ACHC ACCREDITATION

Partnering With Providers, Strengthening Assisted Living Communities

PRESENTER

- Denise Hobson, RN BSN
  - Program Director, Assisted Living & Behavioral Health
  - dhobson@achc.org
  - (855) 937-2242 x 391

ASSISTED LIVING

ACHC®

FOR PROVIDERS.
BY PROVIDERS.

JOURNEY TO ASSISTED LIVING ACCREDITATION

WHY ASSISTED LIVING ACCREDITATION?

- Grass roots idea
- ACHC and local industry leaders met in November 2018
- Shared the draft standards with local and national leaders
- Decided to embed state regulations in the standards
- Discussed merits of accreditation to state regulators and to the Assisted Living Providers
- Discussed idea for Assisted Living Accreditation that would exempt accredited providers from routine inspections and monitoring
- Coordinating with providers for possible beta survey participation

EVOLUTION OF STANDARDS

- ACHC Accreditation Standards are initially created by subject matter experts
- Regulations are written into the standards and into the data collection tool
- ACHC Board of Commissioners provides input, edits, and approves
- Industry associations approve/endorse
- Standards are revised as relevant interested parties provide feedback
- ACHC contracted with North Carolina industry experts for provider perspective relative to measuring quality

BETA TESTS

- ACHC conducts beta tests prior to releasing standards to the public
- We evaluate the standards, accreditation process, survey process, and experiences
- Changes can be made to add clarity to the standards as a result of feedback from the beta sites
- State regulators are invited to observe the ACHC survey process

PARTICIPATION BY ASSOCIATIONS

State Associations

- North Carolina Senior Living Association (NCSLA)
- North Carolina Assisted Living Association (NCALA)

National Associations

- Argentum
- LeadingAge
- Center for Excellence in AL (CEAL)
- The Alzheimer's Association
- National Association for Assisted Living (NCAL)
- American Seniors Housing Association (ASHA)
- Society for Post Acute and LT Medicine (AMDA)
- American AL Nurses Association (AALNA)

ACHC®

FOR PROVIDERS.
BY PROVIDERS.

ASSISTED LIVING

OPERATIONALIZING ACCREDITATION

ACCREDITATION CYCLE

- ACHC has a three-year cycle with other programs
- AL providers would receive a reaccreditation survey every two years
- On the alternate year, providers will have a 12-month compliance checklist for self-auditing

PRE-SURVEY PROCESS

Step 1

Create a Customer Central account/download

Step 2

Submit application and deposit

Step 3

Sign Accreditation Agreement

Step 4

Submit PER Checklist indicating your readiness*

Step 5

Participate in an on-site survey

Step 6

Receive your accreditation decision

*FOR INITIAL APPLICANTS ONLY

SURVEY PROCESS

- Opening Conference:
  - Introduction of the Surveyor(s)
  - Review of tentative schedule
  - Resident sample selection (identified as high risk such as receiving insulin, blood thinners, oxygen, or have recently been discharged from a hospital)
  - Medication management review
  - Review questions on any documents from the application process
  - Q&A from the provider about the survey
- Tour of the organization

SURVEY PROCESS

- Data Collection:
  - Personnel file review
  - Resident records review
  - Financial/ Billing record review
  - Service contracts
  - Risk management
  - Performance Improvement Plan review
  - Policies & procedures review
  - Observations
  - Personnel and resident interviews

SURVEY PROCESS

- Closing Conference:
  - Allows final opportunity to clarify information or present data not reviewed by the Surveyor during the survey
  - Surveyor will communicate the provider's strengths and deficiencies
  - Surveyor does not issue an accreditation decision at the completion of survey, as the accreditation decision is made by the Clinical Review Team.

POST- SURVEY PROCESS

- Review of Data Collected:
  - Scoring
  - Preparing Summary of Findings
  - Accreditation review
  - Plan of Correction
  - Provider follow up as needed based on Summary of Findings and Plan of Correction
- Accreditation Decision
  - Accredited
  - Accreditation pending
  - Dependent
  - Denial of Accreditation

DEFICIENCY / CORRECTIVE ACTION

- Currently, when we cite a deficiency, we include what needs to occur for the deficiency to be corrected.
  - **Deficiency Statement**: Upon policy and procedure review, the organization does not have written policies defining the mechanisms utilized to identify, address and evaluate ethical issues.
  - **Corrective Action:** The organization must develop policy and procedure which defining the mechanisms utilized to identify, address and evaluate ethical issues. Educate staff and monitor for compliance.
- Each deficiency is automatically generated on the Plan of Correction for the agency to address, complete, and submit for approval.

