

# Understanding the Home Health Survey Process

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# Survey Stress

We know the survey process can be stressful due to the unannounced nature of the survey, the increase in workload due to the process and the negative-based focus of the survey on areas of deficient practice not our good practices.

Understanding how the survey process works can be beneficial in decreasing the stress that we feel.

Preparing ahead of time for the survey process is the answer!!

Today we will walk through what the surveyors will do from the time of arrival to the exit conference, providing you with ideas of ways you can better prepare before the survey begins.....

# CMS Surveyor Off-site Pre-Survey Tasks

The offsite preparation task has been refocused to optimize surveyor time in planning for the HHA survey and to shift the focus of the offsite review to potentially avoidable events.

- Surveyors will review 3 agency specific reports from iQIES prior to survey:
- Risk Adjusted Potentially Avoidable Event Report (12 Months)
- Potentially Avoidable Event Report: Patient Listing (12 Months)
- Agency Patient-Related Characteristics Report

\*\*Agencies should be pulling these reports on a scheduled basis as part of the QI process. Utilize the Characteristics report to determine areas low when compared to the national average as potential projects and Patient Listing report to review for potential areas that could have been potentially avoided to determine if changes or improvements are needed before the survey occurs. This avoids a deficiency!!\*\*

# Risk Adjusted Potentially Avoidable Event Report:

Surveyors will utilize the Risk Adjusted Potentially Avoidable Event Report to:

- identify potential areas of concern for the survey
- identify all potentially avoidable events. All incidents contained within the report time period will be used as the universe.
- The closed record sample is selected during the pre-survey preparation.

# Potentially Avoidable Event- Patient Listing Report:

This report is a companion report and provides the names of the patients who experienced the events noted in that report.

- Patients listed under multiple areas in the above report will be selected by surveyors as a priority for discharged record review.
- If an insufficient number of patients are listed in the Potentially Avoidable Event Report to meet the number of closed records required for the survey sample, additional records may be added to the sample from the list of patients discharged from the agency for the 6 months prior to the survey.

# Agency Patient-Related Characteristics Report:

## Agency Patient-Related Characteristics Report:

Provides a high-level overview of the HHA patient demographics, home care diagnoses, and agency statistics. Surveyors will review to identify potential focus areas of concern where the agency's indicators exceed the national reference in the areas of:

- Acute Conditions
- Patient Diagnostic Information
- Home Care Diagnoses

Surveyors will select patients for review and home visits during the survey who be associated with these areas of concern, focusing on patients who are listed under multiple areas on this report.

# Types of Survey: Standard Survey

- Surveyors will begin to perform a “standard survey”.
- CMS directs a review of Level 1 standards
- Level 1 standards consist of:
  - 484.50 Patient Rights (G434, G476, G478, G480, G482, G484, G486 and G488)
  - 484.55 Comprehensive Assessment (G512, G514, G520, G522, G524, G536, G544, G548)
  - 484.60 Care planning, Coordination of Services and Quality of Care (G572, G574, G578, G580, G582)
  - 484.75 Skilled Professionals (G704, G706, G708, G710, G712, G714, G716, G718)
  - 484.80 Home Health Aide Services (G798, G808)
  - 484.105 Organization and Administration of Services (G944, G946, G948, G950, G984)
  - 484.110 Clinical Records (G1010, G1012, G1014, G1016)
- Surveyors will begin with clinical record reviews focusing on the above stated standard regulations. If an (one) deficiency is identified in one chart, the focus is expanded to Level 2 standards under the CoP where the deficiency was identified.

# Types of Survey: Partial Extended Survey

Surveyors will begin to perform a “partial extended survey”.

- Level 2 standards consist of:
- 484.50 Patient Rights (G438)
- 484.55 Comprehensive Assessment (G556, G550)
- 484.60 Care planning, Coordination of Services and Quality of Care (G586, G588, G590)
- 484.75 Skilled Professionals (G724, G726, G728, G730)
- 484.80 Home Health Aide Services (G768, G774, G800, G802, G814, G820)
- 484.100 Compliance with Federal, State and Local Laws and Regulation (G860)
- 484.105 Organization and Administration of Services (G954, G956, G958, G960, G962, G964, G966, G968)
- 484.110 Clinical Records (G1028)
- Surveyors will continue with clinical record reviews adding focus on the above stated standard regulations.
- Keep in mind, surveyors can look at any regulatory requirement if noted during review even if varies from suggested survey process.



