## **Accreditation CHECK LIST**

## **ADMINISTRATIVE:**

	INTOTICATIVE.
	ility/Professional Insurance
□ Busi	ness Licenses Uwaste License <u>www.don.state.ii.us/environment/community/biomedical</u>
□ Leas	Minimum Standards, Chapter 400, Surveyors Guide (H-Tag)  CMS, Palmetto, Medicaid, DOH, etc
□ Con	tracts (Therapy-ALF)   Contracts Evaluations   Workers Compensation
	ounting: Budget (3 years), Cash flow, etc.   □ OASIS transmission report, OBQI reports
Pay	roll, W2, taxes □ Quarterly Reports
□ Ann	ual Agency eval/Appraisal   Board List, PAC, Ethic Cte, Compliance Cte-Fraud, HIPAA-Privacy
□ Mod	Cte, Infection Control Cte icare Conditions of Participation <a href="http://www.cms.hhs.gov/CFCsAndCoPs/12_homehealth.asp#TopOfPage">http://www.cms.hhs.gov/CFCsAndCoPs/12_homehealth.asp#TopOfPage</a>
	ices to Provide (letter to AHCA if needed, fax: 850-922-5374)
Poste	·
	□ HIPAA □ Safety Goals □ Emergency Control
JCHC	•
	□ Organizational Chart □ Exit Route □ Door Sign (Agency Name)
	□ Fire Safety/Extinguisher □ Abbreviations (Hours, Emergency)
	☐ Agency Board Material (Do not use Abbreviation, Hand washing, PI, Accepted Abbreviations)
LOG	S: (Surveys Log: Patient-Employee-Physicians) (Incident: all together separates)
Ц	<b>Emergency Log</b> : Including Emergency Plan, Medication, POC, Evacuation Form (if applicable), by Category Maintain Proof of Plan Updates and submissions * ARRAIGNMENT OUTSIDE STATE SUPPLIER (annual)
	Hospitalization Log ☐ File Movement ☐ Visitor Log (HIPAA) ☐ Minutes Logs (Book)
	QA review Log    Grievance/Complaints/Grievance Form    Referral Log
	On-Call Log (Posted Person On-Call Daily)
	Storage Area Cleaning ☐ Bio-Waste ☐ Transfer Log ☐ Infection
	License Verification (Employees, MDs) □ Inventory Log □ Medical Supplies Log
	Surveys, separated by <b>DIVIDERS</b> : Patients, (Quarterly review, using scale 1-5), Employees, Physicians
	Copy of all Contracts, Eval □ Physician Orders □ Employee Concern (front)
	Utilities Backup ☐ Discharge Planning/Forms ☐ BP Gauge check
	Incident Reports: (Separate by dividers:) Falls, Employee Incident Exposure, Risk Mg, Ethic,
	List of more common infections/disease Accident, Infection, Behaviors, Med. Device
	http://www.dadehealth.org/discontrol/DISCONTROLmonthlyrep09.asp
MIN	JTES (Board Minute: Minutes are retained for a minimum of <u>5 years</u> )
	Safety. Fire Drill    Board of Directors (INITIAL)    Advisory Committee (Medical Director, Name)    (Approval: Mission, Adm., AADM, DON, ADON, PAC members, CFO)
	QA/QI/PI minutes Utilization review Ethic
(Clinica	Record Review cte q/3months, must participate each disciple with services)
	Infection Control    Board (Discussion of Conflict Interest-annual, Non-Discrimination)
	Civil Rights (Non-Discrimination) (Board: Minutes End of Year, Budget, Agency Eval)