PLAN OF CORRECTION ASSISTANCE

- When we review the Plan of Correction POC, we provide additional assistance if the provider is not comprehensively addressing the following requirements:
  - Specific actions to be taken to bring the standard into compliance,
  - Date the correction is to be completed,
  - Individual responsible for the correction, or
  - Comprehensive description of the corrective actions to ensure they effectively prevent recurrence.
- ACHCU provides education to providers through educational tools, forms, webinars and workshops.

PENALTIES & LICENSURE ACTIONS

- Only State regulators have the authority to impose penalties or actions against licensure
- ACHC does not impose penalties
- When a noncompliance is detected, ACHC may require a plan of correction, conduct an additional survey or may deny/remove accreditation, placing the provider back under state jurisdiction

EXCLUDING A PROVIDER FROM ACCREDITATION

- Providers accredited by ACHC must remain in compliance with ACHC Accreditation Standards; adhere to local, state and federal legal requirements; ensure the safety of their residents and staff; and meet commonly held standards of professional ethics and conduct
- Accreditation can be terminated any time during the accreditation cycle.
  A decision to terminate accreditation does not need to be preceded by a survey because problems with a provider's services can become apparent from a number of other sources

COMPLAINTS

- ACHC documents and investigates all complaints received against currently accredited organizations
- ACHC follows Medicare State Operations Manual Appendix Q requirements
- ACHC conducts a thorough triage of complaints to determine the severity and urgency of the allegations so that appropriate and timely action can be taken
- Unannounced surveys are performed to investigate all complaints triaged as Immediate Jeopardy, Non-Immediate Jeopardy-High, and Non-Immediate Jeopardy-Medium

UPDATING STANDARDS AS LAWS CHANGE

- In many states, ACHC is included in communication that is sent to providers.
- When there is a notice of a change in the law, ACHC updates our standards and /or the data collection tool.
- For states that approve accreditation in lieu of inspection, any changes to the ACHC Accreditation Standards would be sent to state regulators for approval for states that approve accreditation in lieu of inspection

ASSISTED LIVING

FOR PROVIDERS.
BY PROVIDERS.

ACHC STANDARDS

SECTIONS OF ACHC STANDARDS

- Section 1: Organization and Administration
- Section 2: Program/Service Operations
- Section 3: Fiscal Management
- Section 4: Human Resources
- Section 5: Provision of Care and Record Management
- Section 6: Quality Outcomes/Performance Improvement
- Section 7: Risk Management - Infection and Safety Control

SECTION 1: ORGANIZATION AND ADMINISTRATION

- The standards in this section apply to the leadership and organizational structure of the organization. All items referring to business licensure, including federal, state, and local licenses that affect the day-to-day operations of the organization, should be addressed.
- This section includes the organization's leadership structure, including board of directors, advisory committees, management, and employees. Also included is information about leadership responsibilities, conflicts of interest, chain of command, program goals, and regulatory compliance.

STANDARD AL 1-B

The Assisted Living Community (ALC) has a license to operate as required by laws and/or regulations.

The ALC has the appropriate license required to operate and has met all application requirements. The license has no action against, suspension, or revocation and is not expired.

The license is posted in a prominent location in the licensed physical site and is accessible to public view.

When a provisional or emergency license is issued, the Administrator shall post the provisional license and a copy of the notice from the state identifying the reasons why the ALC is unable to have a full license in place.

The most recent inspection reports from all outside regulatory entities are available for review.

Evidence: Current License Displayed

Evidence: Inspection Reports

SECTION 2: PROGRAM/ SERVICE OPERATIONS

- The standards in this section apply to the specific programs and services an organization is supplying. This section addresses rights and responsibilities, complaints, incidents, Protected Health Information (PHI), cultural diversity, and compliance with fraud-and-abuse laws.

