



EDUCATIONAL RESOURCES

ACHC Certified Consultant Training

Assisted Living

 ASSISTED LIVING



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE



About ACHC

- Nationally recognized AO with more than 30 years of experience
- CMS deeming authority for Home Health, Hospice, Renal Dialysis, Home Infusion Therapy, and DMEPOS
- Recognition by major third-party payors
- Approved to perform many state licensure surveys for specific programs
- Quality Management System that is ISO 9001:2015 Certified

Experience the ACHC Difference

- Standards created for providers, by providers
- All-inclusive pricing – no annual fees
- Personal Account Advisors
- Commitment to exceptional customer service
- Surveyors with industry-specific experience
- Dedicated clinical support
- Dedicated regulatory support
- Educational resources



ACHC Mission & Values

■ Our 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.

■ Our Values

- Committed to successful, collaborative relationships
- Flexibility without compromising quality
- Each employee is accountable for his or her contribution to providing the best possible experience
- We will conduct ourselves in an ethical manner in everything we do

Collaborative Survey Approach

- ACHC values an educational survey experience with a collaborative approach:
 - Flexibility without compromising quality
 - Consistency in interpretation of requirements
 - Accuracy in reporting findings/observations
 - Offering organizations, the opportunity to clarify or correct deficiencies
 - Active engagement to promote ongoing success post-survey

Surveyor Expertise

- Surveyor knowledge and expertise drive both the experience and the quality of the survey
- Surveyor success is driven by ACHC processes and tools
 - Surveyor Training
 - Surveyor Annual Evaluations
 - Internal Post-Survey Reviews
 - Customer Provided Satisfaction Surveys



Personal Account Advisors

- Primary contact with customers
- Assigned once a customer submits an application
- Assist customers the ACHC survey process
 - Pre-survey phone calls
 - Email with links to brief survey-prep webinar and other resources
- Questions that cannot be answered by them will be sent to the appropriate clinical or regulatory department



Customer Satisfaction



98%

OF OUR CUSTOMERS REPORT
POSITIVE EXPERIENCES



98%

OF OUR CUSTOMERS
RECOMMEND ACHC

ACHC Assisted Living Accreditation



- Assisted Living Program launched August 2021
- Program-specific standards
- Services for Assisted Living Communities, include:
 - Adult and family care homes/facilities
 - Memory Care units
 - Life Safety Code

Types of Surveys

- Initial Survey: An Initial Survey is conducted on organizations that apply for ACHC Accreditation for the first time. Initial Surveys are unannounced.
- Renewal Survey: A Renewal Survey is conducted on organizations that are currently accredited by ACHC. Renewal Surveys are conducted in the same format as an Initial Survey; however, during the Renewal Survey, the Surveyor also reviews previous deficiencies for compliance. Renewal Surveys are unannounced.
- Dependent Survey: A Dependent Survey is a re-survey conducted on an organization that was not in compliance with ACHC Accreditation Standards. Dependent Surveys are unannounced.

Types of Surveys

- **Licensure Survey:** A Licensure Survey is conducted on organizations that are required to obtain a license before beginning to conduct business. If ACHC is approved to conduct a Licensure Survey in that state, ACHC will conduct a one (1) day survey that includes a review of the organization's policies and procedures. The ACHC Surveyor will verify that proper personnel are in place and the organization is ready to begin operation. Licensure Surveys are announced.

Types of Surveys

- **Complaint Survey:** A Complaint Survey is conducted on organizations that have a complaint filed against them. Should ACHC determine during the investigation that a site visit is required, ACHC will conduct a Complaint Survey to determine if the complaint is substantiated. Complaint Surveys are unannounced.
- **Disciplinary Action Survey:** A Disciplinary Action Survey is conducted on organizations due to non-compliance from a previous survey, the ACHC Accreditation Standards and/or Accreditation Process and/or a breach in the ACHC Accreditation Agreement. Disciplinary Action Surveys are unannounced.

Postponement of Survey

- Organizations may postpone an ACHC survey as long as the ACHC Surveyor has not begun to travel to the organization's location. Postponements must be requested in writing to the organization's Account Advisor. ACHC will invoice a postponement fee as listed in the Agreement for Accreditation Services.
- The organization is responsible for notifying the Account Advisor in writing of its readiness for survey within 180 days from receipt of the ACHC Postponement. If the organization notifies the Account Advisor within the specified time frames, the organization will be scheduled for a survey following the ACHC scheduling process. If the organization does not notify the Account Advisor within the specified time frames, the organization's deposit will be forfeited, application voided, and the organization must reapply for accreditation.

Refusal of Survey

- Organizations have the right to refuse an ACHC survey. In the event a refusal is requested, the organization must speak to the Account Advisor or an appropriate manager at ACHC to request a Survey Refusal Form. A completed Survey Refusal Form must be submitted to ACHC before the Surveyor can leave the location. If an ACHC Surveyor arrives on site and the organization does not meet the eligibility criteria for an accreditation survey, the organization must refuse the survey and complete a Survey Refusal Form.
- If an ACHC Surveyor arrives on site and the organization is not operating during its posted business hours, the Surveyor will notify the ACHC Account Advisor and leave the location. This will be considered a refusal of survey.

Refusal of Survey

- The organization is charged a refusal fee as listed in the Agreement for Accreditation Services. The organization is responsible for notifying the Account Advisor in writing of its readiness for a resurvey within 180 days from refusal of survey. If the organization notifies the Account Advisor within the specified time frame, the organization will be sent to scheduling and will follow the normal scheduling process. If the organization notifies the Account Advisor outside of the specified time frame, the organization's deposit will be forfeited, the application will be voided, and the organization must re-apply for accreditation.



EDUCATIONAL RESOURCES

Completing the Application

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Application

- **cc.achc.org**
- Customer needs to create a Customer Central account.
- Consultant needs to create a Customer Central account.
- Customer Central allows customers and/or Consultants to initiate the application and access resources.
- Initial or renewals — application and survey process is the same.



Becoming accredited with ACHC

Download Standards

Complete Application

On-Site Survey

Watch a video tutorial of the new Customer Central

Watch Install Video »
Get Desktop App for Windows »

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USERNAME PASSWORD

[Forgot username or password?](#)

Customer Central is your personalized website to complete the accreditation process, from start to finish!

Please provide the information requested below to create your account and download ACHC standards

FIRST NAME <input type="text"/>	LAST NAME <input type="text"/>	
PHONE <input type="text"/>	EMAIL <input type="text"/>	
COMPANY NAME <input type="text"/>	DBA NAME <input type="text"/>	
ADDRESS <input type="text"/>		
CITY <input type="text"/>	STATE <input type="text"/>	ZIP <input type="text"/>
-----ACCREDITATION PROGRAM----- <input type="text"/>	NUMBER OF LOCATIONS <input type="text"/>	
SELECT A USERNAME <input type="text"/>		
ENTER PASSWORD <input type="text"/>	CONFIRM PASSWORD <input type="text"/>	
Accreditation completed by: -----Please Choose----- <input type="text"/>	Which of the following best describes you? -----Please Choose----- <input type="text"/>	
How did you hear about ACHC? -----Please Choose----- <input type="text"/>	Are you hospital-affiliated? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input type="button" value="SUBMIT"/>		

Go To: cc.achc.org

Log in above or create a new account below.





Download ACHC's Standards

Select the program and services applicable to your company and click 'Download'. If standards are not required, continue to your application.

Application »

Applying for reaccreditation? Download the program-specific updates under [Educational Tools](#).

Pharmacy	Download
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	
Community Retail	
Behavioral Health	Download
Home Health – Medicare Certified	Download
Hospice	Download
Private Duty – Non-Medicare Certified	Download
Sleep	Download
Assisted Living Facilities	Download
Ambulatory Care	Download



PREPARE WITH ACCREDITATION WORKSHOPS



Pre-Survey Preparation



Thorough Review of ACHC Accreditation Standards



Key Steps to a Successful On-Site Survey



How to Complete Important Post-Survey Components

Once inside your client's account, encourage them to purchase standards.

This allows continuous access to the standards.





Account Advisor



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Cary, NC 27513

Video Tutorials
Customer Central Tour
Application Tour
PER "How To"
On-Site Survey
POC "How To"

Welcome, Kevin!

Joyous Healthcare - Paradise, NC

Your entire process begins with an application. To start a new application click "New Application," or to renew an existing accreditation, click "Renewal." A "Renewal" allows you to copy a previously completed application - saving you time!

Click the [EDIT] button under the "In Progress" section to continue the process once you've created an application.

GET STANDARDS
 NEW APPLICATION
 RENEWAL

In Progress

APPLICATION	DATE SUBMITTED	TYPE	STATUS	LAST UPDATED
You do not have any applications in progress.				

Accreditation History

COMPANY	DATE SUBMITTED	PAYMENT	ACCREDITATION DATE	STATUS
---------	----------------	---------	--------------------	--------

If this is your first time with ACHC Accreditation, click the "NEW APPLICATION" button.

If you're in an existing accredited account (like shown), you can click on the "RENEWAL" button to save time.

