

Survey Readiness

Home Health Agencies

Part I

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HHA licensure statistics

Number of HHAs	595
Licensed only	67
Deemed HHAs	209

	Total	2024	2025
Newly licensed HHAs	27	14	13
Total provisional applications	54	30	24

Provisional Licenses

20

Number of Provisional
Applications

4 in process

3 in legal review

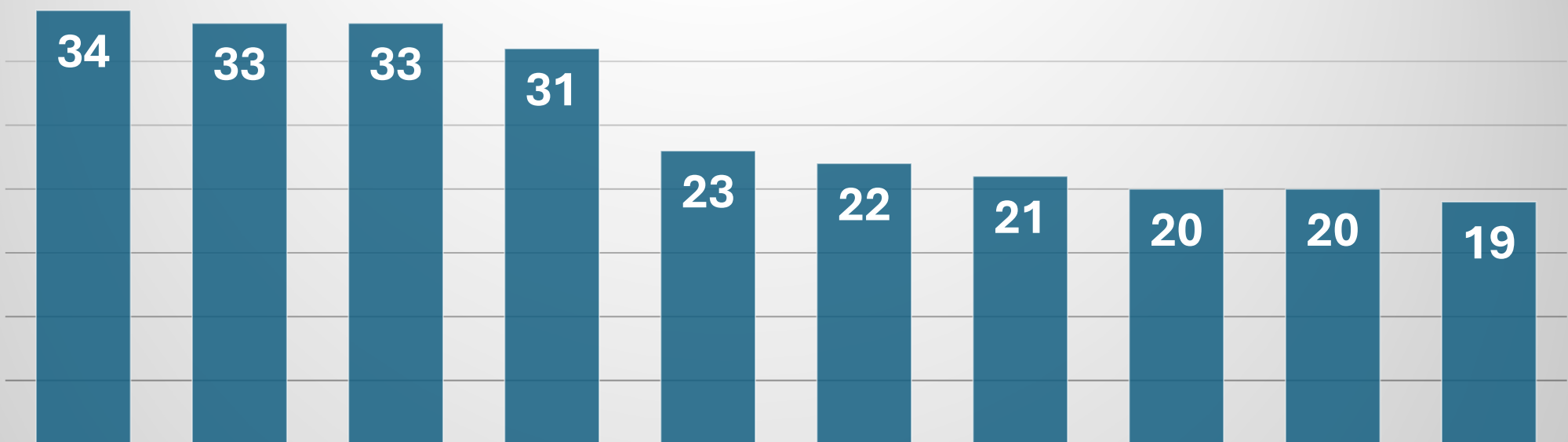
Number of Revocations

14

Licensure Deficiencies

- Incomplete Clinical Records
- Not Following Plan of Care
- Alternate Administrator
- Alternate Agency Supervisor