STANDARD AL 2-B

Residents' rights in the Assisted Living Community (ALC) are respected and protected.

The ALC and staff ensure that residents’ rights are respected and protected, and that residents are encouraged to exercise their rights.

The ALC shall ensure residents have the opportunity to:

Give feedback on their satisfaction of the ALC through participation in resident councils and annual resident and family satisfaction surveys.

Interact as appropriate with the local community in which they live.

Enjoy, to the maximum extent possible and as appropriate, the rights of choice, dignity, and privacy.

Evidence: Observation

Evidence: Response to Interviews

SECTION 3: FISCAL MANAGEMENT

- The standards in this section apply to the financial operations of the organization. These standards will address the annual budgeting process, business practices, accounting procedures, and the company's financial processes.

STANDARD AL 3-D

The resident and/or resident's legal representative is advised of the charges at, or prior to, receipt of care/service.

The resident and/or resident’s legal representative will be provided information concerning the charges for care/service at, or prior to, the receipt of care/service. Resident records contain documentation that the resident was informed of the charges, the expected reimbursement from third-party payors, and the financial responsibility of the resident.

Evidence: Resident Records

Evidence: Response to Interviews

Services applicable: ALC

SECTION 4: HUMAN RESOURCE MANAGEMENT

- The standards in this section apply to all categories of personnel in the organization unless otherwise specified. Personnel may include, but are not limited to, support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory employees, contracted personnel, independent contractors, volunteers, and students completing clinical internships. This section includes requirements for personnel records, including skill assessments and competencies.

STANDARD AL 4-F

Written policies and procedures are established and implemented for all direct care personnel to have access to the Hepatitis B vaccine as each job classification indicates and as described in standards of the federal Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA).

Hepatitis B vaccination program and post-vaccination antibody titer are performed in accordance with CDC and OSHA guidelines. Personnel sign a declination statement for the Hepatitis B vaccination within 10 working days of employment if they choose not to become vaccinated.

The following are circumstances under which an employer is exempted from making the vaccination available:

The complete Hepatitis B vaccination series was previously received.

Antibody testing shows the personnel to be immune.

STANDARD AL 4-F

The vaccine cannot be given to the individual for medical reasons or the individual cannot receive antibody testing.

Evidence: Written Policies and Procedures

Evidence: Personnel Files or other Confidential Employee Records

SECTION 5: PROVISION OF CARE AND RECORD MANAGEMENT

- The standards in this section apply to documentation and requirements for the service recipient/client/patient record. These standards also address the specifics surrounding the operational aspects of care/service provided.

STANDARD AL 5-P

Written policies and procedures are established and implemented by the Assisted Living Community (ALC) addressing medication disposal.

The ALC has written policies and procedures that are implemented and include the following:

- Medications are released to or with a resident upon discharge if the resident has a physician's order to continue the medication. Prescribed medications are the property of the resident and are not be given to, or taken by, other staff or residents.
- Medications, excluding controlled medications, that are expired, discontinued, prescribed for a deceased resident, or deteriorated are stored separately from actively used medications until disposed of.
- All medications are disposed of in accordance with state, U.S. Environmental Protection Agency (EPA), and U.S. Food and Drug Administration (FDA) current rules and regulations. Records of medications disposed of or returned to the pharmacy for disposal (if allowed by state rules) include the resident's name, the name and strength of the medication, the amount disposed of or returned, and the method of disposal if destroyed in the ALC. These records are maintained by the ALC for a minimum of one year or longer if required by laws and regulations.

STANDARD AL 5-P

- A dose of any medication prepared for administration and accidentally contaminated or not administered is disposed of at the ALC according to state, EPA, and FDA rules and regulations and the ALC's policies and procedures.

Evidence: Written Policies and Procedures

Evidence: Observation

SECTION 6: QUALITY OUTCOMES & PERFORMANCE IMPROVEMENT

- The standards in this section apply to the organization's plan and implementation of a Performance Improvement (PI) Program. Items addressed in these standards include who is responsible for the program, activities being monitored, how data is compiled, and corrective measures being developed from the data and outcomes.

STANDARD AL 6-D

Each Performance Improvement (PI) activity or study contains the required items.