Online Application

- NEW APPLICATION or RENEWAL
- Main office:
 - Profile
 - Location
 - Contracts
 - Services
- Additional locations – branch locations or multiple locations
- Unduplicated admissions

Preliminary Evidence Report

- Preliminary Evidence Report (PER):
 - Mandatory documents and/or criteria that must be submitted and met in order to begin the survey process
 - Date of Compliance — ACHC standards only
 - Compliance starts with acceptance of first patient
 - State licensure requirements
 - Discipline-specific scope of practice
 - Federal requirements

Account Advisor



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Video Tutorials
Customer Central Tour
Application Tour

Application

PER

Payment

Survey

POC

Accreditation

Preliminary Evidence Report (PER)

The PER is a compilation of your company's most important policies and procedures. This step provides supporting evidence of compliance prior to the survey. If you have an Extended Policy Review, you will also upload it on this page. There is a 20mb limit per file.

1. Download the program-specific PER checklist from the 'Download Your Checklist' link to the right, and select all that apply.
2. Complete and save the checklist using Adobe Reader. The checklist will have detailed descriptions of required documents.
3. Upload the checklist and supporting documents from the 'Upload a file' link below.

Upload a file

Select files from the 'Upload a file' link above, or drag and drop.

Download Your Checklist

1. DMEPOS PER Initial Checklist
2. Behavioral Health Initial PER Checklist

Download Adobe Reader >>


CONTINUE >


First download the correct PER Checklist.

Completely fill out the PER Checklist and upload with supporting documents.

Preliminary Evidence Report Checklist

PRELIMINARY EVIDENCE REPORT CHECKLIST

 FOR PROVIDERS.
BY PROVIDERS.

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This checklist constitutes the requirements of the Preliminary Evidence Report (PER), which is mandatory for organizations applying for initial Assisted Living Accreditation from Accreditation Commission for Health Care (ACHC).

Review and acknowledge that all of the following requirements have been met. Then submit this signed checklist to your Account Advisor.

Verification of the following is required for organizations seeking initial accreditation:

- The organization must be actively providing care to a minimum of 1 – 3 residents.
- The building in which services are provided/coordinated must be identified, constructed, and equipped to support such services, and must meet all state regulations in regard to the construction of the facility.

Confirmation of the following (initial in spaces provided):

I attest that this organization possesses all policies and procedures as required by ACHC Accreditation Standards.

I acknowledge that this organization was/is/will be in compliance with ACHC Accreditation Standards as of (date).

Your organization will be placed into scheduling once this document, the Agreement for Accreditation Services, and Business Associate Agreement are submitted to your Account Advisor and payments are up-to-date. ACHC will strive to conduct your survey as soon as possible.

PLEASE NOTE: YOUR ORGANIZATION MUST ALWAYS BE IN COMPLIANCE WITH APPROPRIATE STATE REGULATIONS.

I, having the authority to represent this organization, verify that (organization's legal name) has met the above requirements for survey. Failure to meet any of the aforementioned requirements when the ACHC Surveyor arrives on site may result in additional charges to the organization for a subsequent survey to be performed when the organization has notified ACHC it has met all of the above requirements.

Name (please print)	Title
<input type="text"/>	<input type="text"/>
Signature	Date
<input type="text"/>	<input type="text"/>

Revised: 07/28/2021 Page 1 of 1 | achc.org
(987) Preliminary Evidence Report Checklist - Assisted Living

Establish
Compliance
Date

Assisted Living Appendix A

Appendix A: Standard Service Table for Selected Services

Standard	ALC	LSC	MC
AL1-A	X		
AL1-B	X		
AL1-C	X		
AL1-D	X		
AL1-E	X		
AL1-F	X		
AL1-G	X		
AL1-H	X		
AL1-I	X		
AL1-J	X		
AL1-K	X		
AL1-L	X		
AL1-M			X
AL1-N	X		
AL2-A	X		
AL2-B	X		
AL2-C	X		
AL2-D	X		
AL2-E	X		

Assisted Living Appendix B

Appendix B: Reference Guide for Required Documents, Policies and Procedures

Customized for: ALC, LSC, MC

Standard #	Documents, Policies and Procedures	Agency Notes
AL1-E	Written Policies and Procedures	
AL1-H	Written Policies and Procedures	
AL1-I	Written Policies and Procedures	
AL1-J	Written Contracts/Agreements	
AL1-L	Written Policies and Procedures	
AL1-M	Written Policies and Procedures	
AL1-N	Governing Body List	
AL2-A	Written Policies and Procedures	
AL2-C	Written Policies and Procedures	
AL2-F	Policies and Procedures	
AL2-G	Written Policies and Procedures	
AL2-H	Written Policies and Procedures	
AL2-I	Written Policies and Procedures	
AL2-J	Written Policies and Procedures	

Extended Policy Review

- Optional review of complete policies and procedures by an ACHC Surveyor to determine compliance prior to the on-site survey.
- Feedback from an ACHC Surveyor regarding the alignment of facility's policies and procedures to ACHC Accreditation Standards.
- Option to purchase through the Customer Central portal.
- Customized Reference Guide for Required Documents (Appendix B).
- Consultants can also have Policies and Procedures pre-approved.
 - Drop-down box on the application.

Accreditation Process

- After the first three steps are completed (application, deposit, and PER), your Account Advisor will review all documentation and send an Accreditation Agreement to the customer.
- After the Accreditation Agreement is signed by both parties, the customer will receive a direct link to pay the remaining balance.
- At that point, your client's organization will be sent to scheduling.



Account Advisor



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Video Tutorials
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Welcome, Carolyn!

ACHC - Cary, NC

Your entire process begins with an application. To start a new application click "New Application," or to renew an accreditation, click "Renewal." A "Renewal" allows you to copy a previously completed application - saving you time.

Click the [EDIT] button under the "In Progress" section to continue the process once you've created an application.

GET STANDARDS

NEW APPLICATION

In Progress

APPLICATION	DATE SUBMITTED	TYPE	STATUS	LAST UPDATED	
x 103738		New	Customer In Progress	6/14/2019 3:38 PM	[EDIT]

Accreditation History

COMPANY	DATE SUBMITTED	PAYMENT	ACCREDITATION DATE	STATUS
---------	----------------	---------	--------------------	--------

- My Profile
- Change Company
- Payment History
- Log out



After payments are completed, you can always find a copy of the receipt in the "Payment History" tab.

Customer Central

- Your go-to resource for ACHC Accreditation needs.
- Utilize all documentation and video resources.
- To link all your client accounts together, contact the ACHC Marketing team at info@achc.org:
 - Provide written approval from client (email is okay).
 - Allow two to three business days.



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Assisted Living Survey Process:

Start To Finish

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On-Site Survey

- Notification call
- Opening conference
- Tour of facility
- Personnel file review
- Observations
- Resident record review
- Interviews with governing body/owner, Administrator, staff and residents
- Review of organization's implementation of policies and procedures
- Infection Control practices
- Performance Improvement (PI)
- Emergency Preparedness Plan
- Exit conference
- Physical Plant and Life Safety
- Memory Care Unit

Opening Conference

- Begins shortly after arrival of Surveyor
- Good time to gather information needed by the Surveyor
- KEY REPORTS
 - Current resident census
 - Name, admitting diagnosis, start-of-care date, disciplines involved
 - Current schedule of resident assessments
 - Discharge/transfer census for the past 12 months
 - Personnel (employee and contract)
 - Name, discipline/role, and hire dates
 - Any previous survey results from the past year
 - Admission packet or education materials given to residents

Tour

- Brief tour of facility
 - Resident record storage
 - Maintaining confidentiality of Protected Health Information (PHI)
 - Kitchen, food storage area, and dining room
 - Activities room and activities calendar
 - Memory care unit (if applicable)
 - Medication room
 - Supply closet/area
 - Biohazard waste
 - Required posters
 - Fire extinguishers/smoke detectors/non-smoking signage
 - Restrooms

Personnel Record Review

- Review personnel records for administrative and/or supervisory personnel, licensed and unlicensed personnel, support personnel, and contracted personnel
 - Application, tax forms, and I-9
 - Job descriptions and evaluations
 - Verification of qualifications
 - Orientation records, competencies, and ongoing education
 - Medical information
 - Background checks

- For a complete list of items required in the personnel record, review Section 4 of the ACHC Accreditation Standards.

Personnel File Review

PERSONAL FILES SURVEY CHECKLIST



Please gather or flag the identified items for the following personnel/contracted individuals.

Compliance Date:

Standard	Item Required	Administration:	Alternate Admin:	LIFE Services:	Med Tech Supervisor:	Med Tech:	PCA Supervisor:	PCA:	Dietician:	Food Service:	Activity Director:	Special Care Unit:	Housekeeping:	Transportation:	Other:	Other:	Other:
AL2-C	Signed confidentiality statement.																
AL4-B	Position application (N/A for contracted staff).																
AL4-B	Dated and signed withholding statements (N/A for contracted staff).																
AL4-B	Form I-9 (N/A for contracted staff).																
AL4-D	Evidence that licensed staff credentials have been verified and are current.																
AL4-E	Evidence of initial/baseline TB test and TB risk assessment.																
AL4-F	Evidence of Hepatitis B vaccination received or signed declination statement.																
AL4-G	Evidence of access to personnel policies (N/A for contracted staff).																
AL4-H, I, L	Evidence of orientation.																
AL4-I	Food services/safety training.																
AL4-J	Care/services training initial/annual competency assessment for direct care personnel.																
AL4-K	Medication administration training and competency assessment for unlicensed personnel.																

