How is confidentiality of records maintained out of the office? Ask what time frame is allowed for clinicians to turn in documentation following a visit. If there is a stated/published policy, is there a monitoring system present? What are results of internal monitoring? Ask what HHA's time frame is for documents to be filed in patient record. Ask where clinicians document aide supervisory visits, case conferences, phone calls, medications, etc. Ask what HHA's policy is for making corrections in the clinical record. If questions arise during home visits or record reviews, ask clinical supervisory or medical records staff to address specific issues. <p>Home Visits:</p> <ul style="list-style-type: none"> Are medications in home the same as those listed on plan of care, interim orders and the clinical record notes? Is patient status, care provided and medications the same as that documented in the record? How does agency staff maintain the confidentiality of protected health information kept in the home? <p>Record Reviews:</p> <ul style="list-style-type: none"> If record seems incomplete, note the date of the latest filing in records and ask about any documentation waiting to be filed. 	<p>Move to Partial Extended Survey when: Expected outcomes not met for G236. Evaluate HHA's compliance with <u>at least</u> the following tag under this condition (additional tags may be included):</p> <ul style="list-style-type: none"> G239 Clinical record information safeguarded against loss or unauthorized use. <p>Consider Citing the CoP (and move to Extended Survey) when:</p> <ol style="list-style-type: none"> Expected outcomes not met for G236; OR The HHA is out of compliance with G239 <u>plus one</u> additional tag. <p>Related Conditions for Further Consideration:</p> <p>CoP 484.12: Compliance with Federal, State & Local Laws (e.g., regulations & policies for changing data in clinical records).</p> <p>CoP 484.14: Organization, Services and Administration (e.g., responsibility for managing compliance with clinical record policies and regulations).</p> <p>CoP 484.20(b): Accuracy of Encoded Data (e.g., corrections made to clinical record are made to encoded data and vice versa).</p> <p>CoP 484.30: Skilled Nursing Services (e.g., documentation of care provision & coordination).</p> <p>CoP 484.32: Therapy services (e.g., documentation of care provision & coordination).</p> <p>CoP 484.34: Medical Social Services (e.g., documentation of care provision & coordination).</p> <p>CoP 484.36: Home Health Aide (e.g., documentation of care provision & coordination).</p> <p>CoP 484.52: Evaluation of Agency's Program (e.g., evaluation identifies and addresses system problems related to clinical records).</p> <p>CoP 484.55: Comprehensive Assessment of Patients (e.g., assessments are complete and consistent related to other visit</p>

Home Health Agency (HHA) Survey Protocols

*Refer to Appendix B for full regulatory text and interpretive guidelines

All potential deficient practices must be investigated and cited if confirmed, whether or not directed by the HHA survey protocols.

Condition	Level 1 (Highest Priority) Standards/Tags *(Definitions paraphrased)	Primary Investigation Methods/Sources	Guidelines for Further Investigation of Level 2 (High Priority Tags) and Citing Deficiencies
		<ul style="list-style-type: none"> • Do clinicians consistently document vital signs; insulin injections; blood glucose measurements; wound appearance, location(s) and treatment; and pain location(s), frequency, severity, interventions, & response to interventions? • Are comprehensive assessments complete? • Are medications on plan of care, medication list (if applicable), and visit notes the same? • How are corrections made in clinical record? Is there evidence of different handwriting in the record signed by the same clinician? Were different inks used for the same note? • Do records of discharged patients contain discharge summaries? • Do records contain periodic summaries of patient care that were sent to physicians? <p><u>Paper Compliance:</u> If questions arise during interviews, home visits or record reviews, consider:</p> <ul style="list-style-type: none"> • Review HHA policies on documentation, clinicians' time frame for turning in documentation after visits, and time frame for filing documentation. Can the agency provide tracking reports? • Investigate HHA procedure(s) for making corrections when assessment submitted for data entry of OASIS items is incomplete and check for evidence that changes made to OASIS item responses were submitted to the State. • Review HHA's OASIS data transmittal records. 	notes).

Home Health Agency (HHA) Survey Protocols

*Refer to Appendix B for full regulatory text and interpretive guidelines

All potential deficient practices must be investigated and cited if confirmed, whether or not directed by the HHA survey protocols.

