







**W**hether you're a 'Big Picture' thinker or all about the details, we're here to help you curate a successful accreditation compliance strategy! This year, we're taking a classical approach to managing compliance and throwing in a whole lot of creativity and humor to make things fun. Use this handy calendar to spread out your compliance tasks and stay on track throughout the year. Before you know it, you'll be well on your way to achieving compliance and improving your facility's patient care and business operations.

This calendar is part of our ABC Accreditation Compliance Kit, created to help make accreditation compliance simple and successful.

## THE KIT INCLUDES:

**Patient Care Guide**—the base of your accreditation compliance knowledge which includes a listing of all of the standards and additional words of wisdom to help brush away any confusion.



**2022 Calendar**—helping you keep track of important compliance milestones throughout the year. We have included key standards as well as those that have presented the biggest challenges for facilities over the past year. Look out for the **CAP** icon! We've displayed it next to any standards that automatically require a Corrective Action Plan (CAP) if missed.



**Resource Pack**—your online resource for sample forms, templates, checklists and articles available for you to review, use and modify to fit your practice's needs. Look for the **RP icon** throughout the calendar and log in to your facility's MY ABC account to access all of the resources available!



### NEW this Year!

**Facility Accreditation Renewal Application FAQs** – All facilities are now required to submit specific electronic documentation with their online renewal application. Check out these FAQs to ensure you've got everything covered.





# When there's just not enough of you to go around

## Take Advantage of Credentialing Opportunities

Consider getting your non-credentialed staff certified as an orthotic or therapeutic shoe fitter so these individuals can provide patient care independently.

## Utilize Support Personnel

Your credentialed staff may delegate certain tasks in the provision of any custom fabricated or custom fitted orthosis, prosthesis or pedorthic device to non-credentialed support personnel\*. Those

delegated tasks must be within the ABC credential holder's scope of practice and cannot include patient assessment, formulation of the treatment plan, final fitting and delivery and any follow-up care that modifies the function of the device as originally prescribed. **Any tasks delegated to Support Personnel must be supervised under Direct Supervision\*—HR.6.1**, (Guide, pg. 33).

(\*See definitions of Support Personnel and Direct Supervision in the ABC Scope of Practice)

## And There's More!

Expanding who can provide patient care can earn you extra time in the long run. Check out these time-saving tools in the Resource Pack.

- Privileging Guide: The How and Who of Privileging
- Instructions for Establishing Written Objective Criteria
- Individual Privileging Record template
- Privileging FAQs
- Scope of Practice



Everyone has days when there is so much to do that you think about cloning yourself. Wouldn't it be great if you could share the responsibilities with someone who was just like you? Perhaps privileging your certified employees is the answer! We all know that managing how patient care is being provided is a critical aspect of your practice, but if you tap staff members that can handle those important tasks (maybe not just like you, but pretty close), you'll be able to provide more care to more patients with the peace of mind that everyone is still receiving great care. Here are some ways you can expand your efforts.

## Privileging Certified/Licensed Staff

Per the ABC Scope of Practice, you may privilege certified or licensed staff to provide patient care beyond their defined scope of practice under the supervision of a certified or licensed individual practicing within their scope of practice. Just remember, this process must be **in accordance with applicable laws, based on Written Objective Criteria\* and under the Indirect Supervision\* of a certified or licensed individual practicing within their scope of practice—HR.6**, (Guide, pg. 33).

(\*See definition of Written Objective Criteria and Indirect Supervision in the ABC Scope of Practice.)



## Rules for Mastectomy Practices

Keep in mind that certified or licensed mastectomy fitters **CAN** supervise and privilege non-credentialed caregivers in the provision of care per ABC's specific **Mastectomy Scope of Practice**.

# JANUARY

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

DECEMBER

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12 13 14 15 16 17 18  
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26 27 28 29 30 31

FEBRUARY

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20 21 22 23 24 25 26  
27 28



**JANUARY IS NATIONAL MENTORING MONTH!**  
Speaking of ways to improve your practice, consider becoming an NCOPE residency site. Help yourself while helping train future practitioners. Visit [ncope.org](http://ncope.org) to learn more.

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New Year's Day



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Martin Luther King, Jr. Day



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# When you bend over backwards and you're not even sure it's appreciated

You've all been there. Trying to do your best for your patients. But do they appreciate what you do and how can you tell?

