THE BEST DEFENSE IS A GOOD OFFENSE

Preparing for a Home Health Medicare Recertification Survey

OBJECTIVES

▪ To gain an understanding how the Medicare Conditions of Participation (CoPs), the individual G-tags, the Interpretive Guidelines and state licensure requirements impact the survey process
▪ To utilize the tools a state surveyor uses to prepare and prioritize areas
▪ To identify the top CMS survey deficiencies
▪ To discuss how to develop and implement an effective Plan of Correction

CONDITION-LEVEL DEFICIENCIES BY STATE

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawaii</td>
<td>50%</td>
</tr>
<tr>
<td>Maryland</td>
<td>48%</td>
</tr>
<tr>
<td>Maine</td>
<td>33%</td>
</tr>
<tr>
<td>Montana</td>
<td>33%</td>
</tr>
<tr>
<td>Nebraska</td>
<td>23%</td>
</tr>
<tr>
<td>New Mexico</td>
<td>15%</td>
</tr>
<tr>
<td>North Dakota</td>
<td>15%</td>
</tr>
<tr>
<td>Oregon</td>
<td>14%</td>
</tr>
<tr>
<td>South Dakota</td>
<td>14%</td>
</tr>
<tr>
<td>Washington</td>
<td>13%</td>
</tr>
</tbody>
</table>

Source: HHS Office of Inspector General
FAILING TO PREPARE IS PREPARING TO FAIL

-Benjamin Franklin

SURVEY PREPARATION

- State Operations Manual Appendix B-Guidance to Surveyors: Home Health Agencies
- State Operations Manual, Chapter 2- The Certification Process
  - Survey and Cert Letter 14-14-HHA, Revised 5-20-2014
- State licensing laws/regulations
- Scope of practice/standards of practice for each discipline provided
- Local laws/regulations
- Accreditation standards, if applicable

AGENCY SELECTION FOR SURVEYS

- Federal requirement for agencies to have a survey conducted at least every 36 months
- Tier 1- Agencies due for Medicare recertification survey
- Tier 2- Agencies with high priority scores (1/2 of agencies will be surveyed)
  - Agencies with Condition level deficiencies
  - Multiple complaints
  - Multiple OASIS errors
  - Complaints
  - Validation surveys on accrediting organizations
CERTIFICATION REQUIREMENTS

- Section 1864 of the Social Security Act (the Act) establishes the framework within which SAs, under agreements between the State and the Secretary, carry out the Medicare certification process.
- Although the regional office (RO) is ultimately responsible for deciding whether a provider/supplier may participate in the Medicare program, certification is an SA function.
- Home health agencies may choose to obtain Medicare certification/recertification by electing the deemed status option through an approved accrediting organization that has been granted deeming authority.

CMS EXPECTATIONS

- Expectation is that providers “remain in substantial compliance with Medicare program requirements as well as State law.”
  - As defined by CFR 480.755: “Substantial compliance means compliance with all condition-level requirements, as determined by CMS or the State.”
- Have continued compliance, rather than cyclical compliance.
- Providers take the “initiative and responsibility for continuously monitoring their own performance to sustain compliance.”

SURVEY PURPOSE

- Unannounced survey to determine compliance with the Medicare CoPs.
- Ensure that services provided meet minimum health and safety standards and a basic level of quality.
- Home Health Protocols established in 2011:
  - Standard Survey
  - Partial Extended Survey
  - Extended Survey
SURVEYOR TASKS

▪ Task 1 - Pre-Survey Preparation
▪ Task 2 - Entrance Interview
▪ Task 3 - Information Gathering
▪ Task 4 - Information Analysis
▪ Task 5 - Exit Conference
▪ Task 6 - Formation of the Statement of Deficiencies

PRE-SURVEY PREP

▪ Review of the appropriate paperwork
  ▪ Disclosure of information statements (Form CMS-1513)
  ▪ Complaint data
  ▪ Previous survey data
▪ Review of OASIS reports/CASPER
  ▪ Potentially Avoidable Events Report and Patient Listing Report
  ▪ OBQI Outcome Report (risk adjusted outcome report)
  ▪ Patient/Agency Characteristics report (case-mix report)
  ▪ Submission Statistics by Agency Report
  ▪ Error Summary Report by HHA