Effective: 07/22/2021

[122] Personnel Files Survey Checklist – Assisted Living

Page 1 of 2 achc.org



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Medical Chart Reviews

- Review resident records
- Representative of the care/services provided
 - Accommodations (rent, utilities, housekeeping)
 - Complexity of need - supervision and assistance with activities of daily living (ADLs)
 - Dietary services: meals, therapeutic diets, individual feeding assistance, etc.
 - Activities
 - Pharmacy care/services
- Electronic Medical Record
 - Do not print the resident's record
 - Need access to the entire record
 - Need to have a laptop/desktop supplied by the facility
 - Navigator/outline

Medical Chart Reviews

Current Census	Minimum # of Record Reviews	Minimum # of Resident Interviews
1-80	Minimum of 5	5
81+	Minimum of 7	7

Corrected On Site

- ACHC-only requirements can be corrected on site and a Plan of Correction (POC) will not be required

Exit Conference

- Mini-exit
 - At the end of each day to identify the deficiencies
 - Day 1 – Final exit conference for LSC Surveyor
- Final exit conference
 - Present all corrections prior to the exit conference
 - Surveyor cannot provide a score
 - Invite those you want to attend
 - Preliminary Summary of Findings (SOF) as identified by Surveyor and the ACHC Standard
 - Seek clarification from Surveyor while still on site



EDUCATIONAL RESOURCES

Accreditation Decisions

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Review Committee

- All survey results are reviewed by the Review Committee.
- Compliance with ACHC requirements and state specific requirements.
- ACHC deficiencies will result in a standard-level deficiency.


Corrected On Site

- ACHC-only requirements can be corrected on site and the deficiencies will not be on the SOF and POC will not be required.
- Encourage customers to correct all deficiencies while the Surveyor is on location:
 - Validation survey

Assisted Living Summary of Findings

Summary of Findings Report for Survey on [REDACTED]
Services: ALC, LSC

[REDACTED]



Deficiency Category - Policies & Procedures			Defi-
Standard		Comments	cient
AL1-J	If the Assisted Living Community (ALC) uses outside personnel/organizations, there is a written contractual agreement with the ALC. A copy of the contract is maintained on file at the ALC.	<p>Upon policy and procedure review, there was not a policy observed regarding if the Assisted Living Community (ALC) utilizes outside personnel/organizations there is a written contractual agreement with the ALC. A copy of the contract is maintained on file at the ALC</p> <p>Corrective Action: The facility will need to ensure that if the Assisted Living Community (ALC) utilizes outside personnel/organizations there is a written contractual agreement with the ALC. A copy of the contract is maintained on file at the ALC.</p> <p>Arranged services are supported by written agreements that require that all services are:</p> <ul style="list-style-type: none"> • Authorized by the ALC. • Provided in a safe and effective manner by qualified personnel. • Delivered in accordance with the resident's care plan. <p>An ALC that uses outside personnel/organizations under hourly rates has a written contract/agreement with each provider that includes, but is not limited to:</p>	X

ACHC Accreditation Decisions



ACCREDITED

Provider meets all requirements for full accreditation status. Accreditation is granted but Plan of Correction (POC) may still be required.*



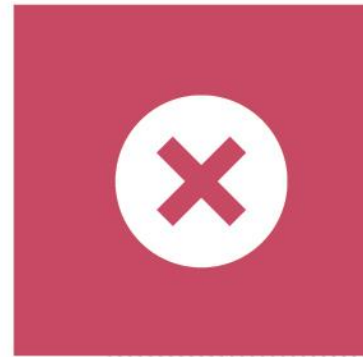
ACCREDITATION PENDING

Provider meets basic accreditation requirements but accredited status is granted upon submission of an approved POC.



DEPENDENT

Provider has significant deficiencies to achieve accreditation. An additional on-site visit will be necessary to be eligible for accreditation.



DENIED

Accreditation is denied. Provider must start process from the beginning once deficiencies are addressed.

Dispute Process

- Organizations, whether applying for the first time or renewing their accreditation, may formally request to dispute a standard(s) deficiency documented on the Summary of Findings.
- The organization submits a written request for dispute to its ACHC Account Advisor no later than 10 calendar days from the receipt of the Summary of Findings. Disputes will not be granted if:
 - The request is received after the 10 calendar-day time frame.
 - An organization has an outstanding balance.
 - An organization has a payment plan that is not current.

Dispute Process

- The written request outlines the standard(s) noted in the Summary of Findings that the organization believes ACHC incorrectly determined as a deficiency.
- The organization must also provide evidence to support that, at the time of the survey, the organization was in compliance with the standard(s).
- Any evidence the organization submits must have been presented to and reviewed by the Surveyor(s) at the time of the survey.
- Evidence provided with the request letter will not be returned to the organization.



EDUCATIONAL RESOURCES

Developing an Approved Plan of Correction


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Plan of Correction



FOR PROVIDERS.
BY PROVIDERS.

PLAN OF CORRECTION (POC)

Organization: <<Organization Name>> Company ID: <<CompanyID>> Application ID: <<ApplicationID>>

Address: <<Address>> Date Generated: <<Date>>

Services Reviewed: <<Services Reviewed>> Date of Survey: <<Survey Date>> Surveyor: <<Surveyor>>

INSTRUCTIONS:

- The standards to be addressed are already listed in the first column; the rest should be filled out accordingly. Please see the sample below.
- For Home Health and Hospice, date of compliance for Condition of Participation (CoP) standard-level and ACHC deficiencies must be within 30 calendar days from receipt of Summary of Findings (SOF) and date of compliance for condition-level deficiencies must be within 10 calendar days from receipt of the SOF.
- For Ambulatory Care, Assisted Living, Behavioral Health, Palliative Care, and Private Duty, date of compliance for ACHC deficiencies must be within 30 calendar days from receipt of Summary of Findings (SOF).
- For corrective action measures that require chart audits, please be sure to include the percentage of charts to be audited, frequency of the audit, and target threshold. Ten records or 10% of daily census (whichever is greater) on at least a monthly basis is required until threshold is met. Include actions for continued compliance once threshold is met.
- Do not send any Protected Health Information (PHI) or other confidential information with the POC or when submitting evidence to your Account Advisor.
- If you need any assistance, contact your Account Advisor.

SAMPLE: Below is a sample on how to correctly fill out your POC.

ONCE COMPLETED, PLEASE EMAIL THIS FORM TO THE ATTENTION OF YOUR ACCOUNT ADVISOR

Standard	Plan of Correction (Specific action taken to bring standard into compliance)	Date of Compliance (Date correction to be completed)	Title (Individual responsible for correction)	Process to Prevent Recurrence (Describe monitoring of corrective actions to ensure they effectively prevent recurrence)	POC Compliant (ACHC Internal Use only)	Evidence Required (ACHC Internal Use only)	Evidence Approved (ACHC Internal Use only)	Comments (ACHC Internal Use only)
HH5-3A, 5484.00	Staff will be in-serviced on how to document a complete and individualized plan of care that specifies the care and services necessary to meet the patient's needs.	mo/dd/yr	Clinical Manager	Audit 10% of all active patients to ensure the plan of care is individualized, complete and addresses the care and services necessary to meet the needs of the patient for at least 5 weeks. Target threshold is 95%. Once threshold is met, will continue to audit 10% of all patient records quarterly.	ACHC INTERNAL USE ONLY (LEAVE THIS AREA BLANK)			
HH4-20.01	Appropriate staff will be in-serviced on requirements of the initial TB screening and annual verification.	mo/dd/yr	Administrator	100% of newly hired, direct care personnel records will be audited within 30 days of hire for evidence that an initial baseline TB screen using TST or BAMT was completed. Threshold is 100% compliance. Once threshold is met, 50% of direct care personnel records will be audited annually.				

[483] POC Template Revised: 08/18/2021

Plan Of Correction Requirements

- Due in 10 calendar days to ACHC
- Deficiencies are auto-filled
- Plan of Correction:
 - Specific action step to correct the deficiency
- Date of compliance of the action step:
 - 30 calendar days for standard-level
- Title of individual responsible
- Process to prevent recurrence — two-step process:
 - Percentage and frequency
 - Target threshold
 - Maintaining compliance




Evidence


- Evidence is required to support compliance .
- Once POC is approved, POC identifies which deficiencies will require evidence.
- All evidence to the Account Advisor within 60 days.
- No PHI or other confidential information of patients or employees.
- Accreditation can be terminated if evidence is not submitted.

Additional evidence may be required based on the decision of the ACHC Review Committee.

Sample Audit Summary

EVIDENCE CHART

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FOR PROVIDERS.
BY PROVIDERS.

