

STANDARD I
THE PROVIDER SHALL HAVE LEGAL AUTHORITY TO OPERATE AND SHALL MEET
COMMISSION ELIGIBILITY REQUIREMENTS.

Complete the following and attach documentation as appropriate:

Once CAHC receives the completed application with the original signed Business Agreements and accreditation fees, the CAHC staff conducts an initial review to verify the provider's eligibility for accreditation and completeness of the application. On average, it takes two (2) weeks to complete this process. The required **four (4) months of CAHC compliance**, known as **the period of accountability**, extends back from the date of the scheduled initial survey appointment. If this four (4) month period is not met at the date of initial survey, CAHC may require an additional resurvey in the period of no less than four (4) and no more than six (6) months.

- 1 A. Attach a copy of current and appropriate business Registration Certificate or license.
- 1 B. The signed and authorized original of the registration certificate or license is located onsite.
- 1 C. The name on the registration certificate or license includes the name used to advertise services to the public. The address on the registration certificate or license is current and accurate.
- 2 A. Attach a copy of current and appropriate business Registration Certificate or license with an effective date at least one year prior to the date that the application is submitted to CAHC, if applicable.
- 2 B. Do you have one (1) client, at minimum, for whom you have provided services during the four (4) month period of accountability? Please
- 2 C. At the time of submission of this application, how many months of compliance with CAHC Standards can be demonstrated by your agency? Choose an item.
- 3 A. Attach a copy of current agency general liability insurance.
- 3 B. Does your agency directly employ and pay the wages and mandated State and Federal employment taxes for all field staff?
- Yes No
If no, explain: _____
- 3 C. Is there a qualified Director of Nursing that provides clinical oversight for all Companion/Personal Care Services/Community Based Skilled Nursing?
- Yes No
If no, explain: _____
-

STANDARD I
THE PROVIDER SHALL HAVE LEGAL AUTHORITY TO OPERATE AND SHALL MEET
COMMISSION ELIGIBILITY REQUIREMENTS.

Attach a copy of the Director of Nursing's qualifications and current nursing license.

3 D. Do all Nurse/Nursing Supervisors, including the Director of Nursing, hold a current, valid license as a registered nurse (RN) or as a physician (MD and DO) issued by the State's appropriate licensing authority?

Yes No

If no, state why: _____

3 E. CPCS ONLY: Are all personnel providing personal care services certified?

Yes No

If no, state why: _____

Do all certified homemaker-home health aides hold a current, valid certificate issued by the State's appropriate authority?

Yes No

If no, state why: _____

3 F. CBSN ONLY: Do all field nurses providing skilled services hold a current, valid license as a registered nurse (RN) or licensed practical nurse (LPN) issued by the State's appropriate authority?

Yes No

If no, state why: _____

3 G. Please attach the CAHC Memorandum of Agreement and HIPAA Business Associate Agreement, which were signed and dated by the provider's authorized, designated representative.

3 H. Is there a Corporate Compliance policy in effect? Is the provider in compliance with all laws and regulations?

Yes No

If no, state why: _____

STANDARD II
**THE PROVIDER SHALL HAVE WRITTEN POLICIES AND JOB DESCRIPTIONS TO ENSURE A
CONSISTENT APPROACH TO AGENCY OPERATIONS.**

Complete the following and attach documentation as appropriate:

1 A. Does your agency have a policy manual that includes the following components?
(Check all that apply):

- Administrative Policies
- Personnel Policies
- Clinical Policies
- Job Descriptions

1 B. Does each policy contain the following components? (Check all that apply):

- The general policy statement of intent
- Documentation requirements
- The procedure to follow for implementation of the policy, such as
 - Who is responsible
 - What steps or actions are to be taken
 - Where the required action is to take place
 - Time frame for the required action.

1 C. Are the policies and job descriptions reviewed at least annually to ensure compliance with all federal, state and local laws; contractual requirements; and CAHC standards?

Yes No

If no, state why: _____

1 D. Are implementation dates and revision dates for each policy documented?

Yes No

If no, state why: _____

Attach the list of all CAHC-required policies and job descriptions. For each policy and job description, the list must contain:

- The implementation date (the date a new policy is put into effect)
- The revision date (the date a policy revision is put into effect)
- The annual review date

STANDARD II

**THE PROVIDER SHALL HAVE WRITTEN POLICIES AND JOB DESCRIPTIONS TO ENSURE A
CONSISTENT APPROACH TO AGENCY OPERATIONS.**

2 A. Attach a job description for each position on the organizational chart. Submit, at a minimum:

- Administrator
- Compliance Officer
- Director of Nursing
- Nurse Supervisor
- CPCS ONLY: Certified Homemaker-Home Health Aide
- CBSN ONLY: Field Nurse

2 B. Each job description must contain, at minimum:

- Qualifications, including:
 - Relevant education requirements
 - Required certification/license, if applicable
- Duties and responsibilities
- Reporting structure

STANDARD III

THE PROVIDER SHALL ENSURE THAT THERE IS RESPONSIBILITY AND ACCOUNTABILITY FOR AGENCY OPERATIONS AND A FORMAL PROCESS TO ENSURE SERVICE QUALITY.

Complete the following and attach documentation as appropriate:

- 1 A. Attach the written statement which clearly defines with whom the authority, ultimate responsibility and accountability of operations rest.

- 1 B. Attach an organizational chart of the site. The organizational chart shall include:
 - The person with ultimate responsibility for operations and the designee in that person's absence
 - The reporting lines at the site
 - The names and positions of key staff members
 - The number of full-time, part-time, and per diem positions
 - The number of persons in each position
 - The designee for clinical issues in the absence of the DON
 - The date

- 1 C. Attach an organizational chart of headquarters/branch office, if applicable. The organizational chart shall include:
 - Headquarters office reporting lines to the branch
 - The names and positions of key staff members

- 2 A. Attach the Corporate Compliance Policy. The components of the policy will include:
 - A code of conduct and ethics
 - A method for reporting complaints/violations
 - A procedure for responding to reports of alleged misconduct, violations of laws/regulations, and unethical practices
 - Confidentiality requirements
 - Protection for those reporting unethical, fraudulent, or illegal activity (“whistleblower” protection)
 - Documentation requirements

- 2 B. Who is the Corporate Compliance Officer? _____

- 2 C. Attach all corporate compliance orientation materials used with newly hired employees.

- 3 A. Attach your fact sheet or brochure

STANDARD III

THE PROVIDER SHALL ENSURE THAT THERE IS RESPONSIBILITY AND ACCOUNTABILITY FOR AGENCY OPERATIONS AND A FORMAL PROCESS TO ENSURE SERVICE QUALITY.

