



**Department
of Health**

The Survey Process Toolkit

Division of Home and Community Based Services

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Objectives:

- Discuss the purpose and process for the Licensed Home Care Services Agency (LHCSA) Re-licensure Survey
- Identify the top 10 deficiencies cited for LHCSAs statewide

Survey Purpose

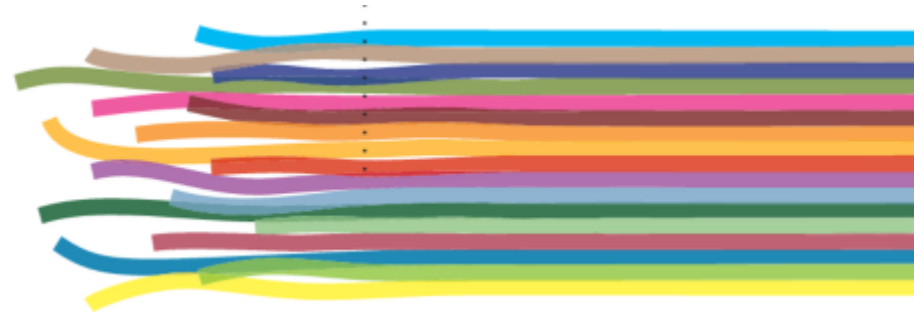
- To evaluate LHCSA compliance with NYS regulations, ensuring that the provision of home care services meets minimum health and safety standards and a consistent level of quality
- Assessing, monitoring, and evaluating the quality of care delivered by the agency using a patient centered approach

LHCSA Re-licensure Survey

- Unannounced survey conducted triennially at the discretion of the Department
- Review of all programs/services provided by the agency (including open complaints) and the systems in place to support those services.
- Intended to assure the delivery of quality home care services and determine minimum compliance with applicable rules and regulations.

Survey Process- 6 Tasks

1. Pre-survey preparation
2. Entrance conference
3. Information gathering on-site
4. Information analysis/decision making
5. Exit conference
6. Formation of the Statement of Deficiencies



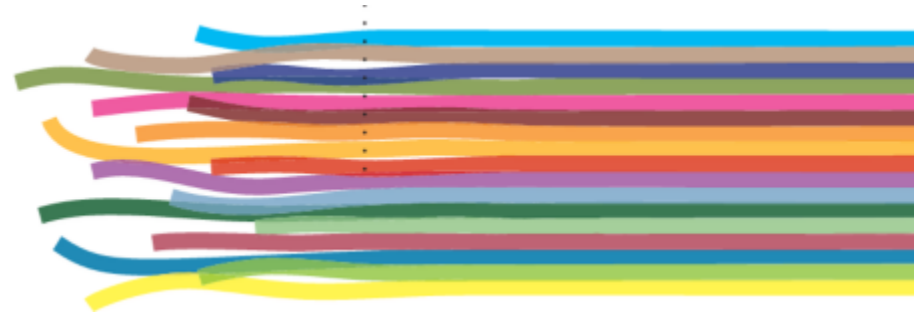
PRE-SURVEY PREPARATION

Pre-Survey Preparation

- Gather information about agency to assist in planning and organizing the survey so that it is focused, effective and efficient
- Identify concerns and areas of focus to be addressed on survey
- Identify regulation sets and Department policies to be evaluated during onsite review (10 NYCRR Parts 765, 766, 402, 403)

Pre-Survey Activities

- Surveillance History
- Complaint Finding and Trends
- Health Commerce System Roles
- CHRC Negative Determinations
- Compliance with Required Reports
- Licensure Information
- Service and Program Approvals



Task 2

ENTRANCE CONFERENCE

Entrance Conference

- First stage of the onsite survey process
- Surveyors introduce themselves and present ID
- Survey team leader will inform the agency administrator, director or supervisor of the purpose of the survey and explain the survey process including:
 - compliance with state regulations and Department directives; and
 - determining the quality of care and services provided by agency