Condition	Level 1 (Highest Priority) Standards/Tags *(Definitions paraphrased)	Primary Investigation Methods/Sources	Guidelines for Further Investigation of Level 2 (High Priority Tags) and Citing Deficiencies
<p>G330 CoP 484.55 Comprehensive Assessment of Patients</p> <p><u>Expected outcomes for high-priority standards:</u></p> <ul style="list-style-type: none"> When skilled nursing is ordered, RN completes the initial assessment and the comprehensive assessment. Comprehensive assessment is consistently complete and findings are addressed in plan of care. Initial and comprehensive assessments are conducted within required time frames. For Medicare & Medicaid patients receiving skilled nursing services, an RN conducts & completes the comprehensive assessment, and confirms eligibility of Medicare patients, including homebound verification, for the Medicare home health benefit. For a therapy-only case, the RN (if required by agency policy or State law) or the PT or SLP 	<p>G331: RN must conduct initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status. (NOTE: When orders do not include skilled nursing care, the appropriate therapist may conduct the initial assessment visit.)</p> <p>G332: Initial assessment visit must be held either within 48 hours of referral, within 48 hours of the patient's return home, or on the physician-ordered start of care date.</p> <p>G334: The comprehensive assessment must be completed in a timely manner, consistent with the patient's immediate needs, but no later than five calendar days after the start of care.</p> <p>G335: RN must complete the comprehensive assessment (except as stated in G336).</p> <p>G336: When therapy is the only service ordered by the physician, a therapist may complete the comprehensive assessment. The occupational therapist may complete the comprehensive assessment if the need for occupational therapy establishes program eligibility.</p> <p>G337: The comprehensive assessment must include a review of all medications the patient is using to identify potential adverse effects and noncompliance with drug therapy.</p>	<p>Interview:</p> <ul style="list-style-type: none"> Entrance conference: <ul style="list-style-type: none"> ✓ Ask what the HHA's policies are for conducting the initial and comprehensive assessments (including whether therapists complete these assessments). ✓ Ask how the HHA ensures that initial assessments are conducted within the required time frame. ✓ Ask what the HHA's policies are regarding drug regimen review. ✓ If problems with OASIS data submission are evident in the reports reviewed pre-survey, ask the administrative staff to address those issues. Ask clinical managers & staff to describe their process of drug regimen review, including how this is accomplished when a therapist completes the comprehensive assessment. Ask clinical managers and staff how they address medication discrepancies (e.g., what is in the home differs from orders received) or patient non-compliance. Ask clinical managers and staff how they respond to prescriptions from physicians other than the physician responsible for the patient's home health care. Ask clinical managers and clinicians how they determine when there has been a "major decline or improvement in the patient's health status" that would warrant an update of the comprehensive assessment. Ask how HHA tracks due dates for updating the comprehensive assessments. <p>Home Visits:</p> <ul style="list-style-type: none"> Ask the patient/caregiver what medications the patient is currently taking and compare those with the orders, medications in the clinical record. Ask patient/caregiver about the course of their episode of home care, whether there have been setbacks or problems and how the HHA has addressed them. 	<p>Move to Partial Extended Survey when: Expected outcomes not met for one of the high-priority tags listed (G331, G332, G334, G335, G336, G337, G338, G340). Evaluate HHA's compliance with at least the following tags under this condition (additional tags may be included):</p> <ul style="list-style-type: none"> G339 Comprehensive assessment must be updated no less frequently than the last five days of every 60-day episode. G341 Comprehensive assessment must be updated at discharge. <p>Consider Citing the CoP (and move to Extended Survey) when:</p> <ol style="list-style-type: none"> Expected outcomes not met for three of the eight high-priority tags listed (G331, G332, G334, G335, G336, G337, G338, G340); OR The HHA is out of compliance with one of the high priority tags plus two additional tags. <p>Related Conditions for Further Investigation: CoP 484.12: Compliance with Federal, State & Local Laws (e.g., regulations, HHA policies, and accepted professional standards re. comprehensive assessments). CoP 484.14: Organization, Services and Administration (e.g., responsibility for managing compliance with comprehensive assessments requirements and OASIS data collection). CoP 484.20(b): Accuracy of Encoded Data (e.g., encoded data matches comprehensive assessment data). CoP 484.30: Skilled Nursing Services (e.g., conducting comprehensive assessment). CoP 484.32: Therapy services (e.g., conducting the comprehensive assessment). CoP 484.48: Clinical records (e.g., comprehensive assessments are completed by appropriate clinician on time and OASIS data submitted to State as required). CoP 484.52: Evaluation of Agency's Program (e.g., evaluation identifies and addresses systemic problems related to comprehensive assessments).</p>

Home Health Agency (HHA) Survey Protocols

*Refer to Appendix B for full regulatory text and interpretive guidelines

All potential deficient practices must be investigated and cited if confirmed, whether or not directed by the HHA survey protocols.

Condition	Level 1 (Highest Priority) Standards/Tags *(Definitions paraphrased)	Primary Investigation Methods/Sources	Guidelines for Further Investigation of Level 2 (High Priority Tags) and Citing Deficiencies
<p>conducts & completes the comprehensive assessment at the patient's admission to the HHA. OT may conduct & complete the assessment when the need for OT established program eligibility.</p> <ul style="list-style-type: none"> • Comprehensive assessment consistently includes thorough drug regimen review, including <u>all</u> prescribed and over-the-counter medications the patient is using. • Medication review is updated as required. • Physician is notified promptly regarding any medication discrepancies, side effects, problems or reactions. • Comprehensive assessment is updated as required and updated patient information is included in care planning. • Comprehensive assessment data are consistent with other patient status data in clinical record. 	<p>G338: The comprehensive assessment must be updated and revised (including collecting OASIS data) as frequently as the patient's condition warrants due to a major decline or improvement in the patient's health status.</p> <p>G340: The comprehensive assessment must be updated within 48 hours of the patient's return to the home from a hospital admission of 24 hours or more for any reason other than diagnostic tests.</p>	<ul style="list-style-type: none"> • Ask patient/caregiver if they are concerned about problems that have not been addressed by HHA staff to their satisfaction. <p><u>Record Reviews:</u></p> <ul style="list-style-type: none"> • If the initial assessment occurred more than 48 hours after the referral was received, was the discrepancy explained (physician ordered, patient request approved by physician)? • Are comprehensive assessments completed on time and by the appropriate clinician during a home visit at start of care, within 48 hours of (or knowledge of) patient's return home from an inpatient stay, every 60 days (or more frequently), and at discharge? • If a record indicates that a patient had a "major decline or improvement," was the comprehensive assessment updated? • Do records show consistency in assessment of patient's status and progress over many visits (e.g., wounds in consistent locations, patient weights seem logical, pain management, presence of Foley catheter, etc.)? <p><u>Paper Compliance:</u> If questions arise during interviews, home visits or record reviews, consider:</p> <ul style="list-style-type: none"> • Review HHA's policies for conducting the initial and comprehensive assessments, drug regimen review, including therapy only cases and when medications are changed after the start of care. • Review HHA's policy defining a "major decline or improvement in the patient's health status" that would warrant an update of the comprehensive assessment. • Review HHA's orientation program for new skilled clinicians, particularly those who are new to home care. 	