The easiest way to find out how your patients think you're doing is with patient satisfaction surveys.

As a first step, decide the best way to distribute your surveys. Many practices use electronic survey systems, so consider creating an online survey (check out free tools like Google Forms or Survey Monkey). Just like with your other communications, it's easy to alert patients to your electronic survey via email, a tablet or even a computer in the waiting area or by simply providing a survey link in a handout or other takeaway.

We've been bending over backwards for you! Download our **Sample Patient Satisfaction Survey** and customize it to fit your facility and patients' needs.

## We have Resources for YOU!

Guide to Satisfaction Trends

How to Write and Analyze Surveys

Sample Patient Satisfaction Survey



And don't forget that at least once a year (quarterly if you want) you need to evaluate and document your survey responses—**PM.2.1**, (*Guide* pg. 56). Make note of the positive feedback along with areas identified as needing improvement. Share the results with your staff at your next meeting and be sure to praise employees on a job well done. Don't miss this great chance to encourage input and ideas on how to make your practice better.

Use the survey data to write a review of your performance management program. You must document any changes to your processes at least once a year—**PM.10**, (*Guide*, pg. 58).

Whether you've chosen to make a change or keep things at the same high level, be sure to promote consistency. When you and your staff make the effort to execute improvement, your patients are sure to take notice!



*I'm not trying to toot my own horn...oh wait, yes I am! TOOT! TOOT!*

Tell EVERYONE how proud you are of your facility's accreditation and patient care excellence via your website, social media or even with a press release using our Sample Accreditation Press Release found in the Resource Pack.



**SPEAKING OF CELEBRATING...join us in celebrating **BLACK HISTORY MONTH** and the amazing Black people who greatly contributed to society, like John Blanke (pictured center). This Black Tudor trumpeter served in the courts of Henry VII and Henry VIII and is considered the first person of African descent in Britain for whom we have both an image and written record. He is noted in the court's accounts of the day as having been paid wages, successfully petitioning Henry VIII for a wage increase and later receiving a wedding gift from the king.**

# FEBRUARY

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

		1	2 Groundhog Day 	3	4	5
6	7	8	9	10	11	12
13	14 Valentine's Day 	15	16	17	18	19
20	21 Presidents' Day	22	23	24	25	26
27	28	<b>BLACK HISTORY MONTH</b> 			<b>JANUARY</b> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>MARCH</b> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31



“I don’t care how hard it will be, I know we can build this before naptime”

Setting your patients up for success means understanding their goals no matter how big or small. To ensure that you don’t lose sight of their expectations, have a detailed plan and continually check your work.

## GOALS



Take time to get your patient’s back story and expectations. This will give you a better understanding of the patient’s specific goal(s) and why they are important to them. Give your patient a voice in their success by using patient-centered functional goals to help you formulate your treatment and follow-up plans. Be sure to document all patient goals and expected outcomes as related to the use of an item or services in your patient’s record (clinical notes section would be good!)—**PC.4**, (*Guide* pg. 40).

## PROGRESS

Tracking your patient’s progress toward their goals and outcomes (**PC.4**, *Guide* pg. 40) can serve as motivation for your patient as well as a way for you to determine whether any of the goals or outcomes should be tweaked or reevaluated. Consider using surveys, interviews, evaluations, outcome measurements and any other methods you find helpful to directly measure your patient’s progress.

In the end, being compliant with these standards is likely to boost overall satisfaction with the quality of care you’ve provided and ultimately lead to a desirable outcome for everyone.



## TOP TEN

Check out our list of most frequently overlooked

items that you wouldn’t ya know, keeping track of how your patient is progressing toward their goals and outcomes (**PC.4**) is #5 on the list! Access this resource from the online Resource Pack.





# MARCH

SUNDAY

MONDAY




TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

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6	7	8	9	10	11	12
13 Daylight Savings Time Begins 	14	15 Passover	16	17 St. Patrick's Day 	18	19
20 Spring Begins 	21	22	23	24	25	26
27	28	29	30	31		<p>APRIL</p> <p>1 2</p> <p>3 4 5 6 7 8 9</p> <p>10 11 12 13 14 15 16</p> <p>17 18 19 20 21 22 23</p> <p>24 25 26 27 28 29 30</p>



The moment  
when you wish  
someone had  
remembered to  
bring life jackets

## Battening Down the Hatches

When it comes to the safety of your patient and employees, you always want to be prepared and it's better to err on the side of caution than to be caught in a tough situation. There are **two specific ABC facility safety standards that are required for full compliance** (or you risk receiving a CAP request)—**FS.2** and **FS.2.1** (*Guide*, pg. 60). These standards specifically address patient access to your facility.