Survey Documents Requested

- Agency's response and cooperation in providing documents timely is key to facilitating an efficient survey process
- Upon entrance please be prepared to provide:
 - Current Patient Roster
 - Employee Roster

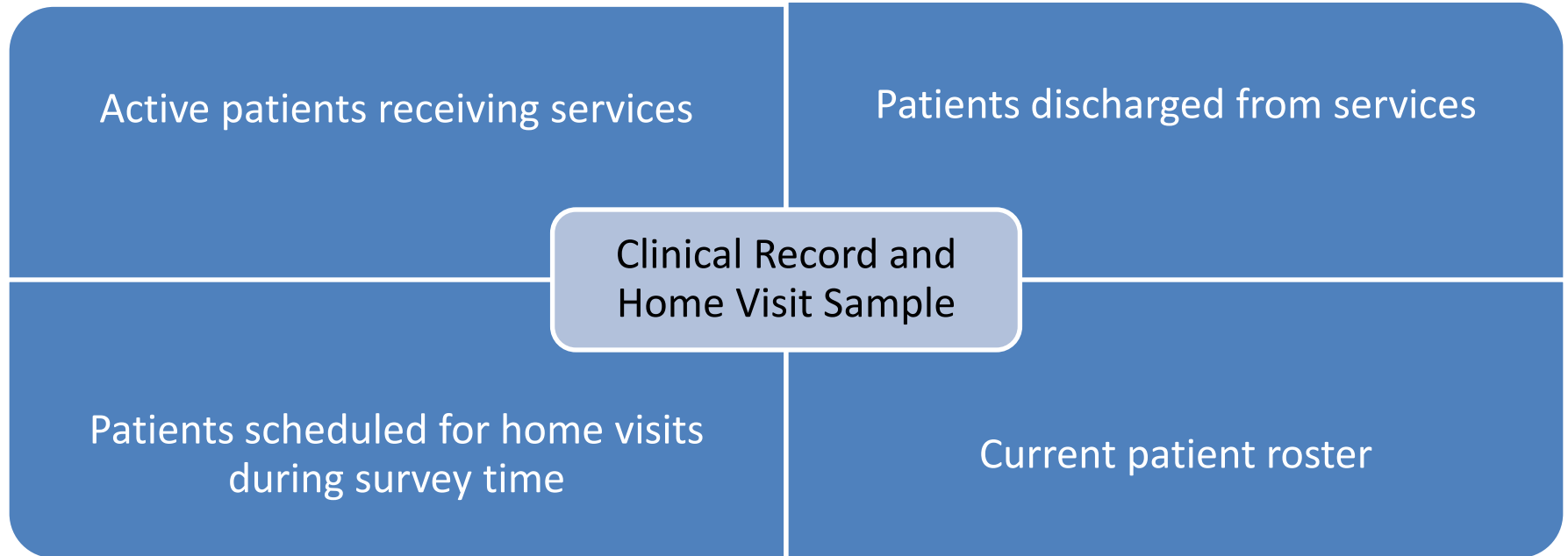
Please provide the following information to Surveyors:

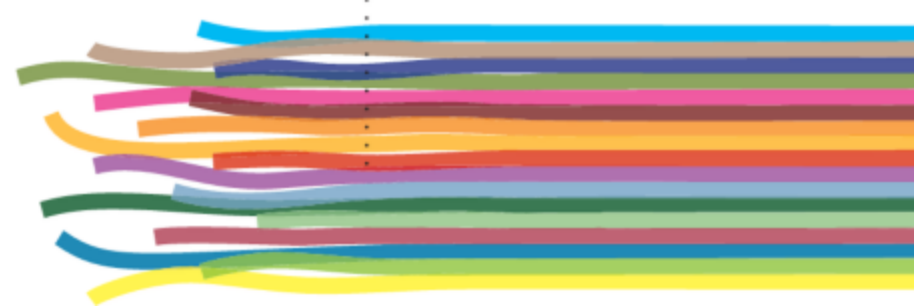
Information/Document
Current Patient Census & Active Patient roster including start of care (SO diagnosis, services provided, payer source).
Patient visit schedule for survey dates- include date, service/discipline
Personnel Roster - including employee name, title, date of hire
List of discharged patients within past 3 months with SOC date, discharge
Provide area/space for surveyors to work
Name of Owner/Operator
Name of agency responsible RN
Organizational Chart
Admission Packet including Bill of Rights
Agency Policy & Procedure Manual including policies on: Clinical Supervision Criminal History Record Check Home Care Worker Registry Complaint Policy Influenza Vaccination/Flu Mask Requirement Health Commerce System *New policies implemented since last survey
Complaint/Grievance Log
Emergency Preparedness Plan
QI Committee Meeting minutes past 12 months
Governing Authority Meeting Minutes past 12 months
List of Contracts/Agreements related to patient care delivery
Copy of DOH approved Management Agreement if applicable.
Orientation to clinical record & access to clinical records and the equipment