# Types of Survey: Extended Survey

- An extended survey is initiated when determination is made that one or more CoPs may be out of compliance.
- A CoP may be considered out of compliance if, in a surveyor's judgement, the deficiency constitutes a significant or a serious finding that adversely affects or has the potential to adversely affect patient outcomes.
- Surveyor professional judgement and supervisory over-sight from the Program Coordinator may result in an extended survey.
- When an extended survey is initiated- multiple other standard regulations will be surveyed for compliance.

# Surveyor Computer Access

- This is a MUST!! The surveyors cannot complete chart audits without having access to EMR..... which leads to delay in survey work..... which leads to surveyors being in your agency longer than needed.....
- Work with your IT before the survey begins to ensure ease in this process.
- Know who to contact with knowledge and approval to set up
- have IDs preset for multiple surveyors to speed up the process.

# Information Gathering

- New process: Surveyors may now request all documentation required for the survey be provided electronically.
- Information is now being entered directly into iQIES: Upon entrance, the surveyor may request the Administrator's email address and send an email with attached documents. This email exchange will be used for the transferring of the items requested.
- Again, this is a new process so may differ from state to state and changes may occur in the future. At this time, SA in Iowa is no longer taking printed or copied patient care documents to support survey findings. The surveyors will provide a list of documents needed and the requested documents will need to be provided electronically. The Iowa's SA is not allowing documentation to be provided on a memory stick or on a CD, instead requesting item exchange via email.
- Predetermination of how your SA is accepting documents and how your agency will comply in secure manner will be important- surveyors may be able to scan a printed copy but this can delay the survey exit time; however, if this is the only way to ensure security, it should be done- seek legal advice prior to survey to know how you plan to make this happen if you do not currently use an encrypted or secure email system.

# Information Gathering

Many of the reports/documents can be ready and waiting for the survey entrance to help with the inevitable stress of the process. Items can be stored in a hard copy binder and scanned in when surveyors request, stored on a memory stick for ease or stored electronically in a file and attached when surveyor requests.

- This will help decrease the stress associated with survey and help move things along more quickly for the surveyors.
- Some items will be essential to have ready within 1 hour of initiation of the survey to avoid delays:

# Items Requested: Unduplicated Skilled Admission Report

This report drives the survey process so quick response is a must!

The surveyor will give you the dates to run the report during the entrance conference so you will not be able to run this report ahead of time.

This is not a skilled census request, so be sure to know how to run this report in your EMR system.

The report needs to identify each patient with at least one admission that falls on or between the dates provided by the surveyor. If the patient was admitted more than once during this time period, make sure they are only counted once in the number given to surveyors.

# Items Requested: Visit schedules:

- Will be needed for the first week of the survey for nurses (RN and LPN), therapies (including PT, PTA, OT, OTA, ST/SLP, MSW)- if surveyors are unable to schedule enough visits with nursing/therapies, they may request schedules for aides.
- These can be provided at this time in paper format as they are not routinely kept as part of the survey work file.
- The schedules can be updated to reflect the type of service provided by the clinician (initial assessment, DC, ROC, medication set up, IV therapy, supervisory, wound care, etc.) before providing to the surveyor or a knowledgeable staff member can sit down with the surveyor to verbally exchange this information.
- Hint: To speed up the process for HV selection, notify your clinicians as soon as the surveyors arrive and request an updated account of what is still left for visits on the day of arrival as the surveyors most likely will arrive part way through the morning.

# Items Requested: Current patients, including SOC date, Pay Source, Primary Diagnosis and Services

- Surveyors will use this list to choose open patient records for review with a variety of FS, diagnoses and services.
- Know how to pull this report in your EMR system prior to survey- Make sure you are updating the current census list in your EMR routinely to make sure you always have an accurate list of current patients.
- Further identify pediatric patients, personal care only patients, extended care (shift work) patients. You can provide these lists separately or on same census list with added categories.
- If agency operates branches, be sure to print a separate census list as described above for the parent office and each branch office.
- It is acceptable to provide this to the surveyors in multiple reports if your EMR does not have one report with all the requested information.
- When closer to the time for survey, routinely pull this report- ensure it is updated and print for binder, save to a memory stick or add to your electronic survey file.

