

**SAMPLE NEW YORK STATE DEPARTMENT OF HEALTH
LICENSED HOME CARE SERVICES AGENCY (LHCSA)
Survey Documents/Information Required**

Agency Name _____ **Survey Date(s)** _____

Please provide the following information in specified time frame: _____

Information/Documents	Time Frame	Received
1. Current Patient Census & Active Patient Roster including SOC date, primary diagnosis, services provided, payer source		
2. Patient visit schedule for survey dates-include date, service/discipline		
3. Personnel Roster-including employee name, title, date of hire		
4. List of discharged patients within the past 3 months with SOC date, discharge date, primary diagnosis		
5. Provide area/space for surveyors to work		
6. Name of Owner/Operator		
7. Name of agency responsible RN		
8. Organizational Chart		
9. Admission Packet including Bill of Rights		
10. 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		
11. Complaint/Grievance Log		
12. Emergency Preparedness Plan		
13. QI Committee Meeting minutes past 12 months		
14. Governing Authority Meeting Minutes past 12 months		
15. List of Contracts/Agreements related to patient care delivery		
16. Copy of DOH approved Management Agreement if applicable		
17. Orientation to clinical record & access to clinical records and the equipment necessary to read any clinical records maintained electronically. The agency must also produce a paper copy of the record, if requested by the surveyor.		
Other Focus Items		
HCS Policy		
Staff Call Down List		
Community Partner EDP List		
TB Risk Assessment		

Facility:
OpCert:
CCN:
EventId:
Exit Date: 2021

Policy for Daily Screening of Staff

Y/N

1. Does the policy include daily contacting of staff before their scheduled shift? _____
2. Does the policy include confirming that the staff are monitoring their temperature twice a day? _____
3. Does the policy include screening for respiratory symptoms? _____
4. Does the policy include educating staff of the need to contact the agency if they develop symptoms during the workday? _____
5. Does the policy include referring staff to seek medical attention if they become symptomatic during the workday? _____

Policy for maintaining clean equipment and medical and PPE Supplies

6. Does the policy include using accepted manufacturer's protocols? _____

Policy/Protocol for the transport of reusable patient care items

7. Does the policy/protocol include describing how items are transported? (Agency issued bags?) _____

Policy/Protocol defining how staff obtain needed supplies

8. Does the policy/protocol include a mechanism to ensure staff are not congregating and maintaining social distancing? _____
9. Does the policy/protocol include oversight of the supplies while staff are obtaining? _____

Policy/Protocol for staff returning to work following COVID-19 exposure or infection

10. Does the policy/protocol adhere to the March 31, 2020 DOH Health Advisory: Updated Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection _____

Policy/Protocol for screening patients for COVID-19 symptoms prior to accepting new admissions and referrals

11. Does the policy/protocol include screening the prospective patient for signs or symptoms of a respiratory infection such as fever, cough, shortness of breath or sore throat? _____
12. Does the policy/protocol include screening to determine if the prospective patient had contact with, in the last fourteen days, someone with a confirmed diagnosis of COVID-19, someone under investigation for COVID-19, or someone who is ill with respiratory symptoms? _____

Policy/Protocol for the reuse of PPE and extended use of PPE, including any crisis strategies employed and how these strategies are tracked. Please include your process for ordering PPE supplies and education provided to staff regarding the reuse and extended use of PPE.

13. Is the policy/protocol adhering to the guidelines established in the April 2, 202 DOH Advisory: Options when Personal Protective Equipment (PPE) is in Short Supply or Not Availab _____

14. Does the policy/protocol include those situations where there are multiple COVID-19 patients in close proximity and staff are using the same PPE? _____

(It does not have to include all components of the Advisory but the policy/protocol should not include practices that deviate from the Advisory)

Policy/Protocol describing scheduling strategies for COVID-19 Exposed/Positive patients

15. Are suspect or COVID-19 patients scheduled as the last visit in the aides workday?*

16. Is there documentation the agency is attempting to provide continuity in which aides are assigned to the patient?*

*This is not an issue that would be cited on but may provide a good opportunity for education

SAMPLE EPOC PLAN OF CORRECTION POLICY

SUBJECT: ELECTRONIC PLAN OF CORRECTION

POLICY: All agency plans of correction will be submitted using the New York State Department of Health application called the Electronic Plan of Correction (ePOC). The application is accessible via the Health Commerce System (HCS).

PRACTICEPROCEDUREIMPLEMENTATION:

1. Once a NYSDOH survey, or response to a complaint, has been completed for the agency, an electronic Statement of Deficiencies (SODs) will be emailed to the agency via the HCS.
2. Agency access to the ePOC is governed by HCS roles.
3. Administrator- may read SODs/POCs, edit, save and submit POCs
4. POC Editor- may read SODs/POCs, edit and save POCs
5. Operator Role- may read SODs/POCs.
6. HCS Coordinator is required to keep information on the HCS current.
7. The only person who can sign the attestation and submit the ePOC is the Administrator. (Once the plan of correction is submitted the agency cannot make changes.)
8. A hard copy of the provider user manual will be kept in the Administrator's office.
9. Each tag number listed on the SODs must be responded to and submitted individually. A red flag on a deficiency indicates a substandard of care.
10. Deficiency free surveys will still require an acknowledgement. The Administrator is responsible for attestation for the acknowledgment and will receive confirmation. The status on the survey will then be "closed."
11. The Administrator is responsible for notifying any governing authority or operating organization immediately upon receiving email communication from the NYSDOH concerning a SOD.
12. The NYSDOH will communicate via email to the agency in the following situations:
 - When survey results have been posted;
 - When survey results have been changed;
 - When the provider has submitted an ePOC for a tag number;
 - When the provider has NOT responded to a SOD;
 - When the NYSDOH has approved an ePOC tag number;
 - When an ePOC tag number has been rejected;
 - When a deficiency free survey has been acknowledged by the Administrator;
 - When all ePOC's for all tag numbers have been accepted.
13. Once the entire ePOC has been approved, the Administrator will print the 2567 form, file or post as required.
14. An ePOC with a watermark on it indicates the plan has not yet been accepted by the NYSDOH.
15. During the survey or complaint investigation process, the HCS will be checked twice a day for communication.