HHA Top 10 Citations FY 2024



E-0039-EP TESTING REQUIREMENTS

G-0372-ENCODING AND TRANSMITTING OASIS

G-1022-DISCHARGE AND TRANSFER SUMMARIES

G-0434-PARTICIPATE IN CARE

E0037-EP TRAINING PROGRAM

G-0578-CONFORMANCE WITH PHYSICIAN ORDERS

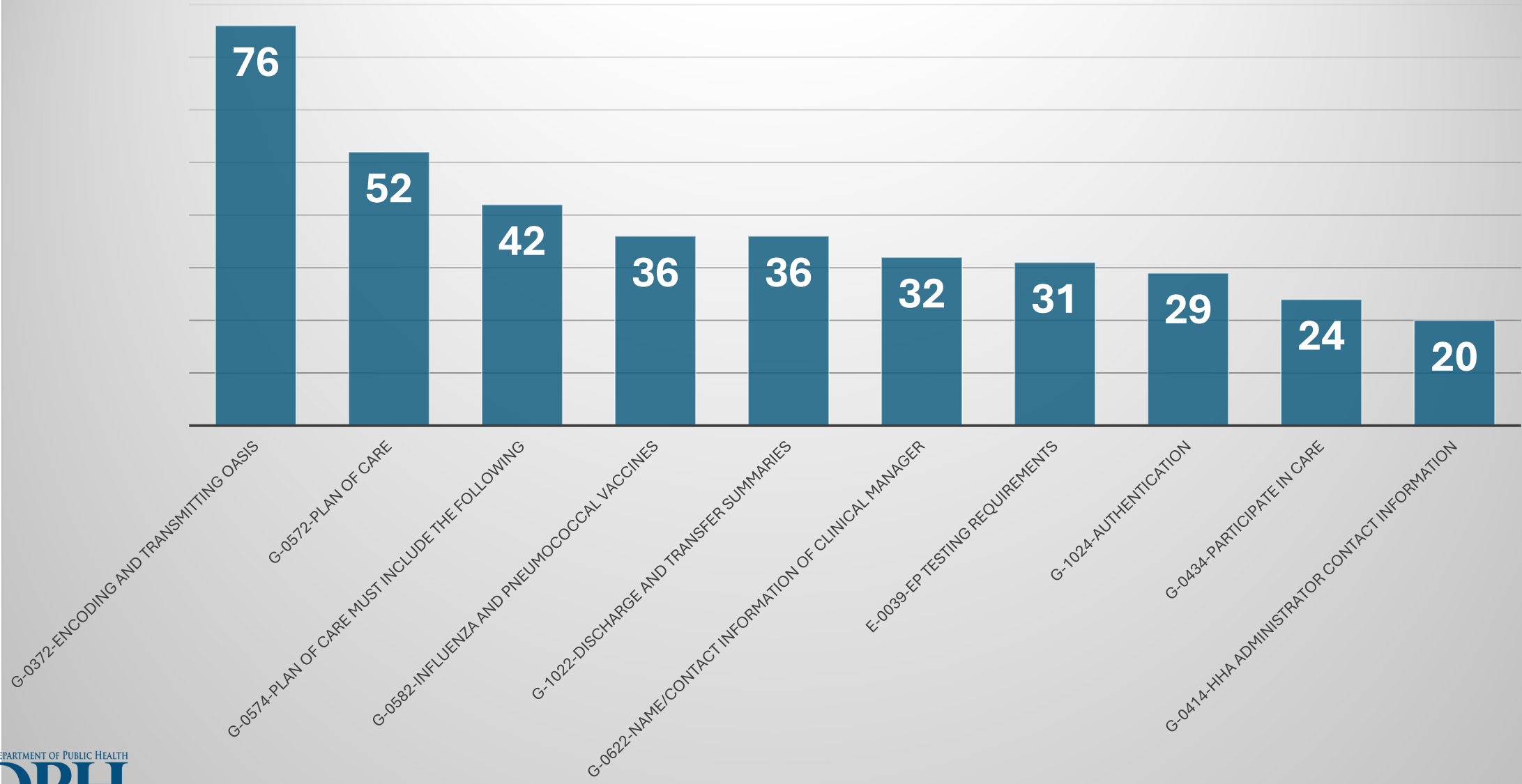
G-0580-ONLY AS ORDERED BY A PHYSICIAN

G-0574-PLAN OF CARE MUST INCLUDE THE FOLLOWING

G-1024-AUTHENTICATION

G-0582-INFLUENZA AND PNEUMOCOCCAL VACCINES

HHA Top 10 Citations FY 2025



Common Citations

E-0039-EP Testing Requirements

G-0372-Encoding and transmitting OASIS

G-0434-Participate in care

G-0574-Plan of care must include the following

G-0582-Influenza and pneumococcal vaccines

G-1022-Discharge and transfer summaries

G-1024-Authentication

2024

E0037-EP Training Program

G-0578-Conformance with physician orders

G-0580-Only as ordered by a physician

2025

G-0414-HHA administrator contact information

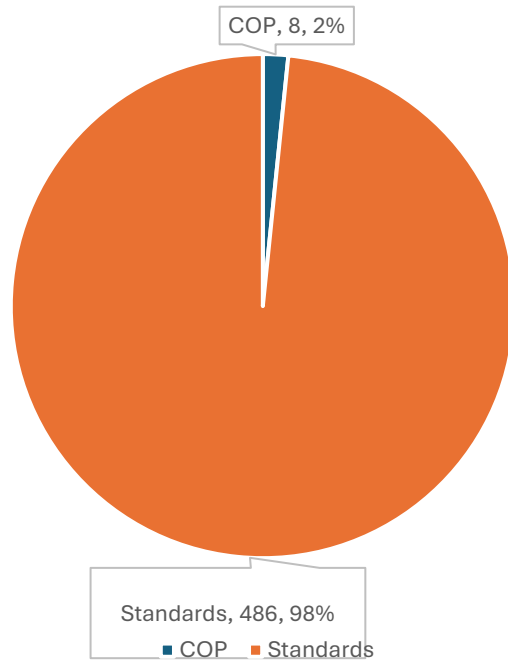
G-0572-Plan of care

G-0622-Name/contact information of clinical manager

Severity of Citations

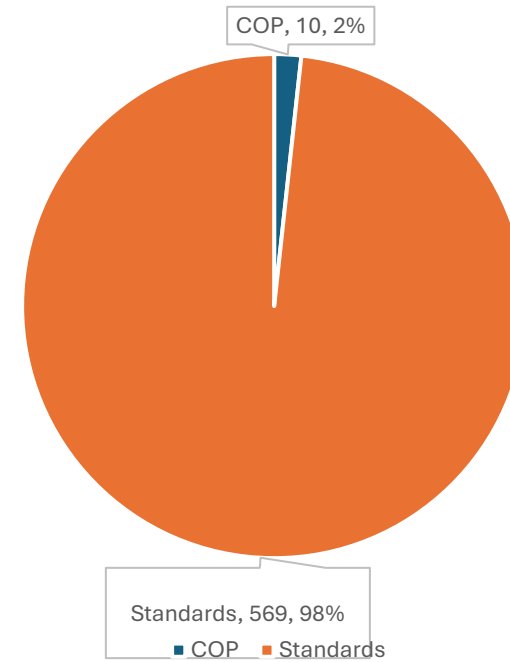
2025

Citations by Type



2024

Citations by Type

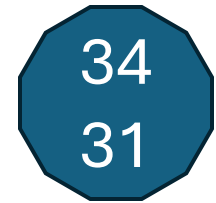


E0037-EP Training Program

22

- 418.113(d)(1) Hospice, 484.102(d)(1) Home Health
- (1) Training. The hospice must do all of the following:
 - (i) **Initial training** in emergency preparedness policies and procedures to **all** new and existing hospice **employees**, and individuals providing services under arrangement, consistent with their expected roles.
 - (ii) **Demonstrate** staff **knowledge** of emergency procedures.
 - (iii) Provide emergency preparedness training at least every 2 years.
 - (iv) Periodically **review** and **rehearse** its emergency preparedness plan with hospice employees (including nonemployee staff), with special emphasis placed on **carrying out** the procedures necessary to protect patients and others.
 - (v) Maintain **documentation** of all emergency preparedness training.
 - (vi) If the emergency preparedness policies and procedures are significantly **updated**, the hospice must conduct training on the updated policies and procedures.

E-0039-EP Testing Requirements



- 418.113(d)(2) Hospice, 484.102(d)(2) HHA
- *[For Hospices at 418.113(d):] (2) Testing for hospices that provide care in the **patient's home**.
- The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following:
 - (i) Participate in a full-scale exercise that is community based every 2 years; or
 - (A) When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years; or
 - (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event.

