

Hospital Crosswalk

Medicare Hospital Requirements to 2016 Joint Commission Hospital Standards & EPs

CFR Number	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
§482.11	TAG: A-0020			
§482.11 Condition of Par	rticipation: Compliance with Federal, State and Local Laws			
§482.11(a)	TAG: A-0021	LD.04.0	01.01 The h	nospital complies with law and regulation.
(a) The hospital must be and safety of patients.	in compliance with applicable Federal laws related to the health	EP 2	The hospital pro rules and regula	ovides care, treatment, and services in accordance with licensure requirements, laws, and titons.
§482.11(b)	TAG: A-0022			
(b) The hospital must be-				
§482.11(b)(1)	TAG: A-0022	LD.04.0	01.01 The h	nospital complies with law and regulation.
(1) Licensed; or		EP 1	the care, treatm Commission. Note: Each serv Laboratory Impr regulations (42 WT.04.01.01, E Footnote *: For http://www.cms.	icensed, is certified, or has a permit, in accordance with law and regulation, to provide ent, or services for which the hospital is seeking accreditation from The Joint rice location that performs laboratory testing (waived or nonwaived) must have a Clinical ovement Amendments of 1988 (CLIA '88) certificate * as specified by the federal CLIA CFR 493.55 and 493.3) and applicable state law. (See also WT.01.01.01, EP 1; P 1) more information on how to obtain a CLIA certificate, see gov/Regulations-and- lation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories.html.
§482.11(b)(2)	TAG: A-0022	LD.04.0)1.01 The H	nospital complies with law and regulation.
(2) Approved as meeting locality responsible for lic	g standards for licensing established by the agency of the State or censing hospitals.	EP 1	the care, treatm Commission. Note: Each serv Laboratory Impr regulations (42 WT.04.01.01, E Footnote *: For http://www.cms.	icensed, is certified, or has a permit, in accordance with law and regulation, to provide ent, or services for which the hospital is seeking accreditation from The Joint vice location that performs laboratory testing (waived or nonwaived) must have a Clinical rovement Amendments of 1988 (CLIA '88) certificate * as specified by the federal CLIA CFR 493.55 and 493.3) and applicable state law. (See also WT.01.01.01, EP 1; P 1) more information on how to obtain a CLIA certificate, see gov/Regulations-and- lation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories.html.
§482.11(c)	TAG: A-0023	HR.01.0	02.05 The h	nospital verifies staff qualifications.
(c) The hospital must ass standards that are require	sure that personnel are licensed or meet other applicable ed by State or local laws.			

CFR Number §482.11(c)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 1	their profession verification whe HR.01.02.07, E Note 1: It is acc a secure electro Note 2: A prima information. Th Note 3: An exte to verify creden	eptable to verify current licensure, certification, or registration with the primary source via onic communication or by telephone, if this verification is documented. ry verification source may designate another agency to communicate credentials e designated agency can then be used as a primary source. rnal organization (for example, a credentials verification organization [CVO]) may be used tials information. A CVO must meet the CVO guidelines identified in the Glossary.
		EP 3	job responsibilit	ifies and documents that the applicant has the education and experience required by the ies.
		MS.06.0		nospital collects information regarding each practitioner's current license status, ing, experience, competence, and ability to perform the requested privilege.
		EP 6	whenever feasil - The applicant's at the time of lic - The applicant's	s relevant training s current competence
		MS.06.0		decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is bjective, evidence-based process.
		EP 1		ependent practitioners that provide care, treatment, and services possess a current ation, or registration, as required by law and regulation.
		EP 2	body, establishe services within t the criteria: - Current licensi - The applicant' - Evidence of pt - Data from prof available) - Peer and/or fa	ased on recommendations by the organized medical staff and approval by the governing es criteria that determine a practitioner's ability to provide patient care, treatment, and the scope of the privilege(s) requested. Evaluation of all of the following are included in ure and/or certification, as appropriate, verified with the primary source s specific relevant training, verified with the primary source hysical ability to perform the requested privilege essional practice review by an organization(s) that currently privileges the applicant (if culty recommendation g privileges, review of the practitioner's performance within the hospital
		EP 8	 Medical/clinica Technical and Clinical judgm Interpersonal s Communicatio Professionalis Note: Peer reco each applicant's 	clinical skills ent skills n skills

CFR Number §482.12	Medicare Requirements		Commission		Joint Commission Standards and Elements of Performance
§482.12	TAG: A-0043	LD.01.0	LD.01.01.01 The		tal has a leadership structure.
§482.12 Condition of Pa	articipation: Governing Body	EP 1	The hospital i	dentifies	s those responsible for governance.
	ive governing body that is legally responsible for the conduct of	EP 2	The governing	body i	dentifies those responsible for planning, management, and operational activities.
	I does not have an organized governing body, the persons legally luct of the hospital must carry out the functions specified in this poverning body.	LD.01.0			ning body is ultimately accountable for the safety and quality of care, and services.
		EP 1	The governing	body o	lefines in writing its responsibilities.
		EP 2	The governing	body p	provides for organization management and planning.
§482.12(a)	TAG: A-0044				
§482.12(a) Standard: M	edical Staff.				
The governing body mu	st:				
§482.12(a)(1)	TAG: A-0045	MS.01.	01.01 Me	dical st	aff bylaws address self-governance and accountability to the governing body.
[The governing body mu (1) Determine, in accord candidates for appointm	ance with State law, which categories of practitioners are eligible	EP 3	the proposed governing body body's author which medica Every require These require reside in the r what constitut Adoption of a Elements of F minimum the body, required to the governi the "Leadersh management Note: If an org will occur at the	bylaws y appro- ty and of staff ment se ments in nedical es the a sociate erforma basic st for imp ng body ip" (LD) process anization e appro-	cannot be delegated. After adoption or amendment by the organized medical staff, are submitted to the governing body for action. Bylaws become effective only upon oval. (See the "Leadership" (LD) chapter for requirements regarding the governing conflict management processes. See Element of Performance 17 for information on thembers are eligible to vote.) to forth in Elements of Performance 12 through 36 is in the medical staff bylaws. may have associated details, some of which may be extensive; such details may staff bylaws, rules and regulations, or policies. The organized medical staff adopts associated details, where they reside, and whether their adoption can be delegated. and details that reside in medical staff bylaws cannot be delegated. For those ance 12 through 36 that require a process, the medical staff bylaws include at a eps, as determined by the organized medical staff and approved by the governing olementation of the requirement. The organized medical staff submits its proposals of or action. Proposals become effective only upon governing body approval. (See chapter for requirements regarding the governing body's authority and conflict ses.) on is found to be out of compliance with this Element of Performance, the citation opriate Element(s) of Performance 12 through 36.
		EP 12	approved by t	he gove	
Medicare Hospital Requir	ements to 2016 Joint	Page 3 of	f 328		© 2016 The Joint Commission

CFR Number §482.12(a)(1)	Medicare Requirements		Commissio		Joint Commission Standards and Elements of Performance
		EP 13 EP 27	3: Qualifica Note: For h staff must l scope of pr 482.12(c)(1 governing l The medica	ations hospita be cor ractice 1) and body. al staf	i bylaws include the following requirements, in accordance with Element of Performance for appointment to the medical staff. Its that use Joint Commission accreditation for deemed status purposes: The medical nposed of doctors of medicine or osteopathy. In accordance with state law, including laws, the medical staff may also include other categories of physicians as listed at nonphysician practitioners who are determined to be eligible for appointment by the bylaws include the following requirements, in accordance with Element of Performance or appointment and re-appointment to membership on the medical staff.
§482.12(a)(2)	TAG: A-0046	MS.02.	•		is a medical staff executive committee.
[The governing body mu		EP 8			f executive committee makes recommendations, as defined in the medical staff bylaws, verning body on, at least, all of the following: Medical staff membership.
(2) Appoint members of existing members of the	the medical staff after considering the recommendations of the medical staff;	MS.06.	(each	rganized medical staff reviews and analyzes all relevant information regarding requesting practitioner's current licensure status, training, experience, current etence, and ability to perform the requested privilege.
		EP 8	The goverr denying pri	0	ody or delegated governing body committee has final authority for granting, renewing, or s.
		MS.07.			rganized medical staff provides oversight for the quality of care, treatment, and es by recommending members for appointment to the medical staff.
		EP 5	Membershi	ip is re	commended by the medical staff and granted by the governing body.
§482.12(a)(3)	TAG: A-0047	MS.01.	01.01	Medic	al staff bylaws address self-governance and accountability to the governing body.
[The governing body mu	ist:]	EP 1	The organi	zed m	edical staff develops medical staff bylaws, rules and regulations, and policies.
(3) Assure that the medi	ical staff has bylaws;	EP 2	medical sta the proposi governing l body's auth	aff byla ed byl body a hority	edical staff adopts and amends medical staff bylaws. Adoption or amendment of aws cannot be delegated. After adoption or amendment by the organized medical staff, aws are submitted to the governing body for action. Bylaws become effective only upon approval. (See the "Leadership" (LD) chapter for requirements regarding the governing and conflict management processes. See Element of Performance 17 for information on aff members are eligible to vote.)
		EP 3	These requ reside in th what const Adoption o Elements o minimum tl body, requi to the gove the "Leade manageme Note: If an	uireme ie med itutes f asso of Perf he bas ired fo erning rship" ent pro organ	In the set forth in Elements of Performance 12 through 36 is in the medical staff bylaws. International medical staff bylaws, rules and regulations, or policies. The organized medical staff adopts the associated details, where they reside, and whether their adoption can be delegated. In the case of the transfer of the transfer of the organized medical staff adopts the associated details that reside in medical staff bylaws cannot be delegated. For those ormance 12 through 36 that require a process, the medical staff bylaws include at a sic steps, as determined by the organized medical staff and approved by the governing r implementation of the requirement. The organized medical staff submits its proposals body for action. Proposals become effective only upon governing body approval. (See (LD) chapter for requirements regarding the governing body's authority and conflict cesses.) ization is found to be out of compliance with this Element of Performance, the citation appropriate Element(s) of Performance 12 through 36.

CFR Number §482.12(a)(3)	Medicare Requirements		t Commissio /alent Numb	I I I I I I I I I I I I I I I I I I I		
		EP 7		rning body upholds the medical staff bylaws, rules and regulations, and policies that have been by the governing body.		
§482.12(a)(4)	TAG: A-0048	MS.01.	.01.01 N	Medical staff bylaws address self-governance and accountability to the governing body.		
[The governing body mus (4) Approve medical staf	st:] f bylaws and other medical staff rules and regulations;	EP 2	medical staf the propose governing b body's auth which medic Every requir These requi reside in the what constit Adoption of Elements of minimum th body, requir to the gover the "Leaders managemer Note: If an c	hized medical staff adopts and amends medical staff bylaws. Adoption or amendment of taff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, sed bylaws are submitted to the governing body for action. Bylaws become effective only upon body approval. (See the "Leadership" (LD) chapter for requirements regarding the governing thority and conflict management processes. See Element of Performance 17 for information on dical staff members are eligible to vote.) uirements the forth in Elements of Performance 12 through 36 is in the medical staff bylaws. Juirements may have associated details, some of which may be extensive; such details may he medical staff bylaws, rules and regulations, or policies. The organized medical staff adopts titutes the associated details, where they reside, and whether their adoption can be delegated. of associated details that require a process, the medical staff bylaws include at a the basic steps, as determined by the organized medical staff submits its proposals erning body for action. Proposals become effective only upon governing body approval. (See ership" (LD) chapter for requirements regarding the governing body sauthority and conflict ent processes.) or organization is found to be out of compliance with this Element of Performance, the citation at the appropriate Element(s) of Performance 12 through 36.		
		EP 7	The governing body upholds the medical staff bylaws, rules and regulations, and policies that h approved by the governing body.			
§482.12(a)(5)	TAG: A-0049	LD.01.	05.01 T	The hospital has an organized medical staff that is accountable to the governing body.		
[The governing body mus	st:]	EP 5		nized medical staff oversees the quality of care, treatment and services provided by those s with clinical privileges.		
(5) Ensure that the media care provided to patients	cal staff is accountable to the governing body for the quality of ;;	EP 6	The organiz	nized medical staff is accountable to the governing body.		
§482.12(a)(6)	TAG: A-0050	MS.06.		The hospital collects information regarding each practitioner's current license status, training, experience, competence, and ability to perform the requested privilege.		
[The governing body must (6) Ensure the criteria for experience, and judgmer	r selection are individual character, competence, training,	EP 6	The credent whenever fe - The applic at the time o - The applic - The applic	entialing process requires that the hospital verifies in writing and from the primary source feasible, or from a credentials verification organization (CVO), the following information: licant's current licensure at the time of initial granting, renewal, and revision of privileges, and e of license expiration licant's relevant training licant's current competence PC.03.01.01, EP 1)		
Nedicare Hospital Require	ements to 2016 Joint	Page 5 o	f 328	© 2016 The Joint Commission		

CFR Number §482.12(a)(6)	Medicare Requirements		t Commissio valent Numb		Joint Commission Standards and Elements of Performance
		MS.06.			ecision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is jective, evidence-based process.
		EP 2	body, establ services with the criteria: - Current licc - The applic - Evidence of - Data from available) - Peer and/of	lishes hin th ensu ant's of phy profe or fac	sed on recommendations by the organized medical staff and approval by the governing s criteria that determine a practitioner's ability to provide patient care, treatment, and he scope of the privilege(s) requested. Evaluation of all of the following are included in re and/or certification, as appropriate, verified with the primary source specific relevant training, verified with the primary source ysical ability to perform the requested privilege essional practice review by an organization(s) that currently privileges the applicant (if sulty recommendation g privileges, review of the practitioner's performance within the hospital
		EP 7			ries the National Practitioner Data Bank (NPDB) when clinical privileges are initially me of renewal of privileges, and when a new privilege(s) is requested.
		EP 8	 Medical/cli Technical judical Clinical judical Interperson Communical Profession Note: Peer notes Pach applical 	nical and c Igme nal sl atior alism recon ant's	clinical skills nt kills n skills
		EP 9	 Challenges Voluntary a Voluntary a Voluntary a Any evider Any evider a final judgn Documenta Relevant p 	s to a and in and in and in nce o nent ation vractif	Inding privileges, the organized medical staff also evaluates the following: any licensure or registration involuntary relinquishment of any license or registration involuntary termination of medical staff membership involuntary limitation, reduction, or loss of clinical privileges of an unusual pattern or an excessive number of professional liability actions resulting in against the applicant as to the applicant's health status tioner-specific data as compared to aggregate data, when available nortality data, when available
§482.12(a)(7)	TAG: A-0051	MS.06.	e	ach i	rganized medical staff reviews and analyzes all relevant information regarding requesting practitioner's current licensure status, training, experience, current
[The governing body mu	JSI.]			•	etence, and ability to perform the requested privilege.
	o circumstances is the accordance of staff membership or n the hospital dependent solely upon certification, fellowship or lty body or society.	EP 2	body, develo Note: Medic	ops c al sta	sed on recommendations by the organized medical staff and approval by the governing criteria that will be considered in the decision to grant, limit, or deny a requested privilege. aff membership and professional privileges are not dependent solely upon certification, embership in a specialty body or society.
Medicare Hospital Requir	ements to 2016 Joint	Page 6 g	of 328		© 2016 The Joint Commission