Federal, state and local laws state that your patients must have unobstructed access to your facility starting in the parking area, including any ramps and/or elevators which also must be handicap accessible. Once inside your facility, all areas must be wheelchair accessible.

Don't forget about also needing to comply with local health codes and occupancy classifications. Additionally, ABC requires that each of your patient care locations provide specific, dedicated and private treatment areas that are properly equipped for patient evaluation and care.

## Run a Tight Ship

Many facilities hit turbulent waters when they don't conduct an annual fire/evacuation drill. It's an easy thing to do but don't let your facility start taking on water by missing this one!

Standards **FS.3.2.1** and **FS.3.2.2**, (*Guide*, pg. 61), address the need to not only have an annual drill but also require that you have a written evaluation of the drill's effectiveness. Which basically means you need to include the results of the evaluation in your performance management plan; many people forget this last required step.

We are your  
de facto  
Life  
Saver!



We have resources available to help you with these safety standards.

The **Resource Pack** contains a **Fire Emergency Drill Documentation** template as well as an **Annual Facility Review Checklist** to help you take a focused look at all aspects of your facility so you're always sailing your way toward safety.

**IT'S LIMB LOSS  
AWARENESS  
MONTH**

Visit  
[limblossawareness.org](http://limblossawareness.org)  
to learn more and find out how  
you can get involved.



# APRIL

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

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FRIDAY

SATURDAY

<p>MARCH 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31</p>	<p>MAY 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31</p>				<p>1 April Fool's Day</p> 	<p>2 Ramadan Begins</p>
<p>3</p>	<p>4</p>	<p>5</p>	<p>6</p>	<p>7</p>	<p>8</p>	<p>9</p>
<p>10</p>	<p>11</p>	<p>12</p>	<p>13</p>	<p>14</p>	<p>15 Good Friday</p>	<p>16</p>
<p>17 Easter</p> 	<p>18</p>	<p>19</p>	<p>20</p>	<p>21</p>	<p>22 Earth Day</p> 	<p>23</p>
<p>24</p>	<p>25</p>	<p>26</p>	<p>27 Administrative Professionals Day</p>	<p>28</p>	<p>29</p>	<p>30</p>



# You, trying to remember what a patient told you last Friday

## CHART AUDITS

As easy as trying to take a selfie in 1646

Let us make it easier for you!

Take advantage of the **Patient Chart Audit Form** in your online Resource Pack!



We created this template to help you and your staff navigate through an organized and thorough chart audit. Don't try to do it all yourself, we're here to help!

By actively performing your own audits and training staff on proper chart auditing procedures, you not only help ensure you get reimbursed every time but that your patient charts look oh so good come survey time!



If your patient charts are missing the proper documentation, it's more than just a headache for you, it can cause repercussions—like not being reimbursed. Avoid the pain altogether by following these standards for your **Chart Auditing Procedures**:

- **CB.4**, (*Guide*, pg. 64)—You must have policies in place for auditing and monitoring your clinical and financial records to ensure consistent compliance with all applicable payers.
- **CB.4.1**, (*Guide*, pg. 64)—You must annually review your program and write an evaluation of the effectiveness of your compliance program.



Did you know that all ABC credentialed individuals get a free Digital Badge to promote their credential and expertise to their patients, peers and profession? Digital badges are a great way for others to verify a credential and understand what it took to earn it. Visit [ABCop.org/DigitalBadges](http://ABCop.org/DigitalBadges) to learn more.

# MAY

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

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Eid al-Fitr  
(Begins at sunset)

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Cinco de Mayo



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Mother's Day



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Armed Forces Day

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Memorial Day



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**NATIONAL STROKE  
AWARENESS MONTH**

Let's work together to  
raise awareness about  
the second leading cause  
of death in the U.S.  
Visit [heart.org](http://heart.org).