# Items Requested: List of patients discharged in the past 6 months, including SOC date, DC date and reason for DC

- Know how to pull this report in your EMR system prior to survey- Make sure you are updating the discharged patients timely in your EMR routinely to make sure you always have an accurate list. If using numbered codes for reasons on your report, make sure to attach a ledger identifying what each code number is.
- Surveyors will use this list to supplement the off-site choices for closed records
- If agency operates branches, be sure to print a separate discharge list as described above for the parent office and each branch office.
- When closer to the time for survey, pull this report- ensure it is updated and print for binder, save to a memory stick or add to your electronic survey file.
- Hint: Information from this report will be helpful when completing Box 22 of the 1572 form- G40, G41, G42 and G43 (Hospital, NH, Goals Met and Death) but will need separated out. Make sure your EMR system has set reasons for all four to assist with identification of the number for each.



# Items Requested: List of patients with ROC or SCIC in past 6 months with dates

List of all patients (may currently be open or closed) resuming care following inpatient stay and/or having an identified significant change in condition in the past 6 months.

- Surveyors will use this list to choose a variety of patients as part of the survey process.

# Items Requested: List of agency staff, direct and contracted, including titles and DOH

- Identify staff by branch office if they work specifically for one
- Keep both staff lists up to date- and either print and keep in paper binder or add to memory stick or add to electronic survey file.

Surveyors use the staff lists for:

- Staff identification when performing chart review/interviews
- Staff identification when surveying for background check reviews, Vaccine Mandate and Emergency Preparedness interview/training tasks
- Contact telephone numbers will be helpful to the surveyors for interviews- this helps decrease the need for your staff to drive into the office for interview and keeps the survey moving.
- Be sure to notify your staff members that the survey is taking place, provide the names of the surveyors and let them know they may be contacted by surveyors for interview purposes- this alleviates any uncertainty about who/why they are being contacted.
- Surveyors often make telephone calls after leaving the office for the day as this does not interrupt patient care. If your agency policy requires or any of your staff would prefer contact during working hours only, be sure to let the surveyors know this.



# Items Requested: Organizational Chart

- Provide the chart that best describes how the home health department is organized if you are part of a larger organization
- Make sure it goes from Administration down to the patient level
- Print and include in paper binder or attach to memory stick or electronically to survey file.
- Keep updated if names of staff are included on chart as staff change does occur.

# Items Requested: Geographic Service Area Map

- If you have branch offices, identify the counties services by each by shading areas with different colored highlighters with a code added at the bottom of the page or identify in some other way with a code added.
- If you service only partial counties, you may attach a written word document identifying the approved townships in the partial counties.
- You may print the map and have it prepared and waiting prior to survey entrance to help decrease the number of tasks required on first day of survey.

# Items Requested: Agency Policies

1. Complaint/grievance policies
2. Alleged staff abuse policies
3. Comprehensive Assessment policies- including OASIS and Non-OASIS required- include SOC/ROC/FU/SCIC/TIF/DC policies
4. DRR policy
5. Protection/Retention Clinical Records- hard copy and electronic
6. Timeliness documentation
7. Plan of Care policies- anything related to completion/review/content/signatures
8. Home Health Aide supervision/care plans
9. Timeliness of Initiation of Therapy Services and ancillary services
10. Wound Assessment/Measurements
11. Infection Control- including handwashing, laptop/tablets, home health bag/reusable equipment

# Items Requested: Other Documents

- An admission packet used by clinicians for review
  - Evidence the governing body appointed the administrator
  - Evidence who acts in absence of the Administrator
  - Any investigations since the last survey re: alleged staff abuse
- 
- All policies and other requested items can be stored in the paper survey binder, stored on a memory stick or stored in an electronic survey file and provided by email if requested. This will help decrease stress of the first day of survey.

# Other Ways of Preparing for Survey

- We have already discussed having documents/reports/policies we know will be requested ready prior to the survey entrance.
- Recertification surveys for Home Health can occur between 1-3 years from a previous recertification survey. Complaint investigations can occur anytime a complaint is lodged with the SA.
- To ensure the best survey outcomes you need to make sure staff are following agency policies and regulatory requirements at times other than right before a survey.
- Ways to ensure staff understanding and compliance:
- Clinical record audits performed internally or externally by a home health consultant- remember surveyors can go back in the clinical record to the time of the previous survey.
- Co-visits with your staff- completed either by you or by a home health consultant.
- Mock surveys- mimicking the survey process either internally or by a home health consultant.
- Annual review and update of all patient care policies.