Entrance Conference – Patient Roster

The surveyor will request:





Task 3

INFORMATION GATHERING

Information Gathering

- Organized systematic and consistent process used to inform decisions regarding the LHCSA's compliance with Department policies and state regulations
- Includes gathering information from home visits, observations, interviews, document review, clinical and personnel record reviews

Program Reviews

- Quality Improvement Program
- Home Health Aide Training Program (HHATP)
- Home Care Worker Registry

Criminal History Record Check (CHRC) Review

- Compliance with 10 NYCRR Part 402
- Assigned roles on HCS related to CHRC
- CHRC written policy that addresses all requirements:
 - consents;
 - timely requests;
 - supervision prior to final CHRC determination result;
 - negative determinations acted on; (immediately removed from patient care)
 - termination form submitted timely; and
 - confidentiality.
- Agency has implemented and follows their written CHRC policy.



Clinical Record Review

- Sample of active patients and at least one discharged patient
- Determine compliance with **Part 766** regulations including:
 - patient rights
 - assessment – initial and reassessment
 - plan of care
 - physician orders
 - clinical supervision- is care supervised? Services/care provided at frequency ordered, changes reported to MD, etc.
 - aide supervision, aide care plan, aide activity sheets
 - progress notes
 - discharge summary and MD notification at least 48 hours prior to discharge

Personnel Record Review

- Sample of each type of active personnel: Professional & Paraprofessional
 - Verify compliance with HCR & CHRC requirements
 - Verify compliance with Personnel 766.11 requirements
 - Health status, immunizations, annual influenza vaccination status, credentials, application/reference checks, orientation, supervision, in-service requirements, annual performance evaluation including home visit, etc.

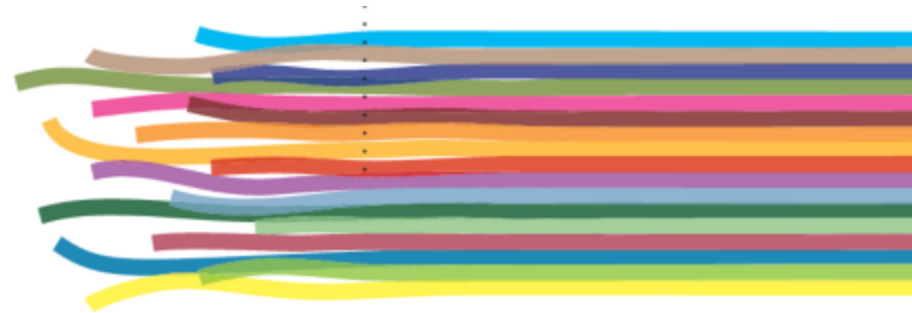
Home Visits

Objective: Observation and evaluation of care provided

- Patient interview
- Staff Identification
- Infection control standards
- Compliance with the patient's person-centered plan of care
- Agency contact and complaints
- Patient and Family satisfaction

Interviews

- Interviews are conducted throughout the survey
- Staff interviewed include the agency administrator, supervisors and agency staff
- Objective is to gain a clear understanding of agency processes and communication with staff regarding policies, procedures, agency practices and workflow



