

# SURVEY PREPARATION GUIDE

Provided By: Provider Insights, Inc.

**As the survey time approaches, please print these first 5 items and keep them on file. They must be presented within 1 hour of the start of the survey.**

**1)** Visit schedules for the first week of the survey for each nurse, therapist and SW (for each branch, if applicable). Identify patients with high tech services, wound care, pediatric patients and comprehensive assessment visits.

**2)** The number of unduplicated skilled admissions in the last 12 months. (This is an admission number, NOT a census number. Count each patient only once, regardless of how many admissions an individual patient might have during that period.)

**3)** A list of all current patients, (exclude homemaker only cases) including start of care, pay source, primary diagnosis and services provided. Identify patients under the age of 18 and if agency has branch offices, identify which office the patient receives services from.

**4)** A list of patients discharged in the last 6 months, including start of care, discharge date and reason for discharge.

**5)** A list of all patients with a resumption of care and/or significant change in condition in last 6 months.

(Computer charting or paper charts? If computer charting, computers must be provided to the surveyors within 2 hours.)



**AFTER the above items,  
please provide the following information:**

- 1) The current census \_\_\_\_\_ .
- 2) A list of current staff with title and date of hire (identify clinical supervisors, department managers, home health aide coordinators, etc. and, if agency has branch offices, which office the person works out of).
- 3) A list of all staff hired or contracted since the last survey that have left the agency.
- 4) List of all current contracted staff, including title and date the staff person started providing services to agency patients.
- 5) The current number of patients receiving home health aide services with every 14 day supervision \_\_\_\_\_ and with 60 day supervision \_\_\_\_\_ .
- 6) Number of patients receiving wound care \_\_\_\_\_ .
- 7) The Agency Complaint/Grievance log for the last year and any related policies.
- 8) An organizational chart.
- 9) Fiscal intermediary? \_\_\_\_\_ . Fiscal Year Ending? \_\_\_\_\_ .
- 10) Are you accredited or deemed? And if so, with which accrediting organization?  
\_\_\_\_\_ .
- 11) The day the work week begins for the Plan of Care? \_\_\_\_\_ .
- 12) What is done if visit frequency differs from the Plan of Care?  
\_\_\_\_\_ .
- 13) Number of staff: HHA \_\_\_\_\_ LPN \_\_\_\_\_ .
- 14) Agency Hours: \_\_\_\_\_ . Fax number: \_\_\_\_\_ .
- 15) Any branches? \_\_\_\_\_ . Location of each:
  
- 16) Provide a map of the agency's approved geographic service area, and a written list of the same; showing entire counties if all of the county is served; and showing townships if only part of a county is served. The surveyor will provide a township map if needed.



## Additional Items Needed:

### Policies:

- All comprehensive assessment policies (for OASIS and OASIS exempt patients)
- Drug Regimen Review policy
- Protection of Clinical Records policy
- Plan of Care policies
- Emergency Preparedness policies
- Home Health Aide Supervision policy
- Home Health Aide Assignment / Care Plan policy
- Wound Assessment / Measurement policy
- Handwashing / Home Health Aide Bag policy
- Timeliness Clinical Record Documentation policy
- Timeliness of Initiation of Therapy Services policy
- Abuse policies

### Other:

- An admission packet
- Evidence the governing body appointed the Administrator
- Any abuse investigations since the last survey and any related policies