CFR Number §482.12(a)(7)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance
		MS.07.		organized medical staff provides oversight for the quality of care, treatment, and vices by recommending members for appointment to the medical staff.
		EP 1	Note: Medical	medical staff develops criteria for medical staff membership. staff membership and professional privileges are not dependent solely upon certification, nembership in a specialty body or society.
§482.12(a)(8)		LD.04.0		e, treatment, and services provided through contractual agreement are provided ely and effectively.
through an agreement w	lemedicine services are furnished to the hospital's patients ith a distant-site hospital, the agreement is written and that it sponsibility of the governing body of the distant-site hospital to	EP 2	The hospital d agreements.	escribes, in writing, the nature and scope of services provided through contractual
distant-site hospital's phy governing body of the ho may, in accordance with	n paragraphs (a)(1) through (a)(7) of this section with regard to the ysicians and practitioners providing telemedicine services. The uspital whose patients are receiving the telemedicine services §482.22(a)(3) of this part, grant privileges based on its medical hat rely on information provided by the distant-site hospital.	EP 4	services. Note 1: In mos agreement mu described in th Note 2: For ho the hospital co provided off si - Verify that al services have - Specify in th provided by lic Note 3: For ho	or contracted services by establishing expectations for the performance of the contracted et cases, each licensed independent practitioner providing services through a contractual ist be credentialed and privileged by the hospital using their services following the process the "Medical Staff" (MS) chapter. spitals that do not use Joint Commission accreditation for deemed status purposes: When intracts with another accredited organization for patient care, treatment, and services to be the, it can do the following: licensed independent practitioners who will be providing patient care, treatment, and appropriate privileges by obtaining, for example, a copy of the list of privileges. Written agreement that the contracted organization will ensure that all contracted services ensed independent practitioners will be within the scope of their privileges. spitals that use Joint Commission accreditation for deemed status purposes: The leaders he contracted services are the governing body.
		EP 23	services are fu distant site tha - The distant si - The distant si the Medicare (- The originatii providers' cree Participation a MS.13.01.01, Note: For the Appendix A. If the originatii telemedicine p - The governir credentialing a through MS.00 - The governir	anguage of the Medicare Conditions of Participation pertaining to telemedicine, see ng site chooses to use the credentialing and privileging decision of the distant-site provider, then the following requirements apply: g body of the distant site is responsible for having a process that is consistent with the and privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 6.01.13). g body of the originating site grants privileges to a distant site licensed independent sed on the originating site's medical staff recommendations, which rely on information
§482.12(a)(9)		LD.04.0		e, treatment, and services provided through contractual agreement are provided ely and effectively.
	emedicine services are furnished to the hospital's patients through tant-site telemedicine entity, the written agreement specifies that		341	
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CFR Number §482.12(a)(9)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance				
the distant-site telemedi in accordance with §482	e distant-site telemedicine entity is a contractor of services to the hospital and as such, accordance with §482.12(e), furnishes the contracted services in a manner that permits hospital to comply with all applicable conditions of participation for the contracted			scribes, in writing, the nature and scope of services provided through contractual				
services, including, but i	The hospital to comply with all applicable conditions of participation for the contracted services, including, but not limited to, the requirements in paragraphs (a)(1) through (a)(7) of this section with regard to the distant-site telemedicine entity's physicians and practitioners providing telemedicine services. The governing body of the hospital whose batients are receiving the telemedicine services may, in accordance with §482.22(a)(4) of this part, grant privileges to physicians and practitioners employed by the distant-site telemedicine entity based on such hospital's medical staff recommendations; such staff recommendations may rely on information provided by the distant-site telemedicine entity.		EP 3 Designated leaders approve contractual agreements.					
practitioners providing to patients are receiving th this part, grant privileges telemedicine entity base			services. Note 1: In most agreement must described in the Note 2: For hosp the hospital com provided off site - Verify that all li services have aj - Specify in the provided by licer Note 3: For hosp	r contracted services by establishing expectations for the performance of the contracted cases, each licensed independent practitioner providing services through a contractual t be credentialed and privileged by the hospital using their services following the process "Medical Staff" (MS) chapter. oitals that do not use Joint Commission accreditation for deemed status purposes: When tracts with another accredited organization for patient care, treatment, and services to be , it can do the following: censed independent practitioners who will be providing patient care, treatment, and porpriate privileges by obtaining, for example, a copy of the list of privileges. written agreement that the contracted organization will ensure that all contracted services need independent practitioners will be within the scope of their privileges. Ditals that use Joint Commission accreditation for deemed status purposes: The leaders contracted services are the governing body.				
		EP 5	contracted servi	r contracted services by communicating the expectations in writing to the provider of the ces. description of the expectations can be provided either as part of the written agreement or				
		EP 6	EP 6 Leaders monitor contracted services by evaluating these services in relation to the hospital expectations.					
	EP 23		services are furr distant site that - The distant site - The distant site the Medicare Co - The originating providers' crede Participation at 4 MS.13.01.01, EI Note: For the lar Appendix A. If the originating telemedicine pro - The governing credentialing an through MS.06.0 - The governing	nguage of the Medicare Conditions of Participation pertaining to telemedicine, see site chooses to use the credentialing and privileging decision of the distant-site ovider, then the following requirements apply: body of the distant site is responsible for having a process that is consistent with the d privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 01.13). body of the originating site grants privileges to a distant site licensed independent ed on the originating site's medical staff recommendations, which rely on information				
§482.12(a)(10)	TAG: A-0053	LD.01.		poverning body is ultimately accountable for the safety and quality of care, nent, and services.				
[The governing body mu	ist:]							
Medicare Hospital Require	ements to 2016 Joint	Page 8 o	f 328	© 2016 The Joint Commission				

CFR Number §482.12(a)(10)	Medicare Requirements		Commissio alent Numb	-	Joint Commission Standards and Elements of Performance		
conduct of the hospital's	(10) Consult directly with the individual assigned the responsibility for the organization and conduct of the hospital's medical staff, or his or her designee. At a minimum, this direct consultation must occur periodically throughout the fiscal or calendar year and include		The govern governance	•	ody provides the organized medical staff with the opportunity to participate in		
discussion of matters re hospital. For a multi-hos multihospital system gov	discussion of matters related to the quality of medical care provided to patients of the hospital. For a multi-hospital system using a single governing body, the single multihospital system governing body must consult directly with the individual responsible for the organized medical staff (or his or her designee) of each hospital within its system in	EP 9		oody i	ody provides the organized medical staff with the opportunity to be represented at neetings (through attendance and voice) by one or more of its members, as selected by edical staff.		
	uirements of this paragraph (a).	EP 10	Organized unless lega		al staff members are eligible for full membership in the hospital's governing body, oblibited.		
				-	overning body, senior managers, and leaders of the organized medical staff arly communicate with one another on issues of safety and quality.		
		EP 1	 Leaders discuss issues that affect the hospital and the population(s) it serves, including Performance improvement activities Reported safety and quality issues Proposed solutions and their impact on the hospital's resources Reports on key quality measures and safety indicators Safety and quality issues specific to the population served Input from the population(s) served (See also NR.01.01.01, EP 3) 				
		EP 2		spital establishes time frames for the discussion of issues that affect the hospital and the ion(s) it serves.			
		LD.03.0		The hospital uses data and information to guide decisions and to understand variatio in the performance of processes supporting safety and quality.			
		EP 1	Leaders se treatment, a		ectations for using data and information to improve the safety and quality of care, ervices.		
		LD.03.0			ers use hospitalwide planning to establish structures and processes that focus on and quality.		
		EP 7	Leaders ev	aluate	e the effectiveness of planning activities.		
		LD.03.0		Leaders implement changes in existing processes to improve the performan hospital.			
		EP 1		es for managing change and performance improvements exist that foster the safety of the patient quality of care, treatment, and services.			
					e the effectiveness of processes for the management of change and performance ee also PI.02.01.01, EP 13)		
§482.12(b)	TAG: A-0057	LD.01.0			overning body is ultimately accountable for the safety and quality of care, nent, and services.		
§482.12(b) Standard: Chief Executive Officer The governing body must appoint a chief executive officer who is responsible for managing the hospital.		EP 4			ody selects the chief executive responsible for managing the hospital.		

CFR Number §482.12(c)	Medicare Requirements		Commissior alent Numbe	I loint Commission Standards and Floments of Performance
§482.12(c)	TAG: A-0063			
§482.12(c) Standard: Ca	are of Patients			
In accordance with hosp requirements are met:	ital policy, the governing body must ensure that the following			
§482.12(c)(1)	TAG: A-0064			
[the governing body m	nust ensure that the following requirements are met:]			
(1) Every Medicare patie	ent is under the care of:			
§482.12(c)(1)(i)	TAG: A-0064	MS.03.0		The management and coordination of each patient's care, treatment, and services is he responsibility of a practitioner with appropriate privileges.
authority of a doctor of n	or osteopathy. (This provision is not to be construed to limit the nedicine or osteopathy to delegate tasks to other qualified health tent recognized under State law or a State's regulatory TAG: A-0064	EP 1 EP 3 MS.03.0	Physicians a care, treatme Note: The de Services (CM A patient's ge For hospitals or osteopathy not specifical medicine, or 1.03 Th	and clinical psychologists with appropriate privileges manage and coordinate the patient's nent, and services. definition of "physician" is the same as that used by the Centers for Medicare & Medicaid 2005 (refer to the Glossary). general medical condition is managed and coordinated by a doctor of medicine or osteopathy. Is that use Joint Commission accreditation for deemed status purposes: A doctor of medicine hy manages and coordinates the care of any Medicare patient's psychiatric problem that is ally within the scope of practice of a doctor of dental surgery, dental medicine, podiatric or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist
	rgery or dental medicine who is legally authorized to practice Id who is acting within the scope of his or her license;	EP 1 EP 3	Physicians at care, treatme Note: The de Services (CM A patient's ge For hospitals or osteopathy not specifical	he responsibility of a practitioner with appropriate privileges. and clinical psychologists with appropriate privileges manage and coordinate the patient's hent, and services. Jefinition of "physician" is the same as that used by the Centers for Medicare & Medicaid MS) (refer to the Glossary). general medical condition is managed and coordinated by a doctor of medicine or osteopathy. Is that use Joint Commission accreditation for deemed status purposes: A doctor of medicine hy manages and coordinates the care of any Medicare patient's psychiatric problem that is ally within the scope of practice of a doctor of dental surgery, dental medicine, podiatric or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist
§482.12(c)(1)(iii)	TAG: A-0064	MS.03.0		The management and coordination of each patient's care, treatment, and services is
(iii) A doctor of podiatric legally authorized by the	medicine, but only with respect to functions which he or she is state to perform;	EP 1	Physicians an care, treatme Note: The de	he responsibility of a practitioner with appropriate privileges. and clinical psychologists with appropriate privileges manage and coordinate the patient's nent, and services. definition of "physician" is the same as that used by the Centers for Medicare & Medicaid CMS) (refer to the Glossary).
Medicare Hospital Require	amonto to 2016, Joint	Page 10 of	220	© 2016 The Joint Commission

CFR Number §482.12(c)(1)(iii)	Medicare Requirements		t Commissio /alent Numb		Joint Commission Standards and Elements of Performance
		EP 3	For hospitals or osteopath not specifica	s that ny ma ally w	al medical condition is managed and coordinated by a doctor of medicine or osteopathy. use Joint Commission accreditation for deemed status purposes: A doctor of medicine nages and coordinates the care of any Medicare patient's psychiatric problem that is thin the scope of practice of a doctor of dental surgery, dental medicine, podiatric metry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist
§482.12(c)(1)(iv)	TAG: A-0064	MS.03.			anagement and coordination of each patient's care, treatment, and services is sponsibility of a practitioner with appropriate privileges.
(iv) A doctor of optometry which he or she practices	who is legally authorized to practice optometry by the State in s;	EP 1	Physicians a care, treatm Note: The d	and c ent, a efiniti	inical psychologists with appropriate privileges manage and coordinate the patient's and services. In of "physician" is the same as that used by the Centers for Medicare & Medicaid refer to the Glossary).
		EP 3	For hospital or osteopath not specifica	s that ny ma ally w	al medical condition is managed and coordinated by a doctor of medicine or osteopathy. use Joint Commission accreditation for deemed status purposes: A doctor of medicine nages and coordinates the care of any Medicare patient's psychiatric problem that is thin the scope of practice of a doctor of dental surgery, dental medicine, podiatric metry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.
§482.12(c)(1)(v)	TAG: A-0064	MS.03.			anagement and coordination of each patient's care, treatment, and services is sponsibility of a practitioner with appropriate privileges.
services of a chiropractor	licensed by the State or legally authorized to perform the r, but only with respect to treatment by means of manual to correct a subluxation demonstrated by x-ray to exist; and	EP 1	Physicians a care, treatm Note: The d	and c ent, a efiniti	inical psychologists with appropriate privileges manage and coordinate the patient's
		EP 3	For hospitals that use Joint Commission accreditation for deemed status or osteopathy manages and coordinates the care of any Medicare patien not specifically within the scope of practice of a doctor of dental surgery,		al medical condition is managed and coordinated by a doctor of medicine or osteopathy. use Joint Commission accreditation for deemed status purposes: A doctor of medicine nages and coordinates the care of any Medicare patient's psychiatric problem that is thin the scope of practice of a doctor of dental surgery, dental medicine, podiatric metry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist
§482.12(c)(1)(vi)	TAG: A-0064	MS.03.			anagement and coordination of each patient's care, treatment, and services is sponsibility of a practitioner with appropriate privileges.
	t as defined in §410.71 of this chapter, but only with respect to ices as defined in §410.71 of this chapter and only to the extent	EP 1	care, treatment, and services.		on of "physician" is the same as that used by the Centers for Medicare & Medicaid
EP 3		EP 3 A patient's general medical condition is managed and coordinated by a doctor of medicine or For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor or osteopathy manages and coordinates the care of any Medicare patient's psychiatric proble not specifically within the scope of practice of a doctor of dental surgery, dental medicine, por medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical			
§482.12(c)(2)	TAG: A-0065	MS.03.			ganized medical staff oversees the quality of patient care, treatment, and es provided by practitioners privileged through the medical staff process.
	ust ensure that the following requirements are met:]	EP 2	Practitioners	s prac	tice only within the scope of their privileges as determined through mechanisms ganized medical staff.
Medicare Hospital Require	ments to 2016 Joint	Page 11 c	of 328		© 2016 The Joint Commission

CFR Number §482.12(c)(2)	Medicare Requirements		Commissio	-	Joint Commission Standards and Elements of Performance		
practitioner permitted by the State to admit patients to a hospital.					nanagement and coordination of each patient's care, treatment, and services is sponsibility of a practitioner with appropriate privileges.		
		EP 1	Physicians care, treatr Note: The	and onent, definit	linical psychologists with appropriate privileges manage and coordinate the patient's and services. ion of "physician" is the same as that used by the Centers for Medicare & Medicaid (refer to the Glossary).		
			EP 3 A patient's general medical condition is managed and coordinated by a doctor of medicine or os For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of or osteopathy manages and coordinates the care of any Medicare patient's psychiatric problem not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiat medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psy				
			EP 13 For hospitals that use Joint Commission accreditation for deemed status purposes: Patients are admitted to the hospital only on the decision of a licensed practitioner permitted by the state to admi patients to a hospital.				
§482.12(c)(2) continued	TAG: A-0066	MS.03.			anagement and coordination of each patient's care, treatment, and services is sponsibility of a practitioner with appropriate privileges.		
(2) continued If a Medicare patient is admit	ensure that the following requirements are met:] ted by a practitioner not specified in paragraph (c)(1) of this the care of a doctor of medicine or osteopathy.	EP 1 EP 3	 EP 1 Physicians and clin care, treatment, and Note: The definition Services (CMS) (re EP 3 A patient's general For hospitals that u or osteopathy mana not specifically with 		linical psychologists with appropriate privileges manage and coordinate the patient's		
§482.12(c)(3)	TAG: A-0067	MS.03.			anagement and coordination of each patient's care, treatment, and services is		
	ensure that the following requirements are met:] steopathy is on duty or on call at all times.	EP 12	For hospita	als tha	sponsibility of a practitioner with appropriate privileges. t use Joint Commission accreditation for deemed status purposes: A doctor of medicine on duty or on call at all times.		
§482.12(c)(4)	TAG: A-0068	MS.03.			anagement and coordination of each patient's care, treatment, and services is sponsibility of a practitioner with appropriate privileges.		
	ensure that the following requirements are met:] steopathy is responsible for the care of each Medicare patient or psychiatric problem that	EP 1	Physicians care, treatr Note: The o	and o nent, definit	Inical psychologists with appropriate privileges manage and coordinate the patient's and services. ion of "physician" is the same as that used by the Centers for Medicare & Medicaid (refer to the Glossary).		
		EP 3	For hospita or osteopa not specific	als tha thy m cally v	al medical condition is managed and coordinated by a doctor of medicine or osteopathy. t use Joint Commission accreditation for deemed status purposes: A doctor of medicine anages and coordinates the care of any Medicare patient's psychiatric problem that is ithin the scope of practice of a doctor of dental surgery, dental medicine, podiatric ometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.		