Task 4

INFORMATION ANALYSIS

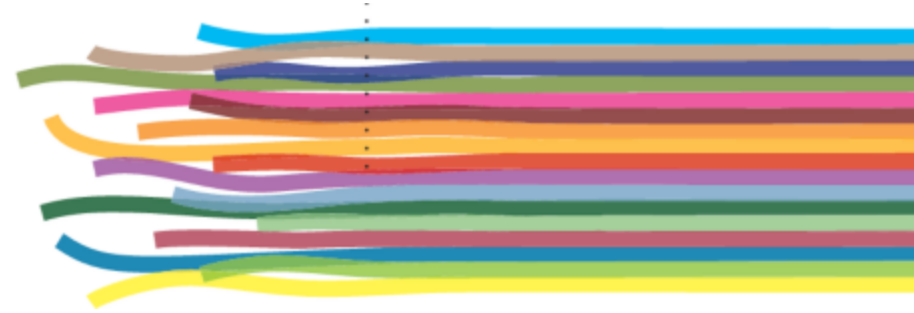
Information Analysis/Decision Making

Objectives:

- Informs compliance decisions
- Allows for thoughtful review and analysis of information gathered during the survey process
- Determines the presence of isolated, patterned or systemic non-compliance

Information Analysis





Task 5

EXIT CONFERENCE

Exit Conference

- Communicate to the agency of observations and preliminary survey findings
- Held at conclusion of onsite survey with agency administrator, clinical supervisors and/or other invited agency staff
- Provides details and timing on next steps including Statement of Deficiencies and Plan of Correction

Statement of Deficiencies (SOD)

- Provides a written report of areas of non-compliance with State requirements
- Issued through the Electronic Plan of Correction (ePOC) application on Health Commerce System (DAL DHCBS 15-04)
- Requires update to date Health Commerce System(HCS) role assignments
- Requires written response within 10 days

Components of Acceptable Plan of Correction(POC)

- Corrective action (s) to be accomplished for those patients affected by the deficient practice
- Method of identifying other patients having the potential to be affected by the same deficient practice and what corrective action (s) will be taken
- Measures needed to address systemic changes the agency will implement to ensure sustainability of corrections
- How the corrective action(s) will be monitored
- Target date for the correction and title of person (s) responsible for the correction of each deficiency.

Reminder: Changes in Service(s) or Location

- Compliance with 10 NYCRR 765-2.2
- To add a service(s)- written request and DOH approval required
- To discontinue a service- DOH notification at least **30 days** prior to effecting change
- Change in address/office location – Requires notification to DOH at least 10 days prior to effectuating change

DOH Regional Offices

MARO- New York City	MARO- New Rochelle	MARO- Central Islip	Capital District	Central New York	Western	Western- Rochester
<p><i>New York City Office 90 Church Street - 14th Fl Between Barclay and Vesey Streets New York, NY 10007-2919 (212) 417-5550</i></p>	<p><i>New Rochelle Office 145 Huguenot Street, 6th floor New Rochelle, NY 10801-5291 (914) 654-7007</i></p>	<p><i>Central Islip Office Court House Corporate Center 320 Carlton Avenue Suite 500-5th Fl Central Islip, NY 11722 (631) 851-4300</i></p>	<p><i>Capital District Office 875 Central Ave Albany, NY 12206-1309 (518) 408-5287</i></p>	<p><i>Central New York Regional Office 217 South Salina Street Syracuse, NY 13202-1380 (315) 477-8472</i></p>	<p><i>Buffalo Office Ellicott Building 295 Main Street, Suite 300 Buffalo, NY 14203 (716) 847-4302</i></p>	<p><i>Rochester Office Eagle's Landing 1565 Jefferson Road, Suite 120 Rochester, NY 14623 (585) 423-8100</i></p>



Program Specific Email Contacts

Home Care: homecare@health.ny.gov

Home Care Licensure and
Certification: homecareliccert@health.ny.gov

Home Care Registry: hcreg@health.ny.gov

HHA Training Programs: hhatp@health.ny.gov

PCA Training Programs: pcatp@health.ny.gov