# Self- Identification of Deficient Practices

Any deficient practice identified during pre-survey preparation cannot be cited at the time of the survey if:

- An action plan (similar to Plan of Correction) is initiated by the agency.
- The action plan will identify:
  - deficient practice found
  - actions put into place to correct the practice
  - who will monitor to ensure it is corrected
  - date will be corrected by- make this date reasonable, considering the time to educate staff to the changes
- If the action plan corrects the deficient practice, the surveyors should not cite the deficiency. If the deficient practice continues, despite the changes made, then the surveyors may cite the deficiency.
- The key to the action plan is making sure you have time to correct prior to the survey- routine monitoring by the agency or a home health consultant will allow this to happen. Waiting until last minute will not work!
- Be upfront about any action plans for self-identified issues- provide the action plan and identify the date of compliance so the surveyors do not waste their time looking for compliance prior to the corrected date.



# Onsite Survey Tasks- Home Visit

- Surveyors will request to accompany staff on home visits- number based on unduplicated skilled patient admissions.
- Your staff will contact the patient or caregiver of those requested by surveyor to explain the process of survey home visits and obtain verbal consent to have the surveyor accompany your staff
- The surveyor will use the Federal Home Visit Consent Form to obtain written consent while in the home accompanying your staff.
- Make sure to give the surveyor good directions to patient's home if difficult to find/special parking instructions/etc.. if needed.
- Administrative staff are able to attend the visit in observation status only- be sure to let your staff know you cannot answer any questions for them or assist in any way.
- Surveyors will drive separately and will often stay after the staff exit to ask questions of the patient if needed

# Onsite Survey Tasks- Home Visit

- Make sure your staff are familiar with infections control policies before the survey begins
- Co-visits by agency administrative staff can help lessen the anxiety of the staff member being watched by another person and help determine the staff member's infection control competency or incompetency
- Medications will always be reviewed by the surveyor every visit- make sure to clinicians are familiar with DRR policies and get used to assessing for new medications each visit as the surveyor will be observant of such in the environment and by interview of the patient/caregiver.
- Ensure the clinician always has a POC to refer to during the home visit to address each intervention as ordered by the physician.



# Onsite Survey Tasks- Clinical Record Review

- Surveyors will review a variety of randomly selected open and closed records to accompany any records chosen from pre-survey prep.
- Recertification survey sample size will be based on the unduplicated skilled admissions number.
- Records will be reviewed electronically- surveyors should be given read-only access to all patients.
- If you continue to store documentation on paper, provide the surveyor the paper chart to start review.
- Give the surveyors a quick tutorial to your EMR and answer questions they may have throughout review.
- If surveyors are ready to begin chart review and computer access has not yet been successful, they may ask records to be printed for review. This defeats the electronic storage benefits, takes up staff's valuable time printing and wastes paper so attempt to avoid this.
- Surveyor's "clumsiness" with the EMR is not a reason for request to print charts for review. The surveyor should make reasonable efforts to avoid, where possible, the printing of entire records.

# Onsite Survey Tasks- Clinical Record Review

- Surveyors will:
- Evaluate the current status of the patient as reflected in the comprehensive assessment, plan of care and visit notes
- Verify all drugs and treatments are provided according to a physician's order and that the HHA has reviewed all drugs for potential adverse effects and drug reactions
- Review the plan of care to identify whether the HHA used the comprehensive assessment to make sound care planning decisions appropriate to the patient's needs
- Review the timeliness of services provided to the patient
- Evaluating the HHA's ability to coordinate care and services
- Review the patient's progress toward the achievement of desired outcomes
- Verify that any changes in the patient's medical condition were reported to the physician and recorded, including documentation of verbal orders with written confirmation
- Evaluate the appropriateness of patient's continuation of services or discharge at the time of record review.