OASIS REPORTS

▪ OBQM & OBQI Reports-Pre-Survey Process and Sample Selection
  ▪ Adverse Event Outcome Report
    ▪ Tier 1
    ▪ Tier 2
  ▪ OBQI Outcome Report
  ▪ OBQI Case Mix
  ▪ Submission Statistics 20%+ rejected records
  ▪ Error Summary Report 20%+ Threshold for 102, 262, 1003, 1002
ENTRANCE INTERVIEW

- Ask for identification
- Set up a workspace with a laptop/phone
- Appropriate staff are involved
- Unduplicated admissions report
- Active and discharged patient list
- Patient schedules
- Personnel list; including contract (direct care)
- Organizational chart/structure
- Policies and procedures
- Clinical staff resource material
- OASIS reports

INFORMATION GATHERING

- Medical record reviews
- Interviews
  - Administrative staff
  - Direct care staff (contract)
  - Patients/caregivers
- Home visits
  - Interview the patient/caregiver
  - Observe staff
- Personnel record review
- Observation of environment

RECORD REVIEW FOR HOME HEALTH

<table>
<thead>
<tr>
<th>Unduplicated Admissions</th>
<th>Minimum # of Record Reviews Without Home Visits</th>
<th>Minimum # of Record Reviews With Home Visits</th>
<th>Total Record Reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;150</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>150-750</td>
<td>6</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>751-1250</td>
<td>8</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>1251 or more</td>
<td>10</td>
<td>10</td>
<td>20</td>
</tr>
</tbody>
</table>
INFORMATION ANALYSIS

- Abbreviated Home Health Agency Survey Protocols
- Home Health Agency Survey Investigation Worksheet
  - Standard Level
  - Condition Level

FORMATION OF THE STATEMENT OF DEFICIENCIES

- Deficiency statement is written in terms specific enough to allow a "reasonably knowledgeable person" to understand how the aspects of each requirement are not met
- CMS-2567

MOST STRINGENT REGULATION

- Must be in compliance with the most stringent regulation:
  - Medicare Conditions of Participation
  - State licensing requirements
  - Accrediting organization


**UNDERSTANDING THE MEDICARE CONDITIONS OF PARTICIPATION (CoPs)**

**SURVEY SUCCESS**

Key to survey success is compliance with the Medicare Conditions of Participation (CoPs)!

**MEDICARE CONDITIONS OF PARTICIPATION**

- There are 15 Medicare Conditions of Participation (CoPs) that were established to ensure the health and safety of patients receiving home health services
- Each CoP has associated G-tags regarding the requirements to fulfill the CoP
- Most G-tags have associated Interpretive Guidelines designed to provide additional guidance for compliance with the associated G-tag
MEDICARE CONDITIONS OF PARTICIPATION

- Deficiency findings are cited at the most appropriate G-tag
- Standard level deficiencies are deficiencies that do not follow the Home Health Survey Protocols
  - Require a Plan of Correction
- Condition level deficiencies are based on the Home Health Survey Protocols
  - Require another on-site survey
  - Imposition of Alternative Sanctions

HOME HEALTH SURVEY PROTOCOLS

- 2011 Home Health Survey Protocols were established
- 9 CoPs were identified as those most related to the health and safety of patients.
  - 484.10 Patient Rights
  - 484.12 Compliance with Federal, State & Local Laws, Disclosure & Ownership Information and & Accepted Professional Standards and Principles
  - 484.14 Organization, Services & Administration

HOME HEALTH SURVEY PROTOCOLS

- 484.30 Skilled Nursing Services
- 484.32 Therapy Services
- 484.36 Home Health Aide Services
- 484.48 Clinical Records
- 484.55 Comprehensive Assessment of Patients
- Remaining 6 CoPs
  - 484.11 Release of Patient Identifiable OASIS Information
  - 484.16 Group of Professional Personnel
  - 484.20 Reporting OASIS Information
  - 484.34 Medical Social Services
  - 484.38 Qualifying to Furnish Outpatient Physical Therapy or Speech Pathology Services
  - 484.52 Evaluation of the Agency's Program
PRIORITY STANDARDS

