Division of Quality Assurance F-62653 (Rev. 04/09)

HOME HEALTH AGENCY LICENSURE SURVEY ENTRANCE CONFERENCE GUIDE (OPTIONAL)

Name – Agency		License Number
Name Agency		
	Name Curanian	
Name – Administrator	Name – Supervisor	
Name – Substitute Administrator	Name – Clinical Director	
Name – Surveyor(s)		Survey Start Date
		,

Reference the home health licensure survey guide and the informal dispute resolution procedure.

Standard Survey.

DHS 133.06(3)(a-b)	Orientation / Training / Evaluation
DHS 133.06(4)(a)(c-g)	Health / Personnel Files
DHS 133.06(5)	Infection Control
DHS 133.07(1-4)	Evaluation
DHS 133.08(1-3)	Patients' Rights / Complaints
DHS 133.09	Acceptance and Discharge of Patients (all areas including service agreements)
DHS 133.10	Services Provided
DHS 133.11	Referrals
DHS 133.12	Coordination with Other Providers
DHS 133.14	Skilled Nursing Services (all areas)
DHS 133.15	Therapy Services (if provided)
DHS 133.16	Medical Social Services (if provided)
DHS 133.17(1-3)	Home Health Aide Services
DHS 133.18(1-2)	Supervisory Visits
DHS 133.20(1-4)	Plan of Care
DHS 133.21(1)(5)(6)	Medical Records (content and form)

Partial Extended Survey. In addition to above, surveyor will be reviewing specific areas of concern, e.g., physical therapy.

Extended Survey. All DHS 133 Wisconsin Administrative Codes reviewed for compliance.

Current Weeks = Patient Census. Include all payor sources and PCWs. Exclude only homemakers and companions. Include patients who have home visits scheduled during the week of the survey.

Home Visit Sample. (less than 50 = 3) (51 - 99 = 4) (100 or more = 5 / An additional selection of records will be reviewed by the surveyor.)

Discharge Records. List of clients discharged (including disposition) during past 30-60 days.

Personnel. List all personnel involved in patient services. Include discipline and date of hire.

Forms / License.

- 1. Agency license to be observed by surveyor.
- 2. Written version of patients' rights, advance directives, and service agreement.
- 3. Copy of annual report and governing body minutes.

Provide surveyor with a copy of the current plan of care for each record reviewed. For each scheduled home visit, provide a current medication list, therapy care plan (initial evaluation if applicable), and home health aide instruction sheet, if applicable.

Home Visit	Patient / Diagnosis	RN	PT	OT	ST	AIDE	MSW	PCW
Date								
Time								
Date								
Time								
Date								
Time								
Date								
Time								
Date								
Time								