CFR Number §482.12(c)(4)(i)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance
§482.12(c)(4)(i)	TAG: A-0068	MS.03.		management and coordination of each patient's care, treatment, and services is responsibility of a practitioner with appropriate privileges.
(i) Is present on admission or develops during hospitalization; and		EP 1	Physicians and care, treatmen Note: The defir	clinical psychologists with appropriate privileges manage and coordinate the patient's
		EP 3	For hospitals the or osteopathy in not specifically	eral medical condition is managed and coordinated by a doctor of medicine or osteopathy. hat use Joint Commission accreditation for deemed status purposes: A doctor of medicine nanages and coordinates the care of any Medicare patient's psychiatric problem that is within the scope of practice of a doctor of dental surgery, dental medicine, podiatric btometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist
§482.12(c)(4)(ii)	TAG: A-0068	MS.03.		management and coordination of each patient's care, treatment, and services is responsibility of a practitioner with appropriate privileges.
	the scope of practice of a doctor of dental surgery, dental e, or optometry; a chiropractor; or clinical psychologist, as that	EP 1 Physicians and clinical psychologists with appropriate privileges mar care, treatment, and services.		ition of "physician" is the same as that used by the Centers for Medicare & Medicaid
		EP 3	For hospitals the or osteopathy in not specifically	eral medical condition is managed and coordinated by a doctor of medicine or osteopathy. hat use Joint Commission accreditation for deemed status purposes: A doctor of medicine manages and coordinates the care of any Medicare patient's psychiatric problem that is within the scope of practice of a doctor of dental surgery, dental medicine, podiatric otometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.
§482.12(c)(4)(ii)(A)	TAG: A-0068	MS.03.		organized medical staff oversees the quality of patient care, treatment, and ices provided by practitioners privileged through the medical staff process.
(A) Defined by the medical	staff;	EP 2	Practitioners p	actice only within the scope of their privileges as determined through mechanisms organized medical staff.
		MS.03.		management and coordination of each patient's care, treatment, and services is responsibility of a practitioner with appropriate privileges.
		EP 1	care, treatmen Note: The defin	clinical psychologists with appropriate privileges manage and coordinate the patient's , and services. ition of "physician" is the same as that used by the Centers for Medicare & Medicaid) (refer to the Glossary).
		For hospitals or osteopath not specifical		eral medical condition is managed and coordinated by a doctor of medicine or osteopathy. nat use Joint Commission accreditation for deemed status purposes: A doctor of medicine manages and coordinates the care of any Medicare patient's psychiatric problem that is within the scope of practice of a doctor of dental surgery, dental medicine, podiatric otometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.
§482.12(c)(4)(ii)(B)	TAG: A-0068	MS.03.		management and coordination of each patient's care, treatment, and services is responsibility of a practitioner with appropriate privileges.
(B) Permitted by State law;	and			

CFR Number §482.12(c)(4)(ii)(B)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance	
		EP 1	care, treatmen Note: The defin	d clinical psychologists with appropriate privileges manage and coordinate the patient's t, and services. nition of "physician" is the same as that used by the Centers for Medicare & Medicaid () (refer to the Glossary).	
		EP 3	For hospitals the or osteopathy not specifically	eral medical condition is managed and coordinated by a doctor of medicine or osteopathy. hat use Joint Commission accreditation for deemed status purposes: A doctor of medicine manages and coordinates the care of any Medicare patient's psychiatric problem that is within the scope of practice of a doctor of dental surgery, dental medicine, podiatric otometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.	
§482.12(c)(4)(ii)(C)	TAG: A-0068	MS.03.0		management and coordination of each patient's care, treatment, and services is responsibility of a practitioner with appropriate privileges.	
(C) Limited, under paragr	raph (c)(1)(v) of this section, with respect to chiropractors.	EP 1	care, treatmen Note: The defin	d clinical psychologists with appropriate privileges manage and coordinate the patient's t, and services. nition of "physician" is the same as that used by the Centers for Medicare & Medicaid b) (refer to the Glossary).	
		EP 3	EP 3 A patient's general medical condition is managed and coordinated by a doctor of medic For hospitals that use Joint Commission accreditation for deemed status purposes: A correst or osteopathy manages and coordinates the care of any Medicare patient's psychiatric not specifically within the scope of practice of a doctor of dental surgery, dental medicin medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a cl		
§482.12(d)	TAG: A-0073				
§482.12(d) Standard: Ins	titutional Plan and Budget	-			
The institution must have	an overall institutional plan that meets the following conditions:				
§482.12(d)(1)	TAG: A-0073	LD.04.0		leaders develop an annual operating budget and, when needed, a long-term capital enditure plan.	
(1) The plan must include generally accepted account	e an annual operating budget that is prepared according to unting principles.	EP 4	•	body approves an annual operating budget and, when needed, a long-term capital	
		EP 6	An independer provided by lav	nt public accountant conducts an annual audit of the hospital's finances, unless otherwise v.	
§482.12(d)(2)	TAG: A-0073	LD.04.0		leaders develop an annual operating budget and, when needed, a long-term capital enditure plan.	
require that the budget id	ude all anticipated income and expenses. This provision does not lentify item by item the components of each anticipated income	EP 3	•	budget reflects the hospital's goals and objectives.	
or expense.		EP 4	The governing expenditure pla	body approves an annual operating budget and, when needed, a long-term capital an.	
§482.12(d)(3)	TAG: A-0073	LD.04.0		leaders develop an annual operating budget and, when needed, a long-term capital enditure plan.	
	e for capital expenditures for at least a 3-year period, including trating budget specified in paragraph (d)(2) of this section is	EP 3	•	budget reflects the hospital's goals and objectives.	
Medicare Hospital Require	ments to 2016 Joint	-∣ Page 14 of	328	© 2016 The Joint Commission	

CFR Number §482.12(d)(3)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance	
		EP 4	The governing l expenditure pla	body approves an annual operating budget and, when needed, a long-term capital n.	
§482.12(d)(4)	TAG: A-0073	LD.04.0		leaders develop an annual operating budget and, when needed, a long-term capital enditure plan.	
sources of financing for,	e and identify in detail the objective of, and the anticipated each anticipated capital expenditure in excess of \$600,000 (or a	EP 3	The operating b	oudget reflects the hospital's goals and objectives.	
	ablished, in accordance with section 1122(g)(1) of the Act, by the al is located) that relates to any of the following:	EP 4	P 4 The governing body approves an annual operating budget and, when needed, a long-term cap expenditure plan.		
§482.12(d)(4)(i)	TAG: A-0073	LD.04.0		leaders develop an annual operating budget and, when needed, a long-term capital enditure plan.	
(i) Acquisition of land;		EP 3	The operating b	oudget reflects the hospital's goals and objectives.	
		EP 4	The governing l expenditure pla	body approves an annual operating budget and, when needed, a long-term capital n.	
§482.12(d)(4)(ii)	TAG: A-0073	LD.04.0		leaders develop an annual operating budget and, when needed, a long-term capital enditure plan.	
(ii) Improvement of land,	buildings, and equipment; or	EP 3	The operating b	oudget reflects the hospital's goals and objectives.	
		EP 4	The governing l expenditure pla	body approves an annual operating budget and, when needed, a long-term capital n.	
§482.12(d)(4)(iii)	TAG: A-0073	LD.04.0		leaders develop an annual operating budget and, when needed, a long-term capital enditure plan.	
(iii) The replacement, mo	dernization, and expansion of buildings and equipment.	EP 3	The operating b	budget reflects the hospital's goals and objectives.	
		EP 4	The governing l expenditure pla	body approves an annual operating budget and, when needed, a long-term capital n.	
§482.12(d)(5)	TAG: A-0074	LD.04.0	1.01 The	hospital complies with law and regulation.	
accordance with section	pmitted for review to the planning agency designated in 1122(b) of the Act, or if an agency is not designated, to the ing agency in the State. (See part 100 of this title.)	EP 2	The hospital pro rules and regula	ovides care, treatment, and services in accordance with licensure requirements, laws, and ations.	
§482.12(d)(5) continu		LD.04.0	1.01 The	hospital complies with law and regulation.	
(5) continued		EP 2	The hospital pro	ovides care, treatment, and services in accordance with licensure requirements, laws, and ations.	
A capital expenditure is not subject to section 1122 review if 75 percent of the health care facility's patients who are expected to use the service for which the capital expenditure is made are individuals enrolled in a health maintenance organization (HMO) or competitive		LD.04.0		leaders develop an annual operating budget and, when needed, a long-term capital enditure plan.	
medical plan (CMP) that Department determines needed by the HMO or C	meets the requirements of section 1876(b) of the Act, and if the that the capital expenditure is for services and facilities that are CMP in order to operate efficiently and economically and that are essible to the HMO or CMP because	EP 3	The operating b	budget reflects the hospital's goals and objectives.	

Rependiture plan. EP 3 The operating budget reflects the hospital's goals and objectives. §482.12(d)(5)(ii) TAG: A-0075 LD-04-01-01 The hospital complies with law and regulation. EP 2 The operating budget reflects the hospital's goals and objectives. ED-2 (ii) The facilities are not available under a contract of reasonable duration: EP 2 The hospital complies with law and regulation. EV 2 The operating budget reflects the hospital's goals and objectives. ED-24-01-01 The hospital complies with law and regulation. §482.12(d)(5)(iii) TAG: A-0075 LD-04-01-01 The hospital complies with law and regulation. [iii) Full and equal medical staff privileges in the facilities are not available; EP 2 The operating budget reflects the hospital's goals and objectives. §482.12(d)(5)(iv) TAG: A-0075 LD-04-01-01 The hospital complies with law and regulation. [iv] Arrangements with these facilities are not available; EP 3 The operating budget reflects the hospital's goals and objectives. §482.12(d)(5)(iv) TAG: A-0075 LD-04-01-01 The hospital complies with law and regulation. [iv] Arrangements with these facilities are not available; or EP 2 The hospital privides care, treatment, and services in accordance with licensure requirements. In thespital complies with law and regulation.	CFR Number §482.12(d)(5)(i)	Medicare Requirements		Commissior alent Numbe	I loint (Commission Standards and Floments of Performance
rules and regulations. trues and regulations. LD.4.01.03 The loader's develop an annual operating budget and, when needed, a long-term expenditure plan. EP 3 The operating budget reflects the hospital's goals and objectives. S482.12(d)(5)(li) TAG: A-0075 LD.0.4.01.01 The hospital provides care, treatment, and services in accordance with licensure requirements, lices and regulations. EP 3 The operating budget reflects the hospital's goals and objectives. EP 3 The operating budget effects the hospital's goals and objectives. EVEX.tr EP 3 The operating budget effects the hospital's goals and objectives. S482.12(d)(5)(li) TAG: A-0075 LD.0.4.01.03 The loadition care, treatment, and services in accordance with licensure requirements, licensure reacting budget reflects the h	§482.12(d)(5)(i)	TAG: A-0075	LD.04.0	1.01 Tł	e hospital complies with law and regulation.
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iii) The facilities are not available under a contract of reasonable duration; EP 2 The hospital provides care, treatment, and services in accordance with licensure requirements, in cues and regulations. LD.04.01.03 The leaders develop an annual operating budget and, when needed, a long-term expenditure plan. EP 3 The operating budget reflects the hospital's goals and objectives. §482.12(d)(5)(iii) TAG: A-0075 (iii) Full and equal medical staff privileges in the facilities are not available; EP 2 (iii) Full and equal medical staff privileges in the facilities are not available; EP 3 (iv) Arrangements with these facilities are not available; or EP 3 §482.12(d)(5)(iv) TAG: A-0075 LD.04.01.03 The leaders develop an annual operating budget and, when needed, a long-term expenditure plan. EP 3 The operating budget reflects the hospital's goals and objectives. §482.12(d)(5)(iv) TAG: A-0075 LD.04.01.03 (v) Arrangements with these facilities are not administratively feasible; or EP 3 The operating budget reflects the hospital's goals and objectives. §482.12(d)(5)(v) TAG: A-0075 LD.04.01.01 The hospital complies with law and regulation. EP 3 The operating budget reflects the hospital's goals and objectives. LD.04.01.03 The leaders develop an annual			EP 3	The operatin	g budget reflects the hospital's goals and objectives.
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expenditure plan. EP 3 The operating budget reflects the hospital's goals and objectives. §482.12(d)(5)(iii) TAG: A-0075 LD.04.01.01 The hospital complies with law and regulation. [iii) Full and equal medical staff privileges in the facilities are not available; EP 2 The hospital provides care, treatment, and services in accordance with licensure requirements, in the services in more costly than if the HMO or CMP provided the services directly. EP 2 The hospital complies with law and regulation. §482.12(d)(5)(v) TAG: A-0075 LD.04.01.01 The hospital complies with law and regulation. EP 2 §482.12(d)(5)(v) TAG: A-0075 LD.04.01.01 The hospital complies with law and regulation. EP 2 §482.12(d)(5)(v) TAG: A-0075 LD.04.01.01 The hospital complies with law and regulation. EP 2 §482.12(d)((ii) The facilities are not a	vailable under a contract of reasonable duration;	EP 2		
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§482.12(d)(5)(iv) TAG: A-0075 LD.04.01.01 The hospital complies with law and regulation. (iv) Arrangements with these facilities are not administratively feasible; or EP 2 The hospital provides care, treatment, and services in accordance with licensure requirements, I rules and regulations. LD.04.01.03 The leaders develop an annual operating budget and, when needed, a long-term expenditure plan. §482.12(d)(5)(v) TAG: A-0075 LD.04.01.01 (v) The purchase of these services is more costly than if the HMO or CMP provided the services directly. EP 2 (v) The purchase of these services is more costly than if the HMO or CMP provided the services directly. EP 2 EP 3 The leaders develop an annual operating budget and, when needed, a long-term expenditure plan. EP 3 The operating budget reflects the hospital's goals and objectives. LD.04.01.03 The leaders develop an annual operating budget and, when needed, a long-term expenditure plan. EP 3 The operating budget reflects the hospital's goals and objectives. EP 3 The operating budget reflects the hospital's goals and objectives. §482.12(d)(6) TAG: A-0076 LD.04.01.03 The leaders develop an annual operating budget and, when needed, a long-term expenditure plan.			LD.04.0		e leaders develop an annual operating budget and, when needed, a long-term capital penditure plan.
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(ii) / Intelligementer mark diese normalised allo nor duministratively reduction, or interval inte	§482.12(d)(5)(iv)	TAG: A-0075	LD.04.0 ⁻	1.01 Th	e hospital complies with law and regulation.
expenditure plan. EP 3 The operating budget reflects the hospital's goals and objectives. §482.12(d)(5)(v) TAG: A-0075 LD.04.01.01 The hospital complies with law and regulation. (v) The purchase of these services is more costly than if the HMO or CMP provided the services directly. EP 2 The hospital provides care, treatment, and services in accordance with licensure requirements, I rules and regulations. LD.04.01.03 The leaders develop an annual operating budget and, when needed, a long-term expenditure plan. §482.12(d)(6) TAG: A-0076 LD.04.01.03 The leaders develop an annual operating budget and, when needed, a long-term expenditure plan.	(iv) Arrangements with the	ese facilities are not administratively feasible; or	EP 2		
§482.12(d)(5)(v) TAG: A-0075 LD.04.01.01 The hospital complies with law and regulation. (v) The purchase of these services is more costly than if the HMO or CMP provided the services directly. EP 2 The hospital provides care, treatment, and services in accordance with licensure requirements, I rules and regulations. LD.04.01.03 The leaders develop an annual operating budget and, when needed, a long-term expenditure plan. EP 3 The operating budget reflects the hospital's goals and objectives. §482.12(d)(6) TAG: A-0076 LD.04.01.03 The leaders develop an annual operating budget and, when needed, a long-term expenditure plan.			LD.04.0	1.03 Tł ex	e leaders develop an annual operating budget and, when needed, a long-term capital penditure plan.
(v) The purchase of these services is more costly than if the HMO or CMP provided the services directly. EP 2 The hospital provides care, treatment, and services in accordance with licensure requirements, I rules and regulations. LD.04.01.03 The leaders develop an annual operating budget and, when needed, a long-term expenditure plan. §482.12(d)(6) TAG: A-0076 LD.04.01.03 The leaders develop an annual operating budget and, when needed, a long-term expenditure plan.			EP 3	The operatin	budget reflects the hospital's goals and objectives.
services directly. rules and regulations. LD.04.01.03 The leaders develop an annual operating budget and, when needed, a long-term expenditure plan. EP 3 The operating budget reflects the hospital's goals and objectives. §482.12(d)(6) TAG: A-0076 LD.04.01.03 The leaders develop an annual operating budget and, when needed, a long-term expenditure plan.	§482.12(d)(5)(v)	TAG: A-0075	LD.04.0	1.01 Th	e hospital complies with law and regulation.
expenditure plan. EP 3 The operating budget reflects the hospital's goals and objectives. §482.12(d)(6) TAG: A-0076 LD.04.01.03 The leaders develop an annual operating budget and, when needed, a long-term expenditure plan.		e services is more costly than if the HMO or CMP provided the	EP 2		
§482.12(d)(6) TAG: A-0076 LD.04.01.03 The leaders develop an annual operating budget and, when needed, a long-term expenditure plan.			LD.04.0		e leaders develop an annual operating budget and, when needed, a long-term capital penditure plan.
expenditure plan.			EP 3	The operatin	budget reflects the hospital's goals and objectives.
(6) The plan must be reviewed and updated annually			LD.04.0		e leaders develop an annual operating budget and, when needed, a long-term capital penditure plan.
	(6) The plan must be revi	ewed and updated annually			

CFR Number §482.12(d)(6)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 4	The governing expenditure pla	body approves an annual operating budget and, when needed, a long-term capital n.
§482.12(d)(7)	TAG: A-0077			
(7) The plan must be pre	pared			
§482.12(d)(7)(i)	TAG: A-0077	LD.01.0		governing body is ultimately accountable for the safety and quality of care, ment. and services.
(i) Under the direction of	the governing body; and	EP 2		body provides for organization management and planning.
§482.12(d)(7)(ii)	TAG: A-0077	LD.01.0	1.01 The	hospital has a leadership structure.
	isting of representatives of the governing body, the administrative	EP 2	The governing	body identifies those responsible for planning, management, and operational activities.
staff, and the medical sta	an or the institution.	LD.01.0		governing body is ultimately accountable for the safety and quality of care, ment, and services.
		EP 8	The governing governance.	body provides the organized medical staff with the opportunity to participate in
		LD.04.0		leaders develop an annual operating budget and, when needed, a long-term capital enditure plan.
		EP 1		comments from those who work in the hospital when developing the operational and . (See also NR.01.01.01, EP 3)
§482.12(e)	TAG: A-0083	LD.04.0		, treatment, and services provided through contractual agreement are provided ly and effectively.
	t be responsible for services furnished in the hospital whether or	EP 2		scribes, in writing, the nature and scope of services provided through contractual
of services (including one	nder contracts. The governing body must ensure that a contractor e for shared services and joint ventures) furnishes services that	EP 3	Designated lea	ders approve contractual agreements.
permit the hospital to cor for the contracted service	mply with all applicable conditions of participation and standards es.	EP 4	services. Note 1: In mos agreement mus described in th Note 2: For hos the hospital con provided off sit - Verify that all services have a - Specify in the provided by lice Note 3: For hos	or contracted services by establishing expectations for the performance of the contracted cases, each licensed independent practitioner providing services through a contractual st be credentialed and privileged by the hospital using their services following the process e "Medical Staff" (MS) chapter. pitals that do not use Joint Commission accreditation for deemed status purposes: When tracts with another accredited organization for patient care, treatment, and services to be e, it can do the following: licensed independent practitioners who will be providing patient care, treatment, and appropriate privileges by obtaining, for example, a copy of the list of privileges. written agreement that the contracted organization will ensure that all contracted services ensed independent practitioners will be within the scope of their privileges. pitals that use Joint Commission accreditation for deemed status purposes: The leaders e contracted services are the governing body.
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CFR Number §482.12(e)	Medicare Requirements		Commissic valent Numb		Joint Commission Standards and Elements of Performance
		EP 5	contracted	servio tten d	contracted services by communicating the expectations in writing to the provider of the ses. escription of the expectations can be provided either as part of the written agreement or
		EP 6	Leaders mo expectation		contracted services by evaluating these services in relation to the hospital's
§482.12(e)(1)	TAG: A-0084	LD.01.0		-	overning body is ultimately accountable for the safety and quality of care, nent, and services.
(1) The governing body r provided in a safe and ef	nust ensure that the services performed under a contract are ffective manner.	EP 5			ody provides for the resources needed to maintain safe, quality care, treatment, and so NR.01.01.01, EP 3)
		LD.04.0			treatment, and services provided through contractual agreement are provided and effectively.
		EP 6	Leaders mo expectation		contracted services by evaluating these services in relation to the hospital's
		Note: Examples - Increase moni - Provide consu - Renegotiate th - Apply defined		s take steps to improve contracted services that do not meet expectations. Examples of improvement efforts to consider include the following: ase monitoring of the contracted services. de consultation or training to the contractor. gotiate the contract terms. defined penalties. inate the contract.	
§482.12(e)(2)	TAG: A-0085	LD.04.0			treatment, and services provided through contractual agreement are provided and effectively.
(2) The hospital must ma nature of the services pro	aintain a list of all contracted services, including the scope and ovided.	EP 2		al des	cribes, in writing, the nature and scope of services provided through contractual
§482.12(f)	TAG: A-0091				
§482.12(f) Standard: Em	ergency Services				
§482.12(f)(1)	TAG: A-0092	LD.01.0			overning body is ultimately accountable for the safety and quality of care, nent, and services.
(1) If emergency service: requirements of §482.55	s are provided at the hospital, the hospital must comply with the .	Note: For services a		P 3 The governing body approves the hospital's written scope of services. (See also PC.01.01.01.01.01.01.01.01.01.01.01.01.01.	
		LD.04.0	01.01 7	ſhe h	ospital complies with law and regulation.
		EP 2	The hospita rules and re		vides care, treatment, and services in accordance with licensure requirements, laws, and ions.