APRIL

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# How time feels when you're trying to get things done



## Don't let Compliance Leave You Feeling Wrung Out

We're at the halfway point of this year and it's the perfect time to get reenergized and in good shape for the remainder of the year.

Your **Annual Facility Review Checklist** is one of the most important things you can do each year to ensure compliance—the bedrock of a successful practice. Reviewing the 14 required annual standards well before your onsite survey is an important part of that success.

Maybe you've already addressed and reviewed many of these standards as part of your regular staff meetings—what a great start! But did you...

- Make sure to document any changes made to your policies and procedures?
- Keep staff informed of those changes?
- Make sure all required documentation was in a central location available to staff?

## The Annual Standards

Download the **Annual Facility Review Checklist** from the RP to get a complete list of tasks needed to stay compliant.

- Review your written policies and procedures—**AD.3.1.1**, (Guide, pg. 30).
- Review the Office of Inspector General (OIG) List to ensure that no employees, contractors or new hires are on the list—**AD.5.1**, (Guide, pg. 30).



- Document verification of staff certifications and licenses—**HR.2**, (Guide, pg. 31).
- Conduct employee performance reviews—**HR.7**, (Guide, pg. 34).
- Assess risk from emergencies and disasters and ensure your contingency plan addresses the identified risks—**PC.8**, (Guide, pg. 44).
- Have a written contingency plan that describes your response to after-hours and emergency maintenance, backup or replacement of equipment and/or items. **PC.9.1**, (Guide, pg. 44).
- Seek input from employees, patients and referral sources—**PM.1.1**, (Guide, pg. 56).
- Review patient satisfaction surveys and document how you use the results—**PM.2.1**, (Guide, pg. 56).
- Review your written performance management program and document any changes that were made—**PM.10**, (Guide, pg. 58).
- Review your written safety management program and document your annual safety inspections and any corrective actions taken—**FS.1** and **FS.1.1**, (Guide, pg. 59).
- Conduct and document safety management for all staff—**FS.3**, (Guide, pg. 60) Check out the Safety Management Check in the Resource Pack.
- Conduct an emergency evacuation drill—**FS.3.2.1**, (Guide, pg. 61).
- Document the effectiveness of your evacuation drill—**FS.3.2.2**, (Guide, pg. 61).
- Write and evaluate the results of file auditing and monitoring—**CB.4.1**, (Guide, pg. 64).



The face you make when you realize you forgot to check the OIG Exclusion List.



# JUNE

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY



## NATIONAL SCOLIOSIS AWARENESS MONTH

The International Society on Scoliosis Orthopaedic and Rehabilitation Treatment (SOSORT) is dedicated to the advancement of the non-operative management of idiopathic scoliosis and other structural spine changes. Visit [sosort.org](http://sosort.org) to learn more.

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Flag Day

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Father's Day



Juneteenth (observed)

Summer Begins



International Scoliosis Awareness Day



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MAY

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JULY

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# When you move your facility to the rural Midwest and forget to tell ABC

Running a practice can be a full-time job; add seeing patients and you end up with a lot to remember. But, if the information we have for your facility doesn't match what Medicare has, then you risk not getting reimbursed! It's best to keep us abreast of any major changes that might affect your accreditation status such as:

- **Moving a Location (Hitting the Dusty Trail)**—if you are moving, you have to reapply for accreditation, submit a new application and pay the relevant fees.
- **Adding a Location (Starting a New Settlement)**—all operational patient care sites, administrative and warehouse locations within 100 miles driving distance of your primary location *and under the same Tax ID* are required to apply for accreditation as affiliate

locations. Each primary location is allowed a max of four affiliate locations. Facilities outside 100 miles must apply as a primary location.

- **Corporate Structure Change (Adding a Bank to the Store)**—all changes to your corporate structure such as effective date, legal documentation and ownership information must be submitted in writing with details of the change.
- **Adding Services or Products (Now Selling Kits, Not Just Caboodles)**—new services outside of your current accreditation require additional accreditation.
- **Discontinuing a Service (Giving up the Ghost)**—notify us in writing if you discontinue a patient care service, specific item or device.
- **Closing, Selling or Ownership Change at Your Facility (Selling the Family Farm)**—notify us in writing within 30 days of the sale, closure or ownership change. Your accreditation is not transferrable to a new owner and they will need to reapply.
- **Lawsuits and Disciplinary Actions (Pitchforks and Torches)**—notify us in writing of any pending lawsuits and/or disciplinary actions against any location or staff members.