Company Name: _____

Date: _____ For the week/month of: _____

As you compile evidence to support your approved Plan of Correction (POC), please complete the following:

- In the Resident Record/Personnel File Audit Summary chart, summarize the results of your resident record and/or personnel file audits.
- In the Observation Deficiencies chart, note observation deficiencies from your POC and provide documents to support evidence of continued compliance. Examples of documents that may need to be submitted are: governing body meeting minutes, revised contracts, annual program evaluations, Performance Improvement (PI) activities, or administrator qualifications.

All evidence supporting the implementation of the POC must be submitted at one time to your Account Advisor within 60 days following the survey decision letter.

Do not submit evidence until your POC has been approved.

Do not submit any Protected Health Information (PHI) or confidential employee information.

Resident Record/Personnel File Audit Summary

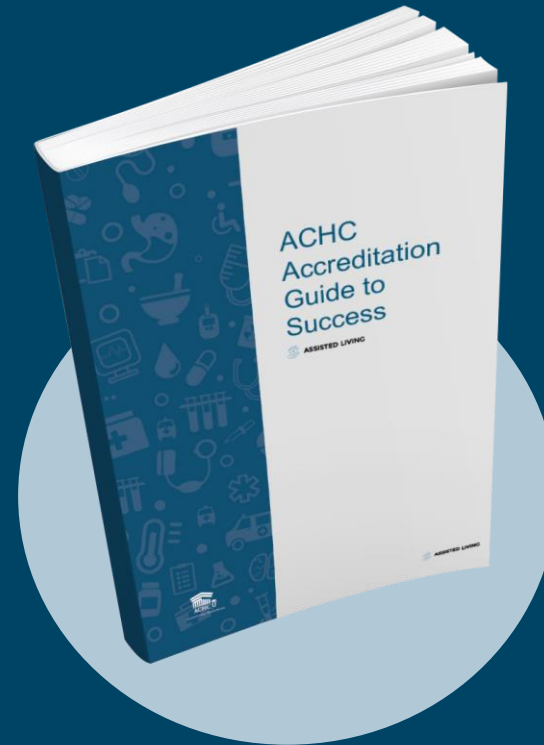
ACHC Standard	Brief Summary of Audit Findings Specific to the Deficiency	Number of Correct Charts (Audits)/Number of Total Charts (Audits) Completed	Percentage of Compliance
Example: ALS-C	Audited charts to determine that the resident's healthcare needs were provided in accordance with the care/service plan.	9/10	90%

Revised: 07/15/2021
[960] Evidence Chart – Assisted Living

Page 1 of 3 - achc.org

ACHC Accreditation Guide To Success

Assisted Living



ACHC Accreditation Guide to Success

- Essential Components:
 - Each ACHC standard contains Essential Components that indicate what should be readily identifiable in a policy and procedure, personnel record, medical record, etc.
 - Each standard also contains audit tools, sample policies and procedures, templates, and helpful hints.
- Other Tools:
 - Each section contains compliance checklists and a self-assessment tool to further guide the preparation process.
- Quick Standard Reference:
 - Quickly locate important information for successfully completing the accreditation process with ACHC.

Standard AL1-D: (Services applicable: ALC)

The Assisted Living Community (ALC) meets the defined capacity.

Capacity and Requirement Essential Components

- The total number of residents shall not exceed the number shown on the license.
- The ALC is licensed for the capacity that its physical site can provide.
- The capacity and services are in compliance with the certificate of need and/or state guidelines.

HINT

The Surveyor will expect to observe that the current resident census does not exceed the total capacity number shown on the license to operate, and the capacity and services are in compliance with the certificate of need and/or state guideline requirements.

Items Needed for Survey

ITEMS NEEDED FOR SURVEY

ASSISTED LIVING

Below are items that the Surveyor will review during your Assisted Living Accreditation survey. This document is applicable to Assisted Living Community (ALC) and Memory Care Unit (MCU) services. If you have any questions, please contact your Account Advisor. To expedite the process, please have the following items available for your Surveyor before the start of the survey:

- Current resident census, including start-of-care dates, admitting diagnoses, and disciplines providing care/service.
- Current schedule of resident reassessments.
- Discharge/transfer resident census for the past 12 months (or since start of operation, if less than one year).
- Personnel list with titles, disciplines, and hire dates (including direct care contracted staff).
- Any previous survey results from the past year.
- Admission packet or education materials given to residents.
- Staff meeting minutes for the past 12 months.
- Any internal Plan of Correction based on identified deficiencies; include with audit results.

The table below details additional documentation that will be reviewed for evidence of compliance and identifies the ACHC Standard(s) to which it applies. Annual requirements are not applicable to facilities in operation for less than one year. For further details on requirements for compliance, please reference the standards applicable to the services your organization provides.

ACHC Standard	Required Item	Located
Multiple	Access to policy and procedure manual with the following policies flagged: <ul style="list-style-type: none"> ■ AL3-E: Programs and allowable care/services the ALC may provide. ■ AL2-A: Resident's Rights and Responsibilities policy. ■ AL2-C: Care/Services provided by the ALC. ■ AL2-K: Grievance/complaint policy. ■ AL2-L: Investigation of mistreatment, neglect, or verbal, mental, sexual, and physical abuse policy. ■ AL4-D: Personnel qualification/credentialing/licensed requirements for direct care personnel. ■ AL4-W: Background check policy. ■ AL5-E: Plan of care/service policy. ■ AL6-A: Investigation of adverse events policy. 	
AL1-A	All required federal and state posters are placed in a prominent location.	
AL1-B, AL1-C, AL1-D, AL1-F, AL1-G	Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws.	
AL1-E	Evidence the ALC is able to provide all programs and allowable care/services, including specialized services.	

ACCREDITATION COMMISSION for HEALTH CARE

ACHC Standard	Required Item	Located
AL1-H	Resident contract.	
AL1-I	The job description for the Administrator includes being certified by the state or meets all regulatory criteria and qualifications applicable, as well as ALC requirements.	
AL1-J	Contracts for outside personnel/organizations providing direct care, including copies of professional liability insurance certificates.	
AL1-L	Additional services provided by the ALC for outside organizations.	
AL1-M	Memory Care Unit care/services disclosure statement.	
AL1-N	Governing body/owner list, meeting minutes, and documentation of orientation.	
AL2-D	Pharmacy care/services provided by the ALC.	
AL2-E	Dietary services provided in a safe sanitary manner and meet the needs of each resident.	
AL2-F	Activities program promotes resident involvement and participation.	
AL2-G	Signed confidentiality statements for all personnel and contracted staff.	
AL2-H	Evidence of how ethical issues are identified, evaluated, and discussed.	
AL2-I, AL2-J	Evidence of communication assistance for language barriers and provision of care/services for cultural diversity.	
AL2-K	Grievance/complaint log.	
AL2-L	Evidence of incident reports/investigations involving allegations of mistreatment, neglect, and verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of resident's property.	
AL2-M	Evidence of a Compliance Program.	
AL2-N, AL5-A, AL5-G, AL5-Q	Resident resuscitation and advances directives.	
AL2-O	Additional services: Laundry and transportation services.	
AL3-A	Most recent annual operating budget.	
AL3-B	Evidence that financial records are maintained and retained according to IRS requirements.	
AL3-C	List of charges for care/services available at the ALC.	
AL3-D, AL3-E	Evidence that resident and/or legal representative is provided charges and properly billed for care/services prior to receipt of care/services.	
AL3-F	Management of monetary funds by resident or resident's legal representative.	



ACHC Standard	Required Item	Located
AL3-C, AL3-H	Evidence of the refund policy in the resident's record/settlement of cost for care/service prior to discharge, transfer, or death.	
AL4-A, AL4-B, AL4-C	Personnel records, including those for direct care and contracted staff, contain evidence of items listed in the standard. Surveyor will review personnel records based on the care/services provided by the ALC.	
AL4-D, AL4-P, AL4-S, AL4-T, AL4-U	Personnel records contain evidence that personnel meet the minimum qualifications for those positions, including but not limited to credentialing activities.	
AL4-G	Employee handbook or access to personnel policies.	
AL4-H, AL4-L, AL4-L	Evidence of orientation.	
AL4-I, AL4-J, AL4-K, AL4-L, AL4-M, AL4-N, AL4-O, AL4-P, AL4-Q	Evidence of ongoing education, written education plan, and/or competency assessment.	
AL4-R	Evidence of performance evaluations.	
AL4-V	Evidence that the ALC is staffed sufficiently based on capacity or census.	
AL4-X	Job descriptions are consistent with the organizational chart.	
AL5-A	Resident records contain all required items as identified in the standards.	
AL5-B	Evidence that the ALC maintains resident records in a confidential manner.	
AL5-E	Care/service plans contain all required items as identified in the standards.	
AL6-A, AL6-D	Performance Improvement (PI) program.	
AL6-B	Job description for individual responsible for the PI Program and evidence of personnel involvement in PI activities.	
AL6-C	Evidence of ongoing and annual PI reports.	
AL6-E	Grievance log and evidence of monitoring of resident's grievances/complaints.	
AL6-F, AL2-L	Incident log and evidence of reporting resident accidents, incidents, and deaths in accordance with laws and regulations.	
AL6-G	Evidence of monitoring of all care/services provided under contract/agreement.	
AL6-H	Evidence of monitoring processes that involve risks, including infections and communicable diseases.	
AL6-I	Evidence of monitoring of an aspect related to resident care/service (high-risk, high-volume, problem-prone).	
AL6-J	Satisfaction surveys used in PI.	

