



Division of Aging Services

State Review Guide

for

Homemaker Services

PSA/County: _____ **Site:** _____

Reviewer: _____ **Date:** _____

Revised April 5, 2004

Review Guide Purpose, Service Definitions and Abbreviations/Acronyms**Purpose and Scope:**

This guide is designed for the Area Agencies on Aging (AAA) to measure the compliance and performance of subcontractors for Homemaker Service for HCBS. It is intended to assist the AAA to measure the compliance and performance of homemaker services to frail elderly people in their places of residence. The provision of homemaker services does not include the provision of personal care services.

Definition:

Area Agencies may contract for the provision of homemaker services only with private non-profit organizations or commercial businesses which have the capacity to perform the tasks necessary to improve residential environments and increase the safety and independence of frail community-dwelling elders.

If an Area Agency provides the service directly, the agency must be licensed according to the same rules and regulations and will be subject to being monitored by DAS using this review guide. Suggested monitoring activities are noted in italics to assist monitors

Abbreviations and Acronyms (Peculiar to this guide/Service/Program):

AAA	Area Agency on Aging
ADL	Activities of Daily Living
DON-R	Determination of Need - Revised
DAS	Division of Aging Services
DHR	Department of Human Resources
IADL	Instrumental Activities of Daily Living
HHA	Home Health Agency
RN	Registered Nurse
LPN	Licensed Professional Nurse
SOP	Standard of promptness

Number	Section Cited	Review Questions Homemaker Services Requirements	Yes/ No/ N/A Comments
1.	306.4	<p>Client eligibility: The provider is serving only clients whose care needs can be met in the home and meet the following criteria:</p> <ul style="list-style-type: none"> • Age 60 and over; and • Have a physical/mental disability which limits ability to perform basic ADL's/IADL's • Have limited access to persons who are able/or willing to assist them. <p>Monitor suggested activities-Review AIMS data for clients' age and impairment levels. (Reports available, DON-R scores and ADL/IADL counts).</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
2.	306.6 306.6b c b	<p>Service Activities: The subcontractor provides planned and routine services that include:</p> <ol style="list-style-type: none"> 1. Cleaning 2. Laundry 3. Ironing 4. Washing 5. Bagging 6. Making beds 7. Shopping 8. Assist in organizing household routines 9. Reading and writing tasks if client is unable to do 10. Performing essential errands 11. Client education <ul style="list-style-type: none"> • Meal preparation • Escort assistance <p>Monitor suggested activity – Review care plan and client file.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>

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3.	306.7	<p><u>Prohibited activities:</u> Homemakers are not providing personal care services unless they are trained, and the provider is licensed to provide such services, and the AAA is contracting with the provider for the provision of both homemaker and personal care services.</p> <p>-Homemakers are not performing the following activities:</p> <ol style="list-style-type: none"> 1. Administering medications 2. Performing household services not essential to client need 3. Friendly visits only 4. Performing therapeutic activities usually provided by LPN, RN or HHA 5. Home repair 6. Yard maintenance 7. Moving heavy objects 8. Performing services for other members of household 9. Transporting the client in the workers or clients car unless proof of liability insurance is documented by employer 10. Performing tasks not authorized by the case manager in the care plan <p><i>Monitor suggested activity</i> – Review the care plan/client file.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
4.	306.8	<p><u>Service Outcomes:</u> Services are designed to meet the following outcomes:</p> <ol style="list-style-type: none"> (a) Reasonable cost (b) Staff demonstrates sensitivity to client special needs including nutrition. (c) Services are designed to capitalize on individuals' strengths, lessen burden of impairment and care giving (d) Services are provided based on individualized client need and ability (e) Provider is able to expand service capacity and improve quality with revenue generated by voluntary contributions and client cost share <p><i>Monitor suggested activities</i> – Review a sample of participant service plans. Assure that participants were involved in the planning and that activities are appropriate to client needs, interest and ability.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>

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5.	306.10(a)	<p>Assessment: Assessments are completed within ten (10) business days of the receipt of the service referral.</p> <p>-Applicants/clients were provided written notice of eligibility status for receiving services.</p> <p><i>Monitor suggested activities: Pull a sample file/ files to check for SOP.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
6.	306.10(b)	<p>Service plan: The service plan is developed using a format provided or approved by DAS with the client and/or family during an in-home assessment visit.</p> <p>-The plan at a minimum includes:</p> <ul style="list-style-type: none"> (a) Information that clearly links to impairments documented on the DON-R and other instruments used to assess clients and care givers. (b) Types of services requested, tasks requested and performed. (c) Expected days, times, frequency and expected duration of services in the home. (d) Names of assigned personnel including supervisors name. (e) Expected duration of the need for service. (f) Stated service goals and objectives. (g) Discharge plans. <p>-Service plan includes information on equipment needs and referrals</p> <p>-Service plan is completed within seven (7) working days of being initiated in the home.</p> <p>- Plans are revised, reviewed and updated at each supervisory visit or more frequently if the client's condition or circumstances change.</p> <p><i>Monitor suggested activity- Review the service plans for required elements and SOP.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>