More information on maintaining your accreditation is available in the *Guide*, pg. 20-22.



## Use your MY ABC

**account** to update your personnel and contact information, as well as apply for renewal, location moves, affiliate additions or ownership changes. Keeping all of your ducks in a row can seem overwhelming, but if you keep your accreditation in mind every time you make a major change, everything should pan out just fine!



Enjoy the Fourth of July and the freedoms we enjoy while keeping in mind that this is **National Safety & Fireworks Safety Month**.

*FACT: According to the Consumer Product Safety Commission, hand and finger damage (which includes amputations) are the most common injuries caused by fireworks and account for 30% of all injuries reported.*



# JULY

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

<p>JUNE</p> <p>1 2 3 4</p> <p>5 6 7 8 9 10 11</p> <p>12 13 14 15 16 17 18</p> <p>19 20 21 22 23 24 25</p> <p>26 27 28 29 30</p>	<p>AUGUST</p> <p>1 2 3 4 5 6</p> <p>7 8 9 10 11 12 13</p> <p>14 15 16 17 18 19 20</p> <p>21 22 23 24 25 26 27</p> <p>28 29 30 31</p>				1	2
3	4 <p>Independence Day</p> 	5	6	7	8	9
10 <p>Eid Al-Adha (Begins at sunset)</p>	11	12	13	14	15	16
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# What people did before smartphones to avoid conversation with other travelers

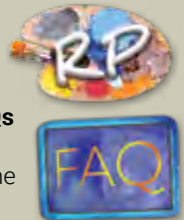
- Certificate of Occupancy/ Business Permit/Business License/etc.
- Policy & Procedure Manual
- Employee Manual (can be part of P&P Manual)
- Mission Statement (can be part of P&P Manual)

You can safely and securely upload your documents in our online application portal and rest

assured that all documents are kept confidential and only accessible by ABC staff or your surveyor. **Please note that these documents should be uploaded prior to officially submitting your application.**

## NEW RESOURCE!

Be sure to check out our **Renewal Application FAQs** for additional assistance with submitting your online Renewal Application.



## Don't avoid ABC, especially if you're going to be traveling during survey time!

We don't know what's happening at your practice unless you tell us. That's why we require you to submit a renewal application at the end of your three-year cycle and let us know when you'll be unavailable for your onsite survey.

**To provide a safer and more efficient onsite survey, ABC is now requiring that ALL facilities upload supporting documents with their online application.**

When our surveyors have access to these documents prior to your onsite survey, they can spend more time addressing your specific concerns and issues and less time

reviewing documents onsite.

Every item listed below must be uploaded with your online application. Not supplying these documents will result in an incomplete application and delay your survey process. Each of these can be provided in any format including PDF, Word or Excel.

- Non-ABC Certifications and Licenses for all Professional Staff (if applicable)
- Legal Documentation of Ownership (e.g., Articles of Incorporation, IRS tax form)

## Blackout Date Policy

We know you are busy and need to accommodate the needs of your patients and staff throughout the year—which is why ABC has a Blackout Date Policy. After you apply, watch your inbox for an 'Application Received' email that will include your deadline as well as a link to the Blackout Dates Submission Form (also in your MY ABC account). **You will have two weeks from the date of the confirmation email to submit up to 14 blackout dates.** We will not accept late requests or approve more than the maximum 14 dates.

Becoming accredited was hard work. Don't let late or incomplete applications and blackout dates get in the way of reaching your final destination—SUCCESS! Please reach out to the Accreditation department if you need us. We're here to help!

### Did You Know?

- We don't visit facilities on major Federal Holidays or their observed days
- If you're unavailable longer than 14 days, you'll be required to put your application and survey on hold.



# AUGUST

SUNDAY

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TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

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JULY

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SEPTEMBER

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# When the conference advertises free breakfast for attendees, and you discover it's just a piece of fruit

Good food at continuing education conferences is great, but good education is even better!