Each PI activity/ study includes the following items:

- A description of indicator(s) to be monitored/ activities to be conducted
- Frequency of activities
- Designation of who is responsible for conducting activities
- Methods of data collection
- Acceptable limits for findings / threshold
- Use of evidence-based practice and root cause analysis when applicable
- Written plan of correction when thresholds are not met
- Plans to re-evaluate if findings fail to meet acceptable limits
- Any other activities required under state or federal laws or regulation

STANDARD AL 6-D

The above criteria are used to develop required PI activity.

Evidence: Performance Improvement Reports

SECTION 7: RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

- The standards in this section apply to the surveillance, identification, prevention, control, and investigation of infections and safety risks. The standards also address environmental issues such as fire safety, hazardous materials, and disaster and crisis preparation.

STANDARD AL 7-H

Written policies and procedures are established and implemented by the Assisted Living Community (ALC) that address the safety training and education for personnel.

The ALC establishes and implements written policies and procedures that include the type of safety training and frequency of training. Safety training is provided at orientation and at least annually for all personnel.

Personnel safety training on policies and procedures includes, but is not limited to the following:

- Body mechanics
- Safety management:
  - Fire
  - Evacuation
  - Emergency power systems
  - Security

STANDARD AL 7-H

- Equipment
- Environmental hazards

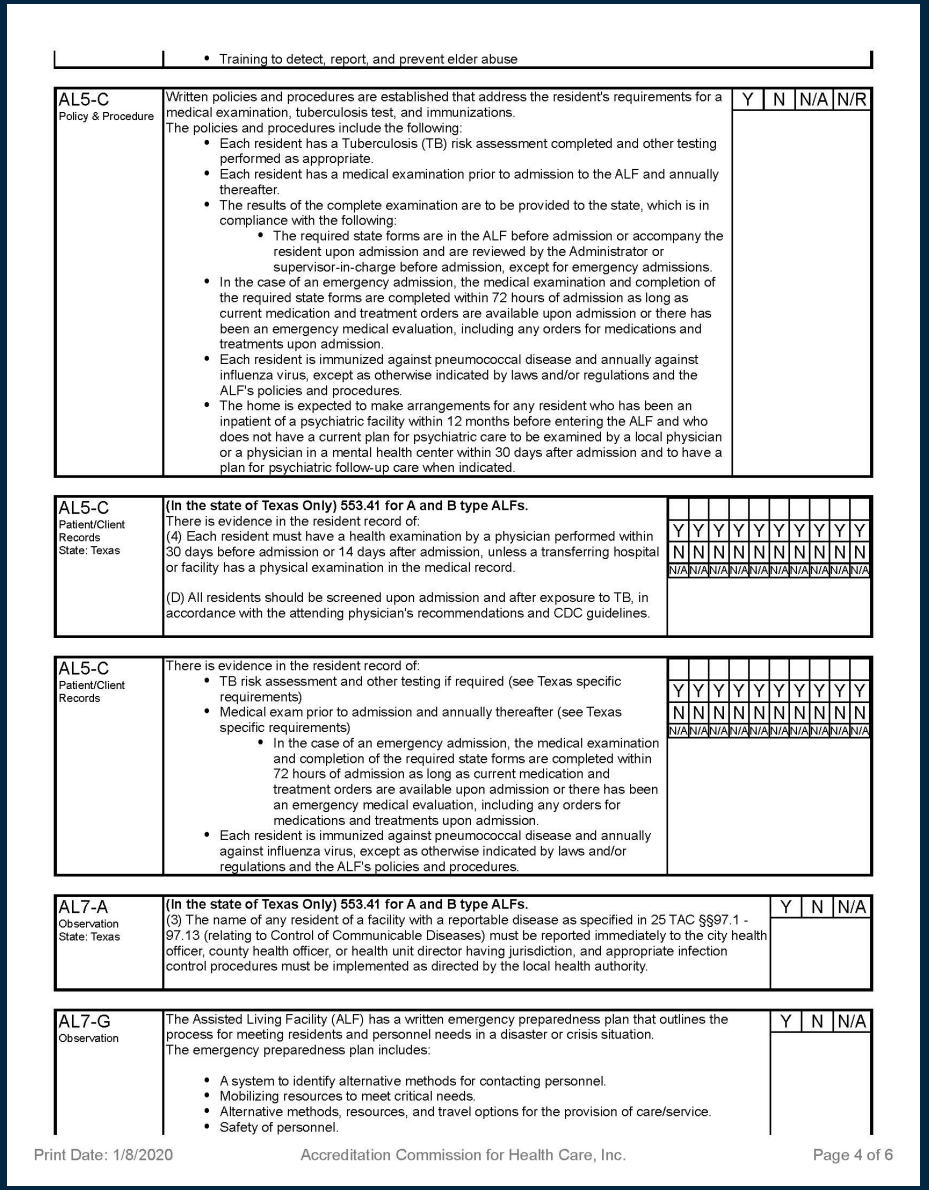
- Personal safety techniques

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: Personnel Files

SAMPLE EDCT



- Training to detect, report, and prevent elder abuse

		Y	N	N/A	N/R
AL5-C Policy & Procedure	Written policies and procedures are established that address the resident's requirements for a medical examination, tuberculosis test, and immunizations. The policies and procedures include the following: • Each resident has a Tuberculosis (TB) risk assessment completed and other testing performed as appropriate. • Each resident has a medical examination prior to admission to the ALF and annually thereafter. • The results of the complete examination are to be provided to the state, which is in compliance with the following: • The required state forms are in the ALF before admission or accompany the resident upon admission and are reviewed by the Administrator or supervisor-in-charge before admission, except for emergency admissions. • In the case of an emergency admission, the medical examination and completion of the required state forms are completed within 72 hours of admission as long as current medication and treatment orders are available upon admission or there has been an emergency medical evaluation, including any orders for medications and treatments upon admission. • Each resident is immunized