



Texas Association for  
Home Care & Hospice  
*Leading ★ Advancing ★ Advocating*

**52<sup>nd</sup> Annual Meeting**  
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## **3c. SURVEY READY? What is the Busy PAS Executive To Do?**

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QR Code: 63579



Event Sponsors:



# Survey Ready?

What is the busy PAS executive to do?

## Objectives

Upon completion of this experience, the participant will be able to:

1. Describe the purpose of survey readiness and “positive presumption”
2. List the items needed for survey and describe the survey process
3. List the requirements of QAPI and the evidence to be maintained
4. Describe key requirements of PAS personnel records
5. List requirements of the activation of the Emergency Preparedness Program in response to the Pandemic.

## WHY STAY READY

- Staying Ready is less work than getting ready
- Finding systems that promote readiness distributes work between several people reducing stress and workload on any one person
- Each department learns, practices and maintains compliant performance of its functions
- All team functions need a convener or coach to assure everyone stays on track to prevent disorganization or duplication.

## QAPI IS THE CENTER OF ORGANIZATION

- The required elements of QAPI mirror the items required for inspection under survey and provide organization
- Elements of QAPI
  - Examination of required Texas monitors – infections, incidents, complaints, and patient satisfaction
  - Examination of sample of records – both clinical and personnel
  - Review of policy changes in last six months – incorporated and communicated to staff
  - Annual Evaluation – Business profile, physical plant, etc.

## THE YEAR SURVEY IS EXPECTED

- Assign and rehearse roles
- Coach staff on scripts and dialogues
- Consider conducting mock survey to test readiness – either internally or externally
- Document findings in QAPI and show improvement project or action plan

## ITEMS NEEDED FOR SURVEY

- Access to clinical records both paper and electronic
- QAPI documents
- Emergency Preparedness Plan and COVID Binder if separate (EPP)
- Business Profile and Policy Manual
- Census and Discharge Census, Employee List
- Personnel files including health and background checks
- Current schedule

## RECORD REVIEW

- ISP – contains hours and schedule, client signature, agency signature, site of service, tasks to be preformed,
- Record of visits – f&d if EVV and MCO, tasks if private or other insurance
- Orientation to every new worker
- Supervision as scheduled

## PERSONNEL RECORDS

- Criminal History Checks PRIOR to contact
- NAR, EMR,
- Orientation and required inservices
- Supervision

## QAPI

- Written Plan
- Committee
- Biannual Meetings
- Minutes reflecting all required elements of QAPI considered
  - Logs of required monitors
  - Discussion of variances
  - Formulation of action plans if any

## PANDEMIC AND THE PAS SURVEY

- Reversal of previous survey practices regarding infections
  - Expectation for monitoring and recording patient infections
  - Expectation for monitoring and recording employee infections
  - Expectation for screening process for visitors to agency
- Increased emphasis on close inspection of EPP
- Changed conduct of Home visits

## EMERGENCY PREPAREDNESS PLAN

- Policies, Risk Assessment, Continuity of Operations Business Plan
- One drill or activation each year
- Evaluation of the drill or activation upon completion
- Annual review and revision as necessary of entire plan
- Staff education on emergency preparedness on hire and annually

## COVID ADDENDUM

- Policies and procedures
- What did you do and when did you do it
- What evidence can you show of visitor, staff, and client screening
- What training have staff received on self monitoring and PPE
- What have you had to stock that is new – PPE, sanitizer, etc.
- Incidents
- Infection log

## Survey Process

- By applying for, or holding a license, the agency consents to entry and survey by a HHSC representative to verify compliance with the statute or this chapter.
- If an agency does not cooperate with a survey, HHSC may take enforcement actions to deny, revoke, or suspend a license.
- For an initial survey, the administrator or alternate administrator must be present at the entrance and exit conferences. For other surveys, the administrator or alternate must be available by phone until the exit conference, then must be present.

13

## Survey Process, cont.

- If the surveyor arrives during regular business hours and the agency is closed, the administrator, alternate, or a designated representative must provide the surveyor entry within two hours of the **SURVEYOR'S** arrival. If the surveyor is unable to contact someone, the surveyor may recommend enforcement action against the agency.
- The agency must provide a reasonable, safe workspace free from hazards (§558.507).
- The agency must allow the HHSC representative to inspect books, records or files required to be maintained by or on behalf of the HCSSA agency.
- At the entrance conference, the surveyor will explain the purpose and survey process.
- At the exit conference, the surveyor will inform the agency of preliminary findings.

14



## Statement of Violations

- The written notification of survey findings will be sent to the agency within 10 working days.
- If the agency is a Medicare certified agency, there may be two statements of deficiencies. State standards are indicated by “Z tags” and Medicare Home Health is indicated by “G tags”. Medicare Hospice is indicated by “L” tags. Emergency Preparedness is indicated by “E tags”.
- An acceptable plan of correction must be submitted no later than 10 days after the receipt of the statement of deficiencies.
  - If the plan of correction is not accepted, HHSC gives the agency written notice and the agency has 15 days to submit a revised plan of correction.

15

## Plan of Correction Time Frames

- Administrative penalties, either severity levels A or B violations may be indicated on the statement of deficiencies for the state standards
- Severity levels A and B violations have specific timeframes for correction
- Severity level A violations must be corrected in 20 days from the date of the official notification
- Severity level B violations that result in serious harm to or death of a client must be corrected within two days
- Severity level B violations that substantially limit the agency’s capacity to provide care must be corrected within seven days
- Any other violation that is not designated as A or B must be corrected within 60 days after the violation is cited (the end of the survey)

16

## Administrative Penalties

- HHSC may assess an administrative penalty if the agency:
  1. violates the statute, Chapter 102 of the Occupations Code or a provision of the chapter;
  2. violates Health and Safety Code §166.004; or
  3. fails to correct a violation in accordance with an approved plan of correction.
- HHSC uses a schedule of appropriate and graduated penalties established in this chapter to determine which violations warrant an administrative penalty. An administrative penalty may not be less than \$100 or more than \$1,000 for each violation. (See §558.602 Administrative Penalties in Texas State Regulations)

17

## Informal Dispute Resolution (IDR)

- An informal, administrative process that is available for agencies.
- It is available for any deficiency cited during a survey.
- The agency has up to 10 calendar days from the receipt of the deficiencies to submit the IDR request form.
- The agency must then submit a rebuttal letter that includes supporting documentation for each deficiency in question.

18

## Informal Dispute Resolution (IDR), cont.

- The rebuttal letter and supporting documentation must be received in the HHSC office within seven days of submission of the IDR form. The same information must be sent to the designated survey office within the same time frames.
- The rebuttal letter must include the following:
  1. deficiencies disputed;
  2. reason the deficiency is disputed;
  3. desired outcomes for each disputed deficiency; and
  4. attachments that demonstrate that the deficiency should not have been cited.

19

## Informal Dispute Resolution (IDR), cont.

- The HHSC survey and certification enforcement unit will review the IDR and issue a decision no later than the 30th calendar day after the request was submitted. If there is a change in the statement of deficiencies, the HHSC regional office will make the necessary changes and send a new statement to the agency.

20

# Questions ?????

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