

## COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY

The Division of Home Health, 132 Kline Plaza, Suite A, Harrisburg, PA 17104, must be informed, **in writing**, concerning any changes in your facility, i.e., change of name, change of address, change of ownership, closure, or withdrawal from the Medicare Program.

Materials to be available for review the day of the on-site survey:

1. Occupancy permit issued by the Department of Labor and Industry or the Department of Health and local occupancy permit.
2. Licensure of registration of all personnel providing services.
3. Current resume on facility physicians, designated alternate to the administrator, and administrator.
4. Articles of Incorporation, members of the governing body, governing body by-laws, meeting dates, and minutes of the governing body meetings.
5. Group of professional personnel; names of the members of the professional advisory group, including a physician and a representative of each service provided by the agency; and date of the last annual review.
6. Institutional budget plan.
7. Written patient care policies, date of last review, and names of professional personnel completing the review.
8. Non-Medicare and Medicare active and closed records. Medicare records must contain:
  - A. Plan of Care, signed and dated by physician, and recertified every sixty (60) days.
  - B. Plan of Care, progress notes, and discharge summaries signed and dated by appropriate professionals.
9. Qualified professional designated, in writing, to coordinate services.
10. List of available physicians for emergency (name, telephone number, and specific days each is on call).

11. Written procedure for:
  - A. Retaining patient records in accordance with Pennsylvania State Statute.
  - B. Preserving patient records in the event that the practice is dissolved.
12. Type of fire alarm system with local in-house capability.
13. Written evidence of an annual fire and safety inspection.
14. Written policies for infection control, names of committee members, meeting dates, and minutes of the meetings.
15. Written evidence of annual preventive maintenance program for all mechanical and electrical patient care equipment (including manufacturer's recommendations and evidence of proper calibration).
16. Written provisions for laundry, housekeeping, and pest control.
17. Access for the physically handicapped.
18. Written disaster plan including documentation and dates of on-going training of personnel and drills.
19. Utilization review committee, minutes of meetings, and copy of the current utilization review plan.
20. Hours of operation and specific areas of Comprehensive Outpatient Rehabilitation Facility.

**Retain this listing for future reference.**