E-0039-EP Testing Requirements

- 418.113(d)(2) Hospice
- (ii) Conduct an additional exercise every 2 years, opposite the year the full scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:
 - (A) A second full-scale exercise that is community-based or a facility based functional exercise; or
 - (B) A mock disaster drill; or
 - (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

E-0039-EP Testing Requirements

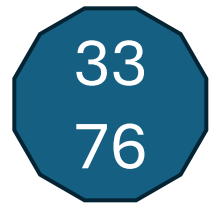
- 418.113(d)(2) Hospice
- (3) Testing for hospices that provide **inpatient** care **directly**.
 - The hospice must conduct exercises to test the emergency plan twice per year. The hospice must do the following:
 - (i) Participate in an annual full-scale exercise that is community-based; or
 - (A) When a community-based exercise is not accessible, conduct an annual individual facility-based functional exercise; or
 - (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community based or facility based functional exercise following the onset of the emergency event.

E-0039-EP Testing Requirements

- (ii) Conduct an additional annual exercise that may include, but is not limited to the following:
 - (A) A second full-scale exercise that is community-based or a facility based functional exercise; or
 - (B) A mock disaster drill; or
 - (C) A tabletop exercise or workshop led by a facilitator that includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
- (iii) Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed.

G-0372-Encoding and transmitting OASIS

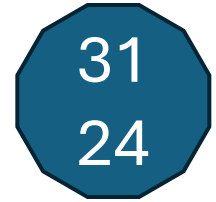
- 484.45(a) Standard:
- An HHA must encode and electronically transmit each completed OASIS assessment to the CMS system, regarding each beneficiary with respect to which information is required to be transmitted (as determined by the Secretary), within 30 days of completing the assessment of the beneficiary.
- Review error report for consistency



G-0414-HHA administrator contact information

- §484.50(a) Standard: Notice of rights.
- The HHA must— [(1) Provide the patient and the patient's legal representative (if any), the following information during the initial evaluation visit, in advance of furnishing care to the patient:]
 - (ii) Contact information for the HHA administrator, including the administrator's name, business address, and business phone number in order to receive complaints.

G-0434-Participate in care



- 484.50(c) Standard: Rights of the patient. The patient has the right to—
- (4) Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to –
 - (i) Completion of all assessments;
 - (ii) The care to be furnished, based on the comprehensive assessment;
 - (iii) Establishing and revising the plan of care;
 - (iv) The disciplines that will furnish the care; (v) The frequency of visits;
 - (vi) Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits;
 - (vii) Any factors that could impact treatment effectiveness; and
 - (viii) Any changes in the care to be furnished.

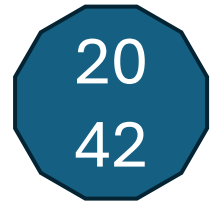
G-0572-Plan of care

52

- 484.60(a) Standard: Plan of care.
- (1) Each patient must receive the home health services that are written in an individualized plan of care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed, and signed by a doctor of medicine, osteopathy, or podiatry acting within the scope of his or her state license, certification, or registration. If a physician or allowed practitioner refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician or allowed practitioner is consulted to approve additions or modifications to the original plan.

G-0574-Plan of care must include the following

- 484.60(a)(2) The individualized plan of care must include the following:
 - (i) All pertinent diagnoses;
 - (ii) The patient's mental, psychosocial, and cognitive status;
 - (iii) The types of services, supplies, and equipment required;
 - (iv) The frequency and duration of visits to be made;
 - (v) Prognosis;
 - (vi) Rehabilitation potential;
 - etc.....
 - (xvi) Any additional items the HHA or physician or allowed practitioner may choose to include.



G-0578-Conformance with physician orders

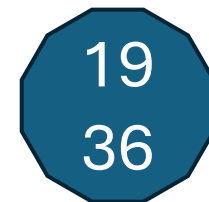
- 484.60 (b) Standard: Conformance with physician orders

G-0580-Only as ordered by a physician

- 484.60(b) Standard: Conformance with the physician or allowed practitioner orders.
- (1) Drugs, services, and treatments are administered only as ordered by a physician or allowed practitioner.

G-0582-Influenza and pneumococcal vaccines

- 484.60(b)(2) Influenza and pneumococcal vaccines may be administered per agency policy developed in consultation with a physician, physician assistant, nurse practitioner, or clinical nurse specialist, and after an assessment of the patient to determine for contraindications.



