



**North Carolina Department of Health and Human Services**  
**Division of Health Service Regulation**  
**Acute and Home Care Licensure and Certification Section**  
2712 Mail Service Center ■ Raleigh, North Carolina 27699-2712

Beverly Eaves Perdue, Governor  
Lanier M. Cansler, Secretary  
Jeff Horton, Acting Division Director

<http://www.ncdhhs.gov/dhsr>

Azzie Y. Conley, Chief  
Phone: 919-855-4620  
Fax: 919-715-8476

**HOME CARE and HOSPICE LICENSURE SURVEY CHECKLIST**

In order to assist in preparation for initial licensure survey and to ensure compliance with the *North Carolina Rules Governing the Licensure of Home Care Agencies*, you are advised to have the following items ready for review at the time of the initial survey.

**I. Administrative Policies and Procedures – to include the following at a minimum:**

- A. Evidence that the applicant has previously owned or operated a home care agency or evidence that the applicant has taken a DHSR approved home care training course {.0903a}
- B. Agency Organization Chart {.1001a8}
- C. Evidence of the existence of premises where agency will operate (lease agreement, ownership documents, business license, etc.) {.0903a-d}
- D. Geographic Service Area(s) for each service (counties where providing service) {.1001g}
- E. Agency Director Job Description (qualifications and specific responsibilities) {.1001b, d, e, .1503}
- F. Service Supervisor Job Description (qualifications and specific responsibilities) {.1001c, d}
- G. Job Description for each service category (qualifications and specific responsibilities) {.1003d}
- H. Annual Budget (projected for new agencies – expenses and revenue) {.1002a}
- I. Infection Control Policies {.1003a, b, and f} (follow OSHA guidelines), include:
  1. Communicable Disease Control
  2. Bloodborne pathogen training policy and record of curriculum content, trainer, and training session dates
  3. TB and Hepatitis B policy
  4. Exposure control plan with high risk categories identified (employees with direct patient/client contact)
  5. Post-exposure follow-up procedures
- J. Annual Program Evaluation Policy {.1004a-e}
- K. Quarterly Client Record Review Policy {.1004d} (for Home Care agencies only), or Interdisciplinary Care Team (ICT) meetings (for Hospice only)
- L. Order of Authority Policy {.1001e}

**II. Client Care Policies and Procedures**

- A. Client Rights Policy {.1007a-b} and No Smoking Policy (GS131E-143)
- B. Client Complaint Policy, including state hotline number for filing complaints {.1007d}
- C. Policy for reporting to the Health Care Personnel Registry (HCPR)
- D. Admissions Policy {.1101}
- E. Policy for coordination of client/patient care with other community services or other home care agencies {.1001a11 & .1101a8}
- F. Scope of service policy {.1100} and applicable Service Policies {.1102 - .1109, .1502a, b}, including but not limited to:
  1. Nursing, PT, OT, ST, MSW, Hospice (bereavement, volunteer services), Infusion, Respiratory, – including on-call for nursing, infusion and respiratory services
  2. In-Home Aides (IHAs), Companion/Sitters including:
    - a. Documentation of training and competency verification {.1003g, .1110a,b, .1504}
    - b. Supervision {.1110d, .1504}
  3. Discharge Policy {.1402 – 2d, e}
  4. Plan of Care Policy with Quarterly Plan of Care Reviews {.1202a-d}
  5. Orders Policy (medication, treatment, and/or orders for in-home aide services) {.1302}

6. Service Records Policy {.1401 & .1402}
  - a. Storage of Records
  - b. Retention of Records
  - c. Content of Records
    - Admission/Intake data record
    - Client assessment data
    - Plan of care
    - Service data record
    - Supervisory visit record
    - Plan of care updates
    - Client's rights form
    - Physician's orders
    - Advance directives (if addressed in agency policy)

**III. Personnel policies and procedures – to include the following at a minimum {.1003 & .1110}:**

- A. Employee orientation policy
- B. Identification Badge policy (GS 90-640)
- C. In-service training policy and records of curriculum
- D. Employee annual performance evaluation policy
- E. Personnel records, content, access, storage and retention policy
- F. Policy defining agency's method of validating competencies
- G. Criminal background investigation policy (State Bureau of Investigation - SBI)
- H. Personnel records
  1. *For initial licensure survey – Bring completed personnel records for:*
    - a. Agency Director
    - b. Service Supervisor
    - c. Two (2) complete personnel records for each service/discipline requested on the Initial Application. (Hospice should include: bereavement coordinator, patient care coordinator, medical director, volunteer coordinator, and volunteers)
  2. *Each personnel record should include:*
    - a. Employee name
    - b. Job title
    - c. Application
    - d. Date of hire
    - e. Documentation of education and/or training
    - f. License verification (Nurses – NCBON verification)
    - g. Nurse aide registry listing
    - h. Health Care Personnel Registry check (CNAs/IHAs/Companions/Sitters)
    - i. Orientation and in-service
    - j. Job description (signed)
    - k. Validation of skills (checklist) – signed by appropriate supervisor
    - l. Bloodborne pathogen training verification
    - m. Hepatitis B immunization/declination and TB status
    - n. Reference checks or verification of previous employment
    - o. Authorization to perform criminal background investigation by SBI

**IV. Sample patient record/forms review**

For initial licensure survey, bring sample(s) of all forms to be used for patient/client care documentation.

<b>Agency Director</b>	Name	
	Signed Job Description	
	Application (or resume)	
	Bloodborne Pathogen training	
	Hep B	
	PPD/TB	
	Qualifications of Director ( <i>shall meet one or more of the following</i> )	Y/N

1. Health care practitioner  
2. At least 2 yrs supervisory or management experience in home care or any other provider pursuant to G.S. 131E or G.S. 122C; **or**  
3. Bachelor's degree in health, business, or public administration science **and** has at least one year supervisor/management experience in home care or other licensed health care program.

**Home Care Personnel Record Review**

<p>Applicant:</p> <ul style="list-style-type: none"> <li>❖ _____ Evidence of previous ownership/operation of HC agency</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>❖ _____ Evidence of completion of DHSR approved HC training course</li> </ul>
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<b>Personnel</b>		Service Supervisor	Caregiver (RN/LPN, CNA, IHA, PCA, PT, OT, ST, MSW, RT)	Caregiver (RN/LPN, CNA, IHA, PCA, PT, OT, ST, MSW, RT)
	Employee Name			
	Job Title			
	Signed Job Description			
	Application (or resume)			
	Hire Date			
	License Verification			
	NA registry/HCP check			
	Skills Validation	NA		
	Bloodborne Pathogen training			
	Hep B			
	PPD/TB			
	Orientation			
	Reference checks			
SBI/signed authorization				

<p>Comments:</p> <p><u>Evidence of Workmen's Compensation:</u></p> <p><u>Premise lease:</u></p> <p><u>Business License:</u></p> <p><u>Other City Documents (evidence premise is zoned for Commercial use)</u></p>
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