- 3 B. In addition to the fact sheet or brochure, how do you market your agency?
(Check all that apply):
- Website
 - Newspaper advertisement
 - Yellow Pages advertisement
 - Radio ads
 - TV ads
 - Other (specify): _____
- If any advertising/marketing materials state your agency is accredited, attach proof of accreditation.
- 3 C. Attach samples of all advertising materials used and written transcripts of radio or TV ads. If applicable, include a written transcript in English of any materials that are not in English.
- 3D. Attach samples of any advertising that utilizes the CAHC logo for marketing purposes.
- 4 A. Attach your On-Call Policy. The components of the policy will include:
- The process to handle all incoming calls during and after office hours
 - The agency name must be identified
 - The criteria and procedure for access to an RN during and after office hours
 - The safe and reasonable response time to the on-call request shall not exceed 30 minutes
- 4 B. Attach job description(s) that includes qualifications of the on-call nurse(s).
- 4 C. CPCS: Attach a copy of the on-call schedules for nursing consultation for the most recent and current quarters.
- 4 D. CBSN: Attach a copy of the on-call schedules for nursing consultation for the most recent and current quarters.
- 4 E. Attach a copy of the on-call schedules for the most recent and current quarters.
- 4 F. Attach any forms used to document calls received after office hours and follow-up actions. Be sure the forms are broken down by each calendar month and include the names and titles of all on-call personnel such as the coordinator, RN, etc.

STANDARD III

THE PROVIDER SHALL ENSURE THAT THERE IS RESPONSIBILITY AND ACCOUNTABILITY FOR AGENCY OPERATIONS AND A FORMAL PROCESS TO ENSURE SERVICE QUALITY.

- 4 G. Attach the after-hours documentation that includes any follow up actions taken for each call.
- 4 H. Provide information detailing which office staff members are present to handle calls during normal business hours as well as who will handle incoming calls in the event of an emergency.
- 5 A. Attach your Infection Control Policy.
- 5 B. Attach your Exposure Control Plan.
- 5 C. Does your agency provide the following Personal Protective Equipment (PPE), at no cost to the employee, to all field staff? Check all that apply:
 - Soap and/or antibacterial gel for handwashing
 - Disposable gloves
 - Disposable aprons and gowns
 - Disposable eye shields
 - Procedure masks
 - Specify any other PPE: _____
- 6 A. Attach your Performance Quality Improvement Policy. The PQI Policy should include:
 - The goals and objectives of the PQI Program
 - The components of the PQI Program
 - The person(s) responsible for implementation
 - The time frame for evaluation
- 6 B. The minimum components required in the PQI Program are:
 - Client Record reviews
 - Personnel Record reviews
 - Client Satisfaction surveys
 - Monitoring if CAHC contingencies, if applicable
 - Risk Management Reports
 - Two additional indicators to monitor quality and appropriateness of care
- 6 C. Implement a written plan of corrective actions for any identified problems.
- 6 D. At a minimum, the PQI Program should be completed quarterly based upon the PQI Policy time frame for specific components. Added together, each Quarterly Report will complete the Annual PQI Evaluation Report.

STANDARD III

THE PROVIDER SHALL ENSURE THAT THERE IS RESPONSIBILITY AND ACCOUNTABILITY FOR AGENCY OPERATIONS AND A FORMAL PROCESS TO ENSURE SERVICE QUALITY.

- 6 E. Provide documentation of PQI monitoring results that support the Annual PQI Evaluation Report.
- 6 F. If your agency provides both CPCS and CBSN services, you need to document a separate quarterly PQI monitoring process for each service.
- 7 A. Attach the Risk Management Policy.
- 7 B. How does your agency monitor and follow-up with complaints? Explain:

- 7 C. Attach a written plan of correction for any identified risks.
- 7 D. Attach a copy of the most recent Risk Management Report.
- 7 E. Describe how and where you keep the risk management documents confidential and separate from the clinical and personnel records.
- 7 F. Attach a copy of the Serious Adverse Events Policy.
- 8 A. Attach a copy of your Fiscal Management Policy.
- 8 B. Attach a copy of the long-range financial plan for the agency.
- 8 C. Attach a copy of your Business Continuity Plan.
- 8 D. Identify the Financial Manager or person responsible for fiscal management.

STANDARD IV

THE PROVIDER SHALL USE A FAIR AND CONSISTENT PROCESS TO SELECT AND REGULARLY MONITOR THE PERFORMANCE OF QUALIFIED PERSONNEL

Complete the following and attach documentation as appropriate:

- 1 A. Attach Personnel Records Policy.
- 1 B. Detail the secure location where the confidential Personnel Records are located.
- 1 C. Provide a description of where the confidential health information is kept and how it is kept securely locked and separate from their Personnel Record.
- 1 D. Designate a person approved to access the Personnel Records and confidential health information.
- 1 E. Attach a sample of the Personnel Record. It should contain, at a minimum:
 - Application for employment
 - Copy of face front photograph
 - Interview documentation
 - Verification of work history, if applicable
 - Copy of valid and current certificate/license, if applicable
 - Copy of annual on-line verification of license/certification status from the State, if applicable
 - Health Attestation Form
 - Orientation to Agency documentation
 - Field Staff competency documentation, if applicable
 - Performance evaluations
 - Clinical supervision documentation
 - CPCS: Companion/CHHA in-service attendance
 - Other agency requirements, such as malpractice insurance or CPR, if applicable
 - Date of first case (Field Staff); date of first day working (nurse supervisory personnel)
- 1 F. The Personnel Record should contain all dates of hire, rehire, and leaves of absence.

STANDARD IV

THE PROVIDER SHALL USE A FAIR AND CONSISTENT PROCESS TO SELECT AND REGULARLY MONITOR THE PERFORMANCE OF QUALIFIED PERSONNEL

- 1 G. Include in the Active Personnel Record:
 - Date of first case/first day working
 - Application for employment
 - Validated copy of certificate/license, if applicable
 - Verification of work history, if applicable
 - Health Attestation Form

Keep the following documents accessible for at least 12 months:

 - Interview
 - Orientation to the agency
 - Field Staff Competency
 - Performance Evaluations
 - Clinical Supervision
 - In-Service Education
 - Other agency requirements, as applicable
- 2 Attach your Employment Application Policy.
(See state requirements in the State Specific Glossary.)
- 3 A. Attach your Interview Policy.
- 3 B. Document on the in-person interview the date it was conducted and complete the interview prior to the applicant's date of their first case.
- 3 C. Attach an application form.
- 3 D. Attach a copy of your interview form. The form should include, at minimum:
 - Name of the applicant
 - Position being applied for
 - Specific information about the applicant's experience, skills, and clinical competencies
 - Interviewer's signature, title, and the date of the interview
- 4 Provide Work History verification following state guidelines.
(See state requirements in the State Specific Glossary.)
- 5 A. Attach a copy of the DON's license as issued by the appropriate licensing authority per the State Specific Glossary.