ACCREDITATION COMMISSION for HEALTH CARE

ACHC Standard	Required Item	Located
AL6-K	Evidence of monitoring resident records; results are used in PI.	
AL6-L	Evidence of monitoring of an aspect related to administrative function of the ALC.	
AL6-M	Evidence of monitoring measures to improve staffing stability.	
AL6-N	Evidence of monitoring of medication administration.	
AL7-A	Evidence of an infection control plan, annual ALC TB risk assessment, TB exposure control plan, and OSHA Bloodborne Pathogens plan.	
AL7-C	Infection control logs for residents and personnel and evidence infection control data is monitored and incorporated into PI as appropriate.	
AL7-G	Emergency preparedness plan that includes an all-hazards risk assessment and drills of the plan conducted annually.	
AL7-H	Evidence of safety education and training for all existing and new personnel, including staff that provides services under arrangement.	
AL7-I	Access to Safety Data Sheets (SDS).	
AL7-J	Evidence of proper reporting of personnel incidents, accidents, variances, or unusual occurrences (OSHA forms 300, 300A, and/or 301 if applicable).	
AL7-K, AL7-L, AL7-M, AL7-N, AL7-O, AL7-P, AL7-Q, AL7-R, AL7-S	The ALC meets all applicable Life Safety Code local, state, and federal requirements. (For further details, see the Items Needed for Survey: Life Safety Code form.)	

Items Needed for Survey Life Safety Code

ITEMS NEEDED FOR SURVEY LIFE SAFETY CODE



ASSISTED LIVING

Below are items that the Surveyor will review during your survey for Life Safety Code (LSC) Accreditation. If you have any questions, please contact your Account Advisor. To expedite the process, please have the following items available for your Surveyor before the start of the survey:

- Number of unduplicated admissions for each residential facility of the Assisted Living Community (ALC) during the past 12 months or since the start of operations, if less than one year.
- Current resident census, complete with start-of-care dates, admitting diagnoses, and disciplines providing care/services.
- List of ALC personnel, including direct care contracted staff, with titles, disciplines, and hire dates.
- Building plans, including Life Safety drawings.
- Select policies available for review:
 - Medication Disposal Policy (ALS-P).
 - Smoking and Alcohol Use Policy (AL2-C and/or ALS-E).
 - Emergency Preparedness Plan/Policy(s) (AL7-G, AL7-H, AL7-I, AL7-K, AL7-L, AL7-M, AL7-N, AL7-D, AL7-Q, and/or AL7-R).

The table below details additional documentation that will be reviewed for evidence of compliance and identifies the ACHC Standard(s) to which it applies.

ACHC Standard	Required Item	Located
AL1-B, AL1-C, AL1-D, AL1-F, AL1-G	Licenses and permits as required by the state.	
AL2-C, AL2-D	Evidence that the ordering, dispensing, and administration of medications is in accordance with applicable laws and regulations.	
AL2-E	Evidence of meal planning and supervision of dietary services.	
AL4-N	Evidence that staff are properly trained in the use of restraints, if applicable.	
AL4-N, ALS-H, ALS-I	Evidence of proper use of restraints, if applicable.	
AL4-S	Pharmacist's license.	
AL4-U	Evidence that a registered dietician or other qualified individual oversees meal planning.	
AL4-V	Evidence of adequate staffing to resident census.	
AL7-D	Evidence the physical site meets design and construction requirements.	
AL7-E	Evidence the physical site provides a physical environment that meets the needs of residents.	
AL7-F	Report of quarterly fire drills on each shift and results of testing of emergency power systems.	
AL7-K	All new small facilities must comply with Chapter 32 of the 2012 edition of NFPA 101: Life Safety Code, published by the National Fire Protection	


ACCREDITATION COMMISSION *for* HEALTH CARE

ACHC Standard	Required Item	Located
	Association (NFPA), and all applicable requirements under NFPA 101, including new small residential board and care occupancies that provide sleeping accommodations for not more than 16 residents. ■ Small facilities - LSC 32.2	
AL7-L	All new large facilities must comply with Chapter 32 of the 2012 edition of NFPA 101: Life Safety Code, published by the National Fire Protection Association (NFPA), and all applicable requirements under NFPA 101, including new large residential board and care occupancies that provide sleeping accommodations for more than 16 residents. ■ Large facilities - LSC 32.3	
AL7-M	All existing small facilities must comply with Chapter 33 of the 2012 edition of NFPA 101: Life Safety Code, published by the National Fire Protection Association (NFPA), and all applicable requirements under NFPA 101, including existing small residential board and care occupancies that provide sleeping accommodations for not more than 16 residents. ■ Small facilities - LSC 33.2	
AL7-N	All existing large facilities must comply with Chapter 33 of the 2012 edition of NFPA 101: Life Safety Code, published by the National Fire Protection Association (NFPA), and all applicable requirements under NFPA 101, including existing large residential board and care occupancies that provide sleeping accommodations for more than 16 residents. ■ Large facilities - LSC 33.3	
AL7-O	All existing facilities must comply with Chapters 31 and 33 of the 2012 edition of NFPA 101: Life Safety Code, published by the National Fire Protection Association (NFPA), and all applicable requirements under NFPA 101, including existing residential board and care occupancies housed in an apartment building. ■ Suitability of an apartment building to house a board and care occupancy - LSC 33.4: ▫ Scope. ▫ Requirements for individual apartments. ▫ Additional requirements. ▫ Minimum construction requirements. ▫ Means of egress. ▫ Protection. ▫ Interior finish. ▫ Construction of corridor walls. ▫ Subdivision of building spaces.	
AL7-P	All new facilities must comply with Chapter 32 of the 2012 edition of NFPA 101: Life Safety Code, published by the National Fire Protection Association (NFPA), and all applicable requirements under NFPA 101, including new residential board and care occupancies. ■ Suitability of an apartment building to house a board and care occupancy - LSC 32.4: ▫ Scope. ▫ Requirements for individual apartments.	

ACCREDITATION COMMISSION *for* HEALTH CARE

ACHC Standard	Required Item	Located
	<ul style="list-style-type: none"> ▫ Additional requirements. ▫ Minimum construction requirements. ▫ Means of egress. ▫ Protection. ▫ Interior finish. ▫ Construction of corridor walls. 	
AL7-P		
AL7-Q	The ALC's building and structures must comply with Chapter 32 of the 2012 edition of NFPA 101: Life Safety Code, published by the National Fire Protection Association (NFPA), and all applicable requirements under NFPA 101, including all new residential board and care occupancies. ■ Operating features - LSC 32.7: ▫ Emergency plan. ▫ Resident training. ▫ Emergency egress and relocation drills. ▫ Smoking. ▫ Furnishings, mattresses, and decorations.	
AL7-R	The ALC's building and structures must comply with Chapter 33 of the 2012 edition of NFPA 101: Life Safety Code, published by the National Fire Protection Association (NFPA), and all applicable requirements under NFPA 101, including all existing residential board and care occupancies. ■ Operating features - LSC 33.7: ▫ Emergency Plan. ▫ Resident Training. ▫ Emergency Egress and Relocation Drills. ▫ Smoking. ▫ Smoking regulations shall be adopted by the administration of board and care. ▫ Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. ▫ Furnishings, bedding, and decorations.	
AL7-S	The ALC Memory Care Unit meets additional local, state, and federal design and construction requirements for any existing or new construction, additions, and renovations.	

Survey Preparation Tools



FOR PROVIDERS.
BY PROVIDERS.

ACHC ASSISTED LIVING


OBSERVATION AUDIT TOOL

- The Assisted Living Community (ALC) has appropriate Articles of Incorporation or other documents of legal authority.
- Copies of all required federal and state posters are placed in a prominent location for easy viewing by personnel.
- The ALC has the appropriate license public view.
- Evidence of a description of all program optional services, supplies, or amenities.
- Contracts and Business Associate Agreements in the contract.
- Copies of Professional Liability Insurance.
- Evidence of governing body/owner meeting minutes.
- Evidence that personnel protect and promote the resident's rights.
- Pharmacy services meet the needs of the resident and comply with federal regulations.
- Dietary and nutrition services meet the needs of the resident.
 - Food procurement and safety.
 - Food preparation and service.

PERSONNEL FILE AUDIT TOOL

Date: _____ Auditor: _____

REQUIREMENTS	ACHC STANDARD	PERSONNEL INITIALS			
Date of Hire:					
Application	AL4-B				
Dated and signed withholding statements	AL4-B				
Completed I-9	AL4-B				
Personnel credentials	AL4-D				
TB skin testing (direct care staff only)	AL4-E				
Hepatitis B series or signed declination statement (direct care staff only)	AL4-F				
Signed job description	AL4-X				
Background checks:					
<input type="checkbox"/> OIG exclusion list	AL4-W				
<input type="checkbox"/> National sex offender registry	AL4-W				
<input type="checkbox"/> Criminal background check	AL4-W				



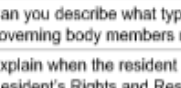
FOR PROVIDERS.
BY PROVIDERS.