against pneumococcal disease and annually against influenza virus, except as otherwise indicated by laws and/or regulations and the ALF's policies and procedures. • The home is expected to make arrangements for any resident who has been an inpatient of a psychiatric facility within 12 months before entering the ALF and who does not have a current plan for psychiatric care to be examined by a local physician or a physician in a mental health center within 30 days after admission and to have a plan for psychiatric follow-up care when indicated.				

AL5-C Patient/Client Records State: Texas	**(In the state of Texas Only) 553.41 for A and B type ALFs.** There is evidence in the resident record of: (4) Each resident must have a health examination by a physician performed within 30 days before admission or 14 days after admission, unless a transferring hospital or facility has a physical examination in the medical record. (D) All residents should be screened upon admission and after exposure to TB, in accordance with the attending physician's recommendations and CDC guidelines.									
		Y	Y	Y	Y	Y	Y	Y	Y	Y
		N	N	N	N	N	N	N	N	N
		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

AL5-C Patient/Client Records	There is evidence in the resident record of: • TB risk assessment and other testing if required (see Texas specific requirements) • Medical exam prior to admission and annually thereafter (see Texas specific requirements) • In the case of an emergency admission, the medical examination and completion of the required state forms are completed within 72 hours of admission as long as current medication and treatment orders are available upon admission or there has been an emergency medical evaluation, including any orders for medications and treatments upon admission. • Each resident is immunized against pneumococcal disease and annually against influenza virus, except as otherwise indicated by laws and/or regulations and the ALF's policies and procedures.									
		Y	Y	Y	Y	Y	Y	Y	Y	Y
		N	N	N	N	N	N	N	N	N
		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

		Y	N	N/A
AL7-A Observation State: Texas	**(In the state of Texas Only) 553.41 for A and B type ALFs.** (3) The name of any resident of a facility with a reportable disease as specified in 25 TAC §§97.1 - 97.13 (relating to Control of Communicable Diseases) must be reported immediately to the city health officer, county health officer, or health unit director having jurisdiction, and appropriate infection control procedures must be implemented as directed by the local health authority.			

		Y	N	N/A
AL7-G Observation	The Assisted Living Facility (ALF) has a written emergency preparedness plan that outlines the process for meeting residents and personnel needs in a disaster or crisis situation. The emergency preparedness plan includes: • A system to identify alternative methods for contacting personnel. • Mobilizing resources to meet critical needs. • Alternative methods, resources, and travel options for the provision of care/service. • Safety of personnel.			