STANDARD IV

THE PROVIDER SHALL USE A FAIR AND CONSISTENT PROCESS TO SELECT AND REGULARLY MONITOR THE PERFORMANCE OF QUALIFIED PERSONNEL

- 5 B. Provide documentation that the DON meets any and all qualifications specified in the job description.
(See state requirements in the State Specific Glossary.)
- 6 A. Attach a copy of the Nurse Supervisor's current, valid license as issued by the state's appropriate licensing authority.
- 6 B. CPCS ONLY: Do any Nursing Supervisors have less than one (1) year of professional experience as an RN? Yes No
- If yes, provide a written agency protocol for home care orientation including a preceptorship and proof that the Nurse Supervisor has satisfactorily passed an initial written competency test.
(See Standard IV, Intent 7: CPCS: Nurse Preceptor.)
- 6 C. CBSN: Provide documentation that all Nurse Supervisors have at least one (1) year of professional experience and a Registered Nurse.
- 6 D. Provide documentation that all Nurse Supervisors meet any other qualifications specified in the job description.
- 7 A. Provide a Nurse Preceptor Policy outlining the components and documentation required when a hired nurse does not have the experience and/or necessary competency level to perform the job required.
- 7 B. The components of the Nurse Preceptor Program should include, at minimum:
- Assignment of an experienced Nurse Supervisor, preceptor, who will be responsible for the newly employed nurse, the preceptee
 - The preceptee shall satisfactorily pass an initial written competency test
The preceptee will accompany the preceptor on field visits to observe, learn, and gain knowledge in the areas they lack experience or knowledge
 - The preceptor will decide when the preceptee is ready and will assign field work. The preceptor will review and co-sign all documentation submitted by the preceptee
 - Once the preceptee completes the specified period of preceptorship, the preceptor will conduct a written evaluation. Based on the evaluation, will receive additional mentoring or will begin to work independently

STANDARD IV

THE PROVIDER SHALL USE A FAIR AND CONSISTENT PROCESS TO SELECT AND REGULARLY MONITOR THE PERFORMANCE OF QUALIFIED PERSONNEL

- 7 C. The Preceptor Performance Evaluation should include, at minimum:
 - Evaluation of the administrative components of the job description, including administrative supervision
 - Evaluation of the clinical components of the job description, including clinical supervision and clinical competency testing
 - Name and signature of the preceptor followed the title and the date
 - Name and signature of the preceptee followed by title and the date

- 8 A. For each aide, attach a copy of the current, valid certificate as a home health aide by the state's appropriate licensing authority.

- 8 B. Submit a copy of a current, valid license in good standing by the state's appropriate licensing authority for all RN and LPN field nurses.

- 8 C. Provide documentation that all Field Staff meet all qualifications specified in the job description.

- 9 A. Submit your Validation of Credentials Policy that defines the procedure for validating the current license/certificate for all personnel.

- 9 B. Validate the current certificate/license of all certified/licensed personnel with the state's appropriate licensing authority at the following times:
 - New Hire: Prior to the date of first day or first case
 - Annually
 - Rehire: Prior to first assignment after returning to work
 - When certificate/license is issued or renewed

- 9 C. Follow specific procedures and protocols when validating the certificates/licenses in individual states as per local regulations. (*See state requirements in the State Specific Glossary.*)

- 9 D. CPCS: Attach proof of certification for all aides who have completed the Certified Home Health Aide Training Course.

- 9 E. CPCS: A nursing student may work as a homemaker-home health aide with written State licensing authority waiver in place of a certificate.

- 9 F. Validate and submit copies of any additional credentials (National Board/Specialty, CPR, IV, etc.) that might be required in the employee's job description.

STANDARD IV

THE PROVIDER SHALL USE A FAIR AND CONSISTENT PROCESS TO SELECT AND REGULARLY MONITOR THE PERFORMANCE OF QUALIFIED PERSONNEL

- 10 A. Attach a copy of the Health Requirements Policy.
- 10 B. State the name and credentials of the person who has access to the employee health information:

- 10 C. Please describe the location where the health information for all Field Staff is kept securely locked and separate from their Personnel Records:

- 10 D. All Field Staff should have a Health Attestation Form maintained in their Personnel Record. This should summarize all health requirements and should include:
 - Date of the post-offer health examination
 - Dates of the periodic health examinations, if required by agency policy
 - Dates of initial TB screening
 - Dates of annual TB screening, if applicable
 - Date of Rubella/Rubeola screening
 - Dates of Hepatitis B Vaccination or declination
 - Signature of person attesting to the health information followed title and date
- 10 E. There are health requirements that must be completed prior to the date of the employee's first case. They are:
 - Post-offer health examination by an MD/DO or Advanced Practice Nurse (APN) completed within 12 months prior to the date of the first case
 - Initial TB screening which should be:
 - One (1) of the Interferon Gamma Release Assay (IGRA) blood tests with negative results
 - OR**
 - Two-Step Tuberculin Skin Test with negative results within the previous 12 months
 - OR**
 - Timely Annual PPD testing following the initial Two-Step
 - OR**
 - Timely Annual TB screening questionnaire following the initial Two-Step
 - OR**
 - An initial TB screening questionnaire is required if there is any documentation of a negative chest X-ray following a positive

STANDARD IV

THE PROVIDER SHALL USE A FAIR AND CONSISTENT PROCESS TO SELECT AND REGULARLY MONITOR THE PERFORMANCE OF QUALIFIED PERSONNEL

Tuberculin skin test. The questionnaire shall be reviewed by a Registered Nurse to ensure there are no signs or symptoms of TB

- Rubella Screening: unless the employee can document seropositivity from a previous Rubella screening test or documented inoculation with Rubella vaccine or when medically contraindicated
- Rubeola screening for all employees born in 1957 or later unless they can provide documentation of a live measles vaccine on or before their first birthday, physician diagnosed measles, or serologic evidence of immunity
- Please state the follow-up procedure for seronegative screening results. At a minimum, you need to inform the employee of their results and maintain a list of which employees are seronegative and unvaccinated
- Date that the employee received or declined the Hepatitis B Vaccine
- 10 F. The following health requirements must be maintained:
 - Annual TB Screening Questionnaire
 - Annual TB Screening every 12 months (due the last day of the annual calendar month) if determined by the DON:
 - One (1) of the Interferon Gamma Release Assay (IGRA) blood tests
 - OR**
 - Tuberculin skin testing
 - Additional TB screening/Health Care Provider referral per the payer source requirement or if the DON determines necessity per CDC recommendations (one (1) or more risk factors on the TB Questionnaire)
 - Periodic health examinations by a Health Care Provider, if required by the agency policy
- 11 A. Attach the Agency Orientation Policy.
- 11 B. The Agency Orientation is to be completed before the date of the first case for Field Staff and must be completed on, or prior to, the first day of work for supervisory personnel.

STANDARD IV

THE PROVIDER SHALL USE A FAIR AND CONSISTENT PROCESS TO SELECT AND REGULARLY MONITOR THE PERFORMANCE OF QUALIFIED PERSONNEL

- 11 C. The Agency Orientation should include at a minimum:
 - All employees: overview of agency organization and administrative policies, including corporate compliance
 - All employees: overview of relevant personnel and clinical policies
 - CPCS: All information that a Companion/CHHA is to report immediately to a nurse
 - CPCS: A Nurse Supervisor with less than one (1) year of professional experience as an RN will complete the written agency protocol for home care orientation and a preceptorship
 - CBSN: Detail a process for communicating client information between all of the field nurses who provide care for the client

CPCS & CBSN: All Field Staff will initially receive instruction in the following in-service topics, at a minimum:

- Corporate Compliance, Administrative and Clinical Policies and Procedures
- Blood Borne Pathogens
- Infection Control
- Standard Precautions
- Child Abuse
- Elder Abuse
- Domestic Violence
- Pain Management
- Alzheimer's Disease
- Workforce Protection
- Employee Safety
- Back Safety
- Needle Stick Safety
- Fraud and Abuse Prevention
- Human Trafficking

The in-service topics will be available as in office or online instructions. The number of hours awarded will be determined and follow the provider's Agency Orientation Policy.

- 11 D. The documentation of the agency orientation will include, at minimum:
 - Outline of topics covered
 - Length of time for each mandatory in-service topic
 - Signature of the instructor, title, and date
 - Signature of the employee, title, and date

STANDARD IV

THE PROVIDER SHALL USE A FAIR AND CONSISTENT PROCESS TO SELECT AND REGULARLY MONITOR THE PERFORMANCE OF QUALIFIED PERSONNEL

- 12 A. Attach your Field Staff Competency Policy.