Your staff's continuing education, training and experience are the cornerstones for maintaining and improving the high level of care you provide as an ABC accredited facility. As your facility's compliance curator, you must make sure you document that your providers or figurative "painters of patient care" are:

## Relevant

Staff participation in continuing education must be relevant to their patient care duties and in compliance with their credentialing organization's requirements—**HR.4**, (*Guide*, pg. 30).

## Competent

Each patient care provider must also prove continued competency as it relates to specialized equipment, items and services. You can measure this through patient satisfaction surveys, continuing education

related to specialized equipment, items and services or other performance management data—**HR.7.1**, (*Guide*, pg. 32). Check out our **Assessment of Employee Continued Competency chart** in the online Resource Pack to help you get started!



## Detailed

Documentation can be done through proof of completion of continuing education courses, documented in-house training, in-services and/or documented specific work experience. Documentation can include sign-in sheets and agendas, course certificates or official continuing education statements such as those provided by ABC to credentialed individuals (CE Statement). This documentation should be kept in a staff continuing education record or each individual staff member's personnel file.

Failure to meet continuing education requirements not only affects your staff's individual certification, it could also seriously impact your facility's accreditation. Only individuals with an active certification or license can provide direct patient care or supervise others in the provision of care.

A deficiency of CEUs can result in suspension and during that time, the individual under suspension cannot independently provide direct patient care. This seemingly little setback could cause big delays and extra work for your facility.

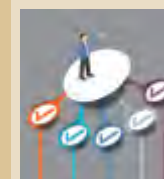
## Review the Work

Additionally, be sure to conduct regular employee performance reviews **HR.7**, (*Guide*, pg. 34) as part of your Performance Management Program. Here are three PM program elements to highlight:

- Seek input from employees, patients and referral sources—**PM.1.1**, (*Guide*, pg. 56).
- Review patient satisfaction surveys and document how you use the results—**PM.2.1**, (*Guide*, pg. 56).
- Review your written PM program and document any changes that were made—**PM.10**, (*Guide*, pg. 58).



## PERFORMANCE MANAGEMENT GUIDE



Use this handy guide for details and tips on evaluating and improving your performance.



# SEPTEMBER

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

<p>AUGUST</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31</p>		<p>Your employee's face when you didn't ask their opinion about that new policy change.</p>		1	2	3
4	5 Labor Day	6	7	8	9 ABC's Birthday! 	10
11	12	13	14	15	16	17
18	19	20	21	22 Autumn begins 	23	24
25 Rosh Hashanah (Begins at sunset)	26	27	28	29	30	<p>OCTOBER</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31</p>



# Your face when you hear you have to do a CAP

Just follow these simple Do's & Don'ts of submitting a CAP and soon you'll be hanging your ABC accreditation certificate on the wall!

## DO

- Address all standards in which you scored an **N** (Non-Compliant) or **P** (Partially Compliant) in the following format:

**EXAMPLE  
STANDARD: FS.3.2.2**

DESCRIPTION OF CORRECTIVE ACTION:	<i>We have now completed a yearly fire drill. In the future, these will be completed on the first Monday of December.</i>
DOCUMENTATION:	<i>A completed copy of the fire drill report, including signatures of employees in attendance.</i>

- Redact personal health information (i.e., patient names, birth dates, social security numbers, must be blacked out).
- Include supporting documentation that is accurate and complete. Only send copies of specific policies/procedures that are directly related to the surveyor's comments (i.e., new forms, logs, training notes, annual reports).
- Identify your facility and address(es) for which you are submitting a CAP.
- Submit CAPs within 60 days of the date on your decision letter—must be sent via email to [accreditation@ABCop.org](mailto:accreditation@ABCop.org).

## DON'T

- Send entire Policy and Procedure Manuals. They will NOT be returned.
- Send original documents or patient charts. They will NOT be returned.
- Send it via mail/carrier or fax.
- Send attestations as a response for an N or P—each response must have evidence of completion.
- Send blank templates or sample forms.

**CAPitalize on our CAP FAQs** in the online Resource Pack which also includes a helpful checklist. If you still feel like you're drowning in CAP confusion, our accreditation team is here to help! Contact us for clarification, questions and feedback.



## PLEASE NOTE:

If you receive a CAP request, your accreditation is not final until your CAP has been approved. If you fail to submit a CAP by the deadline, your application for accreditation will be denied and any existing accreditation will be revoked. You will then need to submit a new application, including all fees, for an additional onsite survey.