- Within each CoP, CMS identified Level 1 (highest priority) and Level 2 (next highest priority) standards
- Level 1 standards are reviewed during a standard survey, any deficiency findings of any Level 1 standard will trigger a partial extended survey; a review (at the minimum) of the Level 2 standards
- Deficiencies that follow the protocols for elevating at the condition level will trigger an extended survey; a review of any related CoPs or standards associated to the condition level deficiency

UTILIZING THE SURVEY TOOLS

- Home Health G-tags and Abbreviated Identifiers
- Home Health Agency Survey Protocols
- HHA Survey Investigation Worksheet 1: Patient Sample
- HHA Survey Investigation Worksheet 2: Agency Summary
- OASIS Pre-Survey Worksheet

SURVEY TOOLS
HOME HEALTH G-TAG & ABBREVIATED IDENTIFIERS
- Provides a brief description of all G-tags per CoP
- Identifies Level 1 standards (green)
- Identifies Level 2 standards (yellow)

ABBREVIATED HOME HEALTH AGENCY SURVEY PROTOCOLS
- Identifies the protocol to follow when determining the need to elevate deficiency findings to the condition level
- Protocol for start up agencies
- Protocol for recertification agencies
- CMS S&C: 15-52-HHA

OASIS PRE-SURVEY WORKSHEET
- Adverse Event Outcome Report
  - Tier 1 AE Outcomes
    - Instructed to review medical record/home visit for 1-2 patients trigger or identified as “at risk”
  - Tier 2 AE Outcomes
    - Instructed to review medical record/home visit for 1-2 patients trigger or identified as “at risk”
- OBQI Outcome Report
  - Instructed to make potential record reviews/home visits based on results
- Need to review results from Branch locations as well
OASIS

- Case Mix Report
  - Instructed to review the “Acute Conditions” and “Home Care Diagnoses”
  - Determine if conditions or diagnoses are:
    - Statistically significant (* or **) or
    - Any where the current mean is 15 or more percentage points higher than the reference mean
- Submission Statistics by Agency
  - Are more than 30% of records being rejected?
  - Further investigation may occur
- Error Summary Report
  - Any of the four errors listed on the worksheet have occurred/Threshold met or exceeded?
  - Further investigation may occur

SURVEY INVESTIGATION WORKSHEET 1 & 2

- Worksheet 1
  - Patient record and home visit audit tool
- Worksheet 2
  - Agency/organization audit tool

ACHC CoP SURVEY REQUIREMENTS

- Designed to allow an agency to plot specific G-tag deficiencies to be used in conjunction with the Home Health Agency Survey Protocols to determine an agency’s risk for condition level deficiencies
HOME HEALTH AGENCY SURVEY PROTOCOLS

Through the eyes of a surveyor
Breakdown of the 9 CoPs that are reviewed during a standard survey to determine if a partial survey or extended survey needs to be completed

CoP §484.10

- Patient Rights
- Two high level G-tags
  - G107: The HHA must investigate complaints and document both the existence of the complaint and the resolution of the complaint
  - G109: The patient must be advised in advance of the right to participate in planning of care

POTENTIAL PROBES §484.10

Interview:
- Will inquire during opening conference how complaints are investigated
- Will inquire with direct care staff how complaints are investigated
- Will ask direct care staff how they involve the patient/family in the development of the plan of care
POTENTIAL PROBES §484.10

Home visits:
- Ask patients and families if they have had a complaint about the agency and if they reported the complaint
- Ask patients and families if they know how to report a complaint
- Ask patients and families if they participated in the development of the plan of care

Medical records reviews:
- Will review to determine if the patient had a complaint and then determine if the complaint was properly investigated
- Will review to determine if there is evidence the patient participated in the development of the plan of care

Paper compliance:
- Review of the complaint log
- Review of the policy regarding complaints
- Review of the admission packet to ensure patient is being informed of how to report a complaint
CoP §484.12

- Compliance with Federal, State & Local Laws, Disclosure & Ownership and Accepted Professional Standards &
- One high level G-tag
  - G121: Compliance with Accepted Professional Standards & Principles

POTENTIAL PROBES §484.12

Interview:
- Will inquire how the agency ensures all clinical staff follow professional practice standards, laws and agency policies and procedures
- Will inquire how the agency monitors the skills utilized by staff
  - Especially skills that are not utilized frequently or are of high risk

POTENTIAL PROBES §484.12

Home visits:
- Will observe if staff are providing care not in accordance with professional standards, agency policies and procedures, state practice laws, and laws and regulations
POTENTIAL PROBES §484.12

Medical record review:
- Will review to determine if there is documented evidence staff are providing care in accordance with professional standards, agency policies and procedures, state practice laws, and laws and regulations.