- 12 B. A Registered Nurse will review the competency of all Field Staff prior to placement with a client. The competency reviews of Field Staff will be completed, at minimum:
 - Prior to, or on, the first date of service
 - Any time a new procedure is assigned
 - Annually

- 12 C. CBSN: The provider will provide documentation of clinical competency of the Nurse Supervisor who evaluates the clinical competency of the Field Nurses. At a minimum, the documentation will be based on the Nurse Supervisor's resume and work history.

- 12 D. CBSN: Initial Competency testing shall include the following steps at a minimum:
 - Prior to the first case, the following must be completed:
 - A self-assessment checklist of skills by the field nurse
 - Written tests to verify competency in the applicable skilled areas
 - Interview by a Registered Nurse to verify the field nurse's competency based on resume, work history, and a skills checklist

 - The agency will provide additional training and/or a structured preceptorship program followed by re-evaluation, if needed

- 12 E. CPCS: Initial competency testing will include all tasks delegated by the Nurse Supervisor and will include:
 - Direct observation of the Companion/CHHA's performance of the following skills (a mannequin may be used for the initial competency):
 - Temperature, pulse, respiration, and positioning for circulatory/respiratory comfort
 - One type of bath – bed, sponge, tub, or shower
 - Shampoo – sink, tub, or bed
 - Nail and skin care
 - Oral hygiene
 - Personal hygiene related to toileting and elimination
 - Safe transfer techniques, ambulation, and assistive devices
 - Normal range of motion and positioning, exercise, and activities
 - Hand washing

STANDARD IV

THE PROVIDER SHALL USE A FAIR AND CONSISTENT PROCESS TO SELECT AND REGULARLY MONITOR THE PERFORMANCE OF QUALIFIED PERSONNEL

- Written testing, oral testing, or direct observation of the Companion/CHHA's knowledge of:
 - Communication skills
 - Observation of reporting/documentation of client status and care/service provided
 - Basic infection control procedures
 - Basic elements of body functions and changes that must be reported to the Nurse Supervisor
 - Maintenance of a clean, safe, and healthy environment
 - Recognizing emergencies and knowledge of emergency procedures
 - Physical, emotional, and developmental needs of and proper care for the populations served by the agency including respect for the client, the client's privacy, and the client's property
 - Adequate nutrition and fluid intake
 - Any other task within the job description of the agency

- 12 F. After initial competency testing, annual competency testing will be completed. This will include direct observation of the Field Staff Member's assigned/delegated client related tasks.

- 12 G. The competency documentation will include, at a minimum:
 - Name of the Field Staff Member and title
 - Location of evaluation
 - Skills/Tasks evaluated
 - Evaluation of the staff competency
 - Signature of the Nurse Supervisor performing competency followed by a title and the date of the evaluation

- 12 H. The DON will decide whether outside documentation of an initial competency testing completed at an outside training course will be accepted. If determined acceptable, it will only be accepted up to 60 days after completion of the course.

- 12 I. Submit a defined procedure to be used if a Field Staff member does not demonstrate competency.

- 13 A. Submit your Performance Evaluation Policy.

- 13 B. All agency personnel will receive a post-orientation evaluation within the agency's Performance Evaluation Policy. The time frame for the evaluation will not exceed six (6) months.

STANDARD IV

THE PROVIDER SHALL USE A FAIR AND CONSISTENT PROCESS TO SELECT AND REGULARLY MONITOR THE PERFORMANCE OF QUALIFIED PERSONNEL

- 13 C. All agency personnel will receive annual evaluations. There will be no more than 12 months between evaluations.
- 13 D. A Nurse Supervisor will always evaluate and sign the clinical component of the performance evaluation. Please define who will evaluate the performance of all agency personnel:

- 13 E. The evaluation documents will include, at a minimum:
 - Evaluation of the administrative components including supervision
 - Evaluation of the clinical components including supervision and competency testing, if applicable
 - Signatures of all evaluators followed by title and date
 - Signature of the employee followed by title and date
- 14 A. Submit your Companion/CHHA In-Service Policy.
- 14 B. Companions/CHHA's will receive a minimum of 12 hours of in-service education each calendar year that must be documented in the Personnel Record.
- 14 C. Companions/CHHA's will receive applicable updates in the following mandatory in-service topics annually:
 - Infection Control and Prevention
 - Blood Borne Pathogens
 - Infection Control
 - Standard Precautions
 - Needle Stick Safety
 - Employee Safety and Work Etiquette
 - Workforce Protection
 - Corporate Compliance
 - Fraud and Abuse Prevention
 - Employee Safety
 - Back Safety
 - Home Safety and Abuse Awareness
 - Child Abuse
 - Elder Abuse
 - Domestic Violence
 - Human Trafficking Awareness
 - Alzheimer's and Dementia Awareness

STANDARD IV

THE PROVIDER SHALL USE A FAIR AND CONSISTENT PROCESS TO SELECT AND REGULARLY MONITOR THE PERFORMANCE OF QUALIFIED PERSONNEL

At the discretion of the DON, the agency may choose to satisfy the 12-hour requirement and provide in-service hours to enhance the skill levels of their employees and provide better care for their clients. ***SOME SAMPLES ARE:***

Disease Recognition and Awareness

- HIV/AIDS in the New Millennium
- Opioid Epidemic: Safety Tips for Seniors and Caregivers
- Autism Spectrum Disorders
- Obesity in the United States
- The Client with Meniere's Disease
- Celiac Disease Demands a Gluten-Free Diet
- Irritable Bowel Syndrome
- Fibromyalgia: Looking Good and Feeling Awful

Environmental, Public Health, and Occupational Topics

- Weapons of Mass destruction and Emergency Preparedness
- Radiation Incidents and Emergency Preparedness
- The Inside Story on Mold
- Surviving and Thriving with Conflict on the Job
- Sexual Harassment and Retaliation
- A Complementary and Integrative Practices
- Non-Pharmacologic Pain Management

End of Life Care

- Hospice and Palliative Care Overview
- Spirituality and the Seriously Ill Client and Family
- Grief Support for the Holidays
- Caring for Bedbound Clients
- Clostridium Difficile
- Pressure Ulcers and Skin Tears
- Sepsis
- Caring for Clients and Advanced Dementia
- Aspiration

- 14 D. All In-Service Programs will be administered per the Provider's Companion/CHHA In-Service Policy. Some methods to administer programs may include, but are not limited to, in-person teacher instruction, self-study materials, take-home education materials, videos. Online learning programs, and procedures taught by the Nurse Supervisor in a client's home (up to ½ hour per procedure). If self-study, take-home, video, or online learning materials are used, there must be an RN available to answer any questions.

STANDARD IV

THE PROVIDER SHALL USE A FAIR AND CONSISTENT PROCESS TO SELECT AND REGULARLY MONITOR THE PERFORMANCE OF QUALIFIED PERSONNEL

- 14 E. The above mentioned mandatory in-service topics may be counted to satisfy the Orientation to the Agency Program required yearly total of in-service hours for a newly hired Companion/CHHA. Two hours of the administrative components may also be counted towards the total for the same new hire.