Whether we've asked you for a Corrective Action Plan (CAP) in the past or we request that you submit one after a future onsite survey, there's no need to scream! In fact, think of a CAP as your second chance to fix your compliance canvas.



**What is a CAP?** A CAP is a document submitted to us that demonstrates your facility's compliance with one or more standards that were in question after your onsite survey.

**When is a CAP required?** We may request a CAP for any of the following reasons:

- Your facility receives an overall failing score.
- Your facility passes overall but falls below the passing threshold for a full three-year accreditation.
- Your facility missed any standards that are considered mandatory, regardless of overall score. These standards are: **AD.5, AD.6, HR.6, HR.6.1, PC.6.9, PC.6.9.1, FS.3.2.2, CB.1, HR.4.1, HR.4.2, HR.8.2, HR.8.3, PC.9.1, PM.10, CB.4.1.**

# OCTOBER

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

<p>SEPTEMBER</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30</p>	<p>NOVEMBER</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30</p>	<p><b>ACCREDITATION DECISION LINGO</b></p> <table border="1"> <tr> <td data-bbox="726 315 951 431"> <p><b>PASS</b> 3-year accreditation (no further actions required)</p> </td> <td data-bbox="951 315 1188 431"> <p><b>PASS with CAP</b> 1-year accreditation contingent upon a CAP</p> </td> <td data-bbox="1188 315 1409 431"> <p><b>FAIL with CAP</b> Failed survey, must address deficiencies with a CAP</p> </td> <td data-bbox="1409 315 1650 431"> <p><b>DENIED</b> Failed survey, deficiencies too severe to grant accreditation</p> </td> </tr> </table>				<p><b>PASS</b> 3-year accreditation (no further actions required)</p>	<p><b>PASS with CAP</b> 1-year accreditation contingent upon a CAP</p>	<p><b>FAIL with CAP</b> Failed survey, must address deficiencies with a CAP</p>	<p><b>DENIED</b> Failed survey, deficiencies too severe to grant accreditation</p>	<p>1</p>
<p><b>PASS</b> 3-year accreditation (no further actions required)</p>	<p><b>PASS with CAP</b> 1-year accreditation contingent upon a CAP</p>	<p><b>FAIL with CAP</b> Failed survey, must address deficiencies with a CAP</p>	<p><b>DENIED</b> Failed survey, deficiencies too severe to grant accreditation</p>							
<p>2</p>	<p>3</p>	<p>4</p> <p>Yom Kipur (Begins at sunset)</p> 	<p>5</p>	<p>6</p>	<p>7</p>	<p>8</p>				
<p>9</p>	<p>10</p> <p>Columbus Day/ Indigenous Peoples' Day</p>	<p>11</p>	<p>12</p>	<p>13</p>	<p>14</p>	<p>15</p>				
<p>16</p>	<p>17</p> <p>Boss's Day</p>	<p>18</p>	<p>19</p>	<p>20</p>	<p>21</p>	<p>22</p>				
<p>23</p> <p>30</p>	<p>24</p> <p>31</p> <p>Halloween</p> 	<p>25</p>	<p>26</p>	<p>27</p>	<p>28</p>	<p>29</p>				



# When you refuse to pay \$20 for snacks at the movie theater

## Extra Large Soda

- Compliance Calendar
- Relevant Standards Tool (ABCop.org/StandardsTool)



## Bucket of Popcorn with Extra Butter

- Resource Pack
- Customizable Templates and Forms
- Handy Guides and Checklists



*We add new resources to the pack often, so if you have an idea for something, just let us know!*

## Candy, Candy, Candy!

- 30+ Podcasts (ABCop.org/CredCast)
- Webinar Library (ABCop.org/Webinars)

Not sure how to access the Resource Pack and all of these other amazing resources? It's all online in your facility's MY ABC Account.



## Your Account also includes other special features like:

- Facilitator eNewsletter
- Survey Blackout Dates Request form
- Online Renewal Application
- Downloadable ABC logos
- Printable Invoices & Receipts
- Residency Site Info



## Take your seat

Visit ABCop.org to login. Use your primary facility's ID and password (different from an individual ID & PW). Be sure to log in and out of your account each time so that you always see your facility specific info and resources.