POTENTIAL PROBES §484.12

Paper compliance:
- Will review agency policies and procedures for determining competency, staff supervision, etc.
- Will review agency clinical materials/resources that are provided to clinical staff.

CoP §484.14

- Organization, Services & Administration
- Four high level G-tags
  - G123: Organization, services furnished, administrative control & lines of authority for delegation of responsibility are clearly set forth in writing
  - G133: Administrator organizes and directs agency’s ongoing functions
  - G143: Coordination of patient services
  - G144: Clinical record or minutes of case conferences establish that effective coordination of care occurs.
POTENTIAL PROBES §484.14

Interview:
- Will inquire during opening conference about lines of authority
- Will inquire how specific patients, including 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 that communication is documented

POTENTIAL PROBES §484.14

Home visits:
- Will observe how providers communicate with patient/caregivers and identify the need to communicate with other providers
- Will observe 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 the provider follow up or share the information with the appropriate care providers

POTENTIAL PROBES §484.14

Medical record review:
- Review to determine if 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
- Will review to determine case conferences, informal conferences and phone calls are documented
POTENTIAL PROBES §484.14

Paper compliance:
- Will review organizational chart to verify administrator’s responses is congruent with the org chart
- Will review agency policies regarding coordination of care, communication with team members, etc. are being implemented according to agency policy
- Will review contracts of services provided under arrangement to ensure contracts contain required elements and are current

CoP §484.18

- Acceptance of Patients, Plan of Care & Medical Supervision
- Six high level G-tags
  - G157: Patients are accepted by the HHA based on the expectation the agency can meet the needs of the patient
  - G158: Care follows a written plan of care periodically reviewed by the physician
  - G159: Plan of care covers all required elements
  - G164: Staff promptly alert the physician when any changes occur that suggest a need to alter the plan of care
  - G165: Drugs & treatments are administered by agency staff as ordered by physician
  - G166: Verbal orders are written, signed and dated by appropriate discipline

POTENTIAL PROBES §484.18

Interview:
- Will inquire if there are any services that the agency has trouble staffing, and if so, what they do when a patient needing those services is referred
- Will inquire about the expectation regarding how quickly an order for therapy, MSW, or an aide will be staffed
- Will inquire about the process for the acceptance of verbal orders
- Will inquire about the process when patient care deviates from the physician’s orders
POTENTIAL PROBES §484.18

Home visits:
- Will observe care to determine care was provided as ordered and delivered according to accepted standards (e.g., CDC guidelines) and agency policies
- Will observe to determine the care provider reported any unexpected patient changes timely
- Will observe if the care provided was the care the patient expected

Medical record review:
- Will review to determine the agency provides services as ordered, within the specified time frame, and at the frequency ordered
- Will review the plans of care to determine if the plans of care contain all required elements and are reviewed by physician every 60 days
- Will review the plans of care to ensure they are 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

Paper compliance:
- Will review the agency policies 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)
- Will review contracts of services provided under arrangement
CoP 484.30

- Skilled Nursing Services
- Seven high level G-tags
  - G170 - Skilled nursing services are provided in accordance with the plan of care
  - G172 - RN regularly re-evaluated patient’s nursing needs
  - G173 - RN initiates the plan of care and necessary revisions
  - G175 - RN furnishes those services requiring specialized nursing skill
  - G176 - RN prepares clinical and progress notes, coordinated services and informs the MD and others providing care of changes in patient’s condition and needs
  - G177 - RN counsels the patient and family in meeting nursing and related needs

POTENTIAL PROBES §484.30

Interview:
- Will inquire regarding the agency staffing of RN’s and LPN’s
- Will inquire how the LPN’s are supervised