CFR Number §482.12(f)(2)	Medicare Requirements		Commission	Joint Commission Standards and Elements of Performance
§482.12(f)(2)	TAG: A-0093	MS.03.		organized medical staff oversees the quality of patient care, treatment, and ices provided by practitioners privileged through the medical staff process.
assure that the medical	es are not provided at the hospital, the governing body must staff has written policies and procedures for appraisal of tment, and referral when appropriate.	EP 14	services are no	at use Joint Commission accreditation for deemed status purposes: When emergency t provided at the hospital, the medical staff has written policies and procedures for ergencies, initial treatment of patients, and referral of patients when needed.
§482.12(f)(3)	TAG: A-0094	MS.03.		organized medical staff oversees the quality of patient care, treatment, and icces provided by practitioners privileged through the medical staff process.
off-campus departments that the medical staff ha	es are provided at the hospital but are not provided at one or more s of the hospital, the governing body of the hospital must assure as written policies and procedures in effect with respect to the off- for appraisal of emergencies and referral when appropriate.	EP 13	For hospitals th services are pro	at use Joint Commission accreditation for deemed status purposes: When emergency ovided at the hospital but not at one or more off-campus locations, the medical staff has and procedures for appraisal of emergencies, initial treatment, and referral of patients at
§482.13	TAG: A-0115	RI.01.0	1.01 The	hospital respects, protects, and promotes patient rights.
-	articipation: Patient's Rights and promote each patient's rights.	EP 1	Note: For hosp written policies	s written policies on patient rights. tals that use Joint Commission accreditation for deemed status purposes: The hospital's address procedures regarding patient visitation rights, including any clinically necessary estrictions or limitations.
		EP 2	Note 1: For hos informs the pat include the righ domestic partne included is the Note 2: For hos makes sure tha	orms the patient of his or her rights. (See also RI.01.01.03, EPs 1-3) pitals that use Joint Commission accreditation for deemed status purposes: The hospital ent (or support person, where appropriate) of his or her visitation rights. Visitation rights t to receive the visitors designated by the patient, including, but not limited to, a spouse, a er (including a same-sex domestic partner), another family member, or a friend. Also right to withdraw or deny such consent at any time. pitals that use Joint Commission accreditation for deemed status purposes: The hospital t each patient, or his or her family, is informed of the patient's rights in advance of scontinuing patient care whenever possible.
		EP 4	The hospital tre	eats the patient in a dignified and respectful manner that supports his or her dignity.
§482.13(a) §482.13(a) Standard: No	TAG: A-0116			
§482.13(a)(1)	TAG: A-0117	RI.01.0	1.01 The	hospital respects, protects, and promotes patient rights.
	m each patient, or when appropriate, the patient's representative law), of the patient's rights, in advance of furnishing or re whenever possible.	EP 1	Note: For hosp written policies	s written policies on patient rights. tals that use Joint Commission accreditation for deemed status purposes: The hospital's address procedures regarding patient visitation rights, including any clinically necessary estrictions or limitations.
Andicare Hospital Requir	amente to 2016, laint	Page 10		© 2016 The Joint Commission

CFR Number §482.13(a)(1)	Medicare Requirements		Commission alent Numbe	Joint Commission Standards and Elements of Performance				
		EP 2	Note 1: For h informs the p include the rig domestic par included is th Note 2: For h makes sure t	nforms the patient of his or her rights. (See also RI.01.01.03, EPs 1-3) ospitals that use Joint Commission accreditation for deemed status purposes: The hospital titent (or support person, where appropriate) of his or her visitation rights. Visitation rights ht to receive the visitors designated by the patient, including, but not limited to, a spouse, a ner (including a same-sex domestic partner), another family member, or a friend. Also e right to withdraw or deny such consent at any time. ospitals that use Joint Commission accreditation for deemed status purposes: The hospital hat each patient, or his or her family, is informed of the patient's rights in advance of liscontinuing patient care whenever possible.				
		RI.01.0	RI.01.02.01 The hospital respects the patient's right to participate in decisions about his care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed sta purposes: This right is not to be construed as a mechanism to demand the treatment or services deemed medically unnecessary or inappropriate.					
		EP 2	The hospital services.	provides the patient with written information about the right to refuse care, treatment, and				
		EP 6		nt is unable to make decisions about his or her care, treatment, and services, the hospital rogate decision-maker in making these decisions. (See also RI.01.03.01, EP 6)				
		EP 8	EP 8 The hospital involves the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.					
§482.13(a)(2)	TAG: A-0118	RI.01.0		e patient and his or her family have the right to have complaints reviewed by the spital.				
	ablish a process for prompt resolution of patient grievances and whom to contact to file a grievance.	EP 1	The hospital 1) Note: The go	establishes a complaint resolution process. (See also LD.04.01.07, EP 1; MS.09.01.01, EP remning body is responsible for the effective operation of the complaint resolution process gates this responsibility in writing to a complaint resolution committee.				
		EP 2	The hospital MS.09.01.01	nforms the patient and his or her family about the complaint resolution process. (See also EP 1)				
§482.13(a)(2) continu	ed TAG: A-0119	RI.01.0		e patient and his or her family have the right to have complaints reviewed by the spital.				
	ish a process for prompt resolution of patient grievances and whom to contact to file a grievance.]	EP 1	The hospital 1) Note: The go	establishes a complaint resolution process. (See also LD.04.01.07, EP 1; MS.09.01.01, EP remning body is responsible for the effective operation of the complaint resolution process gates this responsibility in writing to a complaint resolution committee.				
	body must approve and be responsible for the effective operation and must review and resolve grievances, unless it delegates the a grievance committee.							
§482.13(a)(2) continu	ed TAG: A-0120	RI.01.0		e patient and his or her family have the right to have complaints reviewed by the spital.				
	ish a process for prompt resolution of patient grievances and whom to contact to file a grievance. The hospital's governing	EP 20	For hospitals resolving con	that use Joint Commission accreditation for deemed status purposes: The process for plaints includes a mechanism for timely referral of patient concerns regarding quality of ture discharge to the quality improvement organization (QIO).				
Medicare Hospital Require	ments to 2016 Joint	Page 20 c	of 328	© 2016 The Joint Commission				

CFR Number §482.13(a)(2)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
	be responsible for the effective operation of the grievance w and resolve grievances, unless it delegates the responsibility in mmittee.]			
regarding quality of care	nust include a mechanism for timely referral of patient concerns or premature discharge to the appropriate Utilization and Quality ment Organization. At a minimum:			
§482.13(a)(2)(i)	TAG: A-0121	RI.01.0		hospital respects the patient's right to receive information in a manner he or she erstands.
	ablish a clearly explained procedure for the submission of a	EP 1		ovides information in a manner tailored to the patient's age, language, and ability to ee also PC.02.01.21, EP 2; PC.04.01.05, EP 8; RI.01.01.01, EPs 2 and 5)
patient's written of verba	al grievance to the hospital.	RI.01.0	7.01 The hos	patient and his or her family have the right to have complaints reviewed by the pital.
		EP 1	1) Note: The gove	tablishes a complaint resolution process. (See also LD.04.01.07, EP 1; MS.09.01.01, EP rning body is responsible for the effective operation of the complaint resolution process ates this responsibility in writing to a complaint resolution committee.
		EP 2	The hospital in MS.09.01.01, E	orms the patient and his or her family about the complaint resolution process. (See also P 1)
§482.13(a)(2)(ii)	TAG: A-0122	RI.01.0	7.01 The hos	patient and his or her family have the right to have complaints reviewed by the bital.
[At a minimum:] (ii) The grievance proces provision of a response.	ss must specify time frames for review of the grievance and the	EP 19	For hospitals th	at use Joint Commission accreditation for deemed status purposes: The hospital e frames for complaint review and response.
§482.13(a)(2)(iii)	TAG: A-0123	RI.01.0	7.01 The hos	patient and his or her family have the right to have complaints reviewed by the bital.
notice of its decision that	e grievance, the hospital must provide the patient with written t contains the name of the hospital contact person, the steps atient to investigate the grievance, the results of the grievance t completion.	EP 18	For hospitals th complaints, the following: - The name of - The steps tak - The results of	at use Joint Commission accreditation for deemed status purposes: In its resolution of hospital provides the individual with a written notice of its decision, which contains the he hospital contact person en on behalf of the individual to investigate the complaint
§482.13(b)	TAG: A-0129			
§482.13(b) Standard: Ex	kercise of Rights			
§482.13(b)(1)	TAG: A-0130	RI.01.0		hospital respects the patient's right to participate in decisions about his or her
(1) The patient has the r her plan of care.	ight to participate in the development and implementation of his or		Note	, treatment, and services. :: For hospitals that use Joint Commission accreditation for deemed status oses: This right is not to be construed as a mechanism to demand the provision of ment or services deemed medically unnecessary or inappropriate.

CFR Number §482.13(b)(1)	Medicare Requirements		: Commissic valent Numb		Joint Commission Standards and Elements of Performance
		EP 1			lves the patient in making decisions about his or her care, treatment, and services, t to have his or her family and physician promptly notified of his or her admission to the
		EP 6			s unable to make decisions about his or her care, treatment, and services, the hospital ate decision-maker in making these decisions. (See also RI.01.03.01, EP 6)
		EP 8			lves the patient's family in care, treatment, and services decisions to the extent patient or surrogate decision-maker, in accordance with law and regulation.
§482.13(b)(2)	TAG: A-0131	RI.01.0			ospital respects the patient's right to receive information in a manner he or she stands.
make informed decisions informed of his or her hea being able to request or r	ner representative (as allowed under State law) has the right to regarding his or her care. The patient's rights include being alth status, being involved in care planning and treatment, and refuse treatment. This right must not be construed as a	EP 3			ides information to the patient who has vision, speech, hearing, or cognitive manner that meets the patient's needs. (See also PC.02.01.21, EP 2; RI.01.01.01, EPs
mechanism to demand th unnecessary or inapprop	ne provision of treatment or services deemed medically riate.	RI.01.0	h D	are, f lote: ourpo	ospital respects the patient's right to participate in decisions about his or her creatment, and services. For hospitals that use Joint Commission accreditation for deemed status ses: This right is not to be construed as a mechanism to demand the provision of tent or services deemed medically unnecessary or inappropriate.
		EP 1			lves the patient in making decisions about his or her care, treatment, and services, t to have his or her family and physician promptly notified of his or her admission to the
		EP 2	The hospita services.	ll prov	rides the patient with written information about the right to refuse care, treatment, and
		EP 3	The hospita and regulat		pects the patient's right to refuse care, treatment, and services, in accordance with law
		EP 6			s unable to make decisions about his or her care, treatment, and services, the hospital ate decision-maker in making these decisions. (See also RI.01.03.01, EP 6)
		EP 7	hospital res	pects	e decision-maker is responsible for making care, treatment, and services decisions, the the surrogate decision-maker's right to refuse care, treatment, and services on the n accordance with law and regulation.
		EP 8			lves the patient's family in care, treatment, and services decisions to the extent patient or surrogate decision-maker, in accordance with law and regulation.
		EP 20		nent, a	rides the patient or surrogate decision-maker with the information about the outcomes of and services that the patient needs in order to participate in current and future health
		EP 21	treatment, a	and se	rms the patient or surrogate decision-maker about unanticipated outcomes of care, ervices that relate to sentinel events as defined by The Joint Commission. (Refer to the finition of sentinel event.)

CFR Number §482.13(b)(2)	Medicare Requirements		Commissic valent Numb		Joint Commission Standards and Elements of Performance
		RI.01.0	3.01 T	'ne h	ospital honors the patient's right to give or withhold informed consent.
		EP 1	The hospita	l has	a written policy on informed consent.
		EP 2			itten policy identifies the specific care, treatment, and services that require informed dance with law and regulation.
		EP 3	The hospita informed co		itten policy describes circumstances that would allow for exceptions to obtaining
		EP 4	The hospita	l's wi	itten policy describes the process used to obtain informed consent.
		EP 5			itten policy describes how informed consent is documented in the patient record. ation may be recorded in a form, in progress notes, or elsewhere in the record.
		EP 6			itten policy describes when a surrogate decision-maker may give informed consent.)2.01, EP 6)
		EP 7	The informe services.	ed co	sent process includes a discussion about the patient's proposed care, treatment, and
		EP 9	the patient's	s prop	sent process includes a discussion about potential benefits, risks, and side effects of osed care, treatment, and services; the likelihood of the patient achieving his or her otential problems that might occur during recuperation.
		EP 11	proposed ca	are, t	eatment, and services. The discussion about reasonable alternatives to the patient's eatment, and services. The discussion encompasses risks, benefits, and side effects rnatives and the risks related to not receiving the proposed care, treatment, and
		EP 13	3 Informed consent is obtained in accordance with the hospital's policy and processes a emergencies, prior to surgery. (See also RC.02.01.01, EP 4)		
		RI.01.0			ospital addresses patient decisions about care, treatment, and services received end of life.
		EP 1			written policies on advance directives, forgoing or withdrawing life-sustaining treatment, esuscitative services, in accordance with law and regulation.
		EP 5	The hospita	l imp	ements its advance directive policies.
		EP 6			ides patients with written information about advance directives, forgoing or withdrawing atment, and withholding resuscitative services.
		EP 13	The hospita capabilities.	The hospital honors advance directives, in accordance with law and regulation and the hospital's capabilities.	
§482.13(b)(3)	TAG: A-0132	RI.01.0			ospital addresses patient decisions about care, treatment, and services received end of life.
practitioners who provide	ght to formulate advance directives and to have hospital staff and e care in the hospital comply with these directives, in accordance t (Definition), §489.102 of this part (Requirements for providers), t (Effective dates).	EP 1			written policies on advance directives, forgoing or withdrawing life-sustaining treatment, esuscitative services, in accordance with law and regulation.
Medicare Hospital Require		Page 23 d	of 328		© 2016 The Joint Commission

CFR Number §482.13(b)(3)	Medicare Requirements		Commission alent Numbe		Joint Commission Standards and Elements of Performance		
		EP 4	hospital will	nono	spital settings: The hospital's written advance directive policies specify whether the r advance directives. he hospital to determine in which of its outpatient settings, if any, it will honor advance		
		EP 5	The hospital	impl	ements its advance directive policies.		
		EP 6			ides patients with written information about advance directives, forgoing or withdrawing atment, and withholding resuscitative services.		
		EP 8	Upon admiss able, unable	sion, or u	the hospital provides the patient with information on the extent to which the hospital is nwilling to honor advance directives.		
		EP 9	The hospital	docu	ments whether or not the patient has an advance directive.		
				t, the	e hospital refers the patient to resources for assistance in formulating advance		
		EP 11	Staff and lice services are	enseo awai	d independent practitioners who are involved in the patient's care, treatment, and e of whether or not the patient has an advance directive. (See also RC.02.01.01, EP 4)		
		EP 12	The hospital	ors the patient's right to formulate or review and revise his or her advance directives.			
		EP 13	3 The hospital honors advance directives, in accordance with law and regulation and the hospital's capabilities.				
		EP 17	The existend treatment, a		lack of an advance directive does not determine the patient's right to access care, rvices.		
		EP 19		For outpatient hospital settings: The hospital communicates its policy on advance directives u equest or when warranted by the care, treatment, and services provided.			
		EP 20	For outpatient hospital settings: Upon request, the hospital refers patients to resources for with formulating advance directives.				
§482.13(b)(4)	TAG: A-0133	RI.01.0	1.01 TI	ne ho	ospital respects, protects, and promotes patient rights.		
choice and his or her own	ht to have a family member or representative of his or her physician notified promptly of his or her admission to the	EP 5	The hospital EP 1)	resp	ects the patient's right to and need for effective communication. (See also RI.01.01.03,		
hospital.		RI.01.0	ca Ne pi	ire, t ote: urpo:	ospital respects the patient's right to participate in decisions about his or her reatment, and services. For hospitals that use Joint Commission accreditation for deemed status ses: This right is not to be construed as a mechanism to demand the provision of ent or services deemed medically unnecessary or inappropriate.		
		EP 1			ves the patient in making decisions about his or her care, treatment, and services, t to have his or her family and physician promptly notified of his or her admission to the		
		EP 8			ves the patient's family in care, treatment, and services decisions to the extent patient or surrogate decision-maker, in accordance with law and regulation.		