- 14 F. The annual written schedule of in-service classes will include, at a minimum:
 - Program topics
 - Dates and times offered
 - Length of time for each topic
 - Instructor name, if known

- 14 G. Each In-Service Program taught in person by an instructor will be required by the provider to have an attendance sheet. The attendance sheet will include, at a minimum:
 - Location
 - Instructor's name
 - Program topic
 - Date and time
 - Length of time
 - Companion/CHHA signature followed by title and date

- 14 H. Maintain a list of in-service topics that are offered via self-study, take-home materials, video, or through online programs. Include on the list the hours per topic and how the completion of the in-service will be evaluated.

- 14 I. At a minimum, the documentation requirements for in-service topics presented though self-study, take-home materials, video or online programs will include:
 - Mode of delivery (self-study, video, etc.)
 - Topic
 - In-Service hours awarded for each topic
 - Date of completion of the activity
 - CHHA's signature followed by title and date
 - Signature of agency staff person who has confirmed the in-service hours followed by title and date

STANDARD IV

THE PROVIDER SHALL USE A FAIR AND CONSISTENT PROCESS TO SELECT AND REGULARLY MONITOR THE PERFORMANCE OF QUALIFIED PERSONNEL

- 14 J. Another source, such as another home health care agency or nursing facility, may provide in-service hours. The agency will have documentation of the CHHA's attendance, including, at a minimum:
- CHAA's name
 - Instructor's name
 - Program topic
 - Mode of delivery
 - Date and time
 - Length of time
 - Signature of the instructor or other appropriate personnel verifying the in-service followed by title and date
 - Name and location of where the program was held
- 15 A. Attach your Rehire Policy.
- 15 B. The following criteria should be clearly defined in the Rehire Policy:
- The length of time the employee may be inactive or time since they resigned and then were rehired. This time may not exceed one (1) year.
 - The length of time an employee may remain inactive or time since they resigned and then returned as a new hire.
- 15 C. The rehire documentation will include at a minimum:
- Date last worked and date of rehire
 - The required components of the rehire process including updated health information, competency testing, and other requirements per agency policy
 - Visual review and validation of the original certificate/license. The provider shall also obtain a fax or on-line verification of the certificate/license from the state's appropriate licensing authority.
- 15 D. If an employee is rehired after the rehire time limit has expired, they will need to complete the process as a new hire.
- 16 A. Attach your Staffing Cases Policy.
- 16 B. All Field Staff will be appropriately qualified to meet the needs of their assigned client.
- 16 C. CPCS: The provider will define those cases that require nursing oversight.

STANDARD IV

THE PROVIDER SHALL USE A FAIR AND CONSISTENT PROCESS TO SELECT AND REGULARLY MONITOR THE PERFORMANCE OF QUALIFIED PERSONNEL

- 16 D. CBSN: The provider will define what additional training/certification is needed by the Field Staff for complex skilled nursing cases.
- 16 E. You need to provide a plan of coverage for those times when staff members are absent.
- 17 A. You need to submit your Clinical Supervision Policy.
- 17 B. The Nurse Supervisor will observe the clinical skills of the Field Staff during a client visit at the following times:
 - For newly hired Companion/CHHA/field nurses – no later than the second (2) day of service
 - CPCS - at least once (1) a year
 - CBSN
 - RN – at least once (1) a year
 - LPN – at least once (1) every six (6) months
- 17 C. The Nurse Supervisor will observe the Companion/CHHA/field nurse to ensure the Plan of Care/Nursing Plan of Care is followed and carried out safely and competently.
- 17 D. The supervision documentation in the Personnel Record will include, at a minimum:
 - Name of the Companion/CHHA/field nurse
 - Indication that the Plan of Care was reviewed with the Field Staff
 - Skill(s) observed in carrying out the care plan
 - Indication whether the Field Staff is competent to carry out the Plan of Care/Nursing Plan of Care
 - Instructions provided by the Nurse Supervisor, if applicable
 - Signature of the Nurse Supervisor followed by title and date
 - Signature of the Companion/CHHA/field nurse followed by title and date
 - The supervision documentation in the personnel record will not contain protected information about the client such as name or vital signs

STANDARD IV

THE PROVIDER SHALL USE A FAIR AND CONSISTENT PROCESS TO SELECT AND REGULARLY MONITOR THE PERFORMANCE OF QUALIFIED PERSONNEL

- 17 E. The supervision documentation in the Client Record will include:
- Name of the client
 - Name of the CHHA/field nurse who was supervised during the visit
 - Indication that the Plan of Care was reviewed with the CHHA/field nurse
 - Skills observed in carrying out the Plan of Care
 - Signature of the Nurse Supervisor followed by title and date
 - Signature of CHHA/field nurse followed by title and date
 - The supervision documentation in the Client record will not contain details on Field Staff performance

STANDARD V

A REGISTERED NURSE SHALL PROVIDE CLINICAL OVERSIGHT FOR ALL CLIENT CARE SERVICES

Complete the following and attach documentation as appropriate:

- 1 A. Attach your Clinical Records Policy.
- 1 B. Keep the Client Records confidential and securely locked.
- 1 C. CBSN: Submit a policy that defines the components, requirements, and time frame for maintenance of a service location record. This service location record will include, at a minimum:
 - Initial assessment, reassessments
 - Health Care Provider's orders
 - Advance Directives
 - Nursing Plan of Care
 - Nursing Progress Notes
 - Medication Profile
 - Medication Administrative Records
- 1 D. Designate a person(s) permitted to have access to the Client Records.
- 1 E. The Client Record will contain, at a minimum:
 - Initial Intake
 - Job Order
 - CBSN: Health Care Provider's Orders
 - Certification of Need for Services, if applicable
 - Date Service initiated
 - Advance Directives
 - Service Agreement
 - Client's Bill of Rights
 - Initial Assessment
 - CBSN: Medication Profile
 - CBSN: Medication Administration Record
 - Plan of Care/Nursing Plan of Care
 - Discharge Planning
 - Orientation to the case for each aide/field nurse
 - Clinical supervision of the Field Staff
 - Case Monitoring Notes
 - CPCS: Weekly Activity Sheets
 - CBSN: Nursing Progress Notes
 - Reassessments
 - Discharge Summary

STANDARD V

A REGISTERED NURSE SHALL PROVIDE CLINICAL OVERSIGHT FOR ALL CLIENT CARE SERVICES

- 1 F. The Client Record will clearly detail all start and end dates of service such as hospitalization, vacation, readmission, discharge, etc.

- 1 G. The following will always remain documented in the Client Record:
 - Date service initiated
 - Intake and Job Order
 - Initial Assessment
 - Discharge Planning
 - Service Agreement
 - Advance Directive
 - Client's Bill of Rights

The following documentation will be accessible to the surveyor for the most recent 12 months at minimum:

- CBSN: Health Care Provider's Orders
 - Certification of Need for Services, if applicable
 - Plans of Care/Nursing Plans of Care
 - CBSN: Medication Profile
 - CBSN: Medication Administration Record, if applicable
 - Orientation to the Case
 - Aide Activity Sheets/Nursing Progress Notes
 - Case Monitoring
 - Clinical Supervision (if required by payer source)
 - Reassessments, if applicable
 - Discharge summary, if applicable
-
- 2 A. Attach your Admission Policy.

 - 2 B. Attach your Interruption of Service Policy.

