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| **DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**  Division of Quality Assurance  F-62654 (06/2024) | | | | | | **STATE OF WISCONSIN**  Page 1 of 2 | | | | | |
| **HOME HEALTH AGENCY**  **LICENSURE SURVEY EXIT CONFERENCE GUIDE**  *(Optional)* | | | | | | | | | | | |
| Name – Agency | | | | | | | | | License Number | | |
| Name – Surveyor(s) | | | | | | | | | Survey Exit Date | | |
|  | Introductions | | | | | | | | | | |
|  | Sign attendance sheet | | | | | | | | | | |
|  | Express appreciation | | | | | | | | | | |
|  | Explain purpose of survey, i.e., initial standard, complaint, vv. | | | | | | | | | | |
|  | Review the components of the standard survey: | | | | | | | | | | |
|  | * DHS 133.06(3)(a)(b) …………….. Orientation/Training/Evaluation * DHS 133.06(4)(a)(c)(d)(e)(g) …… Health/Personnel Files * DHS 133.06(5) …………………… Infection Control * DHS 133.07(1)(2)(3)(4) …………. Evaluation * DHS 133.08(1)(2)(3) …………….. Patients Rights/Complaints * DHS 133.09 ………………………. Acceptance and Discharge of Patients (all areas including service agreements) * DHS 133.10 ………………………. Services Provided * DHS 133.11 ………………………. Referrals * DHS 133.12 ………………………. Coordination with Other Providers * DHS 133.14 ………………………. Skilled Nursing Services (all areas) * DHS 133.15 ………………………. Therapy Services (if provided) * DHS 133.16 ………………………. Medical Social Services (if provided) * DHS 133.17(1)(2)(3) …………….. Home Health Aide Services * DHS 133.18(1)(2) …………………Supervisory Visits * DHS 133.20(1)(2)(3)(4) …………. Plan of Care * DHS 133.21(1)(5)(6) …………….. Medical Records (content and form) | | | | | | | | | | |
|  | If Partial Extended Survey, Date initiated: | | | | | | | | | | |
|  |  | Additional components reviewed. Identify and discuss additional area reviewed. | | | | | | | | | |
|  | If Extended Survey, Date initiated: | | | | | | | | | | |
|  |  | Review the components of the extended survey: | | | | | | | | | |
|  | * DHS 133.05 – Governance. Governing body/professional advisory committee * DHS 133.06 - Administration * DHS 133.07 - Evaluation. Total Program Evaluation * DHS 133.08 - Patients Rights * DHS 133.09 - Acceptance and Discharge of Patients * DHS 133.10 - Services Provided * DHS 133.11 - Referrals * DHS 133.12 - Coordination with Other Providers * DHS 133.13 - Emergency Notification * DHS 133.14 - Skilled Nursing Services * DHS 133.15 - Therapy Services * DHS 133.16 - Medical Social Services * DHS 133.17 - Home Health Aide Services * DHS 133.18 - Supervisory Visits * DHS 133.19 - Services Under Contract * DHS 133.20 - Plan of Care * DHS 133.21 - Medical Records | | | | | | | | | | |
|  | Total Records Reviewed: | |  | |  | | Total Home Visits Conducted: | | |  |  |
|  | Positive Findings *(if applicable)* | | | | | | | | | | |
|  | Survey Findings and Observations – Review Statement of Deficiencies | | | | | | | | | | |
|  | Plan of Correction   * Refer to Home Health Agency Survey Licensure Guide * Plan of Correction must include who, what, how, when compliance will be met, and internal monitoring mechanisms to maintain compliance | | | | | | | | | | |
|  | Sign and date form CMS-2567 before returning | | | | | | | | | | |
|  | Completion Date for Corrections: | | |  | | | | or 30/60 days maximum from survey exit date. | | | |
|  | Form CMS-2567 with Plan of Correction must be received in the surveyor’s office by 10 working days from date received by mail or on-site | | | | | | | | | | |
|  | Entertain questions/comments | | | | | | | | | | |
|  | Refer administrator to Post Survey Questionnaire: <https://survey.alchemer.com/s3/7754814/DQA-Post-Survey-Questionnaire> | | | | | | | | | | |
|  | Express appreciation. Depart. | | | | | | | | | | |
|  | At completion of Exit Conference, contact support staff to report: License Number, Name of Agency, Start Date, Exit Date | | | | | | | | | | |