CFR Number §482.13(c)	Medicare Requirements		Commissio alent Numb		Joint Commission Standards and Elements of Performance		
§482.13(c)	TAG: A-0142						
§482.13(c) Standard: Priva	acy and Safety						
§482.13(c)(1)	TAG: A-0143	RI.01.0	1.01 T	he ho	ospital respects, protects, and promotes patient rights.		
(1) The patient has the rig	ht to personal privacy.	EP 7	Note 1: This the privacy Note 2: For swing beds:		P 7 The hospital respects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5) Note 1: This element of performance (EP) addresses a patient's personal privacy. For EPs address the privacy of a patient's health information, please refer to Standard IM.02.01.01. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and ha swing beds: The resident's right to privacy includes privacy and confidentiality of his or her person records and written communications, including the right to send and receive mail promptly.		ent of performance (EP) addresses a patient's personal privacy. For EPs addressing atient's health information, please refer to Standard IM.02.01.01. tals that use Joint Commission accreditation for deemed status purposes and have resident's right to privacy includes privacy and confidentiality of his or her personal
§482.13(c)(2)	TAG: A-0144	EC.01.0	Note		espital plans activities to minimize risks in the environment of care. One or more persons can be assigned to manage risks associated with the ement plans described in this standard.		
		EP 4	EP 4 The hospital ha hospital's facilit		a written plan for managing the following: The security of everyone who enters the s. (See also EC.04.01.01, EP 15)		
		EC.02.0			spital manages safety and security risks.		
			patients, sta Note: Risks of root cause	ff, an are ic e ana	tifies safety and security risks associated with the environment of care that could affect d other people coming to the hospital's facilities. (See also EC.04.01.01, EP 14) lentified from internal sources such as ongoing monitoring of the environment, results lyses, results of proactive risk assessments of high-risk processes, and from credible such as Sentinel Event Alerts.		
		EP 3	The hospital environment		s action to minimize or eliminate identified safety and security risks in the physical		
		EP 7			ifies individuals entering its facilities. I determines which of those individuals require identification and how to do so.		
		EP 8	EP 8 The hospital controls access to and from areas it identifies as security sensitive.				
		EP 9	The hospital pediatric abo		written procedures to follow in the event of a security incident, including an infant or n.		
		EP 10	When a sec	urity i	ncident occurs, the hospital follows its identified procedures.		

CFR Number §482.13(c)(2)	Medicare Requirements		Commissio alent Numb		Joint Commission Standards and Elements of Performance	
		EC.04.0	01.01 T	he h	ospital collects information to monitor conditions in the environment.	
			 Occupation Incidents of Security inc Hazardous Fire safety Medical or I Utility syste Note 1: All the improvement designated to Note 2: Revis confidentialit not lost as a EP 3 Based on its in the hospita 		ital establishes a process(es) for continually monitoring, internally reporting, and investigating ing: to patients or others within the hospital's facilities tional illnesses and staff injuries s of damage to its property or the property of others <i>r</i> incidents involving patients, staff, or others within its facilities ous materials and waste spills and exposures ety management problems, deficiencies, and failures or laboratory equipment management problems, failures, and use errors ystems management problems, failures, or use errors 	
		IC.02.01	1.01 T	he h	ospital implements its infection prevention and control plan.	
		EP 1			ements its infection prevention and control activities, including surveillance, to minimize, ate the risk of infection.	
		RI.01.01	1.01 T	he h	ospital respects, protects, and promotes patient rights.	
		EP 4	The hospital	trea	ts the patient in a dignified and respectful manner that supports his or her dignity.	
		RI.01.06			atient has the right to be free from neglect; exploitation; and verbal, mental, cal, and sexual abuse.	
		EP 1	occur while Note: For ho	the p spita	rmines how it will protect the patient from neglect, exploitation, and abuse that could atient is receiving care, treatment, and services. Is that use Joint Commission accreditation for deemed status purposes and have swing al also determines how it will protect residents from corporal punishment and involuntary	
§482.13(c)(3)	TAG: A-0145	RI.01.06			atient has the right to be free from neglect; exploitation; and verbal, mental, cal, and sexual abuse.	
(3) The patient has the right	(3) The patient has the right to be free from all forms of abuse or harassment.		occur while Note: For ho	the p spita	ermines how it will protect the patient from neglect, exploitation, and abuse that could atient is receiving care, treatment, and services. Is that use Joint Commission accreditation for deemed status purposes and have swing al also determines how it will protect residents from corporal punishment and involuntary	
	mente la 2016, laist				© 2016 The Joint Commission	

CFR Number §482.13(c)(3)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 2		valuates all allegations, observations, and suspected cases of neglect, exploitation, and ur within the hospital. (See also PC.01.02.09, EP 1)
		EP 3	to appropriate a also PC.01.02. Note: For hosp beds: Alleged	ports allegations, observations, and suspected cases of neglect, exploitation, and abuse authorities based on its evaluation of the suspected events, or as required by law. (See 09, EPs 6 and 7) itals that use Joint Commission accreditation for deemed status purposes and have swing <i>i</i> tals that use Joint Commission accreditation for deemed status purposes and have swing <i>i</i> tals that use Joint Commission accreditation for deemed status purposes and have swing <i>i</i> tals that use Joint Commission accreditation for deemed status purposes and have swing <i>i</i> tals that use Joint Commission accreditation for deemed status purposes and have swing <i>i</i> tals that use Joint Commission accreditation for deemed status purposes and have swing <i>i</i> tals that use Joint Commission accreditation for deemed status purposes and have swing <i>i</i> tals that use Joint Commission accreditation for deemed status purposes and have swing <i>i</i> tals that use Joint Commission accreditation for deemed status purposes and have swing <i>i</i> tals that use Joint Commission accreditation for deemed status purposes and have swing <i>i</i> tals that use Joint Commission accreditation for deemed status purposes and have swing <i>i</i> tals that use Joint Commission accreditation for deemed status purposes and have swing <i>i</i> tals that use Joint Commission accreditation for deemed status purposes and have swing <i>i</i> tals that use Joint Commission accreditation for deemed status purposes and have swing <i>i</i> tals that use Joint Commission accreditation for deemed status purposes and have swing <i>i</i> tals that use Joint Commission accreditation for deemed status purposes and have swing <i>i</i> tals that use Joint Commission accreditation for deemed status purposes and have swing <i>i</i> tals that use Joint Commission accreditation for deemed status purposes and have swing <i>i</i> tals that use Joint Commission accreditation for deemed status purposes and have swing <i>i</i> tals that use Joint Commission accreditation for deemed status purposes accreditation for deemed status purposes accreditating the swing sta
§482.13(d)	TAG: A-0146			
§482.13(d) Standard: Co	onfidentiality of Patient Records			
§482.13(d)(1)	TAG: A-0147	IM.02.0	1.01 The	hospital protects the privacy of health information.
(1) The patient has the ri	ight to the confidentiality of his or her clinical records.	EP 1	The hospital ha 7)	as a written policy addressing the privacy of health information. (See also RI.01.01.01, EP
		EP 3		ses health information only for purposes permitted by law and regulation or as further blicy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)
		EP 4		scloses health information only as authorized by the patient or as otherwise consistent gulation. (See also RI.01.01.01, EP 7)
		IM.02.0	1.03 The	hospital maintains the security and integrity of health information.
		EP 1	The hospital ha	as a written policy that addresses the security of health information, including access, use,
		EP 2		as a written policy addressing the integrity of health information against loss, damage, lteration, unintentional change, and accidental destruction.
		EP 3	The hospital ha	as a written policy addressing the intentional destruction of health information.
		EP 4	The hospital ha	as a written policy that defines when and by whom the removal of health information is
				refers to those actions that place health information outside the hospital's control.
§482.13(d)(2)	TAG: A-0148	RI.01.0 ⁻	1.01 The	hospital respects, protects, and promotes patient rights.
within a reasonable time	ight to access information contained in his or her clinical records frame. The hospital must not frustrate the legitimate efforts of to their own medical records and must actively seek to meet	EP 10		lows the patient to access, request amendment to, and obtain information on disclosures alth information, in accordance with law and regulation.
	s to their own medical records and must actively seek to meet y as its record keeping system permits.			
§482.13(e)	TAG: A-0154	PC.03.0		hospitals that use Joint Commission accreditation for deemed status purposes:
§482.13(e) Standard: Re	estraint or seclusion.			hospital uses restraint or seclusion only when it can be clinically justified or when ranted by patient behavior that threatens the physical safety of the patient, staff, or
punishment. All patients imposed as a means of	It to be free from physical or mental abuse, and corporal have the right to be free from restraint or seclusion, of any form, coercion, discipline, convenience, or retaliation by staff. Restraint is imposed to ensure the immediate physical safety of the patient,	EP 1	For hospitals the	hat use Joint Commission accreditation for deemed status purposes: The hospital uses lusion only to protect the immediate physical safety of the patient, staff, or others.
Medicare Hospital Require Commission Hospital Star		Page 27 o ptember 2		© 2016 The Joint Commission

CFR Number §482.13(e)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance					
	s and must be discontinued at the earliest possible time.	EP 2 For hospitals th						
			hat use Joint Commission accreditation for deemed status purposes: The hospital straint or seclusion at the earliest possible time, regardless of the scheduled expiration of					
			patient has the right to be free from neglect; exploitation; and verbal, mental, sical, and sexual abuse.					
		occur while the Note: For hosp	termines how it will protect the patient from neglect, exploitation, and abuse that could patient is receiving care, treatment, and services. itals that use Joint Commission accreditation for deemed status purposes and have swing ital also determines how it will protect residents from corporal punishment and involuntary					
			aluates all allegations, observations, and suspected cases of neglect, exploitation, and ur within the hospital. (See also PC.01.02.09, EP 1)					
		to appropriate a also PC.01.02. Note: For hospi beds: Alleged v	ports allegations, observations, and suspected cases of neglect, exploitation, and abuse authorities based on its evaluation of the suspected events, or as required by law. (See 09, EPs 6 and 7) itals that use Joint Commission accreditation for deemed status purposes and have swing riolations of mistreatment, neglect, or abuse and misappropriation of resident property are diately to the administrator of the hospital.					
§482.13(e)(1)	TAG: A-0159							
(1) Definitions.								
§482.13(e)(1)(i)	TAG: A-0159							
(i) A restraint is—								
§482.13(e)(1)(i)(A)	TAG: A-0159		hospitals that use Joint Commission accreditation for deemed status purposes: hospital has written policies and procedures that guide the use of restraint or					
	physical or mechanical device, material, or equipment that the ability of a patient to move his or her arms, legs, body, or head	secl	usion.					
Medicare Hospital Require	ements to 2016 Joint	Page 28 of 328	© 2016 The Joint Commission					

CFR Number §482.13(e)(1)(i)(A)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		policies and pro Physician, clin requirements Staff training r The determina The determina The determina The determina The circumsta The requireme A definition of A definition of A definition or A	ation of who has authority to order restraint and seclusion ation of who has authority to discontinue the use of restraint or seclusion ation of who can initiate the use of restraint or seclusion inces under which restraint or seclusion is discontinued ent that restraint or seclusion is discontinued as soon as is safely possible restraint in accordance with 42 CFR 482.13(e)(1)(i)(A–C) seclusion in accordance with 42 CFR 482.13(e)(1)(ii) description of what constitutes the use of medications as a restraint in accordance with (e)(1)(i)(B) on of who can assess and monitor patients in restraint or seclusion or assessing and monitoring patients in restraint or seclusion finition of restraint per 42 CFR 482.13(e)(1)(i)(A–C) is as follows: (e)(1) Definitions. (i) A restraint is— (A) Any manual method, physical or mechanical I, or equipment that immobilizes or reduces the ability of a patient to move his or her y, or head freely; or 42 CFR 482.13(e)(1)(i)(B) (A restraint is—) A drug or medication as a restriction to manage the patient's behavior or restrict the patient's freedom of is not a standard treatment or dosage for the patient's condition. (e)(1)(i)(C) A restraint does not include devices, such as orthopedically prescribed al dressings or bandages, protective helmets, or other methods that involve the physical ient for the purpose of conducting routine physical examinations or tests, or to protect the ing out of bed, or to permit the patient to participate in activities without the risk of this does not include a physical escort). inition of seclusion per 42 CFR 482.13(e)(1)(ii) is as follows: e involuntary confinement of a patient alone in a room or area from which the patient is ented from leaving. Seclusion may be used only for the management of violent or self-
§482.13(e)(1)(i)(B) (B) [A restraint is -] A drug o	TAG: A-0160 r medication when it is used as a restriction to manage the		nospitals that use Joint Commission accreditation for deemed status purposes: hospital has written policies and procedures that guide the use of restraint or usion.
patient's behavior or restrict t treatment or dosage for the p	the patient's freedom of movement and is not a standard batient's condition.		
Medicare Hospital Requiremen	hts to 2016 Joint	Page 29 of 328	© 2016 The Joint Commission

CFR Number §482.13(e)(1)(i)(B)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		policies and pro - Physician, clin requirements - Staff training r - The determina - The determina - The determina - The determina - The determina - The circumsta - The requireme - A definition of - A definition of - A definition or - A definiton or - A definition or - A definition or - A definition	ation of who has authority to order restraint and seclusion ation of who has authority to discontinue the use of restraint or seclusion ation of who can initiate the use of restraint or seclusion inces under which restraint or seclusion is discontinued ent that restraint or seclusion is discontinued as soon as is safely possible restraint in accordance with 42 CFR 482.13(e)(1)(i)(A–C) seclusion in accordance with 42 CFR 482.13(e)(1)(ii) description of what constitutes the use of medications as a restraint in accordance with (e)(1)(i)(B) on of who can assess and monitor patients in restraint or seclusion or assessing and monitoring patients in restraint or seclusion inition of restraint per 42 CFR 482.13(e)(1)(i)(A–C) is as follows: (e)(1) Definitions. (i) A restraint is— (A) Any manual method, physical or mechanical I, or equipment that immobilizes or reduces the ability of a patient to move his or her y, or head freely; or 42 CFR 482.13(e)(1)(i)(B) (A restraint is—) A drug or medication as a restriction to manage the patient's behavior or restrict the patient's freedom of is not a standard treatment or dosage for the patient's condition. (e)(1)(i)(C) A restraint does not include devices, such as orthopedically prescribed al dressings or bandages, protective helmets, or other methods that involve the physical ient for the purpose of conducting routine physical examinations or tests, or to protect the ing out of bed, or to permit the patient to participate in activities without the risk of this does not include a physical escort). inition of seclusion per 42 CFR 482.13(e)(1)(ii) is as follows: involuntary confinement of a patient alone in a room or area from which the patient is ented from leaving. Seclusion may be used only for the management of violent or self-
	TAG: A-0161 nclude devices, such as orthopedically prescribed devices,	- The I	nospitals that use Joint Commission accreditation for deemed status purposes: hospital has written policies and procedures that guide the use of restraint or usion.
physical holding of a patie or tests, or to protect the	dages, protective helmets, or other methods that involve the ent for the purpose of conducting routine physical examinations patient from falling out of bed, or to permit the patient to thout the risk of physical harm (this does not include a physical		
Medicare Hospital Requirer	ments to 2016 Joint	Page 30 of 328	© 2016 The Joint Commission

CFR Number §482.13(e)(1)(i)(C)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		policies and pro - Physician, clin requirements - Staff training r - The determina - The determina - The determina - The determina - The determina - The determina - The circumsta - The requireme - A definition of - A definition of - A definition or - A definition	ation of who has authority to order restraint and seclusion ation of who has authority to discontinue the use of restraint or seclusion ation of who can initiate the use of restraint or seclusion inces under which restraint or seclusion is discontinued ent that restraint or seclusion is discontinued as soon as is safely possible restraint in accordance with 42 CFR 482.13(e)(1)(i)(A–C) seclusion in accordance with 42 CFR 482.13(e)(1)(ii) description of what constitutes the use of medications as a restraint in accordance with (e)(1)(i)(B) on of who can assess and monitor patients in restraint or seclusion or assessing and monitoring patients in restraint or seclusion inition of restraint per 42 CFR 482.13(e)(1)(i)(A–C) is as follows: (e)(1) Definitions. (i) A restraint is— (A) Any manual method, physical or mechanical I, or equipment that immobilizes or reduces the ability of a patient to move his or her y, or head freely; or 42 CFR 482.13(e)(1)(i)(B) (A restraint is—) A drug or medication as a restriction to manage the patient's behavior or restrict the patient's freedom of is not a standard treatment or dosage for the patient's condition. (e)(1)(i)(C) A restraint does not include devices, such as orthopedically prescribed al dressings or bandages, protective helmets, or other methods that involve the physical ient for the purpose of conducting routine physical examinations or tests, or to protect the ing out of bed, or to permit the patient to participate in activities without the risk of this does not include a physical escort). inition of seclusion per 42 CFR 482.13(e)(1)(ii) is as follows: e involuntary confinement of a patient alone in a room or area from which the patient is ented from leaving. Seclusion may be used only for the management of violent or self-
	TAG: A-0162 tary confinement of a patient alone in a room or area from	- The I	nospitals that use Joint Commission accreditation for deemed status purposes: hospital has written policies and procedures that guide the use of restraint or usion.
which the patient is physica management of violent or s	ally prevented from leaving. Seclusion may only be used for the self-destructive behavior.		
Medicare Hospital Requirem	ents to 2016 Joint	Page 31 of 328	© 2016 The Joint Commission