# Onsite Survey Tasks- Emergency Preparedness

- EP is reviewed for compliance at every recertification survey
- At this time, if you have a written binder containing paper documentation, the surveyor will review and request any documentation needed to support survey findings be provided by email.
- If your EP Plan/Policies are stored electronically, the surveyors can review electronically and request email of documents needed.
- EP is reviewed for compliance with Appendix Z regulations
- The surveyors will also need to review all exercises (full scale/tabletop/drills) for the past 3 years.
- The surveyors will choose a sample of staff to review for training provided as part of orientation and every two years thereafter and updated training with major changes to the EP Plan.
- Know how to quickly locate the exercises and staff training for surveyor review

# Survey Findings

- Surveyors gather information and present informal findings throughout the entire survey.
- A formal findings conference will occur with each surveyor once all clinical records have been reviewed. Patient specific information will be discussed during the conference.
- This is the time when the surveyors are letting your agency know of their inability to find documentation or that documentation reflects a deficient practice.
- This practice provides your agency with the opportunity to look at the areas discussed by the surveyors and present information you believe shows regulatory requirements were met.
- Keep in mind, you are much more familiar with where documentation is kept in the EMR than the surveyor is.
- This is also the time to ask questions. If you don't understand something, ask for clarification. Ask the surveyors to show the regulatory requirement in the SOM or in the Guidance to Surveyors.
- If you need further explanation, you can present your question to the Program Coordinator. Once the survey exit has occurred- the Program Coordinator will not be able to answer survey specific questions.

# Survey Findings

- Home Health does not allow for appeals of deficiencies that are written at a standard level during standard and partial extended surveys.
- Appeals can only be done when a CoP is taken out of compliance.
- If you believe that you are meeting the regulatory requirement speak up.
- Do so in a non-confrontational way and be upfront with the surveyors on-site of your request to seek additional information from the Program Coordinator.
- Each agency can choose who attends the findings conference. It can be hard to gather all clinicians for the findings as it is often scheduled last minute.

# Survey Exit

- Survey exit will be scheduled by the surveyor and potentially audio taped. The agency will have access to the recording following the exit.
- Each agency may choose who will attend exit. The exit conference is a good time to include the clinicians who are available to attend as they can seek clarification if needed and hear the issues straight from the surveyor.
- No patient specific information is discussed at the exit conference.
- The exit conference is not a time to argue points or share new information. This should have been done following findings.
- The exit conference is a courtesy to give a heads up to what will be preliminarily cited on the 2567.



# Plan of Correction

- CMS has 10 business days to provide your agency with the 2567 Survey Report.
- You only have 10 calendar days to send back your Plan of Correction for acceptance. This is not a long time so utilize the information from the survey findings and exit conference to begin your Plan prior to receiving the 2567.
- Take credit for anything done to correct the deficient practice, including things done during the survey and while waiting for delivery of the report.
- The Plan of Correction should identify for each deficiency written:
  - How your agency plans to correct the deficient practice? You are not expected to go back and correct specific things identified with each patient but to look at this as a systemic correction.
  - How will your agency keep the deficient practice from reoccurring?
  - Who, by title, will be responsible to ensure the deficient practice will get corrected and stay corrected?
  - When will your agency have the deficient practice corrected by?

# Surveying Branch Offices:

- The surveyor will:
- Select records and/or if possible, schedule home visits to patients who are served by each branch office.
- May conduct a standard survey of the HHA at a branch office instead of the parent location.
- The surveyor may request that all necessary documentation for review, such as a sample of clinical records from the parent and any other branches, governing body minutes, personnel records, etc., be transported to the branch.
- Most of the time, the survey is conducted from the parent office with an on-site visit made to each branch office as part of the recertification survey.

When reviewing branches during the survey process, the operations of an approved branch must demonstrate that:

# Surveying Branch Offices:

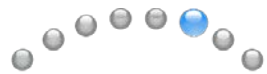
When reviewing branches during the survey process, the operations of an approved branch must demonstrate that:

- A copy of the HHA's policies and procedures is maintained in each branch. Branch office personnel should be knowledgeable of the policies and consistently apply them
- Methods of communication between HHA parent and branch assure that all patients receive the necessary care and services identified through the comprehensive assessment and plan of care
- The branch retains the active clinical records for its patients. Duplicate clinical records need not be maintained at the HHA parent, but must be available to the surveyor upon request
- Patients are receiving appropriate care and services at the branch
- The HHA is in compliance with OASIS submission requirements.

*Questions?*



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# Contact Us

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