



ACCREDITATION ANNUAL COMPLIANCE CHECKLIST



Use this checklist to audit your home care agency and operations for compliance with annual requirements. Information collected can help you determine if your agency is compliant with ACHC Standards and applicable local, state, and federal laws and regulations.

This checklist is not intended to replace your own comprehensive review of ACHC Accreditation Standards and does not guarantee a successful accreditation decision. For any areas found to be out of compliance, it is recommended that an internal Plan of Correction be implemented and results monitored for compliance.

Section 1: Organization and Administration

ACHC Standard	Expectation	Comments
HC1-1A	All applicable licenses and permits are current and posted.	
HC1-2A	Governing body meeting minutes are properly documented.	
HC1-2D	New governing body members have been oriented.	
HC1-3A	Any conflict of interest has been properly disclosed.	
HC1-4B	Annual evaluation of the Administrator has been completed.	
HC1-5A	Organizational chart is up to date.	
HC1-7A	Fair Labor Standards Act poster is posted in a prominent location.	
HC1-8A	Negative outcomes effecting accreditation, regulatory compliance, or licensure are documented and reported to ACHC and the governing body/owner.	
HC1-10A	All contracts for direct care have been reviewed per the terms of the contract and all new contracts implemented contain the required content. The agency maintains copies of professional liability insurance certificates for all contract personnel.	
HC1-10D	Any care/service provided in the past year by contract staff has been monitored to ensure the quality of care/service provided to clients/patients.	
HC1-11A	Verification that all referring physicians' licenses are current.	

Section 2: Program/Service Operations

ACHC Standard	Expectation	Comments
HC2-1A	Marketing materials are current and accurately reflect care/service provided.	
HC2-2A	Client/Patient Rights and Responsibilities document is current.	
HC2-3A	All alleged violations by anyone furnishing care/services on behalf of the agency have been properly investigated and appropriate corrective action has been taken.	



Section 2: Program/Service Operations		
ACHC Standard	Expectation	Comments
HC2-4A	All grievances and complaints have been documented, investigated, resolved, and reported quarterly to the governing body.	
HC2-4B	Information provided to clients/patients on how to report grievances/complaints is current.	
HC2-5A	All personnel, contracted individuals, and governing body members have a signed confidentiality statement.	
HC2-5C	Business Associate Agreements exist for noncovered entities.	
HC2-6A	Advance Directive information provided to clients/patients is current.	
HC2-6B	All personnel who perform CPR have evidence of current CPR certification.	
HC2-7A	A summary of any ethical issues has been submitted to the governing body.	
HC2-8A	Language resource information is current and available to personnel to assist clients/patients with limited English proficiency or disabilities.	
HC2-9A	Evidence that any compliance issues have been reported and documented and that corrective action has been taken, as appropriate.	
HC2-10A/ HC2-11A/ HC2-12A	Evidence of on-call scheduling, as appropriate.	

Section 3: Fiscal Management		
ACHC Standard	Expectation	Comments
HC3-1A	The budget has been reviewed and updated by the governing body and/or leadership staff of the organization.	
HC3-2A	Sound financial and accounting practices are implemented to ensure accurate accounting and billing.	
HC3-6A	Information provided to clients/patients regarding charges for care/services is current.	

Section 4: Human Resource Management		
ACHC Standard	Expectation	Comments
Each Year		
<ul style="list-style-type: none"> ■ Ensure personnel files have been audited and contain all required elements. Use the ACHC Personnel File Audit tool to assist with this process. ■ Confirm that internal plans of correction have been developed and implemented based on audit findings. 		
HC4-2B	All credentialing activities are up to date.	
HC4-2C	TB annual risk assessments have been completed to determine the type and frequency of screening/testing for direct care personnel.	

