

OUT-PATIENT PHYSICAL THERAPY / OCCUPATIONAL THERAPY AND/OR SPEECH PATHOLOGY FACILITIES

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 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 (exception first class cities).
2. Licensure or registration of professional and assistant level personnel providing services.
3. Articles of Incorporation, members of the governing body, governing body by-laws, meeting dates, and minutes of the governing body meetings.
4. Qualified alternate to the administrator, in writing, plus current resume.
5. Current resume for **ALL** professional and assistant level personnel.
6. Personnel policies, and personnel files including job descriptions, performance evaluations, etc., for **ALL** professional and assistant level personnel.
7. All patient care policies, date of last annual review, and names of members of the patient care policies committee completing the review (including a physician and a representative of each service provided).
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 thirty (30) days.
 - B. Plan of Care, progress notes, and discharge summaries signed and dated by appropriate professionals.
9. Policy, posted in facility (for patient and/or employee) for medical emergencies occurring in the facility, and a list of the physicians for emergency coverage (including names, telephone numbers, and specific days each is on call).
10. List of modalities/range of services provided by the agency.
11. Contracts for services provided by other than salaried organization personnel.

12. Written procedures for safeguarding against loss, destruction, and unauthorized use of the clinical record (including patient written consent form).
13. 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.
14. Written evidence of an annual fire and safety inspection.
15. Written evidence of annual preventive maintenance program for all mechanical and electrical patient care equipment (includes manufacturer's recommendations and evidence of proper calibration).
16. Type of state fire authority approved fire extinguishing systems, type of fire alarm systems, and type of emergency power source.
17. Members of the infection control committee, written policies and procedures for disinfection and cleanliness of physical therapy equipment, aseptic and isolation procedures by the infection control committee.
18. Written provisions for housekeeping, laundry and pest control.
19. Disaster plan, documentation and dates of training sessions and drills of personnel, and evacuation plan posted in the facility.
20. Written evidence of quarterly clinical record review of each service offered by the agency and names of the members of the clinical record review committee.
21. Annual evaluation and statistical report of the agency.

Retain this listing for future reference.