CFR Number §482.13(e)(1)(ii)	Medicare Requirements		Commissic alent Numb		Joint Commission Standards and Elements of Performance
		 EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's policies and procedures regarding restraint or seclusion include the following: Physician, clinical psychologist, and other authorized licensed independent practitioner training requirements Staff training requirements The determination of who has authority to order restraint and seclusion The determination of who can initiate the use of restraint or seclusion The determination of who can initiate the use of restraint or seclusion The circumstances under which restraint or seclusion is discontinued The requirement that restraint or seclusion is discontinued as soon as is safely possible A definition of seclusion in accordance with 42 CFR 482.13(e)(1)(i) A definition of escription of what constitutes the use of medications as a restraint in accordance 42 CFR 482.13(e)(1)(ii) A determination of who can assess and monitor patients in restraint or seclusion Time frames for assessing and monitoring patients in restraint or seclusion Note 1: The definition or festraint per 42 CFR 482.13(e)(1)(i)(A-C) is as follows: 42 CFR 482.13(e)(1) Definitions. (i) A restraint is— (A) Any manual method, physical or mechanica device, material, or equipment that immobilizes or reduces the ability of a patient to move his or he arms, legs, body, or head freely; or 42 CFR 482.13(e)(1)(i)(B) (A restraint is—) A drug or medicati when it is used as a restriction to manage the patient's condition. 42 CFR 482.13(e)(1)(i)(C) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the phy holding of a patient for the purpose of conducting routine physical examinations or to protopatient for the purpose of conducting routine physical examinations. 42 CFR 482.13(e)(1)(i)(C) A restrain			
	TAG: A-0164 n may only be used when less restrictive interventions have been stive to protect the patient, a staff member, or others from harm.	PC.03.0	ר v	he h	espitals that use Joint Commission accreditation for deemed status purposes: ospital uses restraint or seclusion only when it can be clinically justified or when need by patient behavior that threatens the physical safety of the patient, staff, or
		restraint or EP 4 For hospital			use Joint Commission accreditation for deemed status purposes: The hospital uses sion only when less restrictive interventions are ineffective.
					use Joint Commission accreditation for deemed status purposes: The hospital uses ve form of restraint or seclusion that protects the physical safety of the patient, staff, or
	TAG: A-0165 e of restraint or seclusion used must be the least restrictive effective to protect the patient, a staff member, or others from	PC.03.0	ר v	he h	ospitals that use Joint Commission accreditation for deemed status purposes: ospital uses restraint or seclusion only when it can be clinically justified or when need by patient behavior that threatens the physical safety of the patient, staff, or

CFR Number §482.13(e)(3)	Medicare Requirements		t Commissio valent Numbe		Joint Commission Standards and Elements of Performance
		EP 4			use Joint Commission accreditation for deemed status purposes: The hospital uses the form of restraint or seclusion that protects the physical safety of the patient, staff, or
§482.13(e)(4)	TAG: A-0166				
(4) The use of restraint of	or seclusion must be				
§482.13(e)(4)(i)	TAG: A-0166	PC.03.			spitals that use Joint Commission accreditation for deemed status purposes: ospital uses restraint or seclusion safely.
(i) in accordance with a	written modification to the patient's plan of care.	EP 2	For hospitals	s that	use Joint Commission accreditation for deemed status purposes: The use of restraint n accordance with a written modification to the patient's plan of care.
§482.13(e)(4)(ii)	TAG: A-0167	PC.03.			spitals that use Joint Commission accreditation for deemed status purposes: ospital uses restraint or seclusion safely.
	seclusion must be] rdance with safe and appropriate restraint and seclusion ed by hospital policy in accordance with State law.	EP 1	For hospitals implements	s that restra	use Joint Commission accreditation for deemed status purposes: The hospital aint or seclusion using safe techniques identified by the hospital's policies and cordance with law and regulation.
§482.13(e)(5)	TAG: A-0168	PC.03.			spitals that use Joint Commission accreditation for deemed status purposes: ospital initiates restraint or seclusion based on an individual order.
or other licensed indepe	or seclusion must be in accordance with the order of a physician ndent practitioner who is responsible for the care of the patient as (c) and authorized to order restraint or seclusion by hospital policy a law.	EP 1	EP 1 For hospitals to psychologist, ongoing care regulation. Note: The defi		use Joint Commission accreditation for deemed status purposes: A physician, clinical ther authorized licensed independent practitioner primarily responsible for the patient's ers the use of restraint or seclusion in accordance with hospital policy and law and on of "physician" is the same as that used by the Centers for Medicare & Medicaid refer to the Glossary).
§482.13(e)(6)	TAG: A-0169	PC.03.			spitals that use Joint Commission accreditation for deemed status purposes:
(6) Orders for the use of or on an as needed basi	restraint or seclusion must never be written as a standing order is (PRN).	EP 2	For hospitals	s that	use Joint Commission accreditation for deemed status purposes: The hospital does orders or PRN (also known as "as needed") orders for restraint or seclusion.
§482.13(e)(7)	TAG: A-0170	PC.03.			spitals that use Joint Commission accreditation for deemed status purposes: ospital initiates restraint or seclusion based on an individual order.
(7) The attending physic physician did not order t	ian must be consulted as soon as possible if the attending he restraint or seclusion.	EP 3	physician or he or she dio Note: The de	clinic d not efinitio	use Joint Commission accreditation for deemed status purposes: The attending al psychologist is consulted as soon as possible, in accordance with hospital policy, if order the restraint or seclusion. on of "physician" is the same as that used by the Centers for Medicare & Medicaid refer to the Glossary).
§482.13(e)(8)	TAG: A-0171				
(8) Unless superseded b	by State law that is more restrictive				
§482.13(e)(8)(i)	TAG: A-0171	PC.03.			spitals that use Joint Commission accreditation for deemed status purposes: opital initiates restraint or seclusion based on an individual order.
	nt or seclusion used for the management of violent or self- t jeopardizes the immediate physical safety of the patient, a staff				spital minuates restraint of sectusion based on an monordal order.
Aedicare Hospital Require	ements to 2016 Joint	Page 33 d	of 328		© 2016 The Joint Commission

CFR Number §482.13(e)(8)(i)	Medicare Requirements		Commission lent Number	Joint Commission Standards and Elements of Performance
member, or others may only total of 24 hours:	y be renewed in accordance with the following limits for up to a	 EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes: Unlet more restrictive, orders for the use of restraint or seclusion used for the management of vertice destructive behavior that jeopardizes the immediate physical safety of the patient, staff, or renewed within the following limits: 4 hours for adults 18 years of age or older 2 hours for children and adolescents 9 to 17 years of age 1 hour for children under 9 years of age Orders may be renewed according to the time limits for a maximum of 24 consecutive hours 		
§482.13(e)(8)(i)(A)	TAG: A-0171	PC.03.05		hospitals that use Joint Commission accreditation for deemed status purposes: hospital initiates restraint or seclusion based on an individual order.
(A) 4 hours for adults 18 ye	ars of age or older;	EP 4	more restrictive destructive beh renewed within - 4 hours for ac - 2 hours for ch - 1 hour for chi	hat use Joint Commission accreditation for deemed status purposes: Unless state law is a, orders for the use of restraint or seclusion used for the management of violent or self- avior that jeopardizes the immediate physical safety of the patient, staff, or others may be the following limits: lults 18 years of age or older ildren and adolescents 9 to 17 years of age dren under 9 years of age renewed according to the time limits for a maximum of 24 consecutive hours.
§482.13(e)(8)(i)(B)	TAG: A-0171	PC.03.05		hospitals that use Joint Commission accreditation for deemed status purposes: hospital initiates restraint or seclusion based on an individual order.
(B) 2 hours for children and	l adolescents 9 to 17 years of age; or	EP 4	For hospitals the more restrictive destructive behaviour renewed within - 4 hours for ac - 2 hours for ch - 1 hour for chi	hat use Joint Commission accreditation for deemed status purposes: Unless state law is e, orders for the use of restraint or seclusion used for the management of violent or self- lavior that jeopardizes the immediate physical safety of the patient, staff, or others may be the following limits: lults 18 years of age or older ildren and adolescents 9 to 17 years of age dren under 9 years of age renewed according to the time limits for a maximum of 24 consecutive hours.
§482.13(e)(8)(i)(C)	TAG: A-0171	PC.03.05		hospitals that use Joint Commission accreditation for deemed status purposes: hospital initiates restraint or seclusion based on an individual order.
(C) 1 hour for children unde	er 9 years of age; and	EP 4	For hospitals the more restrictive destructive behaviour renewed within - 4 hours for ac - 2 hours for ch - 1 hour for chi	hat use Joint Commission accreditation for deemed status purposes: Unless state law is e, orders for the use of restraint or seclusion used for the management of violent or self- navior that jeopardizes the immediate physical safety of the patient, staff, or others may be the following limits: lults 18 years of age or older ildren and adolescents 9 to 17 years of age dren under 9 years of age renewed according to the time limits for a maximum of 24 consecutive hours.
§482.13(e)(8)(ii)	TAG: A-0172	PC.03.05		hospitals that use Joint Commission accreditation for deemed status purposes: hospital initiates restraint or seclusion based on an individual order.
[Unless superseded by Stat	te law that is more restrictive]		ine	
management of violent or s independent practitioner wh	riting a new order for the use of restraint or seclusion for the elf-destructive behavior, a physician or other licensed no is responsible for the care of the patient as specified under authorized to order restraint or seclusion by hospital policy in			
Medicare Hospital Requireme	ents to 2016 Joint	Page 34 of	328	© 2016 The Joint Commission

CFR Number §482.13(e)(8)(ii)	Medicare Requirements		Commission	Joint Commission Standards and Elements of Performance
accordance with State la	w must see and assess the patient.	more restrictive independent p patient before destructive bel accordance wi Note: The defin		hat use Joint Commission accreditation for deemed status purposes: Unless state law is e, every 24 hours, a physician, clinical psychologist, or other authorized licensed ractitioner primarily responsible for the patient's ongoing care sees and evaluates the writing a new order for restraint or seclusion used for the management of violent or self- havior that jeopardizes the immediate physical safety of the patient, staff, or others in th hospital policy and law and regulation. nition of "physician" is the same as that used by the Centers for Medicare & Medicaid S) (refer to the Glossary).
§482.13(e)(8)(iii)	TAG: A-0173	PC.03.0		hospitals that use Joint Commission accreditation for deemed status purposes: hospital initiates restraint or seclusion based on an individual order.
(iii) Each order for restrai	tate law that is more restrictive] nt used to ensure the physical safety of the non-violent or non- ay be renewed as authorized by hospital policy.	EP 6	For hospitals used to protect	hat use Joint Commission accreditation for deemed status purposes: Orders for restraint t the physical safety of the nonviolent or non-self-destructive patient are renewed in th hospital policy.
§482.13(e)(9) (9) Restraint or seclusion the length of time identifie	TAG: A-0174 must be discontinued at the earliest possible time, regardless of ed in the order.	PC.03.0	The wa	hospitals that use Joint Commission accreditation for deemed status purposes: hospital uses restraint or seclusion only when it can be clinically justified or when ranted by patient behavior that threatens the physical safety of the patient, staff, or ers.
		EP 5		hat use Joint Commission accreditation for deemed status purposes: The hospital estraint or seclusion at the earliest possible time, regardless of the scheduled expiration of
§482.13(e)(10)	TAG: A-0175	PC.03.0		hospitals that use Joint Commission accreditation for deemed status purposes: hospital monitors patients who are restrained or secluded.
physician, other licensed	patient who is restrained or secluded must be monitored by a independent practitioner or trained staff that have completed the in paragraph (f) of this section at an interval determined by	EP 1	psychologists with 42 CFR 4 EP 3) Note: The def	hat use Joint Commission accreditation for deemed status purposes: Physicians, clinical or other licensed independent practitioners or staff who have been trained in accordance 82.13(f) monitor the condition of patients in restraint or seclusion. (See also PC.03.05.17, nition of "physician" is the same as that used by the Centers for Medicare & Medicaid S) (refer to the Glossary).
§482.13(e)(11)	TAG: A-0176 licensed independent practitioner training requirements must be	PC.03.0	The	hospitals that use Joint Commission accreditation for deemed status purposes: hospital has written policies and procedures that guide the use of restraint or lusion.
specified in hospital polic practitioners authorized to	y. At a minimum, physicians and other licensed independent o order restraint or seclusion by hospital policy in accordance a working knowledge of hospital policy regarding the use of			
Medicare Hospital Require	ments to 2016 Joint	Page 35 c	of 328	© 2016 The Joint Commission

CFR Number §482.13(e)(11)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		 policies and pro Physician, clin requirements Staff training r The determina The circumsta The requireme A definition of A definition of A definition or 42 CFR 482.13i A determinatio Time frames ft Note 1: The definition of 42 CFR 482.13i device, material arms, legs, bod when it is used movement and 42 CFR 482.13i devices, surgica holding of a patient from fall physical harm (r Note 2: The defi Seclusion is the physically preverse destructive behaviores (CMS) EP 2 For hospitals the psychologists, a (through hospitat policy regarding Note: The definition or state policy regarding Note: The definition or stat	ation of who has authority to order restraint and seclusion ation of who has authority to discontinue the use of restraint or seclusion ation of who can initiate the use of restraint or seclusion inces under which restraint or seclusion is discontinued ent that restraint or seclusion is discontinued as soon as is safely possible restraint in accordance with 42 CFR 482.13(e)(1)(i)(A–C) seclusion in accordance with 42 CFR 482.13(e)(1)(ii) description of what constitutes the use of medications as a restraint in accordance with (e)(1)(i)(B) on of who can assess and monitor patients in restraint or seclusion or assessing and monitoring patients in restraint or seclusion finition of restraint per 42 CFR 482.13(e)(1)(i)(A–C) is as follows: (e)(1) Definitions. (i) A restraint is— (A) Any manual method, physical or mechanical I, or equipment that immobilizes or reduces the ability of a patient to move his or her y, or head freely; or 42 CFR 482.13(e)(1)(i)(B) (A restraint is—) A drug or medication as a restriction to manage the patient's behavior or restrict the patient's freedom of is not a standard treatment or dosage for the patient's condition. (e)(1)(i)(C) A restraint does not include devices, such as orthopedically prescribed al dressings or bandages, protective helmets, or other methods that involve the physical ient for the purpose of conducting routine physical examinations or tests, or to protect the ing out of bed, or to permit the patient to participate in activities without the risk of this does not include a physical escort). (inition of seclusion per 42 CFR 482.13(e)(1)(ii) is as follows: e involuntary confinement of a patient alone in a room or area from which the patient is ented from leaving. Seclusion may be used only for the management of violent or self-
§482.13(e)(12)	TAG: A-0178		
behavior that jeopardizes th	usion is used for the management of violent or self-destructive he immediate physical safety of the patient, a staff member, or seen face-to-face within 1 hour after the initiation of the		
§482.13(e)(12)(i)	TAG: A-0178		
(i) By a		_	

