



**2026 ANNUAL CONFERENCE & EXPO**  
 Celebrating 60 Years  
 Then. Now. Next.

**Survey Prep, Risks and Costs of Not Being Prepared**  
 By Sharon Fredrichs, RN, BSN, PHN, CPHQ

June, 2026

2026 Annual Conference & Expo © 2026 California Association for Health Services at Home

1

---

---

---

---

---

---

---

---

**Objectives**

- 1) *Understand how to ID leadership and supervisor responsibilities in preparing for survey readiness and the current atmosphere and anticipation of increased surveys, audits and interpretation of the regs*
- 1) *Suggestions and calendars to prepare yearly, mitigating costs of survey failure and deficiencies.*
- 1) *Understand methods to conduct mini mock surveys, home observation visits and interviews.*

2026 Annual Conference & Expo © 2026 California Association for Health Services at Home

2

---

---

---

---

---

---

---

---

**Who really is responsible to manage risks?**

- The Board
- The Owner
- The Administrator
- The DPCS
- The CFO
- Each support person from receptionist to QA and Compliance officer
- Each clinician
- The physician or allowed practitioner
- The patient
- Did I forget anyone? How about a buy-out or merger? CDPH is very clear on this!



2026 Annual Conference & Expo © 2026 California Association for Health Services at Home

3

---

---

---

---

---

---

---

---

### Know your regulations and your resources

- T 22 (CAHSAH bookstore Side by Side)
- CoPs
- Accrediting standards
- CMS Chapter 7 Section 20 –the benefits and what agencies should do!!!
- F2F-and eligibility!!!
- Your last survey and review it often
- Interpretative Guidelines (IGs) (CAHSAH bookstore)
- Federal Register for your compliance program
- CMS Chapter 10 for billing



2026 Annual Conference & Expo

© 2026 California Association for Health Services at Home

4

---

---

---

---

---

---

---

---

### LEADERS: Must know the regs and intentions



- Know the state regulations and the federal laws for Medicare and Medicaid -be ready for survey questions/audits/anti-fraud team any time
- Additional tools: T22; H&S Codes AFL Letters Cal-OSHA local regs, MLN for submission and payment; MAC updates,
- **Your own P&PS !!!**
- AO standards updates
- CAHSAH weekly news updates and CAHSAH committees
- Vendors you meet here at the conference- go visit booths, TALK, and ask questions!!!!



2026 Annual Conference & Expo

© 2026 California Association for Health Services at Home

5

---

---

---

---

---

---

---

---

### Leaders have to know CMS intentions and how to operate the business!!!

- Once you know most regs, and know where to reference regs and know enough to know what you don't know = operations begin!

**Then**

- Process flows
- Help you implement the **intention** of the laws
- Follow the policy statement and often require updates in the actual procedures within the P&P manual
- Make the process flows work for you and the support staff on your org chart



2026 Annual Conference & Expo

© 2026 California Association for Health Services at Home

6

---

---

---

---

---

---

---

---

### Leaders support each other and staff



- Do you have a list of leadership responsibilities and who has knowledge if someone is absent? What is the cost with LOA?
- Who will lead each chapter as alternate to assist with education, support other leaders and staff? What is the cost if the experienced person with the most knowledge leaves? What is lost during replacement time?
- Recognize strengths and weakness and use strengths to help others; example who is really detailed to write reports, process flows, etc.
- Who is allowed time to keep up, read, update P&Ps with changes?

7

---

---

---

---

---

---

---

---

---

---

### Managing change –the internal team

- Everyone needs time to absorb new things and the change of CMS culture happening now
- Time to support the clinical personnel to prepare- launch-accept and complete changes (example OASIS)
- Change doesn't happen with a voice mail, in 15-minute presentations, or emails. Change is often learned with scenarios of how this will work and communication.
- Relay on other disciplines: a PT to train the RN's
- Who enjoys teaching patient rights?
- Infection control-someone really is the expert—use them!!!!
- MENTORS? pay them for pre time, decrease their load and reward them! They may become you next leader!
- Most important : Your internal teams needs time for innovative thinking-find that time for them!!! If they don't get that time, they may leave and what does that cost you?