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<u>FUR</u>	<b>MS</b> <sup>*</sup> : (must be in Office)	☐ Agency Forms Book (N	lurses Assessment-OASIS)						
	DNR order □ Er	nergency Evacuation releas	e □ BROCHURE						
	BS Log with Glucometer (	Calibration.	□ BP/VS Log						
	Staff Change Form □ Re	eferral Form	☐ DC Instructions, Summary, Letters- DC Packages						
	Wound Record, Wound B	ody chart, Wound photo							
	Admission Order, Recert Order, Reinstatement Order, DC Order								
	Missed Visit. □ Ca	aregiver Affidavit	☐ Advance Beneficiary Notices						
	Recert Packages    Medicare Provider Non Coverage    Case Conference								
	Patient Transfer □ Ve	erbal/Modify Orders	☐ 60 Days Summary						
	Team Communication	☐ Medication Form	☐ Admission Packages (No labels)						
	Progress Notes (Nurse, HHA <i>must match HHA Plan</i> )□ Supervision Forms								
	Therapy Forms (Including	Plan, Eval, SV, Notes, DC)	☐ Weekly, Itinerary						
	In-Home Calendar	☐ MSW forms	☐ Case manager Report						
	OASIS: SOC, Recert (Fo	llow Up), DC, Transfer	☐ Emergency Evacuation (En-Sp)						
☐ Hurricane Guide (En-Sp) ☐ Personal Health Records * in Green for the 1 <sup>st</sup> Survey (AHCA License) POC signed within 30 days.									
<u>Polic</u>	ies *, including all necess	ary Manuals: 🗆 Psychiatric	Manual   Compliance Fraud Prev.						
	QA Manual (including S/U-N	Notes-Service-Chart review, Utiliza	ation review, DC planning-Performance Imp.)						
	Patient Safety Goals(JCHC	D)□ Face to Face	☐ HIPAA Manual						
	Wound Protocol	☐ Laboratory Manual	☐ Infection Control/OSHA						
	Biomedical waste	☐ Bloodborne Manual	☐ Civil Rights (advertising Brochure)						
	Emergency Plan current	☐ Pandemic Manual	☐ Fall Safety Manual						
	Alzheimer's Training Curr	iculum (2 hrs training for all	Employees, with Approved Material)						
	Pain Management Manua	I □ Orientation In-Service I	Manual & Calendar						
	Clinical Procedures	☐ OASIS test	☐ Employee Safety Manual						
	Ethic Manual	☐ Medical Device	☐ Medication Management (JCHO)						
	Policy Manual	☐ Nursing Manual	☐ IV Manual						
	Respiratory Manual ☐ Ag	gency Forms	nployee Manual (Forms)						
	Execute Strategic Plan	☐ Business Plan	☐ Risk Management Plan						
	Execute Accreditation Gu	ide/Training(Agency)	☐ Execute Surveyors Guide (Agency)						
□ * in Gi	Educational Materials: (Patient-Family Book) reen for the 1 <sup>st</sup> Survey (AH	- HIPAA Privacy, Diabetes	neimer's, Fall prev., Emergencies s, Pain, Medications, Infection						

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Ц	Labels:	<ul> <li>bels: - Biomedical waste</li> <li>- Confidential (Emp. and Patients)</li> <li>- Resources Guide, Fall Prevention</li> <li>- QA review, DM, Wound</li> <li>- Allergies, Anticoagulant therapy</li> </ul>				☐ TB Mask  TB_FLU ARMOUR - PANDEMIC  INFLUENZA INFECTION CONTROL  SUPPLIES INCLUDING N95  RESPIRATORS MASKS.hmt				
	Filling Syste	em:	☐ Manila Folder☐ Year label	rs & Divider	rs	□ Nur	nerical l	abels		
	•		Home Care & Core (CHAP) er, H-Tag, Minimum Standards			☐ Biohazard Contract/License☐ Florida Nursing Board (Nursing				
	Chapter 400, Civil Rights Practice Act)  http://www.doh.state.fl.us/mqa/nursing/info_PracticeAct.pd									
<b>Emp</b>	loyee:	□ Cor	nflict Interest (Mir	nute, Board	, Emplo	oyee)	☐ Initia	ıl/Exit Ir	nterview	
	☐ Handbook	ks	□ lds (Vi	sitors, Tem	porary)	)	□ Job	Descrip	otions each p	osition
	☐ Surveys,	Concer	ns (reception are						n - Leader l Joint visit, comp	
	□ <u>In-Servic</u>	<u>es</u> : □ ⊦	HIPAA 🗆 HIV, C	SHA, Dom	. Violer	nce	□ Alzh	eimer's	(8 months)	
	□Ра	tients R	ights □ Fraud	& Abuse	□ Eme	ergenc	<b>y</b> (annual)		Training-Ma	sk
	☐ Fall Prevention ☐ Safety ☐ Pain Management ☐ Bloodborne								ne	
	☐ Infection (Hand washing, Bag) (annual) ☐ Biomedical waste ☐ Medical Device (annual)									(annual)
	☐ Verification	n licens	se (Professional	staff Copy o	of Title)		□ Cale	ndar of	Inservices	
	☐ Up to date	e docun	nents/chart	☐ Initia	al Orier	ntation	(Emplo	yees, B	Board, Advis	ory)
	therapist MUS	SÍTION	Resume CHANGE, must a full Personnel		RIENT	4TION	. If usin	g a The		any,
Our S	ervices inclu	<u>ıde</u> :								
□ AG	ENCY visit fo	r check	up (as needed) (	outside Miami the Agency)	i-Browar	d area t	he visit e	xpense is	s responsibiliti	es of
□ Un	limited phone	calls	☐ Accreditation	on training o	classes	; <b>□</b>		□ (;	3 minimum)	ı
	l Medical Rec cal personnel at		iew (QA training) st)	, including O	ASIS, S/	U, D/C,	Recert p	rocedure	s (DON) <i>(is re</i>	quested
Bag),	no bag in floor,	gloves l	shing using employ before/after proced ompliance (PRN if	dures. HHA F	Plan —:	> note	exact. M	edicatio	n Updates (F	Rx and

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