**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Quality Assurance Page 1 of 2

F-62652 (05/2020)

**HOME HEALTH AGENCY (HHA) – LICENSURE SURVEY HOME VISIT GUIDE**

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| Name – Patient      | Start of Care and Diagnosis      |
| Name – HHA      | Provider No.      | License No.      |
| Name / No. – Surveyor(s)      | Name/Discipline Observed      | HHA Supervisor Present[ ]  Yes [ ]  No |
| Mileage To and From      | Date – Home Visit      | Start Time      | End Time      |
| Type of Residence: [ ]  Single family [ ]  Apartment [ ]  Apartment w/services [ ]  Group home [ ]  CBRF [ ]  Other |
| Observation of Environment and Durable Medical Equipment in the Home |
|       |
| **Family Situation – Caregiver/Patient Interview** |
| 01 | Patient lives: [ ]  Alone [ ]  With Spouse/Family [ ]  Other | Primary caregiver: [ ]  Self [ ]  Family [ ]  Agency [ ]  Other |
| 02 | [ ]  Alert [ ]  Oriented[ ]  Responsive [ ]  Non responsive[ ]  Inappropriate [ ]  Forgetful[ ]  Depressed [ ]  Anxious[ ]  Assaultive [ ]  Disruptive | Family is:[ ]  Supportive [ ]  Capable as caregiver [ ]  Unsupportive[ ]  Unavailable |
| **Patient Rights / Complaints** |
| 01 | [ ]  Y [ ]  N Did the agency explain your rights on admission? | [ ]  1. Verbally [ ]  2. Written |
| 02 | [ ]  Y [ ]  N Is the HHA admission folder in home? | [ ]  1. Rights statement[ ]  2. Current care plan[ ]  3. Medication list[ ]  4. OASIS privacy notice | [ ]  5, HHA transfer/discharge[ ]  6. Resource list[ ]  7. HHA visit schedule |
| Folder Contents      |
| 03 | [ ]  Y [ ]  N Have you been involved/agreed with the planning of your care and/or charges as they occur? | [ ]  1. Treatment plans [ ]  2. Disciplines involved [ ]  3. Financial costs |
| 04 | [ ]  Y [ ]  N Do you know how and to whom to file a complaint related to concerns regarding your rights, agency staff, or care?  | [ ]  1. Department on Aging [ ]  2. Aging and Disability Resource Center [ ]  3. QIO agency |
| 05 | [ ]  Y [ ]  N Do you have the contact names and number of the federal and state funded entities as resources? | [ ]  1. HHA administrator contact info [ ]  2. State hotline number. [ ]  3. LTC Ombudsman |
| **Skilled / Aide / PCW Services** |
| 01 | What services does the agency provide for you?  | [ ]  Y [ ]  N Has staff been prompt? [ ]  Y [ ]  N Missed visits? [ ]  Y [ ]  N Changed their schedule?  |
| [ ]  RN [ ]  LPN | [ ]  PT[ ]  OT | [ ]  ST[ ]  SW | [ ]  HHA[ ]  PCW |
| 02  | [ ]  Y [ ]  N Skilled nursing services – RN or LPN? Frequency of Visits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 03 | [ ]  Y [ ]  N Home health aide[ ]  Y [ ]  N Personal care worker (PCW)[ ]  Y [ ]  N Supervision provided | [ ]  Y [ ]  N Bath/shower[ ]  Y [ ]  N Dress/groom[ ]  Y [ ]  N Apply creams/salves[ ]  Y [ ]  N Apply dressings |
| 04 | Therapy: [ ]  PT [ ]  PTA [ ]  OTR [ ]  COTA [ ]  ST | [ ]  Y [ ]  N Are you on a special exercise/ROM program? |
| 05 | [ ]  Y [ ]  N Are you satisfied with the services being provided? [ ]  Y [ ]  N Do you feel comfortable and safe when staff cares for you? |
| **Infection Control Home Visit Observations** | **Findings** |
| 01 | Adherence to standard precautions |       |
| 02 | Bag technique per agency policy |       |
| 03 | Hand hygiene adherence |       |
| 04 | Environmental cleaning and disinfection |       |
| 05 | Injection and medication safety; minimize potential exposures |       |
| 06 | Appropriate use of personal protective equipment (PPE) |       |
| 07 | Reprocessing/cleaning; storage and usage of equipment used during patient care |       |
| **Summary of Surveyor’s Findings from Observations of Caregiver** |
| [ ]  Y [ ]  N [ ]  NA |  PT teaching appropriate |       |
| [ ]  Y [ ]  N [ ]  NA | Medication list current/reconciled |       |
| [ ]  Y [ ]  N [ ]  NA | Assessment/observations appropriate |       |
| [ ]  Y [ ]  N [ ]  NA | [ ]  B/P [ ]  P [ ]  T [ ]  POX |       |
| [ ]  Y [ ]  N [ ]  NA | Care plan/treatment plan followed |       |
| [ ]  Y [ ]  N [ ]  NA | Coordination of care/professional mgmt. |       |
| [ ]  Y [ ]  N [ ]  NA | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |       |
| **Surveyor Comments / Observations of Home Visit** |
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