8

---

---

---

---

---

---

---

---

---

---

### Mitigating risks and costs of survey



#### Keys to Success:

- Most everything is built on timeliness
- Train your staff in regs and review process flow often!!!!!!
- Be comfortable with the regs-surveyors survey all types of facilities
- Mock surveys-you can do these yourself!!!!
- Know your P&Ps, + know the Top 10 deficiencies
- Perform random pre-claim audits include managed care and Medi-Cal

Other experiences/references of why understanding the regs in front of a surveyor is important???

9

---

---

---

---

---

---

---

---

---

---

**Processes and communication flows = \$**

Who is observing your workflow, mapping out your process, and evaluating how your efficient you are?

- Let's start with recruitment:
- Data collection-Where? Check your employee grievance log, check your exit interviews when someone leaves or stops taking per diem assignment
  - What is that cost to advertise, to interview, recruit documents, onboarding orientation mentoring, re-educate on one new thing



2026 Annual Conference & Expo

© 2026 California Association for Health Services at Home

10

---

---

---

---

---

---

---

---

**How do you inspire leadership to listen/act?**



- Dollars come from timeliness, satisfaction, OASIS accuracy and referrals.....which of these can you influence?
- Decrease in census-why? Analysis needed.....
- New program, is it breaking even, if so, is everything in compliance
- Office or branch closure
- One survey can lead to another
- National data comparison such as PEPPER/HOPE reports
- Other??? How do YOU inspire leaders?



2026 Annual Conference & Expo

© 2026 California Association for Health Services at Home

11

---

---

---

---

---

---

---

---



2026 Annual Conference & Expo

© 2026 California Association for Health Services at Home

12

---

---

---

---

---

---

---

---

### Group 1: Suggests Risks and Cost



- 6 months
- 18 months
- No survey yet
- PARTICIPANTS: DPCS, Clinicians, Scheduler, Coder, QA review
- To do: write down 2 or three deficiencies and a couple notes of your thoughts as we go through findings
- Group 2 gets to ask the 5 whys? As you don't know why or don't maybe know why this has to be resolved?

13

---

---

---

---

---

---

---

---

### Group 2: What is the projected cost?

#### Experienced Panelist Needed: Names

- Administrator
- DPCS
- CFO
- Clinical Staff
- Intake
- QA
- Utilization review
- Auth department
- Coder
- Biller
- Patient
- Governing Body
- Owner or Corporate office

14

---

---

---

---

---

---

---

---

### Scenario: Inquiry to referral-F2F concerns



- Why is F2F important, I have the referral? Denials, no payment!
- Regs: must know the beneficiary's insurance and eligibility requirements
- When established, and all verified who inputs info \$ of personnel, EMR
- Who else would you need in recognizing eligibility: Why???
- The first clinician out there-reports to the supervisor-both need to know eligibility.
- Patient's rights: to know **who** will visit Why does this cost when not planned?
- **What** will they have orders for? What is the cost of incomplete orders?
- **When** will they visit to fulfill those orders? Importance of written schedule
- **Where** will I go to stay healthy after agency DC? When can I expect no HH?
- **How** will I reach my goals? **What I really want and how I prefer to be taught?**

15

---

---

---

---

---

---

---

---

**So, who might be involved to mitigate this**

**Group 2 has experience—with loss revenue, refunding CMS \$s , ADRs**

- What else is a problem with incomplete or inaccurate F2F? What other dollars might be lost?
- The Board
- The Owner
- The Administrator
- The DPCS
- The CFO
- Each support person from receptionist to QA and Compliance officer
- Each clinician
- The physician or allowed practitioner
- The patient



2026 Annual Conference & Expo

© 2026 California Association for Health Services at Home

16

---

---

---

---

---

---

---

---

---

---

**The cost of not knowing the intentions of OASIS?**



- When can you discuss the accurate answers for the OASIS assessment?
  - OASIS is considered part of the comprehensive assessment?
- What case conference happens within the first 4-5 days
  - Would this affect your reimbursement?
- Who decides which disciplines are needed after the SOC? (utilization of disciplines, supplies)
  - Does this affect your reimbursement?
- Timeliness from referral being accepted to patient admission
  - Time-frame for all disciplines to visit
  - Riskiest day that patient may be readmitted to hospital/ED?