G-0622-Name/contact information of clinical manager

- 484.60(e)(5) Name and contact information of the HHA clinical manager.
- [The HHA must provide the patient and caregiver with a copy of written instructions outlining...]
 - Name and contact information of the HHA clinical manager.

G-1022-Discharge and transfer summaries

33

36

- [§484.110(a) Standard: Contents of clinical record. The record must include:]
- (6)(i) A completed discharge summary that is sent to the primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the HHA (if any) within 5 business days of the patient's discharge; or
- (ii) A completed transfer summary that is sent within 2 business days of a planned transfer, if the patient's care will be immediately continued in a health care facility; or
- (iii) A completed transfer summary that is sent within 2 business days of becoming aware of an unplanned transfer, if the patient is still receiving care in a health care facility at the time when the HHA becomes aware of the transfer.

G-1024-Authentication

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29

- 484.110(b) Standard: Authentication.
- All entries must be legible, clear, complete, and appropriately authenticated, dated, and timed.
- Authentication must include a signature and a title (occupation), or a secured computer entry by a unique identifier, of a primary author who has reviewed and approved the entry.





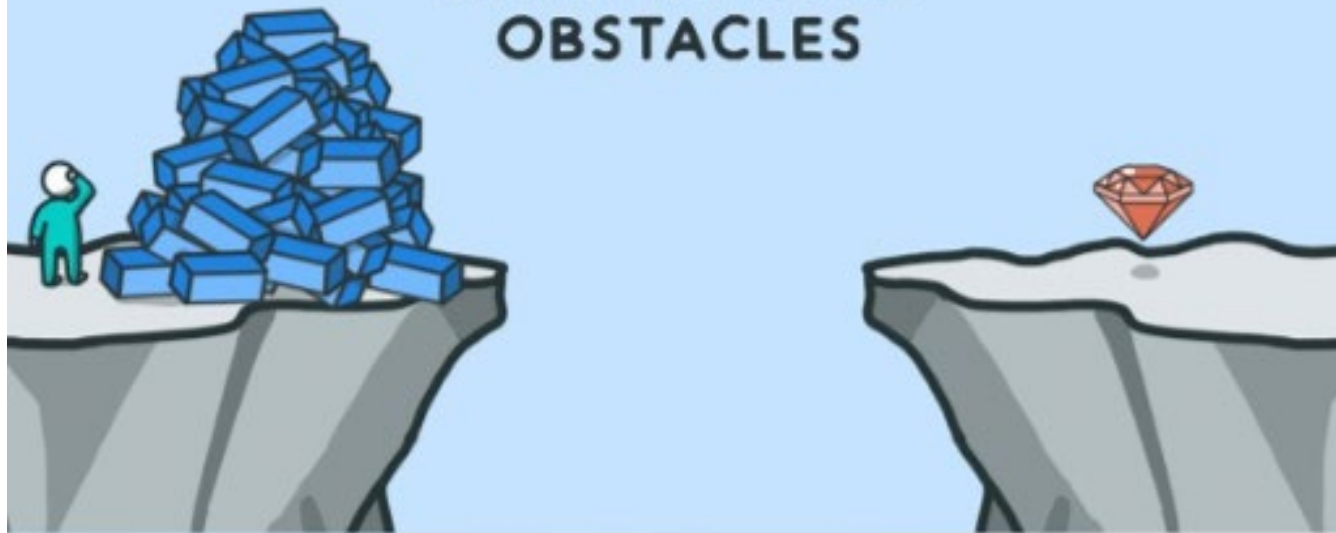
EFFORT WE SEE



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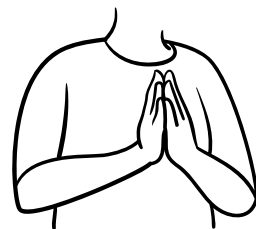
**AMATEURS SEE
OBSTACLES**



**PROFESSIONALS SEE
LESSONS**



Thank you



- Wait for part II