 - 2 C. Attach your Client Discharge Policy.

 - 3 A. Attach your Intake Policy.

 - 3 B. Designate a person(s) responsible for obtaining the intake information.

 - 3 C. The intake information will be completed prior to, or on, the first date of service.

STANDARD V

A REGISTERED NURSE SHALL PROVIDE CLINICAL OVERSIGHT FOR ALL CLIENT CARE SERVICES

- 3 D. Attach your Intake Form.
- 3 E. Attach your Job Order Form.
- 4 A. CPCS Only: Attach your Certification of Need Policy.
- 4 B. Designate a person(s) responsible for obtaining Certification of Need for services.
- 4 C. The Certification of Need for Services will be obtained prior to, or on the first date of service and as required by payer source. If a verbal Health Care Provider's order is obtained, it will be documented in the Client Record with the signature of the nurse who took the order followed by title and date. The written/electronic order will be obtained in compliance with the agency policy and state requirements.
(See state requirements in the State Specific Glossary.)
- 4 D. The documentation will include, at a minimum:
 - Name of the client
 - Certification of the Need for Services
 - Signature of the Health Care Provider followed by title and date
- 4 E. An authorized electronic signature is acceptable for the Certification of Need.
- 4 F. If approved by the payer source, a Nurse Practitioner may sign the Certification of Need.
- 4 G. Please refer to the State Specific Glossary for accepted forms of Certification of Need for Medicaid sponsored programs.
- 5 A. CBSN ONLY: Attach your Health Care Provider's Orders Policy.
- 5 B. CBSN ONLY: The provider will obtain a fax or electronic verification of the Health Care Provider's license from the licensing board in the appropriate state prior to, or on the, start of care. It will be updated annually. The verification will be kept separate from the Client Record.
- 5 C. CBSN ONLY: The DON or RN designee will take the Health Care Provider's telephone orders.
- 5 D. CBSN ONLY: The Health Care Provider's Orders will be obtained prior to, or on, the date service is initialed. At a minimum, they will be renewed every 90

STANDARD V

A REGISTERED NURSE SHALL PROVIDE CLINICAL OVERSIGHT FOR ALL CLIENT CARE SERVICES

days and when there is an interruption of service. The Health Care Provider's orders will be updated when there is a change in the client's condition.

- 5 E. CBSN ONLY: If received verbally, the provider will obtain the Health Care Provider's order with a counter signature followed by title and date in compliance with the agency policy and state requirements.
- 5 F. CBSN ONLY: All conversations with a Health Care Provider regarding verbal orders must be documented and must include, at a minimum:
 - Signature of the nurse taking the orders followed by title and date
 - Name of the Health Care Provider
 - Details of the conversation and instruction received
- 5 G. CBSN ONLY: The written/electronic order with counter signature will be obtained in compliance with the agency policy and state regulations and will contain, at a minimum:
 - Name of the client
 - Specific details regarding medications, treatments, procedures, and other skilled nursing care required
 - Signature of the Health Care Provider followed by title and date
- 6 A. Attach your Advance Directive Policy.
- 6 B. Provide written Advance Directive materials to the Client/Authorized Representative for all clients 18 years of age and older.
- 6 C. The Advance Directive materials will be provided prior to, or on, the date service is initiated. The Advance Directive materials will clearly state that Advance Directives may be changed at any time and that Advance Directives are not a condition for the provision of care.
- 6 D. Attach your Advance Directives Attestation Form.
- 6 E. CBSN: The POLST/MOLST Form is a Health Care Provider's/Medical Order for Life Sustaining Treatment. It is a direct order related to end-of-life wishes of a client and is to be signed by the client's Health Care Provider. The Nurse Supervisor documents if the client has a completed POLST/MOLST Form.
- 7 A. Attach your Service Agreement Policy.

STANDARD V

A REGISTERED NURSE SHALL PROVIDE CLINICAL OVERSIGHT FOR ALL CLIENT CARE SERVICES

- 7 B. A signed Service Agreement from the Client/Authorized Representative will be obtained prior to, or on the date service is initiated.
- 7 C. Attach your Service Agreement Form.
- 8 A. Attach your Client's Bill of Rights Policy.
- 8 B. The written Client's Bill of Rights will be provided to the Client/Authorized Representative prior to, or on, the first date of service.
- 8 C. The Client's Bill of Rights materials should include, at a minimum:
 - Clear statements of the Provider's responsibilities to the client
 - Clear statements about the responsibilities of the Client/Authorized Representative
 - Information about the grievance procedure including contact information listed in the State Specific Glossary
 - Signed and dated Client's Bill of Rights
 - Refer to the State Specific Glossary for other information required to be provided to clients prior to, or on the start of care
- 8 D. Please attach a copy of your Grievance Policy.
- 8 E. Attach a copy of the written grievance procedure that is given to the client/significant other.
- 9 A. Attach your Initial Assessment Policy.
- 9 B. The Nurse Supervisor will perform an initial nursing assessment at the location of service prior to or on the start of service. The Nursing Supervisor will perform an initial nursing assessment within 48 hours of discharge in the case of a newly discharged client from a healthcare facility.
- 9 C. The initial assessment documentation shall include, at a minimum:
 - Name of the client
 - Past medical history
 - Date of birth
 - Gender
 - Nursing and medical diagnosis or problem(s)
 - Vital signs, including temperature, pulse, respiration, blood pressure, pain assessment

STANDARD V

A REGISTERED NURSE SHALL PROVIDE CLINICAL OVERSIGHT FOR ALL CLIENT CARE SERVICES

- Fall Risk assessment and home safety review
 - Functional status
 - A systems review (respiratory, GI, cardiac, etc.)
 - Psychosocial review relevant to the Plan of Care
 - Nutritional status, including diet
 - List of medications
 - An emergency priority code (see 9D)
 - Authorized Representative information, including name, phone number, and relationship to the client, if applicable
 - Services in place, additional services needed and collateral contacts, if applicable
 - Certification of Need, if applicable
 - CBSN ONLY: Educational needs concerning the client's care, treatment or medications, if applicable
 - COMPANION SERVICES ONLY: A Nurse Supervisor's determination as to whether the client's needs are consistent with the definition of Companion Services.
 - Signature of the Nurse Supervisor followed by title and date
- 9 D. Attach your Emergency Preparedness Policy.
- 10 A. CBSN ONLY: Attach your Medications Policy.
- 10 B. CBSN ONLY: The Medication Profile and Medication Administration Record will follow the current Health Care Provider's orders. All medications, prescription and non-prescription, administered by the field nurse or Client/Authorized Representative, will be included.
- 10 C. CBSN ONLY: The Nurse Supervisor will complete the Medication Profile at the time of the initial assessment for by the second day of service, and the Nurse Supervisor will update the Medication Profile every time the Health Care Provider's orders indicate a medication change.
- 10 D. CBSN ONLY: The Medication Administration Record will be maintained at the location of service.
- 10 E. CBSN ONLY: At a minimum, the Medication Profile and the Medication Administration Record will be reviewed during every case monitoring or reassessment visit.