2026 Annual Conference & Expo

© 2026 California Association for Health Services at Home

17

---

---

---

---

---

---

---

---

---

---

**Groups: average cost of OASIS inaccuracy**

- Dollars not received
- Other risks i.e.
- Care
  - Outcome
  - Patient preference and selection of goals
  - Team knowing patient preference
- Satisfaction
- Other??
- Group 1 Comments

Group 2 Comments



2026 Annual Conference & Expo

© 2026 California Association for Health Services at Home

18

---

---

---

---

---

---

---

---

---

---

**Survey risks and cost of success/failure**



2026 Annual Conference & Expo © 2026 California Association for Health Services at Home

19

---

---

---

---

---

---

---

---

**Survey risks/costs: be consistently prepared**

Survey window is 6 months out of the 36 months

Other surveys can happen at any time!

- *Complaint*
- *Random*
- *ADRs*
- *ICE requests*

*Medi-Cal/MA contracts can be often*  
*Survey prep is a type of readiness*

- Emergency prep is type of ensuring you mitigate risks or loss of life, business.....
- Presentation is timely as final touches added the day of the **raids** in LA area



2026 Annual Conference & Expo © 2026 California Association for Health Services at Home

20

---

---

---

---

---

---

---

---

**When you are under the microscope**

- *What were you apprehensive about before the survey?*
- *What were the three areas you sacrificed after the survey*
- *And each of these three areas how long before you were back to normal to move forward with new projects?*
- *How much time in resolving deficiencies i.e. re-education, audits, concerns/complaints*
- *Estimate of one to three survey deficiencies in dollars, POA response, loss time with audits?*

2026 Annual Conference & Expo © 2026 California Association for Health Services at Home

21

---

---

---

---

---

---

---

---

### Survey: High risks, high costs if poor results



Keys to be continually prepared

- First: divide the sections/chapters to the people that know the most about the info and then another person needing to learn the regs in that section, include field, support staff and clinical contractors, Governing Body members, Med Advisor
- Review the P&Ps that the surveyors will want to see when something isn't done correctly!!! Infection control, bag technique, Top 10 deficiencies—make certain these P&Ps are in your orientation and yearly re-educated—make a calendar around the Top 10
- Check your processes—anything with a number!!!: Who ensures- transfers are sent timely, DC summaries timely, SOC, recerts, F&Ds, orders returned, orientation completed in 60 or 90 days—anything with a number

22

---

---

---

---

---

---

---

---

---

---

### High risks, high costs, how often

How often are materials reviewed?

- How often are you to updated/revise 484.58:
  - Acceptance to Service 484.105 (i) Do you have your policy?
- How often? At least yearly, QA should reference P&Ps to ID audit findings
- Your audit tools should reference a P&P
- Anticipate to update your P&P and audit tools at LEAST yearly—keep a P&P log
- Regs change, revise P&Ps, update and mandate orientation/education, include a quick competency test for all staff,
- Keep a log of what was discussed today, and prioritize what needs to be reviewed

23

---

---

---

---

---

---

---

---

---

---

### The cost of clinical operations and weak oversight:



Reasons for poor or lack of oversight: DPCS or clinical mgr:

- Utilization of too many or not enough specific discipline too many supplies and what is the patient complains to the OIG-fraudulent suggestions are out there!
- Who decides? Who is this reported to?
- Timeliness: The cost of not having all disciplines out there within 3-5 days and not providing QA review with evaluations—goes directly to setting expectations and timeliness—operations have to know availability and workload of the clinician to have timely, accurate Documentation!!!
- Referral source relationship: needs to know the POC-STAT, not weeks later!!! What is the cost of losing a referral source? Vs. What is the cost to keep that referral source happy?

