

Sample Compliance/HIPAA Survey

Facility Name: _____

I. Compliance Officer/Compliance Department:

1. Do you know who the Chief Compliance Officer is for Signature?
 - a. Yes
 - b.No
 - c. If yes, who: _____
2. Do you know which member of the Compliance department is assigned to your facility?
 - a. Yes
 - b.No
 - c. If yes, who: _____

II. Policies and Procedures:

1. Do you know where to locate the Compliance policies and procedures?
 - a. Yes
 - b.No
 - c. If yes, where: _____
2. How do you educate your stakeholders about the Compliance policies and procedures and where to find them?
 - a. _____

3. Do you know where you could find the most current version of the Code of Ethics and Business Conduct?
 - a. Yes
 - b.No
 - c. If yes, where: _____
4. What is the purpose of the Code of Ethics and Business Conduct?
 - a. Describes how Signature conducts business with vendors
 - b.Describes how stakeholders, including myself, are expected to perform all job duties in compliance with all laws, rules and company policies
 - c. I don't know
5. Do you receive information from your leaders about new/updated Compliance policies?
 - a. Yes
 - b.No
6. Do you provide information to your stakeholders about new/updated Compliance policies?
 - a. Yes
 - b.No
 - c. If yes, how: _____
7. Do you refer to the Compliance policies and procedures during the performance of your job duties?

- a. Yes
- b. No

8. Do Compliance policies and procedures assist you in performing your job effectively?

- a. Yes
- b. No
- c. I don't know

9. Are the Compliance policies and procedures written in a way that you can understand?

- a. Yes
- b. No
- c. I don't know

III. Education and Training

1. Do you monitor to ensure all new stakeholders complete all assigned Compliance training by the assigned due dates?

- a. Yes
- b. No
- c. If yes, what do you do if a stakeholder has not completed the training by the assigned due date? _____

2. Do you ensure all stakeholders complete their Annual Compliance Training by the assigned due dates?

- a. Yes
- b. No
- c. If yes, what do you do if a stakeholder has not completed the training by the assigned due date? _____

IV. Communication and Reporting

1. Do you know where to refer compliance questions, including those regarding patient privacy and potential disclosures of protected health information (PHI)?

- a. Yes
- b. No
- c. If yes, where: _____

2. Do your stakeholders know where to refer compliance questions, including those regarding patient privacy and potential disclosures of PHI?

- a. Yes
- b. No

3. Do your stakeholders know how to refer compliance questions, including those regarding patient privacy and potential disclosures of PHI?

- a. Yes
- b. No

4. Do you know where/to whom to report potential Compliance violations, including HIPAA violations?

- a. Yes

- b.No
- c.If yes, where: _____ or to whom: _____

- 5. Is your staff informed that they will not be retaliated against for reporting possible violations in good faith?
 - a.Yes
 - b.No
 - c.I don't know

V. **Licensure**

- 1. Do you receive the monthly licensure report?
 - a.Yes
 - b.No
 - c.I don't know
- 2. Do you review the monthly licensure report and communicate with those staff members whose license is expiring sometime in the next 90 days?
 - a.Yes
 - b.No
- 3. Do you make sure that only those scheduled to work have valid, current licenses?
 - a.Yes
 - b.No

VI. **Investigations**

- 1. Do you actively participate in Compliance and HIPAA investigations related to stakeholders at your facility?
 - a.Yes
 - b.No
- 2. Are your stakeholders aware they could be suspended during a Compliance investigation?
 - a.Yes
 - b.No
- 3. Do you suspend your stakeholders during Compliance investigations?
 - a.Yes
 - b.No

VII. **HIPAA**

- 1. Do residents or POAs, receive and acknowledge receipt of the Notice of Privacy Practices upon admission?
 - a.Yes
 - b.No
 - c.I don't know
 - d.If yes, where is the acknowledgement documented? _____
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2. Does your facility have a process and designated contact for reporting and tracking applicable disclosures?
 - a. Yes
 - b. No
 - c. If yes, please describe: _____

3. Does your facility have a process for documenting requests for the restriction of uses and disclosure of PHI?
 - a. Yes
 - b. No
 - c. I don't know

4. Does your facility have a whiteboard, bulletin board, or any other display with PHI written/posted on it?
 - a. Yes
 - b. No
 - c. If yes, where is it located? _____
 - d. If yes, is it visible to residents and visitors?
 1. Yes
 2. No

5. Which of the following is/are appropriate ways to safeguard verbal disclosure of PHI (can select multiple answers)?
 - a. Do not announce PHI over an intercom or PA system at your facility,
 - b. Do not verbally disclose PHI in public areas,
 - c. Verify the identities of individuals and their authorization to hear PHI, whether in person, or over the phone
 - d. Discuss resident PHI with only those who need to know the information to perform their job duties
 - e. All of the above

6. Which of the following is/are NOT appropriate ways to safeguard disclosure of PHI on written/hard copy documentation (can select multiple answers)?
 - a. Provide copies of medical records to resident's family members
 - b. Send medical records, or PHI, via tracked mail/shipping to ensure package was received by the appropriate recipient
 - c. Place documents face-down on medication carts or at the nurses station, or anywhere else that may be in public view
 - d. Prior to transport to an off-site appointment, double check the resident has his/her own PHI to take to the appointment
 - e. Remove documents from printers and fax machines in a timely manner
 - f. Throw away in dumpsters and trash cans
 - g. Shred documents

7. True or False: Leaders and Stakeholders can send PHI via text message
 - a. True
 - b. False

8. What documentation is required before taking a photo of a resident?
 - a. _____

9. Where can photos and/or PHI of residents be posted?
 a. _____

10. Which of the following is/are appropriate ways to safeguard electronic PHI (can select multiple answers)?
 a. Leaving electronic devices in a vehicle
 b. Sending PHI via email to personal email address and/or in unsecure manners
 c. Triple checking fax numbers before sending PHI via fax
 d. Displaying and/or sharing log in information to computers, mobile devices and software programs
 e. Ensuring computers and workstations automatically log off, lock and/or switch to a screensaver
 f. Logging off and/or locking workstation before walking away
 g. Ensuring computer screens, printers and fax machines are located in secure, non-public areas
11. Which of the following is/are appropriate uses and disclosures of PHI? (can select multiple answers)
 a. Accessing only the minimum necessary information needed to perform job duties
 b. Viewing the medical records of co-workers, friends, family members
12. Does your facility maintain hard copy medical records?
 a. Yes
 b. No
 c. If yes, please describe how and where they are secured: _____

13. If your facility maintains records off-site:
 a. Is the off-site vendor a Signature approved vendor?
 1. Yes
 2. No
 3. I don't know
 b. Is there an active contract with the off-site storage vendor?
 1. Yes
 2. No
 3. I don't know
14. What is required to provide a copy of a medical record to a resident?
 a. _____
15. What is required if an individual, other than the resident, requests a copy of a medical record?
 a. _____
16. Who do you contact when equipment that may contain PHI is either lost or stolen?
 a. _____

17. Do you recover Signature equipment from terminated or resigning employees?

a. Yes

b. No

18. Do you notify IT to disable all electronic access for terminated and resigning employees?

a. Yes

b. No