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7.	306.10(c)	<p><u>Service initiation:</u> Services are initiated within ten (10) working days from the date of referral and are continued on a regular basis in accordance with the established service plan</p> <p>-A telephone or other contact was made within the first four (4) weeks of service delivery to assure client satisfaction and then annually thereafter.</p> <p><i>Monitor suggested activities</i> – Review a sample of client files for documentation of timelines for initiation of services, and continued annual follow-up.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
8.	306.10(d)	<p><u>Supervisory/monitoring visits:</u> Periodic visits are made to the client's residence from the date of initial service and as indicated by changes in the client's condition.</p> <p>-The first visit was made within 30 days of the end of the first 6 months of service delivery.</p> <p>-Supervisors have documented the appropriateness of the level of services provided.</p> <p>- Provider agency staff or case management initiate a complete reassessment if significant changes in the client's condition or circumstances occur.</p> <p><i>Monitors</i> – Review a sample of client files with particular emphasis on:</p> <ul style="list-style-type: none"> • Standard of promptness • Service plan and client needs • Homemaker tasks • Service appropriateness • 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
9.	306.10(e)	<p><u>Reassessment:</u></p> <p>The client was reassessed at a minimum annually and when significant changes occur in the client's condition.</p> <p>-Reassessment was conducted using a format approved by DAS.</p> <p>-The assessor addressed at a minimum, changes in the clients cognitive, emotional, physical, economic, and social environment.</p> <p>-With feedback from the aide, the assessor evaluated the appropriateness of the</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p>

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		<p>service plan, adequacy of supplies and equipment and relationship with the client. -The service plan was adjusted accordingly.</p> <p><i>Monitor suggested activity: Review a sample of client files.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
10.	306.10(f)	<p><u>Emergency Contacts:</u> Emergency contact is listed in client record.</p> <p><i>Monitor suggested activity- Review client file or refer to client file check sheet.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
11.	306.10(g)	<p><u>Termination and discharge:</u> A written notice of termination and discharge is provided at least 21 calendar days prior to the date of discharge. -The provider collaborates with the AAA and or case management to make appropriate discharge arrangements with the client/family -The provider continues to provide care until alternate arrangements can be made.</p> <p><i>Monitor suggested activity-Review a sample of discharged client files to determine reason for termination/discharge. Assure documentation of written notice of termination and interim provision of care.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
12.	306.11	<p><u>Staffing:</u> The provider has sufficient numbers of qualified staff to provide services.</p> <p>All homemakers shall meet the following minimum qualifications:</p> <p>(1) Be 18 years of age or older; (2) Have the ability to follow oral and written instructions and keep simple records; (3) Have experience in providing care to aged or disabled adults; (4) Have experience or receive training in each service activity. (5) Be free of communicable/infectious disease and be able to provide certification of health status and fitness to perform duties; (6) Have never been shown by credible evidence to have abused, neglected, sexually assaulted, exploited or deprived any person or to subject any person to a serious</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p>

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		<p>(6) Nutrition (4 hours)</p> <p>(7) Cleaning and care tasks in the home. (3 hours)</p> <p>(8) The provider instructs each worker on procedures to obtain emergency healthcare assistance.</p> <p><i>Monitor suggested activity: Review a sample of employee files or the agency's training files for documentation of successful completion of orientation and training. Review sign in sheets and training agendas</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
14.	306.13(a-c)	<p><u>Administrative Requirements:</u></p> <p>-The agency has written policies and procedures, which define the scope of services provided.</p> <p><i>Monitor suggested activity: review policies and note last review and revision date.</i></p> <p>-The agency maintains accurate administrative, fiscal, personnel, and client case records that are accessible and available to authorized representatives of all regulatory agencies as required by law.</p> <p><i>Monitor suggested activity—Coordinate with AAA fiscal staff and review results of any AAA desk reviews conducted prior to on-site monitoring.</i></p> <p>-The agency has documentation that all employees have been screened through the state criminal records check process.</p> <p><i>Monitor suggested activity – review records check results for all staff; note any staff that do not meet requirements. Can cross reference to 306.11</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>

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17.	306.13(f)	The provider agency supplies employees with a form of identification that includes a photograph of the employee. <i>Monitor suggested activity- Review agency policy for issuance and return of ID. Inspect an ID badge.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments:
18.	306.13(g)	The provider ensures that no homemaker is a member of the client's immediate family. <i>Monitors suggested activity-Review agency policy that addresses service delivery by family members.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments:
19.	306.13(h) 306.13(h) continued	The provider has established and enforces a code of ethics and employee conduct that is distributed to all employees and client/families. The code of ethics shall include, at a minimum, prohibitions regarding: (1) Consumption of clients' food or drink, except for water. (2) Use of clients' telephone for personal calls. (3) Discussion of one's own or other's personal problems, religious or political beliefs with the client. (4) Bringing any other persons, including children, not involved in providing services to the clients' homes. (5) Solicitation or acceptance of tips, gifts or loans, in the form of money or goods for personal gain from clients or their families. (6) Consumption of alcoholic beverages, or use of medicines or drugs for any purpose, other than medical, in the clients' homes, or prior to being present in the home to provide services. (7) Smoking in clients' homes (8) Breach of the clients'/caregivers' privacy and confidentiality of information and records;	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