24

---

---

---

---

---

---

---

---

---

---

### What are risks of minimal clinical oversight?

Discussion between Group 1 to ID risks: 5 minutes

Group 1 present to Group 2: 2 minutes

Group 2 Put a dollar amount to this risk: 5 minutes and present



2026 Annual Conference & Expo

© 2026 California Association for Health Services at Home

25

---

---

---

---

---

---

---

---

### Deficiencies may put you on a special focus program



- Leading to more audits
- What do audits cost you?
  - Specialists to review documentation, increase home visits and educate staff!!! Weeks to months
    - And you can easily be in more than one type of audit; asking for different things
  - More QA reviewers
  - More education
  - Potential loss of staff
  - And the agency is at a standstill
    - Sometimes decrease in census
    - Increased burden on leadership
      - Burnout, departure, less recruitment efforts and retention loss



2026 Annual Conference & Expo

© 2026 California Association for Health Services at Home

26

---

---

---

---

---

---

---

---

### What happens to be the newest clinical focus: Safety and Compliance

Safety, Safety, Safety

For patients and staff

- Med management, med education, patient preference to learn
- HIPAA
- Cybersecurity
- Plus, debriefing emergency drills and actual;
- What are you doing for patient safety and emergency evacuation, education of shelters
- WVPP
- Heat Illness



2026 Annual Conference & Expo

© 2026 California Association for Health Services at Home

27

---

---

---

---


---

---

---

---

**Compliance = \$\$ CMS/Medicaid takes back**



- Authentication with signatures
- F2F not complete or info not found during ADRs
- Coding is inaccurate, or without support
- Timeliness of NOA/NOE
- POC not complete to support clinician visits/treatment
- Other????

Anticipate surveys and audits will intensify with interpretations and instant data!

- Study your PEPPER, HQRP, Care Compare report; look at the Med-Pac plan yearly
- Vigilant oversight of documentation to support eligibility i.e. homebound

2026 Annual Conference & Expo © 2026 California Association for Health Services at Home

---

---

---

---

---

---

---

---

---

---

28

**Be efficient and effective to mitigate loss**

- Start in orientation who does what , who is second to ask if lead is not present.
- Mission statement and what do you expect from all staff?—consistency in the presentation comes from leadership knowing the mission statement and the regulatory implications!
- Encourage and support staff in their personal journey of skills and development. Encourage leadership skills, becoming mentor, have a mentor training with regular meeting, at least quarterly and usually every other month. The mentors can then assist the supervisor!
- Choose an agency over-all yearly goal for each clinician and staff, example reducing hospitalizations=a goal for each department and then set personal goals for the discipline and experience
- Provide a learning culture, encourage workshops, bringing the info back and allow time for learning new things and sharing them—such as this conference what have you already learned that you want to take back? Will you be allowed time to present and possibly be the lead of change?
- If someone shows interest, bring it on!!! Help them with professional development.
- Ask what specialties are needed-maybe it is simple: such as OASIS, BIMS, Patient preferences and strengths, Cardiac, Wounds, know your referrals sources, communities, and their strongest and weakest areas you can help with.
- Encourage concerns/complaints, resolve and let patient/staff/clinicians know what is being said/thought out there!

2026 Annual Conference & Expo © 2026 California Association for Health Services at Home

---

---

---

---

---

---

---


---

---

---

29

**Objective 2 Calendars: what to do -when**



- Suggestions and calendars to prepare yearly, mitigating costs of survey failure and deficiencies.
- Compliance calendars from your AO are offered monthly
- Yearly: P&P review-divide up chapters throughout the year and develop the education calendar a month after the review ends. This takes work and coordination—WHAT IS THE COST for administrative assist, maybe 2 hours a week to review some policies? Yes it is expensive—what is the cost of a Conditional level deficiency?
- Review the top 10 and bring to quarterly QAPI meetings-maybe even more often!!
- If someone misses a meeting, when is the make up session—this is an expectation upon hire, track if the VM was listened to, ask questions of the VMs at the next team or staff meeting/case conference. Have a competency test at the end, signature of understanding of the education. Yes staff meetings are costly, so are unsuccessful surveys and audits!!!

