

HHA Survey Investigation Worksheet 2: Agency Summary

PROJECT_NUM _____

Agency Name/CCN: FACILITY_NAME / PROVIDER_NUM _____ Survey Date: _____

Surveyor Name(s) and ID #: _____

Surveyor Summary: Based on the HHA's review of patients and information obtained: Survey Performed (Check all that apply.)

Standard - provides care that promotes a high potential for reaching the highest attainable levels of functioning. (No deficiency in any Level 1 standard; no need for Partial Extended/Extended Survey)

Partial Extended - promotes care that promotes a moderate potential for some but not all patients. (Standard-level deficiencies, but no Condition of Participation out of compliance)

Extended - provides substandard care. (Condition-level deficiencies)

Unduplicated skilled admissions in previous 12-month period: _____ Number of records reviewed with home visits: _____

Number of records reviewed, no home visits: _____ Number of closed records reviewed: _____

Total records reviewed: _____

HHA SURVEY INVESTIGATION WORKSHEET 2: AGENCY SUMMARY

Deficient Practice Identified Provide G Tag Number and Findings for the CoP

CoP	Deficient Practice Tag Number: Level I	Deficient Practice Tag Number: Level 2	Deficient Practice Tag Number: Other	Notes - (Include Patient Identifier)
484.40 Release of Patient OASIS Information				
484.45 Reporting OASIS Information				
484.50 Patient Rights				
484.55 Comprehensive Assessment of Patients				
484.60 Care Planning, Coordination and Quality of Care				
484.65 Quality Assessment and Performance Improvement				

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CoP	Deficient Practice Tag Number: Level I	Deficient Practice Tag Number: Level 2	Deficient Practice Tag Number: Other	Notes - (Include Patient Identifier)
484.70 Infection Prevention and Control				
484.75 Skilled Professional Services				
484.80 Home Health Aide Services				
484.100 Compliance with Federal, State and Local law				
484.102 Emergency Preparedness				

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CoP	Deficient Practice Tag Number: Level I	Deficient Practice Tag Number: Level 2	Deficient Practice Tag Number: Other	Notes - (Include Patient Identifier)
484.105 Organization and Administration of Services				
484.110 Clinical Records				
484.115 Personnel Qualifications				

Notes:

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 Health Regulation Division
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www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-4101.