## Annual Fees vs. Application Fees

Remember that your Annual Fees are separate from your facility's Reaccreditation Application Fees and both are required to stay in good standing.

## ANNUAL FEES

Think of this as your annual maintenance fee. This fee also covers your site's inclusion in the weekly Medicare report and ABC directory. If your account is found delinquent, we will not be able to verify your accreditation with third party payors, and we don't want that to happen!

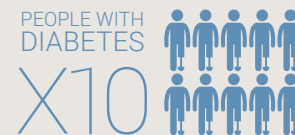
## REACCREDITATION APPLICATION FEES

Your application fees cover the processing of your onsite application and survey. Our professional team of surveyors provides a consultative and educational approach to each survey!

We are very thankful that you've chosen ABC for your Facility Accreditation—Your Success is Our Success!

## AMERICAN DIABETES MONTH

The rate of amputation for people in the U.S. with diabetes is 10 times higher than for those without the disease. Think of a meaningful way that you can promote awareness this month within your practice.



**W**e want to make every dollar count! That's why your accreditation comes with a Compliance Kit FULL of resources sure to satisfy, plus lots of extras to make you feel like royalty from your head to your stocking covered toes! Pick anything you want at no charge...



# NOVEMBER

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p>OCTOBER</p> <p>1</p> <p>2 3 4 5 6 7 8</p> <p>9 10 11 12 13 14 15</p> <p>16 17 18 19 20 21 22</p> <p>23 24 25 26 27 28 29</p> <p>30 31</p>	<p>DECEMBER</p> <p>1 2 3</p> <p>4 5 6 7 8 9 10</p> <p>11 12 13 14 15 16 17</p> <p>18 19 20 21 22 23 24</p> <p>25 26 27 28 29 30 31</p>	1	2	3	4	5
6 Daylight Saving Time Ends 	7	8	9	10	11 Veterans Day 	12
13	14	15	16	17	18	19
20	21	22	23	24 Thanksgiving Day 	25	26
27	28	29	30			



# How it sometimes feels trying to get a claim paid...

Bugs in my hair, thorns in my neck, monkeys on my back and leopards ready to pounce

To ensure you make your way out of the reimbursement jungle, learn from your past mistakes. Have policies and procedures in place for auditing and monitoring your clinical and financial records to ensure consistent compliance with all applicable payers—**CB.4**, (*Guide*, pg. 64).

Actively performing your own audits will help ensure that you get reimbursed, and you cover this very important force-fail standard for your annual review:

**CB.4.1**—You must annually write an evaluation of the results of the file auditing and monitoring compliance program and act on any necessary changes, (*Guide*, pg. 64).

## Don't Despair!

We've got a whole stack of resources to help with your Claims and Billing processes in our online Resource Pack. Check these helpful tools out and make sure your staff is fully trained on your chart auditing procedures.

- Billing and Coding Error Report (PM.6)
- Billing Education Documentation (CB.3)
- Patient Chart Audit Form (CB.4 and 4.1)



**N**o one wants to be caught off guard by a chart audit. But, if proper documentation is found missing from your patient charts then it can lead to some very unfortunate consequences, like not being reimbursed by Medicare—a total pain!

# DECEMBER

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

<p>NOVEMBER</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30</p>	<p>JANUARY</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31</p>			<p>1</p>	<p>2</p>	<p>3</p> <p>International Day of Persons with Disabilities</p>
<p>4</p>	<p>5</p>	<p>6</p>	<p>7</p>	<p>8</p>	<p>9</p>	<p>10</p>
<p>11</p>	<p>12</p>	<p>13</p>	<p>14</p>	<p>15</p>	<p>16</p>	<p>17</p>
<p>18</p> <p>Hanukkah (begins at sunset)</p> 	<p>19</p>	<p>20</p>	<p>21</p> <p>Winter Begins</p> 	<p>22</p>	<p>23</p>	<p>24</p> <p>Christmas Eve</p>
<p>25</p> <p>Christmas</p> 	<p>26</p> <p>Kwanzaa Begins</p> 	<p>27</p>	<p>28</p>	<p>29</p>	<p>30</p>	<p>31</p> <p>New Year's Eve</p> 



The first  
High-Five  
ever recorded

*You've  
got this!*



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ABCop.org  
(703) 836-7114

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