Section 4: Human Resource Management		
ACHC Standard	Expectation	Comments
HC4-2E	All job descriptions are up to date and any revisions or new job descriptions have been signed.	
HC4-2F	Motor Vehicle Records have been checked for any personnel who drive clients/patients in the course of their duties.	
HC4-2J	All personnel evaluations have been completed, reviewed, and signed by personnel.	
HC4-5A	Orientation materials cover the required topics.	
HC4-6A/ HC4-6B	Competency assessments have been completed on all direct care personnel.	
HC4-7A/ HC4-7B	All direct care personnel have received 12 hours of in-service education and non-direct personnel have received 8 hours. The following required topics have been addressed: <ul style="list-style-type: none"> ■ Emergency/disaster training. ■ How to handle grievances/complaints. ■ Infection control training. ■ Communication barriers. ■ Ethics training. ■ Workplace (OSHA), client/patient safety, and components of HC7-2A. ■ Client/Patient Rights and Responsibilities. ■ Compliance Program. 	
HC4-7D	Annual onsite evaluation visits have been completed on direct care personnel.	

Section 5: Provision of Care and Record Management		
ACHC Standard	Expectation	Comments
Each Year <ul style="list-style-type: none"> ■ Ensure client/patient records have been audited and contain all required elements. Use the ACHC Client/Patient Record Audit tool to assist with this process. ■ Confirm that internal plans of correction have been developed and implemented based on audit findings. 		
HC5-2A	All client/patient records are retained for the appropriate period of time after discharge.	

Section 6: Quality Outcomes/Performance Improvement		
ACHC Standard	Expectation	Comments
HC6-1A	The agency has evidence of an ongoing, organization-wide Performance Improvement (PI) Program that measures, analyzes, and tracks quality indicators, including adverse client/patient events, and other aspects of performance that enable the organization to assess processes of care, services, and operations to show measurable improvement in the indicators related to improved outcomes.	
HC6-1C	There is evidence of involvement of the governing body/owner and organizational leaders in the PI process.	
HC6-1D	There is evidence of personnel involved in the PI process.	
HC6-2C	The PI report has been completed.	
HC6-2D	PI activities include ongoing monitoring of processes that involve risks, including infections and communicable diseases.	
HC6-2D	A review of all variances is conducted at least quarterly.	
HC6-2E	PI activities include ongoing monitoring of at least one important aspect related to the care/service provided.	
HC6-2F	PI activities include ongoing monitoring of at least one important administrative aspect of function or care/service of the agency.	
HC6-2G	PI plan identifies the process for conducting client/patient and personnel satisfaction surveys.	
HC6-2H	PI activities include ongoing monitoring of the client/patient record.	
HC6-2I	PI activities include ongoing monitoring of client/patient complaints.	
HC6-4A	The agency investigates all adverse events, incidents, accidents, variances, or unusual occurrences that involve client/patient care/services and develops a plan to prevent the same or similar events from occurring again.	

Section 7: Risk Management: Infection and Safety Control		
ACHC Standard	Expectation	Comments
HC7-1A	The agency maintains and documents an effective infection control program that protects clients/patients and personnel by preventing and controlling infections and communicable diseases.	
HC7-1B	Copies of the TB Exposure Control and OSHA Bloodborne Pathogens plans are reviewed annually and available to personnel.	
HC7-1B	The agency provides infection control education to employees, contracted providers, and clients/patients regarding basic and high-risk infection control procedures as appropriate to the care/services provided.	
HC7-1E	The agency reviews and evaluates the effectiveness of the infection control program; infection control data and action plans are included in PI reports.	
HC7-3A	There is evidence that the annual disaster practice drill has been conducted.	

Section 7: Risk Management: Infection and Safety Control		
ACHC Standard	Expectation	Comments
HC7-5A	There is evidence of an annual fire drill. Smoke detectors, fire alarms, and extinguishers are inspected and maintained as recommended by manufacturers.	
HC7-6A	Hazardous waste, chemicals, and materials are handled properly.	
HC7-6B	Current Safety Data Sheets (SDS) are accessible to personnel.	
HC7-7A	Evidence of identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel is incorporated into PI when appropriate.	
HC7-8A	Quality control logs are maintained for equipment used for conducting waived tests.	
HC7-9A	Quality control logs are maintained for any equipment used in the provision of client/patient care.	
HC7-11A	Evidence on external reporting of medication or product defects.	
HC7-12A	Evidence that temperatures are monitored wherever pharmaceuticals are stored.	
HC7-12B	Evidence that shipping methods are tested periodically to ensure that containers stay within specified temperature requirements.	
HC7-14A	CLIA certificate of waiver is current and posted.	