Home visits:
- Will observe that care being provided is the care ordered
- Will observe if additional needs of the patient have been identified
- Will observe if patient’s condition or needs have changed, how are the MD and other staff notified
- Will observe to determine if the patient or family understand the medications ordered for the patient
POTENTIAL PROBES §484.30

Medical record review:
- Will determine if there is documented evidence the RN is managing and coordinating each patient’s care
- Will determine if nursing care provided, is correctly documented to reflect what is ordered
- Will determine if there is evidence of patient needs that are not addressed in the plan of care are communicated to the MD

POTENTIAL PROBES §484.30

Paper compliance:
- Will review agency policies related to nursing care, coordination of care, changes in the patient’s condition
- Will review personnel charts of clinical staff that appear to provide care that does not meet acceptable standards of practice to determine competency, education, etc.
- Will review contracts for clinical staff, as applicable

CoP §484.32

- Therapy Services
- Three high level G-tags
  - G186: Qualified therapists assists the physician in evaluating level of function; helps develop the plan of care (revising as necessary)
  - G187: Therapist prepares clinical and progress notes
  - G188: Therapists advises and consults with family and other agency personnel
POTENTIAL PROBES §484.32

Interview:
- Will inquire about staffing of therapists and therapy assistants
- Will inquire how agency ensures therapists are qualified
- Will inquire about supervision of therapy assistants

Home visits:
- Will observe to determine care provided is what is ordered
- Will observe therapy staff follow agency policies as well as accepted standards of practice
- Will observe if patient’s needs are being met

Medical record review:
- Will determine if therapy visits are provided at the frequency ordered
- Will determine communication exists with others providing care to the patient
- Will determine if the care provided is what is ordered
- Will determine if additional needs, therapy and/or DME, is needed and if the MD was notified of the need to change the plan of care
POTENTIAL PROBES §484.32

Paper compliance:
- Will review agency policies regarding therapy services, supervision of therapy services, contract services, etc.
- Will review personnel records of therapists that appear to provide care that does not meet acceptable standards of practice to determine competency, education, etc.
- Will review contracts for therapy services, if applicable

CoP §484.36

- Home Health Aide Services
- Two high level G-tags
  - G224: Written patient care instructions for the aide are prepared by the RN if patient receives skilled nursing care or the qualified therapist if patient receives only therapy
  - 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 plan of care

POTENTIAL PROBES §484.36

Interview:
- Will inquire about staffing structure for home health aides
- Will inquire how the agency tracks aide supervisory visits
- Will inquire about the agency's process for when a patient's needs change or requests additional care
POTENTIAL PROBES §484.36

Home visits:
- Will ask the patient/caregiver what care the aide provides and whether they are satisfied with the care
- Will observe if the care provided by the aide continues to meet the patient needs
- Will observe to determine the aide provided the care that was ordered and on the aide plan of care

POTENTIAL PROBES §484.36

Medical record review:
- Will review to determine supervisory visits were made at least every 14 days
- Will review to determine the RN or therapist reviewed the aide's plan of care and adjusted as necessary
- Will review to determine the aide provided care as ordered and properly documented

POTENTIAL PROBES §484.36

Paper compliance:
- Will review the agency policies regarding development of aide instructions and aide supervision
- Will review the aide personnel records to ensure competency, training, on-going education, etc.
CoP 484.48

- Clinical records
- One high level G-tag
  G236 - Clinical record contains pertinent past and current findings in accordance with accepted professional standards and is maintained for every patient receiving home health services. 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

POTENTIAL PROBES §484.48

Interview:
- Will inquire if the agency accepts electronic signatures by either clinicians or physicians
- Will inquire how clinical records are maintained (i.e., all electronic, all paper, or combination), stored, and accessed, out of office
- Will inquire regarding the time frame for clinicians to turn in documentation following a visit
- Will inquire how clinicians document aide supervisory visits, case conferences, phone calls, medications, etc.
- Will inquire regarding the policy for making corrections in the clinical record

POTENTIAL PROBES §484.48

Home visits:
- Will observe if the medications in home are the same as those listed on plan of care, interim orders and the clinical record notes
- Will observe if patient status, care provided and medications the same as that documented in the record
- Will observe how the agency staff maintain the confidentiality (of other patients) of protected health information kept in the home
POTENTIAL PROBES §484.48