STANDARD V

A REGISTERED NURSE SHALL PROVIDE CLINICAL OVERSIGHT FOR ALL CLIENT CARE SERVICES

- 10 F. CBSN ONLY: The Medication Profile documentation should include, at a minimum:
 - Client name, gender, age, weight, and any known allergies
 - Medication name, dosage, frequency, method of administration, indication, and common side effect(s)
 - Signature of the Nurse Supervisor followed by title and date

- 10 G. CBSN ONLY: Whenever there is a medication change, the documentation will include, at a minimum:
 - Date and time of change taking effect
 - Who initiated the change, if applicable
 - Date the Health care Provider ordered/acknowledged the change
 - New/Discontinued medication information including name, dosage, frequency, method of administration, and common side effect(s)
 - Signature of the Nurse Supervisor followed by title and date

- 10 H. CBSN ONLY: The documentation of the Medication Profile will include, at a minimum, the signature of the Nurse Supervisor conducting the review followed by title and date.

- 10 I. CBSN ONLY: Attach your Medication Administration Record Form.

- 10 J. CBSN ONLY: The documentation of the Medication Administration Record will include, at a minimum, the signature of the Nurse Supervisor conducting the review followed by title and date.

- 11 A. CPCS ONLY: Attach your Plan of Care Policy.

- 11 B. CPCS ONLY: The Nurse Supervisor will develop a Plan of Care based on the nursing assessment prior to, or on the start of, service or up to 48 hours after discharge from a facility.

- 11 C. CPCS ONLY: The Client/Authorized Representative will participate in developing the Plan of Care.

- 11 D. CPCS ONLY: The Plan of Care should include goals as part of the discharge planning process.

- 11 E. CPCS ONLY: Any aide assigned to a client will be oriented to the client's Plan of Care.

STANDARD V

A REGISTERED NURSE SHALL PROVIDE CLINICAL OVERSIGHT FOR ALL CLIENT CARE SERVICES

- 11 F. CPCS ONLY: Attach your Plan of Care Form. It should include, at a minimum:
- Name of the client
 - Emergency Contact, if available
 - Days and hours of service
 - Tasks the Companion/CHHA is to perform, including the frequency of the tasks
 - Short-term and long-term goals for client care and discharge
 - Medical or Nursing diagnosis or problem(s) **only** on the Client Record copy
 - Changes in client status that need to be reported to the Nurse Supervisor
 - Signature of the Nurse Supervisor followed by title and the date
 - Signature of the Client/Authorized Representative followed by the date
 - Signature of the Companion/CHHA followed by title and the date
- 11 G. CPCS ONLY: The RN, Client/Authorized Representative and Companion/CHHA shall sign and date the Plan of Care at the start of service, whenever the Plan of Care is updated to reflect a change in the client's status, and whenever the Plan of Care is updated to reflect a change in tasks.
- 11 H. CPCS ONLY: A copy of the Plan of Care should be maintained at the location of service and in the Client Record.
- 11 I. CPCS ONLY: Please refer to the State Specific Glossary for additional requirements on care plan monitoring frequency.
- 12 A. CBSN ONLY: Attach your Nursing Plan of Care Policy.
- 12 B. CBSN ONLY: The Nurse Supervisor will develop a Nursing Plan of Care, based on a nursing assessment and the physician's orders, prior to, or on the first date of service, or within 48 hours of discharge from a healthcare facility.
- 12 C. CBSN ONLY: The Nursing Plan of Care should include goals as part of the discharge planning process.
- 12 D. CBSN ONLY: Each field nurse assigned to a client shall be oriented to the Nursing Plan of Care by an RN.
(See Standard V, Intent 13 - Orientation to the Case.)

STANDARD V

A REGISTERED NURSE SHALL PROVIDE CLINICAL OVERSIGHT FOR ALL CLIENT CARE SERVICES

- 12 E. CBSN ONLY: The Nursing Plan of Care documentation shall include, at a minimum:
- Name of the client
 - Emergency Contact, if available
 - Days and hours of service
 - Diagnoses and medical conditions identified in the physician's orders related to the provision of care
 - Care, treatment and procedures identified in the physician's orders
 - Nursing diagnoses and nursing interventions
 - Frequency of the care, treatment and procedures
 - Short-term and long-term goals for client care and discharge
 - Change in client status to be reported to the Nurse Supervisor
 - Signature of the Nurse Supervisor followed by title and date
 - Signature of each field nurse followed by title and date
- 12 F. CBSN ONLY: The Nurse Supervisor, and field nurses shall sign and date the Nursing Care Plan Attestation Form at the start of service, whenever the Nursing Plan of Care is updated to reflect a change in the client's status, and whenever the Nursing Plan of Care is updated to reflect a change in tasks.
- 12 G. A copy of the Nursing Plan of Care shall be maintained at the location of services and in the Client Record.
- 12 H. Please refer to the State Specific Glossary for additional requirements on care plan monitoring frequency.
- 13 A. Attach your Orientation to the Case Policy.
- 13 B. The Orientation to the Case Policy should include a description of the tasks to be performed and a review of the care plan, at a minimum.
- 13 C. The Nurse Supervisor will determine a safe and appropriate location to complete the orientation.

STANDARD V

A REGISTERED NURSE SHALL PROVIDE CLINICAL OVERSIGHT FOR ALL CLIENT CARE SERVICES

- 13 D. New field employees will complete an orientation to the case on an already existing case. The orientation will:
 - The orientation will be completed prior to, or on the start of service
 - It may be performed in person or on the telephone
 - The Nurse Supervisor will conduct an in-home supervisor visit no later than the second day of service

- 13 E. Existing field employees who are assigned to a case that is existing in the agency but new to the employee must be oriented to the case:
 - The orientation shall be performed prior to, or on the start of service
 - It may be conducted in person or on the telephone

- 13 F. Field employees assigned to a case that is new to the agency shall always take place in person, regardless of the employee's experience level.
 - The orientation shall be performed prior to, or on the start of service
 - If not completed at the orientation, the Nurse Supervisor shall conduct an in-home supervision on or before the second day of service

- 13 G. At a minimum, the Orientation to the Case should include:
 - Where/how the orientation was performed (home, office, by phone)
 - Name of the field employee who was oriented
 - Review of the Plan of Care
 - Instructions given to the field employee
 - Signature of the Nurse Supervisor, followed by title and date

- 14 A. CPCS ONLY: Attach your Weekly Activity Record Policy.

- 14 B. CPCS ONLY: If you use an Electronic Visit Verification (EVV) system instead of Weekly Activity Sheets, be sure to include the following components in the policy, at a minimum:
 - Description of the system used
 - Staff orientation and education
 - Monitoring of compliance and incorporation into the PQI Program
 - Security and back up

- 14 C. CPCS ONLY: Companions/CHHA's should complete a Weekly Activity Record for each client.