2026 Annual Conference & Expo © 2026 California Association for Health Services at Home

---

---

---

---

---

---

---

---

---

---

30



### Add mock survey to your calendar



- Ensure any new regulations are added to the HOV observation tool
- Ensure the P&P is updated and shared with staff consistently
- Interview staff on how any procedural changes are working? Or not?
- Review the past survey and improvements you were to make. Interview the patient and staff during the mock survey show statistical improvements
- Know national top 10 trends, include in the calendar what you have taught staff recently—demonstrate competency with a few questions
- Audits and data collected during the HOV, interview and clinical records change frequently—keep audit tools updated!!!
- Your findings change survey prep and even your compliance program-data talks with leadership!
- Conduct mock surveys with a focus on infection for three months, POC for three months, patient rights, etc. for three months-teach-and then HOV and move on!



2026 Annual Conference & Expo

© 2026 California Association for Health Services at Home

34

---

---

---

---

---

---

---

---

---

---

### Really, we can perform our own mock survey?

- Suggest setting up a structure of when you introduce something **new** you want to be in compliance.  
*Example: physician orders include interventions to decrease hospitalizations*
- Your audit tool should reference the regs
- Inform staff where to document; consistency saves audit time!
- Allow staff to use the audit tool (make it simple, 3-5 questions) for 2 weeks-self audits and learning. QA audits will start in 2 weeks or after you have done 5 visits (if a per diem) if target score not reached, then re-educate and being 100% review of that person
- A mandatory meeting: make up session within 3 days of return after LOA
- New staff receive extra attention from day one
- Goal: target met with compliance in 6 weeks from all clinicians. To sustain= random audit weekly of 25-50 percent and add to clinical record review. Have an audit calendar-which will change!!!
- Include reason of why a QA project was done quickly and smoothly to ensure compliance. Report to leadership every 2 weeks on progress (or why lack progress). Report to Governing Body of compliance and how this links into a PIP when possible and how the project mitigates risks/costs in the event of ADRs/survey.



2026 Annual Conference & Expo

© 2026 California Association for Health Services at Home

35

---

---

---

---

---

---

---

---

---

---

### How often to perform a mock survey?



- Take different chapters and spread all chapters out over 18-20 months
- Create a HOV audit and complete a few visits a month on each chapter. Redo areas that are weak with what you find and put the agency at risk
- Complete a mock survey after your survey at 4-5 months- do not wait until the last few weeks of when you were going to meet target goals submitted in correction plan. Start immediately!
- Then set up a mock survey 2 days every 6 to 8 months and actually be a surveyor. Come into the office like a surveyor. Is someone able to get you into the software, if the Adm. is absent? The alternate assists with the survey. Follow the schedule offered by your AD or consultant. Budgets are tight, get an outside consultant at least 18 months before survey window. This provides you time to improve any findings from the previous survey to current findings.
- A new agency: outside consultant at 3-4 months after survey—are you really in compliance and establish 2 more visits prior to the next three month window
- At any time within 2-3 months of change of Administrator, DPCS and QA lead, program added, increase in census, any time CMS/CDPH is increasing review of your agency!!!!



2026 Annual Conference & Expo

© 2026 California Association for Health Services at Home

36

---

---

---

---

---

---

---


---

---

---



**References are out there-use them**



*Will you be ready when Surveyors Come Calling?*

- Review the IGs and your AO information –plan 3 to 4 hrs. weekly at least!!!!
- Do your own surveys be your own consultant; engage a consultant; a teammate that collaborates, shares your vision, mission statement, and supports your agency

*S&S Home Care Consulting and many of the speakers here today can talk with you about the risks and costs of not being in compliance and not being ready for survey!!!*

2026 Annual Conference & Expo © 2026 California Association for Health Services at Home

40

---

---

---

---

---


---

---

---

**Additional questions/concerns**

Questions?



2026 Annual Conference & Expo © 2026 California Association for Health Services at Home

41

---

---

---

---

---

---

---

---

**Thank You!**

Sharon Fredrichs, RN, BSN, PHN, CPHQ  
 S&S Home Care Consulting  
[sshconsult@gmail.com](mailto:sshconsult@gmail.com)  
 619-206-3157

2026 Annual Conference & Expo © 2026 California Association for Health Services at Home

42

---

---

---

---

---

---

---

---