Medical record review:
- Will review to determine all documentation is filed timely
- Will review to determine that 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
- Will review to determine if documentation is complete and accurate

POTENTIAL PROBES §484.48

Medical record review:
- Will review to determine how are corrections made in clinical record
- Will review discharged records to ensure the records contain discharge summaries
- Will review to determine records contain periodic summaries of patient care that were sent to physicians

POTENTIAL PROBES §484.48

Paper compliance:
- Will review agency policies on documentation, clinicians' time frame for turning in documentation after visits, and time frame for filing documentation
- Will investigate agency 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
CoP §484.55

- Comprehensive Assessment of Patients
- Eight high priority G-tags
  - G331: RN must conduct an initial assessment visit to determine the immediate care and support needs of the patient
  - G332: Initial assessment must be conducted within 48 hours of referral or within 48 hours of patient’s start date or on the physician ordered start of care date
  - G334: The comprehensive assessment must be completed in a timely manner, but not later than five calendar days after the start of care date
  - G335: RN must complete the comprehensive assessment

CoP §484.55

- G336: If a therapy only case, therapist may complete the comprehensive assessment
- G337: The comprehensive assessment must include a review of all medications the patient is using
- G338: The comprehensive assessment must be updated and revised (including collecting OASIS data) as frequently as the patient’s condition warrants
- G340: The comprehensive assessment must be updated within 48 hours of the patient’s return home from a hospital admission of 24 hours or more for any reason other than diagnostic tests

POTENTIAL PROBES §484.55

Interview:
- Will inquire about the policies regarding drug regimen review
- Will inquire regarding the process of drug regimen review, including how this is accomplished when a therapist completes the comprehensive assessment
- Will inquire how a medication discrepancy is addressed (e.g., what is in the home differs from orders received) or patient noncompliance
- Will inquire how agency staff respond to prescriptions from physicians other than the physician responsible for the patient’s home health care
POTENTIAL PROBES §484.55

Home visits:
- Will ask the patient/caregiver what medications the patient is currently taking and compare those with the orders, medications in the clinical record.

POTENTIAL PROBES §484.55

Medical record review:
- Will review the medication listed in the medical record is current and includes all prescribed medication as well as OTC medications.
- Will review to determine initial and comprehensive assessments were completed timely.
- Will review to determine documentation is consistent among assessments, progress notes, OASIS, etc.

POTENTIAL PROBES §484.55

Paper compliance:
- Will review agency 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.
- Will review agency policies defining a "major decline or improvement in the patient's health status" that would warrant an update of the comprehensive assessment.
TOP CMS SURVEY DEFICIENCIES

- G121
- §484.12(c) Standard: Compliance with Accepted Professional Standards and Principles
  - The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA
  - The expected outcome for this Level 1 standard is that all care providers follow parameters defined by State practice acts, Federal and State laws and regulations, HHA policies and other professionally accepted guidelines (e.g., CDC guidelines for infection control)

- G143
- §484.14(g) Standard: Coordination of Patient Services
  - All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care
  - The expected outcome for this Level 1 standard is that information regarding each patient’s health status and plan of care is communicated among all relevant care providers, including, but not limited to, the home health aide and the physician
TOP CMS SURVEY DEFICIENCIES

- G158
- §484.18 - . . . Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine
- The expected outcome for this Level 1 standard is that every HHA patient will have a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine

TOP CMS SURVEY DEFICIENCIES

- G159
- §484.18(a) Standard: Plan of Care
- The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items

TOP CMS SURVEY DEFICIENCIES

- G159
- The expected outcomes for this Level 1 standard are:
  - Patients receive appropriate services and care based on an assessment of their needs and physician orders
  - HHA develops a plan of care specific to each patient's needs and containing all required elements
TOP CMS SURVEY DEFICIENCIES

▪ G164
▪ §484.18(b) - . . . Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care
▪ The expected outcome for this Level 1 standard is that changes in patient status, including measurements outside of stated parameters or any changes that suggest a need to alter the plan of care, are reported promptly to the physician. This includes notifying the physician of discharge when the patient’s needs have been met