STANDARD V

A REGISTERED NURSE SHALL PROVIDE CLINICAL OVERSIGHT FOR ALL CLIENT CARE SERVICES

- 14 D. CPCS ONLY: Weekly Activity Records shall be submitted to the provider office within two (2) weeks of the latest service date. For paperless systems, the activity record must be readily available.
- 14 E. CPCS ONLY: The weekly activity documentation should include:
 - Date and time of each client assignment
 - Documentation of the activities performed
 - Any change in the client's condition that was reported to the Nurse Supervisor and documented by the aide and a nurse supervisor
 - Signature of the Companion/CHHA followed by title and date.
 - Signature of the Client/Authorized Representative followed by the relationship to the client and a date
- 14 F. CPCS ONLY: If a client/responsible party signature is not available on a weekly basis, a waiver must be obtained at the time of the Service Agreement stating the record might not/will not be verified.
- 15 A. CBSN ONLY: Attach Nursing Progress Notes Policy.
- 15 B. CBSN ONLY: Field nurses will complete Nursing Progress Notes for each visit or shift.
- 15 C. CBSN ONLY: The Nurse Supervisor will review the Nursing Progress Notes with the field nurse during each case monitoring or reassessment visit. *(See Standard V, Intents 16 & 18.)*
- 15 D. CBSN ONLY: Nursing Progress Notes shall include, at a minimum:
 - Name of the client
 - Date and time of each visit or shift
 - Documentation of the care given in accordance with the Nursing Plan of Care
 - Response to care given
 - Signature of the field nurse followed by title and date
- 15 E. CBSN ONLY: The review of the Nursing Progress Notes documentation should include, at a minimum, the date of the review and signature of the Nursing Supervisor conducting the review followed by title and date.
- 16 A. Attach your Case Monitoring Policy.

STANDARD V

A REGISTERED NURSE SHALL PROVIDE CLINICAL OVERSIGHT FOR ALL CLIENT CARE SERVICES

- 16 B. The Nurse Supervisor will conduct case monitoring evaluations at the location of service per state requirements and more often, if the client's condition warrants it. The Nurse Supervisor will re-evaluate the status of the client and the Plan of Care. Case monitoring evaluations may be conducted more often as per payer source such as Medicaid or private insurance.
- 16 C. The case monitoring evaluation will be conducted when Field Staff is providing services.
- 16 D. CBSN: The Nurse Supervisor will ensure the care provided is consistent with the physician's orders and the Nursing Plan of Care by reviewing the record at the location and reviewing the Client's Record.
- 16 E. The case monitoring review will include, at a minimum:
 - Name of the client
 - Vital signs, including a pain assessment
 - Change in condition and/or functional status of the client
 - Psych/Social review relevant to Plan of Care
 - Nutrition and diet
 - Fall risk and home safety review
 - The emergency plan review
 - Indication that the Plan of Care/Nursing Plan of Care continues or does not continue to meet client care needs
 - CPCS: Review of the Plan of Care with the Companion/CHHA and client
 - CBSN: Review of the physician's orders, Nursing Plan of Care, Nursing Progress Notes, Medication Profile and Medication Administration Records with the field nurse
 - Support services already in place and referrals made, if applicable
 - Name of the Field Staff supervised, if applicable
 - Signature of Nurse Supervisor followed by title and date
- 17 A. Attach your Companion Service Policy.
- 17 B. The Nurse Supervisor will perform an Initial Assessment on the client, prior to, or on the start of service or up to 48 hours after discharge from a facility. The Nurse Supervisor will develop a Plan of Care and determine whether the assigned activities are appropriate for Companion Services.
- 17 C. If a nursing assessment uncovers needs not met that go beyond the scope of Companion Services, those needs must be addressed before Companion activities can be assigned.

STANDARD V

A REGISTERED NURSE SHALL PROVIDE CLINICAL OVERSIGHT FOR ALL CLIENT CARE SERVICES

- 17 D. No Companion will ever provide services that are outside the definition of Companion Services unless they have met all Standards of that enhanced level of care.
- 17 E. The Nurse Supervisor will complete a case monitoring evaluation at the location of services to re-evaluate the status of the client and the appropriateness of the companion level of services as per State requirements, or more frequently if the client's condition warrants it.
- 17 F. Please refer to the State Specific Glossary for all Plan of Care time line requirements.
- 17 G. The Nurse Supervisor will perform a reassessment on the client as necessary or will document why it was not completed after any interruption of service, hospitalization, and as required by the State or payor source.
- 18 A. Attach your Reassessment Policy.
- 18 B. The Nurse Supervisor will complete a nursing reassessment at the service location when Field Staff is present. The clinical supervision of Field Staff may also be completed, if applicable.
- 18 C. The reassessment visit shall be conducted:
 - No more than 48 hours after a hospitalization or stay in a medical facility, if deemed necessary by the Nurse Supervisor
 - No later than the second day of service after service is interrupted, according to the Interruption of Service Policy as deemed necessary by the Nurse Supervisor
 - More frequently, based on the judgment of the Nurse Supervisor or the client's request, including when a client's residence changes
- 18 D. The Plan of Care/Nursing Plan of Care will be updated, signed, and dated by the Nurse Supervisor. It shall also be co-signed by the Client/Authorized Representative, Field Staff, and Health Care Provider, when appropriate.

STANDARD V

A REGISTERED NURSE SHALL PROVIDE CLINICAL OVERSIGHT FOR ALL CLIENT CARE SERVICES

- 18 E. The reassessment documentation shall include, at a minimum:
- Name of the client
 - Vital signs, including pain assessment
 - Change in the condition and/or functional status of the client
 - A systems review (respiratory, GI, cardiac, etc.)
 - Psychosocial review relevant to the Plan of Care
 - Nutritional status, including diet
 - Fall Risk and home safety review
 - An emergency plan review
 - Services in place, additional services needed and collateral contacts, if applicable
 - Name of the Field Staff who was present, if applicable
 - Indication that the Field Staff was supervised, and the skill(s) observed, if applicable
 - CPCS: Review of the care plan with the Companion/CHHA and client
 - CBSN: Review of the physician's orders, Nursing Plan of Care, Nursing Progress Notes, Medication Profile and Medication Administration Records with the field nurse
 - CBSN: Education needs concerning the client's care, treatment or medications, if applicable
 - COMPANION SERVICES ONLY: A Nurse Supervisor's determination as to whether the assigned activities are consistent with the definition of Companion Services.
 - Pediatric assessments shall include age-appropriate documentation, such as immunizations and developmental milestones
 - Signature of Nurse Supervisor followed by title and date
- 18 F. A reassessment post hospitalization or post discharge from a medical facility must include:
- The dates of the hospital admission, discharge, and return to service should be clearly documented in the Client Record
 - A reassessment visit to evaluate a change in status is required unless the Nursing Supervisor determines it is unnecessary. The Nursing Supervisor will document why that decision was made.

STANDARD V

A REGISTERED NURSE SHALL PROVIDE CLINICAL OVERSIGHT FOR ALL CLIENT CARE SERVICES

- 18 G. A reassessment after interruption of service must include:
 - The last day of service and the return to service dates shall be clearly documented in the Client Record
 - A reassessment visit to evaluate a change in status is required, unless it is not deemed necessary by the Nurse Supervisor. The Nurse Supervisor shall document who was contacted and what was said in order to support the nursing judgment that a reassessment visit was not needed after an interruption of service

- 19 A. Attach your Client Discharge Policy.

- 19 B. A discharge summary is to be completed by the Nurse Supervisor within 30 days of the discharge date.

- 19 C. The discharge procedure should follow the Client Discharge Policy.
(See Standard V, Intent 2 – Availability of Service.)

- 19 D. The discharger planning documentation should include, at the least, a statement of goals on the Plan of Care.

- 19 E. The discharge documentation should include, at a minimum:
 - Client name and address
 - Dates of service
 - Summary of services provided
 - Functional status of the client at discharge
 - Reason for discharge/transfer
 - Community referrals, if applicable
 - Follow-up instructions, if applicable
 - Signature of Nurse Supervisor followed by title and date
 - Date discharge summary completed