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| **DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**Division of Quality AssuranceF-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)
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| [ ]  | 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 |