TOP CMS SURVEY DEFICIENCIES

▪ G165
▪ §484.18(c) Standard: Conformance With Physician Orders.
▪ Drugs and treatments are administered by agency staff only as ordered by the physician with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per agency policy developed in consultation with a physician, and after an assessment of contraindications
▪ The expected outcome for this Level 1 standard is that HHA staff administer only medications and treatments as ordered by the physician

TOP CMS SURVEY DEFICIENCIES

▪ G170
▪ §484.30 - (Skilled nursing) . . . in accordance with the plan of care
▪ The expected outcome for this Level 1 standard is that each patient receives nursing care as ordered on his/her plan of care
TOP CMS SURVEY DEFICIENCIES

G176
§ 484.30(a) . . . prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient’s condition and needs, . .
- The expected outcomes for this Level 1 standard are:
  - The RN’s clinical and progress nursing notes are complete and provide consistent (i.e., non-conflicting) data regarding patient status and treatments/services provided.
  - The RN regularly coordinates and communicates with other staff members and the physician about the patient’s condition and needs.

TOP CMS SURVEY DEFICIENCIES

G224
§ 484.36(c)(1) . . . Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section
- The expected outcome for this Level 1 standard is that the home health aide receives written instructions by the RN or other appropriate professional responsible for supervising the aide for patient care that are clear and complete and address patients’ current needs

TOP CMS SURVEY DEFICIENCIES

G225
§ 484.36(c)(2) Standard: Duties
- The home health aide provides services that are ordered by the physician in the plan of care and that the aide is permitted to perform under State law
TOP CMS SURVEY DEFICIENCIES

- **G229**
  - §484.36(d)(2) - The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient’s home no less frequently than every 2 weeks
  - The expected outcome for this Level 1 standard is that the aide supervisory visits occur no less frequently than every 14 days. Additional instruction is provided to the aide if needed based on the information obtained from the supervisory visits.

TOP CMS SURVEY DEFICIENCIES

- **G236**
  - §484.48 - A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services
  - 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.

TOP CMS SURVEY DEFICIENCIES

- The expected outcomes for this Level 1 standard are:
  - Every patient must have a clinical record. The clinical record for every patient contains all required elements and is current, organized, and provides a clear synopsis of the services provided to the patient
  - Filing of documents into the clinical record is current according to agency policy and any applicable State filing timelines
  - If electronic signatures are accepted, the HHA follows its policies governing their use
  - When comprehensive assessments are corrected, the HHA maintains the original assessment as well as all subsequent corrected assessments.
TOP CMS SURVEY DEFICIENCIES

▪ G337
▪ §484.55(c) Standard: Drug Regimen Review
  The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.

TOP CMS SURVEY DEFICIENCIES

▪ The expected outcomes for this Level 1 standard are:
  ▪ The comprehensive assessment consistently includes a thorough review of the patient’s medications, including all prescribed and over-the-counter medications the patient is using, to identify any potential adverse effects and drug reactions;
  ▪ The patient’s medication list or medications are reviewed and the medication profile/list is updated; and
  ▪ The physician is notified promptly regarding any medication discrepancies, side effects, problems or reactions.

TOP CONDITION LEVEL DEFICIENCIES

▪ §484.18 Acceptance of Patients, Plan of Care and Medical Supervision
▪ §484.30 Skilled Nursing Services
▪ §484.36 Home Health Aide Services
▪ §484.55 Comprehensive Assessment of Patients
▪ §484.14 Organization, Services and Administration
TAKE AWAY

- Educate staff
  - Acceptable standards of practice, agency policies & procedures
- Observe staff
  - During home visits ensure staff are following acceptable standards of practice
- Medical record audit
  - Review documentation to ensure documentation exists to support care follows acceptable standards of practice
- Policies and procedures
  - Current and in accordance with acceptable standards of practice

RESOURCES

- State Operations Manual, Chapter 2 - The Certification Process, (Rev. 111, 04-11-14)
- State Operations Manual, Chapter 10 - Survey and Enforcement Process for Home Health Agencies

QUESTIONS?

lmeadows@achc.org
855-937-2242