SLC TASKS CALENDAR

(Write in the date completed and Initial in the appropriate box)

MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
WONT	07 (1 4		1717 (1 (HLY C		002	7.00	02.	1001	1100	020
Products checked					1121 01	120110						
monthly for expiration												
(any expired items												
replaced) (expired												
products quarantined)												
PPE Kits checked												
monthly. Supply area												
and delivery vehicles.												
(restocked as needed)												
First Aid Kits checked												
monthly. Supply area												
and delivery vehicles.												
(restocked as needed,												
any expired items												
replaced)												
Eye Wash Station												
checked monthly. Supply												
area and delivery												
vehicles.												
(any expired items												
replaced)												
Fire Extinguisher(s)												
Checked & Tag dated												
and Initialed monthly.												
Supply area and delivery												
vehicles.				150140	,							
	1	ANN	UAL CI	HECKS	(Date and	l initial in r	nonth com	pleted)	1	T	T	1
Annual Fire												
Extinguisher(s)												
certification completed.												
Supply area and delivery												
vehicles. Annual Fire Drill												
completed.												
Annual Emergency												
Preparedness Drill												
completed.												
Annual Business												
Continuity audit												
completed												
Annual Information												
Security Risk												
Assessment completed.												
Liability Insurance										1	İ	
renewed.												
	VARY	ING MO	ONTH(S	S) COM	PLETE	O (Date ar	nd initial in	month co	mpleted.)			-
¹ Update your Medicare						,						
855b (PECOS) with any												
changes as required.												
² Update your										İ	İ	
Management Notebook												
as needed.												
Emergency backup										İ	İ	
systems checked.												
Generator (if applicable)												
checked and												
documented.												

Document Revised: 10/11/2024

MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	VARY	ING MO	ONTH(S	COM	PLETE	D (Date ar	nd initial in	month co	mpleted.)			
³ PI Committee Meeting												
³ PI Reports Completed.												
Annual PI Report Completed.												
Compliance Committee Meeting, as needed.												
Compliance Audit completed at least annually												
Report provided to the PI Coordinator for inclusion in the Annual PI Report.												
Safety Committee Meeting, as needed.												
Staff Meeting completed and documented.												
Review of Budget and Profit & Loss Statements.												
Leadership Business Meeting												
Budget Completed												
Contracts reviewed and the review is documented, if applicable (outside individuals or organizations that provide care/services on behalf of the organization).												
⁴ P&P, Forms, Employee Handbook Reviewed and Revised As Needed.												
SDS Notebook Reviewed												
Required Federal and State Posters reviewed and updated as needed and posted.												
TB prevalence statistics for service areas updated and posted.												
⁵ Accreditation required annual Training / Education completed.												

The individual responsible for completion of each task above must initial and date completion in the boxes provided in this tasks calendar.

Document Revised: 10/11/2024

¹List of Changes to Report (within 30 days of change)

- Changes in business location
- Adding/subtracting product lines
- Authorized/delegated official, contact persons
- Changes in ownership (CHOW). 5% or greater direct ownership.
- Liability Insurance Information
- Address information
- Remittance/special payments
- Correspondence address
- Update expiration dates and upload copies of documents (DME Licenses, Liability Insurance and Surety Bond). Keep copy of receipt of payment.

² Mana	agement Notebook
	Copies of required local and state licenses business licenses with correct business address
	Current Org Chart
	Current Liability Insurance with correct business address
	IRS CP 575 (EIN) with correct business address

Completed CMS 588 FormCompleted CMS 460 Form (for participating providers)

□ NPI Approval Letter with correct business address

☐ Copy of PECOS Application

☐ Accreditation Application and Contract

☐ Copy of Accreditation Certificate

■ New Patient Packet (includes blank patient forms and patient handouts)

☐ Blank Complaint Log and Form

☐ Blank Incident Report

☐ Proof of company delivery vehicle insurance (if applicable)

☐ Completed annual Leadership meeting minutes

☐ Annual Budget

□ Contracts with outside firms and individuals (that provide *direct patient care, billing firms, and suppliers.)

In case the authorized official is absent, be sure another employee or employees are familiar with the notebook and can help the auditor find documents in the notebook.

*Direct patient care is defined as care of a patient provided personally by a staff member or contracted individual/organization in a patient's residence or healthcare facility. Direct patient care may involve any aspects of the health care of a patient, including treatments, counseling, self-care, patient education, and administration of medication.

© AHCC (fboyer@ahcc.com) Document Revised: 10/11/2024 Page of 3 of 4

³Biannual Audits, PI Meetings and PI Reports.

PI Audits include:

- Patient satisfaction surveys
- Input from personnel regarding the quality of operations and services
- Input from referral sources regarding the quality of operations and services
- Patient complaints
- Incident and adverse events
- Patient and employee infections
- Patient record audits
- Employee file audits
- Monitoring of time frames from the time of study to the time the information is sent back to the referring physician
- Annual clinical competency of the personnel administering sleep testing
- Ongoing monitoring of scoring reliability and consistency (including manual and computer assisted) between the sleep technicians (clinical personnel) and the medical director and/or interpreting physician
- Monitoring of the maintenance, calibration, and functioning issues identified from maintenance logs for sleep testing equipment
- Monitoring all care/service provided under a contract/agreement
- Any other audits completed by the company

³PI Audit Tools and Reporting Tools are available from AHCC for you to complete the required audits and reports. Contact fboyer@ahcc.com for information.

⁴Policies and procedures (P&Ps) should be reviewed at least annually. Accreditation organizations (AO) recommend updating P&P manuals at least every 3 years as laws, rules, regulations and accreditation standards change frequently. Policies and procedures manuals are available from AHCC. Contact fboyer@ahcc.com for information.

⁵ Annual Training / Education is an accreditation requirement. An Annual Training / Education self-study booklet and online testing is available from AHCC. Booklets and tests are updated annually. Contact fboyer@ahcc.com for information.

© AHCC (fboyer@ahcc.com) Document Revised: 10/11/2024 Page of 4 of 4