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		(9) Purchase of any item from the client/caregiver, even at fair market value. (10) Assuming control of the financial or personal affairs, or both, of the client or his/her estate, including power of attorney or guardianship. (11) Taking anything from the client's home. (12) Committing any act of abuse, neglect or exploitation. <i>Monitors suggested activity– Request a copy of the code of ethics</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments:
20.	306.13(i)	<u>Agency Administrator:</u> The agency employs a staff person who shall have full authority and responsibility for the operation of the organization. <i>Monitors suggested activity– Review organizational structure and document the name and title of the agency administrator</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments:
21.	306.13(j)	<u>Record Keeping:</u> The service agency maintains a separate file on each client that includes at a minimum: (a) Assessment/reassessment documentation. (b) Identifying information. (c) Current service agreement. (d) Current service plan. (e) Documentation of tasks performed by staff. (f) Documentation of findings of supervisory visits. (g) Progress notes; problems reported; communication with physicians, family members and responsible parties. (h) Date of referral. (i) Any and all additional information requested by the division. <i>Monitors suggested activity– Review a sample of client files for documentation of above items.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments:

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22.	306.13(2A,C)	<p><u>Record retention and confidentiality:</u> The provider has a written policy for the maintenance and security of client records, specifying who shall supervise the maintenance of records; who shall have custody of records; to whom records may be released and for what purposes.</p> <p><i>Monitor suggested activity – Request a copy of the written policy for record retention and confidentiality of records.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
23.	306.13(2B)	<p>The provider retains client records for six (6) years from the date of last service provided.</p> <p><i>Monitor suggested activity– Note compliance with record retention requirement.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
24.	306.13(3)(A-I)	<p><u>Personnel Records:</u> The provider maintains separate records for each employee that includes the following:</p> <ul style="list-style-type: none"> (a) Identifying information. (b) Employment history. (c) Documentation of qualifications. (d) Initial TB screen and yearly. (e) Date of employment. (f) Individual job duties and description of duties. (g) Documentation of training requirements. (h) Employee performance evaluation. (i) Documentation of bonding if applicable. <p><i>Monitor suggested activity– Review personnel files for documentation of above.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>

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25.	306.13(4)	<p><u>Reports of complaints and incidents:</u> The provider maintains the following documentation:</p> <p>(A) Files of all documentation of complaints submitted in accordance with Rules and Regulations of the State of Georgia.</p> <p>(B) All incident reports or reports of unusual occurrences (falls, accidents, etc.) that affect the health, safety and welfare of the clients, for a minimum of six years.</p> <p>(C) Documentation of action taken by the provider to resolve clients' complaints and to address any incident reports or unusual occurrences.</p> <p><i>Monitors suggested activity– Review the complaint files, incident reports and follow up documentation. Note the number of complaints, patterns of complaints identified, and degree of satisfactory resolution. Did any of the complaints result in disciplinary action with employees? Describe.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
26.	306.14	<p><u>Reporting of suspected abuse, neglect or exploitation:</u> The provider assures that all staff complies with procedures for reporting suspected abuse, neglect or exploitation to the appropriate authority.</p> <p><i>Monitors suggested activity - Request a copy of the procedures homemaker staff use to report appropriately.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
27.	306.15	<p><u>Service Availability:</u> The provider has assessed the need for services outside the core hours and days.</p> <p>- If applicable, the provider has developed and implemented plans to address the need for expanded service.</p> <p><i>Monitor suggested activity- Review current year service proposal. Check with the screening staff to see if the provider has turned down clients because the agency could not serve them beyond the 5 days a week, 8 a.m. – 5 p.m. hours.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>

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28.	306.16	<p><u>Provider Quality Assurance and Program Evaluation:</u> The homemaker program has developed and implemented an annual Quality Assurance (QA) plan and submits an annual written report to the AAA. The report is submitted no later than the end of the first quarter of the new fiscal year (September 30).</p> <p>-The provider involves direct care service workers and supervisory staff in the QA process.</p> <p>-The process includes, but is not limited to:</p> <ul style="list-style-type: none"> (1) A review of existing operations. (2) Satisfaction surveys from care receivers and job satisfaction surveys. (3) Program modifications in response to changing needs of clients. (4) Program and administrative improvements. <p><i>Monitors suggested activity – Review QA plan and most recent report. Check SOP.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>