ACHC ASSISTED LIVING

POTENTIAL AGENCY STAFF INTERVIEW QUESTIONS

Gray box indicates question is non-applicable.

	ACHC Standard	Administrator	Alt Administrator	Supervisor-In-Charge	Direct Care Staff	Dietary Staff	Med Technician	Licensed Personnel	Other
What negative outcomes must you report to ACHC? Have you had any negative outcomes?	AL1-K								
Can you describe some of the responsibilities of the governing body?	AL1-N								



FOR PROVIDERS.
BY PROVIDERS.

ACHC ASSISTED LIVING


RESIDENT RECORD AUDIT

Audit each resident record for the items listed under all residents. Audit for the additional requirements as it pertains to the care/services provided to the resident.

Date: _____ Auditor: _____

ALC	REQUIREMENTS	RESIDENT INITIALS				SCORE	
Start of Care Date:							
AL1-E	Receipt of description of care/services					of	%
AL1-L	Resident contract					of	%
AL2-A	Signed notice of receipt of Resident's Rights and Responsibilities statement					of	%
AL2-K	Receipt of complaint process					of	%
AL2-G	Receipt of privacy notice (HIPAA)					of	%
AL2-N	Advance Directive information					of	%
AL2-N	Information regarding program resuscitative guidelines					of	%
AL2-H	Ethical concerns documented, if applicable					of	%

Compliance Checklist

SECTION 1: TOOLS 

SECTION 1 COMPLIANCE CHECKLIST

ACHC Standard	Policy/ Procedure	Personnel Record	Observation	Audit Tools Provided	Compliance Y/N	Comments
AL1-A			Copies of applicable federal, state, and local laws and regulations	Observation Tool		
AL1-B			Posting of license(s) in a prominent location for public viewing	Observation Tool		
AL1-C			Compliance with accepted professional standards & principles	Observation Tool		
AL1-D			Defined capacity as shown on the license	Observation Tool		
AL1-E	Yes		Programs & allowable care and services, including specialized services	Observation Tool		
AL1-F			Notice of change in licensure	Observation Tool		
AL1-G			Notice of closing ALC	Observation Tool		
AL1-H	Yes		Resident contract & schedule of fees	Observation Tool		
AL1-I	Yes	Yes	Administrator's job description & orientation	Observation, Personnel File, & Interview Tools		
AL1-J	Yes		Written contracts/agreements & liability insurance certificate	Items Needed for Survey		
AL1-K			Reporting negative outcomes	Items Needed for Survey		
AL1-L	Yes		Written contracts/agreements for additional services provided for outside organizations	Observation Tool & Items Needed for Survey		
AL1-M	Yes		Alzheimer's/dementia care/services, if applicable	Observation Tool		
AL1-N	Yes		Governing body minutes & staff interviews	Observation & Interview Tools		

Self-Audit

 SECTION 1: TOOLS 

SECTION 1 SELF AUDIT

 FOR PROVIDERS BY PROVIDERS  ASSISTED LIVING

SECTION 1 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES



- Descriptions of all programs, allowable care, and services that the ALC may provide, including specialized services, such as Memory Care/dementia services.
- Resident contract/handbook requirements.
- Responsibilities of the Administrator and the individual authorized to act in the absence of the Administrator.
- Responsibilities and requirements of the outside personnel/organizations for arranged care/services.
- Responsibilities of the ALC providing additional services for outside organizations.
- Responsibilities of the ALC providing care/services to residents with a dementia or Alzheimer's diagnosis.
- Governing body/owner responsibilities.

REQUIRED DOCUMENTS

- Appropriate licenses, permits, registrations, etc., to conduct business.
- Articles of Incorporation/organization or other documentation of legal authority.
- Copies of applicable laws, rules, and regulations.
- Professional practice acts or standards of practice.
- Written contracts/agreements for outside personnel/organizations and copies of professional liability insurance certificates for contract staff.
- Previous reports/findings from regulatory investigations/surveys.
- Surveys used in Performance Improvement (PI) for monitoring contract staff.
- Orientation of governing body members – N/A for a single owner acting as the governing body.
- List of governing body members that includes name, address, and telephone numbers for each person.
- Governing body meeting minutes.
- Surveys used in PI for monitoring contract staff.

PERSONNEL FILE CONTENTS

- Administrator's resume/application with verification of qualifications.
- Job description of the Administrator that specifies the responsibilities and authority of the individual.

 SECTION 1: TOOLS 

- Job description of temporary Administrator to verify the duties required when filling the role of the Administrator are identified in the job description.
- Documentation of orientation to the duties of the temporary or alternate Administrator.

CLIENT/RESIDENT RECORD REQUIREMENTS

- None.

APPROPRIATE STAFF KNOWLEDGE OF THE FOLLOWING:

- Programs and services provided by the ALC, including specialized services.
- Potential conflict of interest situations and procedure for disclosing.
- Governing body duties and orientation.
- Reporting of negative outcomes affecting accreditation licensure.

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON SITE?

- Licenses, permits, etc., posted in public view.
- Required state and federal labor law posters.

SELF TEST

1. Is the appropriate license posted prominently in plain view of the public?
2. Why is defined capacity important?
3. What programs or allowable care and services does the ALC provide?
4. Are there any specialized services?
5. Are any additional services provided for an outside organization?
6. How does resident census impact staffing requirements?
7. Who is designated as the Administrator?
8. Who is assigned the duties of the Administrator in their absence?
9. What negative company outcomes must be reported to ACHC within 30 days?
10. If contract staff are used, do the written contracts have all required elements as well as copies of professional liability insurance certificates?

Adding Value With ACHC Accreditation



Tools Of The Trade

- ACHC provides the tools to leverage the accredited status.
- All accredited organizations receive the ACHC Branding Kit:
 - ACHC Brand Guidelines
 - ACHC Accredited Logos
 - Window Cling



Branding Elements

- Gold Seal of Accreditation:
 - Represents compliance with the most stringent national standards.

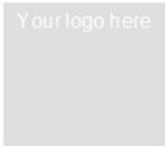


Branding Elements

- ACHC Accredited Logo



Sample Press Release



Your logo here

FOR IMMEDIATE RELEASE

February 26, 2014
Media Contact:
 Contact Name
 Organization Name
 Contact Email
 Website

**YOUR ORGANIZATION NAME
 ACHIEVES ACCREDITATION WITH ACHC**

CITY, STATE, Your organization name proudly announces its approval of accreditation status by Accreditation Commission for Health Care (ACHC) for the services of list services.

Achieving accreditation is a process where healthcare organizations demonstrate compliance with national standards. Accreditation by ACHC reflects an organization's dedication and commitment to meeting standards that facilitate a higher level of performance and patient care.

ACHC is a not-for-profit organization that has stood as a symbol of quality and excellence since 1986. ACHC is ISO 9001:2008 certified and has CMS Deeming Authority for Home Health, Hospice and DMEPOS.

Write a brief paragraph about your company, communities you serve, why you're unique, etc. A quote about the accreditation process or what this accreditation means to your organization is a great way to personalize the press release.

For more information, please visit your website, or contact us at email address or (XXX) XXX-XXXX.

###

In Conclusion

- Achieving ACHC Accreditation can help your clients add value to their brand.
- Consultants can add value to their service by encouraging providers to utilize the marketing tools that ACHC provides.
- In doing so, you can exceed your client's expectations — earning trust and building your brand.

References

- If you would like to revisit the ACHC Brand Guidelines at any time, please:
 - Visit Customer Central at cc.achc.org
 - Contact the ACHC Marketing Department at (855) 937-2242



EDUCATIONAL RESOURCES

Marketing Your Consultant Business

 ASSISTED LIVING



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE



ACHC Certified Consultant

- Becoming an ACHC Certified Consultant is a notable accomplishment that you should be proud to display:
 - It shows a dedication to providing the very best service to your clients.
 - It provides assurance to healthcare providers when choosing your business.
 - It highlights your knowledge of ACHC Accreditation and your ability to guide them through the process .
 - Allows you access to materials such as audit tools designed for our certified consultants to help with customer preparation.

Consultant Portal

- Access and update your consultant profile displayed on achc.org.
- As a consultant you will have access to tools to use with your customers through the portal.*
- Access to your branding kit.
- Stay in the know with updates from ACHC and ACHCU:
 - Upcoming webinars
 - Did You Knows
 - News updates from ACHC specifically for you

*Only accessible to Certified Consultants

ACHC CERTIFIED CONSULTANT PORTAL

Welcome, Lindsey!

Manage Your Public Profile - Verified
This information will be displayed on the "Find a Certified Consultant" page.

Photo

Company Name ACHC (Accreditation Commission for Health Care)

Description Accreditation Commission for Health Care (ACHC) is a nonprofit accreditation organization that has stood as a symbol of quality and excellence since 1986. ACHC has CMS Deeming Authority for Home Health, Hospice, and DMEPOS and a quality management system that is ISO 9001:2015 certified.