CFR Number §482.13(e)(12)(i)(A)	Medicare Requirements		Commission		Joint Commission Standards and Elements of Performance
§482.13(e)(12)(i)(A)	TAG: A-0178	PC.03.			pitals that use Joint Commission accreditation for deemed status purposes: pital evaluates and reevaluates the patient who is restrained or secluded.
(A) Physician or other lice	nsed independent practitioner; or	EP 1	For hospitals psychologist, the patient in- violent or self registered nui initiation of re PC.03.05.17, Note 1: State requirements Note 2: The d	that us or oth perso -destru- rse or estraint EP 3. s may in this definitio	se Joint Commission accreditation for deemed status purposes: A physician, clinical per licensed independent practitioner responsible for the care of the patient evaluates n within one hour of the initiation of restraint or seclusion used for the management of uctive behavior that jeopardizes the physical safety of the patient, staff, or others. A a physician assistant may conduct the in-person evaluation within one hour of the t or seclusion; this individual is trained in accordance with the requirements in
§482.13(e)(12)(i)(B)	TAG: A-0178	PC.03.			pitals that use Joint Commission accreditation for deemed status purposes: pital evaluates and reevaluates the patient who is restrained or secluded.
	nysician assistant who has been trained in accordance with the paragraph (f) of this section.	EP 1	psychologist, the patient in- violent or self registered nui initiation of re PC.03.05.17, Note 1: State requirements Note 2: The d	or oth perso destro rse or estraint EP 3. s may in this definitio	se Joint Commission accreditation for deemed status purposes: A physician, clinical ther licensed independent practitioner responsible for the care of the patient evaluates in within one hour of the initiation of restraint or seclusion used for the management of uctive behavior that jeopardizes the physical safety of the patient, staff, or others. A a physician assistant may conduct the in-person evaluation within one hour of the t or seclusion; this individual is trained in accordance with the requirements in have statute or regulation requirements that are more restrictive than the s element of performance. on of "physician" is the same as that used by the Centers for Medicare & Medicaid fer to the Glossary).
§482.13(e)(12)(ii)	TAG: A-0179				
[the patient must be seen] (ii)To evaluate –	face-to-face within 1 hour after the initiation of the intervention				
§482.13(e)(12)(ii)(A)	TAG: A-0179	PC.03.			pitals that use Joint Commission accreditation for deemed status purposes: pital evaluates and reevaluates the patient who is restrained or secluded.
(A) the patient's immediate	e situation;	EP 2	evaluation (per registered nu psychologist, possible after Note: The del	erform rse or or oth the ev finition	se Joint Commission accreditation for deemed status purposes: When the in-person ed within one hour of the initiation of restraint or seclusion) is done by a trained trained physician assistant, he or she consults with the attending physician, clinical er licensed independent practitioner responsible for the care of the patient as soon as valuation, as determined by hospital policy. to f "physician" is the same as that used by the Centers for Medicare & Medicaid fer to the Glossary).
Medicare Hospital Requiren	nents to 2016 Joint	Page 37 g	of 328		© 2016 The Joint Commission

CFR Number §482.13(e)(12)(ii)(A)	Medicare Requirements	Joint Commis Equivalent Nu		Joint Commission Standards and Elements of Performance			
		evaluatio violent o includes - An eva - The pa - The pa - The pa	n, condu r self-des the follow uation of tient's rea tient's me	use Joint Commission accreditation for deemed status purposes: The in-person cted within one hour of the initiation of restraint or seclusion for the management of tructive behavior that jeopardizes the physical safety of the patient, staff, or others, ving: the patient's immediate situation locion to the intervention dical and behavioral condition tinue or terminate the restraint or seclusion			
§482.13(e)(12)(ii)(B)	TAG: A-0179	PC.03.05.11		spitals that use Joint Commission accreditation for deemed status purposes: spital evaluates and reevaluates the patient who is restrained or secluded.			
(B) The patient's reaction to the	e intervention;	evaluatio registere psycholo possible Note: Th	n (perfor d nurse o gist, or o after the e definitio	use Joint Commission accreditation for deemed status purposes: When the in-person med within one hour of the initiation of restraint or seclusion) is done by a trained or trained physician assistant, he or she consults with the attending physician, clinical ther licensed independent practitioner responsible for the care of the patient as soon as evaluation, as determined by hospital policy. on of "physician" is the same as that used by the Centers for Medicare & Medicaid efer to the Glossary).			
		evaluatio violent o includes - An eva - The pa - The pa	 EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: The in-person evaluation, conducted within one hour of the initiation of restraint or seclusion for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others, includes the following: An evaluation of the patient's immediate situation The patient's reaction to the intervention The patient's medical and behavioral condition The need to continue or terminate the restraint or seclusion 				
§482.13(e)(12)(ii)(C)	TAG: A-0179	PC.03.05.11		spitals that use Joint Commission accreditation for deemed status purposes: spital evaluates and reevaluates the patient who is restrained or secluded.			
(C) The patient's medical and b	pehavioral condition; and	evaluatio registere psycholo possible Note: Th	itals that on (perfor d nurse o gist, or o after the e definitio	use Joint Commission accreditation for deemed status purposes: When the in-person med within one hour of the initiation of restraint or seclusion) is done by a trained or trained physician assistant, he or she consults with the attending physician, clinical ther licensed independent practitioner responsible for the care of the patient as soon as evaluation, as determined by hospital policy. On of "physician" is the same as that used by the Centers for Medicare & Medicaid efer to the Glossary).			
		evaluatio violent o includes - An eva - The pa - The pa	n, condu r self-des the follow uation of tient's rea tient's me	use Joint Commission accreditation for deemed status purposes: The in-person cted within one hour of the initiation of restraint or seclusion for the management of tructive behavior that jeopardizes the physical safety of the patient, staff, or others, ving: the patient's immediate situation iction to the intervention idical and behavioral condition tinue or terminate the restraint or seclusion			
§482.13(e)(12)(ii)(D)	TAG: A-0179	PC.03.05.11		spitals that use Joint Commission accreditation for deemed status purposes: spital evaluates and reevaluates the patient who is restrained or secluded.			
(D)The need to continue or terr	minate the restraint or seclusion.		The flu				

CFR Number §482.13(e)(12)(ii)(D)	Medicare Requirements		t Commissio valent Numb		Joint Commission Standards and Elements of Performance
		EP 2 EP 3	evaluation (registered n psychologis possible aft Note: The d Services (C	perforurse t, or c er the efiniti MS) (s that	t use Joint Commission accreditation for deemed status purposes: When the in-person rmed within one hour of the initiation of restraint or seclusion) is done by a trained or trained physician assistant, he or she consults with the attending physician, clinical other licensed independent practitioner responsible for the care of the patient as soon as evaluation, as determined by hospital policy. on of "physician" is the same as that used by the Centers for Medicare & Medicaid refer to the Glossary).
			violent or se includes the - An evaluat - The patien - The patien	If-des follo ion o t's re t's m	Incred within one hour of the initiation of restraint or seclusion for the management of structive behavior that jeopardizes the physical safety of the patient, staff, or others, wing: If the patient's immediate situation action to the intervention edical and behavioral condition ntinue or terminate the restraint or seclusion
§482.13(e)(13)	TAG: A-0180	PC.03.			ospitals that use Joint Commission accreditation for deemed status purposes: ospital evaluates and reevaluates the patient who is restrained or secluded.
	ave requirements by statute or regulation that are more restrictive baragraph (e)(12)(i) of this section.	EP 1	psychologis the patient i violent or se registered n initiation of PC.03.05.1 Note 1: Stat requirement Note 2: The	t, or c n-per elf-des urse restra 7, EP es m s in t defir	use Joint Commission accreditation for deemed status purposes: A physician, clinical other licensed independent practitioner responsible for the care of the patient evaluates son within one hour of the initiation of restraint or seclusion used for the management of structive behavior that jeopardizes the physical safety of the patient, staff, or others. A for a physician assistant may conduct the in-person evaluation within one hour of the int or seclusion; this individual is trained in accordance with the requirements in 3. ay have statute or regulation requirements that are more restrictive than the his element of performance. ition of "physician" is the same as that used by the Centers for Medicare & Medicaid refer to the Glossary).
§482.13(e)(14)	TAG: A-0182	PC.03.			spitals that use Joint Commission accreditation for deemed status purposes: ospital evaluates and reevaluates the patient who is restrained or secluded.
conducted by a trained re nurse or physician assist independent practitioner	valuation specified in paragraph (e)(12) of this section is egistered nurse or physician assistant, the trained registered tant must consult the attending physician or other licensed who is responsible for the care of the patient as specified under ossible after the completion of the 1 hour face-to-face evaluation.	EP 1	psychologis the patient i violent or se registered n initiation of PC.03.05.1 Note 1: Stat requirement Note 2: The	t, or c n-per lf-des urse estra 7, EP es m s in t defir	the use Joint Commission accreditation for deemed status purposes: A physician, clinical other licensed independent practitioner responsible for the care of the patient evaluates son within one hour of the initiation of restraint or seclusion used for the management of structive behavior that jeopardizes the physical safety of the patient, staff, or others. A or a physician assistant may conduct the in-person evaluation within one hour of the initiation of rescription evaluation within one hour of the interval of the seclusion; this individual is trained in accordance with the requirements in 3. ay have statute or regulation requirements that are more restrictive than the his element of performance. It is same as that used by the Centers for Medicare & Medicaid refer to the Glossary).
Medicare Hospital Require	aments to 2016 Joint	Page 39	of 328		© 2016 The Joint Commission

CFR Number §482.13(e)(14)	Medicare Requirements	Joint Commis Equivalent Nu		Joint Commission Standards and Elements of Performance
		evaluatio registere psycholo possible Note: Th	on (perfo d nurse ogist, or after the e definit	t use Joint Commission accreditation for deemed status purposes: When the in-person rmed within one hour of the initiation of restraint or seclusion) is done by a trained or trained physician assistant, he or she consults with the attending physician, clinical other licensed independent practitioner responsible for the care of the patient as soon as e evaluation, as determined by hospital policy. ion of "physician" is the same as that used by the Centers for Medicare & Medicaid (refer to the Glossary).
§482.13(e)(15)	TAG: A-0183			
	ified under this paragraph are applicable to the simultaneous ion. Simultaneous restraint and seclusion use is only permitted monitored –			
§482.13(e)(15)(i) (i) Eace-to-face by an assid	TAG: A-0183 gned, trained staff member; or	PC.03.05.13		ospitals that use Joint Commission accreditation for deemed status purposes: ospital continually monitors patients who are simultaneously restrained and ded
		simultan through	itals tha eously r he use	t use Joint Commission accreditation for deemed status purposes: The patient who is estrained and secluded is continually monitored by trained staff either in-person or of both video and audio equipment that is in close proximity to the patient. nent of performance "continually" means ongoing without interruption.
§482.13(e)(15)(ii)	TAG: A-0183	PC.03.05.13	For hospitals that use Joint Commission accreditation for deemed status per The hospital continually monitors patients who are simultaneously restrained	
close proximity to the patie	oth video and audio equipment. This monitoring must be in ent.	simultaneously through the use		t use Joint Commission accreditation for deemed status purposes: The patient who is estrained and secluded is continually monitored by trained staff either in-person or of both video and audio equipment that is in close proximity to the patient. nent of performance "continually" means ongoing without interruption.
§482.13(e)(16)	TAG: A-0184			
(16) When restraint or secl medical record of the follow	lusion is used, there must be documentation in the patient's wing:	_		
§482.13(e)(16)(i)	TAG: A-0184	PC.03.05.15		ospitals that use Joint Commission accreditation for deemed status purposes: ospital documents the use of restraint or seclusion.
(i) The 1-hour face-to-face used to manage violent or	medical and behavioral evaluation if restraint or seclusion is self-destructive behavior;			
Medicare Hospital Requirem	ents to 2016 Joint	Page 40 of 328		© 2016 The Joint Commission

CFR Number §482.13(e)(16)(i)	Medicare Requirements	Joint Commission Equivalent Numbe	I Joint Commission Standards and Elements of Performance
		restraint and - Any in-persons self-destruction - A description - Any alternat - The patient' - The patient' - The patient' - The interval - The interval - Revisions to - The interval - Revisions to - The patient' necessitated - Injuries to th - Death assoc - The identity ordered the re- - Orders for re- - Notification - Consultation Note: The dei	n of the patient's behavior and the intervention used ves or other less restrictive interventions attempted a condition or symptom(s) that warranted the use of the restraint or seclusion a response to the intervention(s) used, including the rationale for continued use of the tient assessments and reassessments a for monitoring the plan of care a behavior and staff concerns regarding safety risks to the patient, staff, and others that he use of restraint or seclusion e patient iated with the use of restraint or seclusion of the physician, clinical psychologist, or other licensed independent practitioner who estraint or seclusion estraint or seclusion of the use of restraint or seclusion of the use of restraint or seclusion
§482.13(e)(16)(ii)	TAG: A-0185		r hospitals that use Joint Commission accreditation for deemed status purposes:
record of the following:]	sion is used, there must be documentation in the patient's medical atient's behavior and the intervention used.	EP 1 For hospitals restraint and - Any in-perso self-destructiv - A descriptio - Any alternat - The patient' - The patient' - The patient' - The interval - The interval - Revisions to - The patient' necessitated - Injuries to th - Death assoc - The identity ordered the re - Orders for re - Notification - Consultation	that use Joint Commission accreditation for deemed status purposes: Documentation of seclusion in the medical record includes the following: In medical and behavioral evaluation for restraint or seclusion used to manage violent or the behavior on of the patient's behavior and the intervention used ves or other less restrictive interventions attempted s condition or symptom(s) that warranted the use of the restraint or seclusion use of the the assessments and reassessments are reassessments as for monitoring the plan of care is behavior and staff concerns regarding safety risks to the patient, staff, and others that he use of restraint or seclusion of the patient is seclusion of the physician, clinical psychologist, or other licensed independent practitioner who istraint or seclusion to the attending physician of the use of restraint or seclusion to the attending physician.

CFR Number §482.13(e)(16)(iii)	Medicare Requirements	Joint Commissio Equivalent Numb	I I I I I I I I I I I I I I I I I I I
§482.13(e)(16)(iii)	TAG: A-0186		or hospitals that use Joint Commission accreditation for deemed status purposes: ne hospital documents the use of restraint or seclusion.
record of the following:]	sion is used, there must be documentation in the patient's medical less restrictive interventions attempted (as applicable).	The hospital documents the use of restraint or seclusion.	
§482.13(e)(16)(iv)	TAG: A-0187		or hospitals that use Joint Commission accreditation for deemed status purposes: ne hospital documents the use of restraint or seclusion.
record of the following:] (iv) The patient's condition	sion is used, there must be documentation in the patient's medical on or symptom(s) that warranted the use of the restraint or	 EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Drestraint and seclusion in the medical record includes the following: Any in-person medical and behavioral evaluation for restraint or seclusion used to m self-destructive behavior A description of the patient's behavior and the intervention used Any alternatives or other less restrictive interventions attempted The patient's condition or symptom(s) that warranted the use of the restraint or seclu intervention Individual patient assessments and reassessments The intervals for monitoring Revisions to the plan of care The patient's behavior and staff concerns regarding safety risks to the patient, staff, necessitated the use of restraint or seclusion Injuries to the patient Death associated with the use of restraint or seclusion The identity of the physician, clinical psychologist, or other licensed independent pra ordered the restraint or seclusion Orders for restraint or seclusion Notification of the use of restraint or seclusion to the attending physician Consultations 	that use Joint Commission accreditation for deemed status purposes: Documentation of seclusion in the medical record includes the following: on medical and behavioral evaluation for restraint or seclusion used to manage violent or
seclusion.			on of the patient's behavior and the intervention used tives or other less restrictive interventions attempted 's condition or symptom(s) that warranted the use of the restraint or seclusion 's response to the intervention(s) used, including the rationale for continued use of the atient assessments and reassessments ls for monitoring to the plan of care 's behavior and staff concerns regarding safety risks to the patient, staff, and others that the use of restraint or seclusion he patient ciated with the use of restraint or seclusion or of the physician, clinical psychologist, or other licensed independent practitioner who estraint or seclusion of the use of restraint or seclusion to the attending physician ns effinition of "physician" is the same as that used by the Centers for Medicare & Medicaid

CFR Number §482.13(e)(16)(v)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
§482.13(e)(16)(v)	TAG: A-0188	PC.03.0		hospitals that use Joint Commission accreditation for deemed status purposes: hospital documents the use of restraint or seclusion.
record of the following:]	n is used, there must be documentation in the patient's medical to the intervention(s) used, including the rationale for continued	EP 1	restraint and s - Any in-perso self-destructiv - A descriptior - Any alternati - The patient's - The patient's - The patient's - The intervals - Revisions to - The patient's necessitated t - Injuries to th - Death assoc - The identity ordered the re- - Orders for re- - Notification o - Consultation Note: The def	of the patient's behavior and the intervention used ves or other less restrictive interventions attempted condition or symptom(s) that warranted the use of the restraint or seclusion response to the intervention(s) used, including the rationale for continued use of the tient assessments and reassessments for monitoring the plan of care behavior and staff concerns regarding safety risks to the patient, staff, and others that he use of restraint or seclusion e patient lated with the use of restraint or seclusion of the physician, clinical psychologist, or other licensed independent practitioner who straint or seclusion straint or seclusion of the use of restraint or seclusion
§482.13(f)	TAG: A-0194	PC.03.0		hospitals that use Joint Commission accreditation for deemed status purposes: hospital uses restraint or seclusion safely.
	aint or seclusion: Staff training requirements. The patient has ation of restraint or seclusion by trained staff.	EP 1 For hospitals implements re		hat use Joint Commission accreditation for deemed status purposes: The hospital straint or seclusion using safe techniques identified by the hospital's policies and accordance with law and regulation.
§482.13(f)(1)	TAG: A-0196			
	must be trained and able to demonstrate competency in the plementation of seclusion, monitoring, assessment, and in restraint or seclusion –			
§482.13(f)(1)(i)	TAG: A-0196	PC.03.0		hospitals that use Joint Commission accreditation for deemed status purposes: hospital trains staff to safely implement the use of restraint or seclusion.
(i) Before performing any o	f the actions specified in this paragraph;	EP 2	For hospitals staff on the us - At orientation - Before partic	hat use Joint Commission accreditation for deemed status purposes: The hospital trains e of restraint and seclusion, and assesses their competence, at the following intervals:
§482.13(f)(1)(ii) (ii) As part of orientation; a	TAG: A-0196	PC.03.0		hospitals that use Joint Commission accreditation for deemed status purposes: hospital trains staff to safely implement the use of restraint or seclusion.