Print Date: 1/8/2020 Accreditation Commission for Health Care, Inc. Page 4 of 6

ASSISTED LIVING

ACHC®

FOR PROVIDERS.
BY PROVIDERS.

LIFE SAFETY INSPECTIONS

LIFE SAFETY INSPECTIONS

- ACHC has Life Safety Code (LSC) Inspectors to serve as subject matter experts on the development and ongoing compliance for ACHC standards to meet the Life Safety Code.
- ACHC ‘s Health and Safety Inspections are developed to meet all Code Title 4. Subtitle B. Health Facilities Chapter 247, in accordance with Life Safety Code 2012 NFPA Standards.
- In addition, ACHC has developed standards to meet the 2012 Life Safety Code for Inpatient Hospice and Renal Dialysis.
- All Life Safety Code Inspectors have received their NFPA 1 certifications and meet the Center for Medicare Qualifications as Fire Inspector 1 Surveyors.

ACHC®

FOR PROVIDERS.
BY PROVIDERS.

ASSISTED LIVING

WHY CHOOSE ACHC?

MISSION

Accreditation Commission for Health Care (ACHC) is dedicated to delivering the best possible experience and to partnering with organizations and healthcare professionals that seek accreditation and related services.

- Nationally recognized accreditation organization (AO) with more than 30 years of experience
- Recognition by most major third-party payors
- Quality Management System certified to ISO 9001:2015
- CMS deeming authority for Hospital, Clinical Laboratory, Critical Access Hospital, Ambulatory Surgery Centers, Home Health, Hospice, Renal Dialysis, DMEPOS, and Home Infusion Therapy
- Approved to perform many state licensure surveys

ACHC PROGRAMS

ACHC

- AMBULATORY CARE
- BEHAVIORAL HEALTH
- DMEPOS
- HOME HEALTH
- HOME INFUSION THERAPY
- HOSPICE
- PHARMACY
- PRIVATE DUTY
- RENAL DIALYSIS
- SLEEP
- DISTINCTIONS