Address 139 Weston Oaks Ct. Cary, NC 27513

Phone# (855) 937-2242

Website www.achc.org

Certified Consultants John Smith Jane Parker Stephanie Johnson add/edit

Programs Home Health, Hospice, Private Duty

Update **Preview Profile** [CLICK TO PREVIEW PROFILE](#)

Tools

Readiness Packets
Survey Prep
Compliance Checklists
Branding Guidelines
Workbooks

Contact Information
- Email Customer Service
- (878) 228-6553

Accreditation University
139 Weston Oaks Ct.
Cary, NC 27513

Office Hours
Monday-Friday 9:00am - 5:00pm EST

Consultant Listing

- ACHC is proud to host the listing of all of our certified consultants on our website.
 - Customers can search the list to find the best consultant based on their needs.
 - Searchable by P&P manuals, mock surveys, training events, etc.
 - Be sure to keep you profile up-to-date through the portal.

Branding Elements

- ACHC is committed to providing the tools you need to leverage your certified status:
 - Certificate
 - Logos and Brand Guidelines
 - Sample Press Release
 - Certified Consultant Pin



In Conclusion

- As an ACHC Certified Consultant, you can establish trust with providers.
- Utilize the resources available to you to enhance the value of your consultant business.
- Use multiple communication channels to create multiple touch points and reach a broader audience with your message.

ACHC Resources

- ACHC's Marketing Department is available to help with your marketing needs.
- Feel free to contact them at info@achc.org or (855) 937-2242.



EDUCATIONAL RESOURCES

Customer Central Regulatory Resources

 ASSISTED LIVING



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE



Edit Company Information

Company Information

The options below are for companies that are currently accredited and need to make changes to their company information. Additional information and fees may be required.

NAME CHANGE	[Expand]
ADDITIONAL SITE LOCATION	[Expand]
CHANGE OF LOCATION	[Expand]
CHANGE PRODUCT CODES	[Expand]
CHANGE SERVICES	[Expand]
CHANGE OF OWNERSHIP	[Expand]
CHANGE OF PERSONNEL	[Expand]
CLOSURE/WITHDRAWAL NOTIFICATION	[Expand]

Change of Services

Company Information

The options below are for companies that are currently accredited and need to make changes to their company information. Additional information and fees may be required.

NAME CHANGE [Expand]

ADDITIONAL SITE LOCATION [Expand]

CHANGE OF LOCATION [Expand]

CHANGE PRODUCT CODES [Expand]

CHANGE SERVICES [Expand]

Please complete this form to add or remove services associated with your accreditation.

- [Service Addition Packet - DMEPOS >>](#)
- [Service Addition Packet - HH >>](#)
- [Service Addition Packet - PCAB US >>](#)
- [Service Addition Packet - Specialty Pharmacy Distinctions >>](#)
- [Service Addition Packet - BH >>](#)
- [Service Addition Packet - RD >>](#)
- [Service Addition Packet - Pharmacy >>](#)
- [Service Addition Packet - HSP >>](#)
- [Service Addition Packet - PD >>](#)
- [Service Addition Packet - Crossing Programs DMEPOS, Pharmacy >>](#)
- [Service Addition Packet - SLP >>](#)

[View Main Office Services](#)

<---View Branch Office Services--->

Change of Ownership

CHANGE OF OWNERSHIP

[Expand]

Please complete this form if your organization has gone through an ownership change. Please contact your Account Advisor if you have any questions on what qualifies as a change of ownership.

- [Ownership or Ownership Information Change Packet - DMEPOS Pharmacy »](#)
- [Change of Ownership Checklist for Home Health and Hospice »](#)
- [Change of Ownership Checklist for PCAB »](#)
- [Ownership or Ownership Information Change Packet - PD »](#)
- [Change of Ownership Checklist for Sleep »](#)
- [Change of Ownership Checklist for Renal Dialysis »](#)
- [Change of Ownership Checklist for HIT »](#)
- [Change of Ownership Checklist for Palliative Care »](#)
- [Change of Ownership Checklist for Mobile Dentistry »](#)

Change of Personnel

CHANGE SERVICES

[Expand]

CHANGE OF OWNERSHIP

[Expand]

CHANGE OF PERSONNEL

[Expand]

Please complete this form if key personnel have changed within your organization. Please see the form below for a list of key personnel.

- [Administrator and Director of Nursing Change Form »](#)
- [RD Personnel Change Notification Form »](#)
- [Manager-Leader Change Form - Palliative Care »](#)

CLOSURE/WITHDRAWAL NOTIFICATION

[Expand]



EDUCATIONAL RESOURCES

Benefits of Partnering With ACHC

Educational Resources

 ASSISTED LIVING



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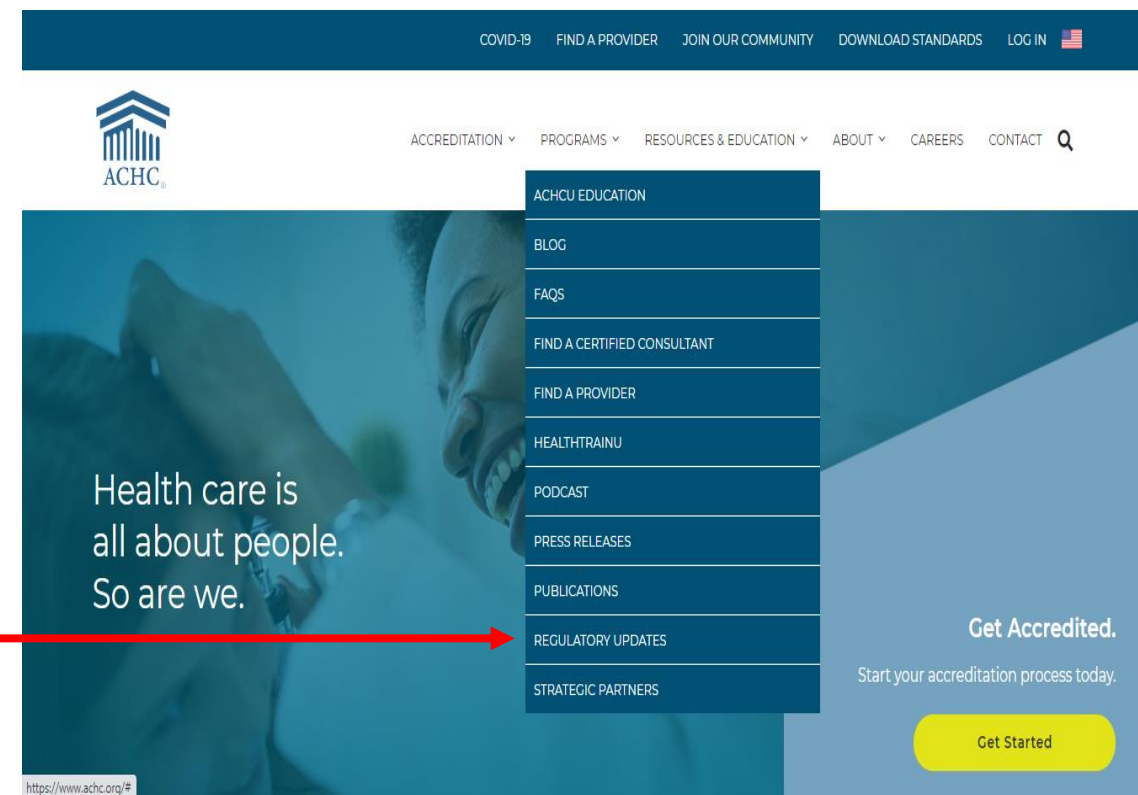


Educational Resources

- ACHCU.com:
 - Workbooks
 - Workshops
 - Webinars
- Online resources:
 - The Surveyor newsletter
 - Regulatory updates
 - Accreditation resources
 - Maintaining compliance checklists
- Email updates:
 - “Did You Know?”
 - ACHC Today e-newsletter
 - Sign Up at <https://www.achc.org/e-news-signup.html>

Regulatory Updates

- Regulatory updates can be filtered to state-specific issues
- achc.org:
 - Resources & Education
 - Regulatory Updates




Customer Central

- Customer Central is available 24/7 with resources and educational materials designed for your company.
- cc.achc.org

USERNAME
PASSWORD
LOG IN


Forgot username or password?





Customer Central is your personalized website to complete the accreditation process, from start to finish!


Please provide the information requested below to create your account and download ACHC standards


Becoming accredited with ACHC


Download Standards 

Complete Application 

On-Site Survey 

 Watch a video tutorial of the new Customer Central

 Watch Install Video >
Get Desktop App for Windows >

EDUCATIONAL RESOURCES 

ACHCU helps you prepare for, and maintain accreditation with products, tools and consulting*

GET SURVEY READY

*Consulting available for Pharmacy and DIMEPOS providers

FIRST NAME

LAST NAME PHONE

EMAIL

COMPANY NAME

DBA NAME

ADDRESS

CITY STATE

ZIP

-----ACREDITATION PROGRAM----- NUMBER OF LOCATIONS

SELECT A USERNAME

ENTER PASSWORD CONFIRM PASSWORD

Accreditation completed by: Which of the following best describes you?

-----Please Choose-----

How did you hear about ACHC? Are you hospital-affiliated? YES NO

-----Please Choose-----

SUBMIT

Resources

CUSTOMER CENTRAL

STANDARDS APPLICATION **RESOURCES** FORMS UPLOAD CART MY ACCOUNT

Account Advisor

Renee White
rwhite@achc.org
(855) 937-2242 ext. 223
Fax: (919) 785-3011

ACHC
139 Weston Oaks Ct.
Cary, NC 27513

ACHC Holidays

ACHC observes the following holidays and will not survey your agency on these dates. Please reach out to your Account Advisor if you would like to add black out days or with any questions.

New Year's Day
Good Friday
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Day after Thanksgiving Day
Christmas Eve
Christmas Day

Accreditation Resources

ACHC Today

Branding Kit

Did You Know Emails

Education

E-news Signup

PCAB Today

RESOURCES

Behavioral Health

DMEPOS

Home Health

Hospice

Palliative Care

PCAB

Pharmacy

Private Duty

Renal Dialysis

Sleep

Dentistry

Assisted Living

General Info

ACHC Information

- Desk Review Reference Guide - AL
- Evidence Chart - AL
- Items Needed for Survey - AL
- Items Needed for Survey - AL LSC

State Info

Alabama

State Specific Information

Industry Links

Maintaining Compliance Checklist

The screenshot displays the ACHC Customer Central interface. At the top, the navigation bar includes: STANDARDS, APPLICATION, RESOURCES, FORMS, UPLOAD, CART, and MY ACCOUNT. A red arrow points from the 'RESOURCES' menu item to the 'Accreditation Resources' sub-menu. The 'Accreditation Resources' sub-menu is open, listing: ACHC Today, Branding Kit, Did You Know Emails, Education, E-news Signup, and PCAB Today. Below the sub-menu, a grid of program icons is visible, including Behavioral Health, DMEPOS, Home Health, Hospice, Palliative Care, PCAB, Pharmacy, Private Duty, Renal Dialysis, Sleep, Dentistry, and Assisted Living.

- Select “Accreditation Resources”
- Next select the applicable program icon and scroll down to “Continued Compliance”

Maintaining Compliance

ACCREDITATION 12-MONTH COMPLIANCE CHECKLIST

FOR PROVIDERS OF ASSISTED LIVING

Use this checklist, along with the Resident Record Audit tool and the Personnel File Audit tool, to audit your Assisted Living Community (ALC) and operations 12 months after your ACHC Accreditation survey. This checklist can also help you determine if your organization is in compliance with applicable local, state, and federal laws and regulations. It is not intended to replace your own comprehensive review of ACHC Accreditation standards and does not guarantee a successful accreditation decision. For any areas found to be out of compliance, it is recommended that an Internal Plan of Correction be implemented and results monitored for compliance.

Section 1: Organization and Administration	Standard	Expectation	Comments
AC1-A, B, D, F, C	AC1-A	The Fair Labor Standards Act poster is posted in a prominent location.	
	AC1-B, D, F, C	All applicable licenses and permits are current and posted.	
	AC1-H, I, L, M	All contracts for direct care/services have been reviewed as required per the terms of the contract and all new contracts implemented contain the required content. The organization maintains copies of personnel liability insurance certificates for all contracted personnel.	
AC1-K	AC1-K	Negative outcomes affecting accreditation, regulatory compliance, or licensure are documented and reported to ACHC and other applicable parties.	
	AC1-K	Negative outcomes affecting accreditation, regulatory compliance, or licensure are documented and reported to ACHC and other applicable parties.	

Effective 07/01/2022
[2022] Assisted Living 12-Month Compliance Checklist - Assisted Living Page 1 of 5 - aalw.org

ACCREDITATION COMMISSION 30 HEALTH CARE

Section 2: Programs and Services Operations

Standard	Expectation	Comments
2K	Information provided to residents on how to report grievances/complaints is current and all grievances/complaints have been documented, investigated, resolved, and reported appropriately.	
2L	All alleged violations by anyone furnishing services on behalf of the ALC have been properly investigated and appropriate corrective action has been taken.	
2M	Evidence that any compliance issues have been reported and documented and that corrective action has been taken, as appropriate.	
2N	Advance Directive information provided to residents is current.	

Section 3: Fiscal Management

Standard	Expectation	Comments
3A	The budget has been reviewed and updated by the governing body and/or leadership staff and management of the organization.	
3B	Sound financial and accounting practices are implemented to ensure accurate accounting and billing.	
3C-D	Information provided to residents regarding charges for care/services is current.	

Section 4: Human Resource Management

Personnel files have been audited and contain all required elements. The ACHC Personnel File Audit tool can be used to assist in this process. Internal plans of correction have been developed and implemented based on audit findings.

Standard	Expectation	Comments
4D	All non-direct care personnel have received 12 hours of in-service education and non-direct personnel have received 8 hours. The following required topics have been addressed: <ul style="list-style-type: none"> Emergencies/disaster training How to handle grievances/complaints Infection control/training Cultural diversity Communication barriers Ethics training Workplace (OSHA) and resident safety Resident Rights and Responsibilities Compliance Program Domestic training Psychotropic drug use Behavioral care Training to detect, report, and prevent elder abuse 	
4E	All resident performance evaluations have been completed, reviewed, and signed by personnel.	
4F	Evidence of sufficient staff based on contractuality, hours or shifts, and specialties provided to meet residents' needs.	
4G	All job descriptions are consistent with the organizational chart, are up to date, and any revisions have been made. New job descriptions have been signed.	

Section 5: Provision of Care and Resident Management

Resident records have been audited and contain all required elements. The ACHC Resident Record Audit tool can be used to assist in this process. Internal plans of correction have been developed and implemented based on audit findings.

Standard	Expectation	Comments
5D	All care planning activities are up to date.	
5E	TB annual risk assessment has been completed to determine type and frequency of screening/testing for direct care personnel.	
5H, L, LL	Orientation materials cover the required topics, including specific information as outlined in the job description.	
5I, J, K, L, N, O, P, Q	Documented training/competency assessments have been completed on all direct care personnel.	
5D	All personnel who perform CPR have evidence of current CPR certification.	

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ACCREDITATION COMMISSION 30 HEALTH CARE

Section 6: Quality Outcomes/Performance Improvement

Standard	Expectation	Comments
6	The ALC has evidence of an ongoing, organization-wide Performance Improvement (PI) program that measures, analyzes, and tracks quality indicators, including at least one resident event, and other aspects of performance that enable the organization to create processes of care, services, and operations to show measurable improvement in the indicators related to improved outcomes.	
6	There is evidence of personnel being involved in the PI process.	
6	The annual PI report has been completed.	
6	PI activities include ongoing monitoring of all resident grievances/complaints.	
6	ALC investigates all adverse events, incidents, accidents, variances, or deaths that involve residents (or a staff care/service) and develops a plan to prevent the same or similar events from occurring again. ALC monitors all care/services provided under contract/agreement. Any care provided in the past year by contracted staff has been monitored to ensure the quality of care/services provided to residents.	
6	PI activities include ongoing monitoring of personnel that involve risks, including infections and communicable diseases.	
6	PI activities include ongoing monitoring of at least one important aspect related to the care/service provided.	
6	PI plan identifies the process for conducting resident and personnel satisfaction surveys.	
6	PI activities include ongoing monitoring of the resident event.	
6	PI activities include ongoing monitoring of at least one important administrative aspect of a function or service of the ALC.	
6	PI activities include ongoing monitoring of measures and implementation of plans to improve staffing stability.	
6	PI activities include ongoing monitoring of medication administration.	

Section 7: Risk Management, Infection and Safety Control

Standard	Expectation	Comments
7	The ALC maintains and documents an effective infection control program that protects residents and personnel by preventing and controlling infections and communicable diseases.	
7	Copies of the TB Exposure Control and OSHA Bloodborne Pathogen plans have been reviewed annually and are available to personnel.	
7	The ALC provides infection control education to employees, contracted providers, use in staff, residents, and family members regarding basic and high-risk infection control procedures as appropriate for care/services provided.	
7	There is evidence of all employees being immunized against the influenza virus annually and aseptically.	

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ACCREDITATION COMMISSION 30 HEALTH CARE

Section 7: Risk Management, Infection and Safety Control

Standard	Expectation	Comments
7	Land evaluates the effectiveness of the infection and infection control data and action plans are specific.	
7	Use of data related to safety the skills on each shift. If, fire alarms, and extinguishers are inspected and maintained by the manufacturer.	
7	There is evidence of personnel provided at orientation and at least one fire drill. Fire drills are conducted in accordance with the fire plan. Fire drills are documented and reviewed by the manufacturer.	
7	Data sheets (SDS) are accessible to personnel.	
7	Monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or events involving personnel is incorporated into the plan.	
7	ALC maintains and documents an effective infection control program that protects residents and personnel by preventing and controlling infections and communicable diseases.	

Effective 07/01/2022
[2022] Assisted Living 12-Month Compliance Checklist - Assisted Living Page 4 of 5 - aalw.org





EDUCATIONAL RESOURCES

 ASSISTED LIVING

Questions?

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