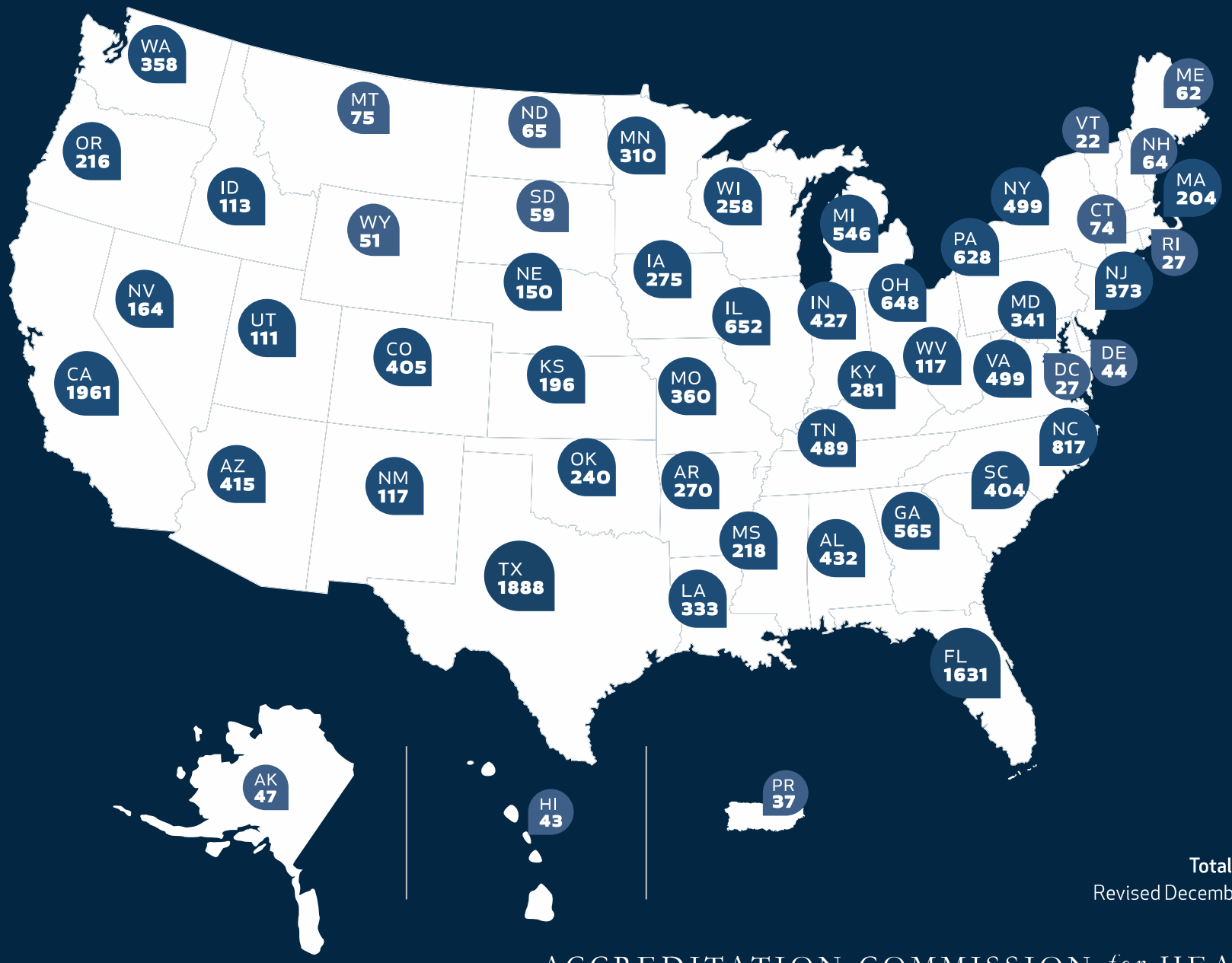
HFAP

- ACUTE CARE HOSPITAL
- OFFICE-BASED SURGERY
- AMBULATORY SURGERY CENTER
- CLINICAL LABORATORY
- CRITICAL ACCESS HOSPITAL
- JOINT REPLACEMENT CERTIFICATION
- LITHOTRIPSY CERTIFICATION
- LITHOTRIPSY CERTIFICATION
- LITHOTRIPSY CERTIFICATION
- LITHOTRIPSY CERTIFICATION

ASSISTED LIVING SERVICES *(COMING SOON)*

ASSISTED LIVING

- Assisted Living Communities
- Adult care Homes - NC
- Family Care Homes - NC



Total: 18,612
Revised December 2020

CUSTOMER SATISFACTION

ACHC is committed to providing the best possible **experience.**

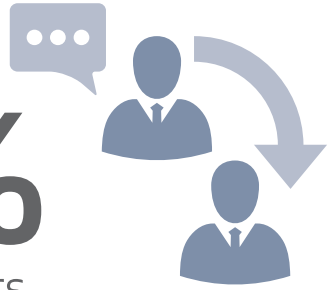
98%

of our customers regard their experience with ACHC as positive.

"ACHC was the only organization that made it a positive learning experience."

DMEPOS PROVIDER - RALEIGH, NC

98%



of our customers would recommend ACHC.

"Our Account Advisor really takes care of us!"

HOME HEALTH AGENCY- ENGLEWOOD, CO

Customer Satisfaction Survey data gathered from 7/2015-present.

ASSISTED LIVING

ACHC®

FOR PROVIDERS.
BY PROVIDERS.

CONSIDER BECOMING A BETA SITE PROVIDER PARTNER

BETA PROVIDER PARTNERS

- ACHC seeks Provider Partners who desire to be a leader in your state for Assisted Living Accreditation
- Provider Partners help mold the accreditation survey process
- Provider Partners gain critical knowledge and preparation for Assisted Living Accreditation
- Your investment of time is the only cost necessary in obtaining accreditation

QUESTIONS?

- For questions about our upcoming Assisted Living Accreditation, email DHobson@achc.org or call (855) 937-2242 x391.
- Presentation recording and slides will be sent via email to all who registered.

ASSISTED LIVING

ACHC®

FOR PROVIDERS.
BY PROVIDERS.

THANK YOU

Accreditation Commission for Health Care

139 Weston Oaks Ct., Cary, NC 27513

(855) 937-2242 | achc.org