CFR Number §482.13(f)(1)(ii)	Medicare Requirements	Joint Commis Equivalent Nur		Joint Commission Standards and Elements of Performance
		staff on t - At orier - Before	he use tation particip	at use Joint Commission accreditation for deemed status purposes: The hospital trains of restraint and seclusion, and assesses their competence, at the following intervals: ating in the use of restraint and seclusion basis thereafter
§482.13(f)(1)(iii)	TAG: A-0196	PC.03.05.17		nospitals that use Joint Commission accreditation for deemed status purposes: nospital trains staff to safely implement the use of restraint or seclusion.
(iii) Subsequently on a pe	eriodic basis consistent with hospital policy.	staff on t - At orier - Before	itals the he use tation particip	at use Joint Commission accreditation for deemed status purposes: The hospital trains of restraint and seclusion, and assesses their competence, at the following intervals: ating in the use of restraint and seclusion basis thereafter
§482.13(f)(2)	TAG: A-0199			
	e hospital must require appropriate staff to have education, ed knowledge based on the specific needs of the patient following:]		
§482.13(f)(2)(i)	TAG: A-0199	PC.03.05.17		nospitals that use Joint Commission accreditation for deemed status purposes: nospital trains staff to safely implement the use of restraint or seclusion.
	r staff and patient behaviors, events, and environmental factors tances that require the use of a restraint or seclusion.	population - Strateg circumst - Use of - Method or behav - Safe ap how to re asphyxia - Clinical necessa - Monitor including requirem hour of in - Use of required	itals that itals that ies to id ances to nonphy s for ch ioral sta plicatio cogniz identifi y ing the , but no ents sp ititation first-aid periodi	at use Joint Commission accreditation for deemed status purposes: Based on the ed, staff education, training, and demonstrated knowledge focus on the following: dentify staff and patient behaviors, events, and environmental factors that may trigger hat require the use of restraint or seclusion sical intervention skills noosing the least restrictive intervention based on an assessment of the patient's medical atus or condition on and use of all types of restraint or seclusion used in the hospital, including training in e and respond to signs of physical and psychological distress (for example, positional cation of specific behavioral changes that indicate that restraint or seclusion is no longer physical and psychological well-being of the patient who is restrained or secluded, ot limited to, respiratory and circulatory status, skin integrity, vital signs, and any special pecified by hospital policy associated with the in-person evaluation conducted within one of restraint or seclusion techniques and certification in the use of cardiopulmonary resuscitation, including a.05.07, EP 1)
§482.13(f)(2)(ii)	TAG: A-0200	PC.03.05.17		nospitals that use Joint Commission accreditation for deemed status purposes: nospital trains staff to safely implement the use of restraint or seclusion.
	re appropriate staff to have education, training, and demonstrated specific needs of the patient population in at least the following:] cal intervention skills.			
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CFR Number §482.13(f)(2)(ii)	Medicare Requirements	Joint Commissio Equivalent Numb		Joint Commission Standards and Elements of Performance
		population s - Strategies circumstanc - Use of nor - Methods for or behaviora - Safe applithow to reco asphyxia) - Clinical ide necessary - Monitoring including, b requirement hour of initia - Use of firs	served, to ider ces that physic or choo al statu cation a gnize a entificat the ph ut not lit ts spec ation of t-aid te	use Joint Commission accreditation for deemed status purposes: Based on the staff education, training, and demonstrated knowledge focus on the following: tify staff and patient behaviors, events, and environmental factors that may trigger require the use of restraint or seclusion al intervention skills sing the least restrictive intervention based on an assessment of the patient's medical s or condition and use of all types of restraint or seclusion used in the hospital, including training in and respond to signs of physical and psychological distress (for example, positional ion of specific behavioral changes that indicate that restraint or seclusion is no longer ysical and psychological well-being of the patient who is restrained or secluded, mited to, respiratory and circulatory status, skin integrity, vital signs, and any special ified by hospital policy associated with the in-person evaluation conducted within one restraint or seclusion in the use of cardiopulmonary resuscitation, including certification 5.07, EP 1)
§482.13(f)(2)(iii)	TAG: A-0201			pitals that use Joint Commission accreditation for deemed status purposes: spital trains staff to safely implement the use of restraint or seclusion.
knowledge based on the (iii) Choosing the least re	ire appropriate staff to have education, training, and demonstrated e specific needs of the patient population in at least the following:] estrictive intervention based on an individualized assessment of behavioral status or condition.	population s - Strategies circumstanc - Use of nor - Methods for or behaviora - Safe appli how to reco asphyxia) - Clinical idd necessary - Monitoring including, b requirement hour of initia - Use of firs	served, to ider ces that ophysic or choo al statu cation a gnize a entificat the ph ut not lit ts spec ation of t-aid te	use Joint Commission accreditation for deemed status purposes: Based on the staff education, training, and demonstrated knowledge focus on the following: tify staff and patient behaviors, events, and environmental factors that may trigger require the use of restraint or seclusion al intervention skills sing the least restrictive intervention based on an assessment of the patient's medical s or condition and use of all types of restraint or seclusion used in the hospital, including training in and respond to signs of physical and psychological distress (for example, positional ion of specific behavioral changes that indicate that restraint or seclusion is no longer ysical and psychological well-being of the patient who is restrained or secluded, mited to, respiratory and circulatory status, skin integrity, vital signs, and any special ified by hospital policy associated with the in-person evaluation conducted within one restraint or seclusion in the use of cardiopulmonary resuscitation, including ecertification 5.07, EP 1)
§482.13(f)(2)(iv)	TAG: A-0202			pitals that use Joint Commission accreditation for deemed status purposes: spital trains staff to safely implement the use of restraint or seclusion.
knowledge based on the (iv) The safe application	ire appropriate staff to have education, training, and demonstrated e specific needs of the patient population in at least the following:] and use of all types of restraint or seclusion used in the hospital, to recognize and respond to signs of physical and psychological psitional asphyxia).			

CFR Number §482.13(f)(2)(iv)	Medicare Requirements	Joint Commission Equivalent Numbe	I loint (Commission Standards and Flamonts of Partormanca
		population se - Strategies to circumstance - Use of nonp - Methods for or behavioral - Safe applica how to recog asphyxia) - Clinical ider necessary - Monitoring t including, but requirements hour of initiat - Use of first- required perior	that use Joint Commission accreditation for deemed status purposes: Based on the rrved, staff education, training, and demonstrated knowledge focus on the following: o identify staff and patient behaviors, events, and environmental factors that may trigger is that require the use of restraint or seclusion obysical intervention skills choosing the least restrictive intervention based on an assessment of the patient's medical status or condition ation and use of all types of restraint or seclusion used in the hospital, including training in nize and respond to signs of physical and psychological distress (for example, positional attification of specific behavioral changes that indicate that restraint or seclusion is no longer the physical and psychological well-being of the patient who is restrained or secluded, not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special specified by hospital policy associated with the in-person evaluation conducted within one ion of restraint or seclusion aid techniques and certification in the use of cardiopulmonary resuscitation, including bodic recertification .03.05.07, EP 1)
§482.13(f)(2)(v)	TAG: A-0204		r hospitals that use Joint Commission accreditation for deemed status purposes: e hospital trains staff to safely implement the use of restraint or seclusion.
knowledge based on the s	appropriate staff to have education, training, and demonstrated pecific needs of the patient population in at least the following:] ⁵ specific behavioral changes that indicate that restraint or essary.	population see - Strategies to circumstance - Use of nonp - Methods for or behavioral - Safe applica how to recog asphyxia) - Clinical ider necessary - Monitoring to including, but requirements hour of initiat - Use of first- required perior	that use Joint Commission accreditation for deemed status purposes: Based on the inved, staff education, training, and demonstrated knowledge focus on the following: to identify staff and patient behaviors, events, and environmental factors that may trigger is that require the use of restraint or seclusion obysical intervention skills to choosing the least restrictive intervention based on an assessment of the patient's medical status or condition ation and use of all types of restraint or seclusion used in the hospital, including training in nize and respond to signs of physical and psychological distress (for example, positional tification of specific behavioral changes that indicate that restraint or seclusion is no longer he physical and psychological well-being of the patient who is restrained or secluded, not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special specified by hospital policy associated with the in-person evaluation conducted within one ion of restraint or seclusion aid techniques and certification in the use of cardiopulmonary resuscitation, including bdic recertification .03.05.07, EP 1)
§482.13(f)(2)(vi)	TAG: A-0205		r hospitals that use Joint Commission accreditation for deemed status purposes: e hospital trains staff to safely implement the use of restraint or seclusion.
knowledge based on the s (vi) Monitoring the physica secluded, including but not	appropriate staff to have education, training, and demonstrated pecific needs of the patient population in at least the following:] Il and psychological well-being of the patient who is restrained or t limited to, respiratory and circulatory status, skin integrity, vital uirements specified by hospital policy associated with the 1- on.		
Andicare Hospital Requirem	agente to 2016 Joint	Page 46 of 228	© 2016 The Joint Commissio

CFR Number §482.13(f)(2)(vi)	Medicare Requirements	Joint Com Equivalent		Joint Commission Standards and Elements of Performance
		pop - St circ - Us - M or t - Sa hov asp - Cl nec - M incl req hou - Us req	bulation served trategies to ic cumstances t se of nonphy ethods for ch behavioral sta afe application w to recognize ohyxia) linical identifi cessary onitoring the luding, but non uirements sp ur of initiation se of first-aid uired periodic	at use Joint Commission accreditation for deemed status purposes: Based on the ed, staff education, training, and demonstrated knowledge focus on the following: lentify staff and patient behaviors, events, and environmental factors that may trigger nat require the use of restraint or seclusion sical intervention skills oosing the least restrictive intervention based on an assessment of the patient's medical atus or condition n and use of all types of restraint or seclusion used in the hospital, including training in e and respond to signs of physical and psychological distress (for example, positional cation of specific behavioral changes that indicate that restraint or seclusion is no longer physical and psychological well-being of the patient who is restrained or secluded, it limited to, respiratory and circulatory status, skin integrity, vital signs, and any special ecified by hospital policy associated with the in-person evaluation conducted within one of restraint or seclusion techniques and certification in the use of cardiopulmonary resuscitation, including e recertification 8.05.07, EP 1)
§482.13(f)(2)(vii)	TAG: A-0206	PC.03.05.17		ospitals that use Joint Commission accreditation for deemed status purposes: ospital trains staff to safely implement the use of restraint or seclusion.
knowledge based on the s (vii) The use of first aid te	e appropriate staff to have education, training, and demonstrated specific needs of the patient population in at least the following:] chniques and certification in the use of cardiopulmonary quired periodic recertification.	pop - St - Ut - M or t - St hov asp - Cl nec - M incl req hou - Ut req	bulation served trategies to ic cumstances t se of nonphy ethods for ch behavioral sta afe application w to recognize ohyxia) linical identifi cessary onitoring the luding, but non uirements sp ur of initiation se of first-aid uired periodic	at use Joint Commission accreditation for deemed status purposes: Based on the ed, staff education, training, and demonstrated knowledge focus on the following: lentify staff and patient behaviors, events, and environmental factors that may trigger hat require the use of restraint or seclusion sical intervention skills oosing the least restrictive intervention based on an assessment of the patient's medical atus or condition n and use of all types of restraint or seclusion used in the hospital, including training in e and respond to signs of physical and psychological distress (for example, positional cation of specific behavioral changes that indicate that restraint or seclusion is no longer physical and psychological well-being of the patient who is restrained or secluded, it limited to, respiratory and circulatory status, skin integrity, vital signs, and any special ecified by hospital policy associated with the in-person evaluation conducted within one of restraint or seclusion techniques and certification in the use of cardiopulmonary resuscitation, including c recertification 6.05.07, EP 1)
§482.13(f)(3)	TAG: A-0207	PC.03.05.17		ospitals that use Joint Commission accreditation for deemed status purposes: ospital trains staff to safely implement the use of restraint or seclusion.
	Individuals providing staff training must be qualified as raining, and experience in techniques used to address patients'	stat	⁻ hospitals tha ff training in r	at use Joint Commission accreditation for deemed status purposes: Individuals providing estraint or seclusion have education, training, and experience in the techniques used to behaviors that necessitate the use of restraint or seclusion.
§482.13(f)(4)	TAG: A-0208	PC.03.05.17		ospitals that use Joint Commission accreditation for deemed status purposes: ospital trains staff to safely implement the use of restraint or seclusion.
(4) Training Documentation	on. The hospital must document in the staff personnel records		ine i	
ledicare Hospital Requirer	nents to 2016 Joint	Page 47 of 328		© 2016 The Joint Commission

CFR Number §482.13(f)(4)	Medicare Requirements	Joint Comr Equivalent		Joint Commission Standards and Elements of Performance
that the training and demo	onstration of competency were successfully completed.	docu		at use Joint Commission accreditation for deemed status purposes: The hospital taff records that restraint and seclusion training and demonstration of competence were
§482.13(g)	TAG: A-0214	PC.03.05.19		nospitals that use Joint Commission accreditation for deemed status purposes: hospital reports deaths associated with the use of restraint and seclusion.
§482.13(g) Standard: Dea associated with the use of	ith Reporting Requirements: Hospitals must report deaths f seclusion or restraint.	the for relative restrint - Eac - Eac - Eac wher to the exce Note relative	nospitals th ollowing inf ed to restra aints; for m ch death th ch death th ch death th ch death kn n it is reaso e patient's pt soft wris : In this ele ed to restrict	at use Joint Commission accreditation for deemed status purposes: The hospital reports ormation to the Centers for Medicare & Medicaid Services (CMS) regarding deaths int or seclusion (this requirement does not apply to deaths related to the use of soft wrist ore information, refer to EP 3 in this standard): at occurs while a patient is in restraint or seclusion at occurs within 24 hours after the patient has been removed from restraint or seclusion own to the hospital that occurs within one week after restraint or seclusion was used nable to assume that the use of the restraint or seclusion contributed directly or indirectly death. The types of restraints included in this reporting requirement are all restraints t restraints. ment of performance "reasonable to assume" includes, but is not limited to, deaths ctions of movement for prolonged periods of time or deaths related to chest compression, eathing, or asphyxiation.
§482.13(g)(1)	TAG: A-0214	PC.03.05.19		nospitals that use Joint Commission accreditation for deemed status purposes:
hospital must report the for electronically, as determine	deaths described under paragraph (g)(2) of this section, the ollowing information to CMS by telephone, facsimile, or ned by CMS, no later than the close of business on the next owledge of the patient's death:	addr telep know	nospitals th essed in Po hone, by fa vledge of th	hospital reports deaths associated with the use of restraint and seclusion. at use Joint Commission accreditation for deemed status purposes: The deaths C.03.05.19, EP 1, are reported to the Centers for Medicare & Medicaid Services (CMS) by acsimile, or electronically no later than the close of the next business day following e patient's death. The date and time that the patient's death was reported is the patient's medical record.
§482.13(g)(1)(i)	TAG: A-0214	PC.03.05.19		nospitals that use Joint Commission accreditation for deemed status purposes: hospital reports deaths associated with the use of restraint and seclusion.
(i) Each death that occurs	while a patient is in restraint or seclusion.	the free terms of the free terms of the free terms of the free terms of the terms of terms	ollowing inf ed to restra aints; for m ch death th ch death th ch death kh n it is reaso e patient's pt soft wris : In this ele ed to restrict	at use Joint Commission accreditation for deemed status purposes: The hospital reports ormation to the Centers for Medicare & Medicaid Services (CMS) regarding deaths int or seclusion (this requirement does not apply to deaths related to the use of soft wrist ore information, refer to EP 3 in this standard): at occurs while a patient is in restraint or seclusion at occurs within 24 hours after the patient has been removed from restraint or seclusion own to the hospital that occurs within one week after restraint or seclusion was used nable to assume that the use of the restraint or seclusion contributed directly or indirectly death. The types of restraints included in this reporting requirement are all restraints t restraints. ment of performance "reasonable to assume" includes, but is not limited to, deaths ctions of movement for prolonged periods of time or deaths related to chest compression, eathing, or asphyxiation.
§482.13(g)(1)(ii)	TAG: A-0214	PC.03.05.19		nospitals that use Joint Commission accreditation for deemed status purposes:
(ii) Each death that occurs restraint or seclusion.	s within 24 hours after the patient has been removed from	The hos		nospital reports deaths associated with the use of restraint and seclusion.

CFR Number §482.13(g)(1)(ii)	Medicare Requirements	Joint Commission Equivalent Numbe	I loint Commission Standards and Flaments of Partormance
		the following related to res restraints; for - Each death - Each death - Each death when it is rea to the patient except soft w Note: In this c	that use Joint Commission accreditation for deemed status purposes: The hospital reports nformation to the Centers for Medicare & Medicaid Services (CMS) regarding deaths traint or seclusion (this requirement does not apply to deaths related to the use of soft wrist more information, refer to EP 3 in this standard): that occurs while a patient is in restraint or seclusion that occurs within 24 hours after the patient has been removed from restraint or seclusion known to the hospital that occurs within one week after restraint or seclusion was used sonable to assume that the use of the restraint or seclusion contributed directly or indirectly s death. The types of restraints included in this reporting requirement are all restraints rist restraints.
§482.13(g)(1)(iii)	TAG: A-0214		r hospitals that use Joint Commission accreditation for deemed status purposes: e hospital reports deaths associated with the use of restraint and seclusion.
where it is reasonable to contributed directly or in used on the patient duri is not limited to, deaths	o the hospital that occurs within 1 week after restraint or seclusion o assume that use of restraint or placement in seclusion directly to a patient's death, regardless of the type(s) of restraint ng this time. "Reasonable to assume" in this context includes, but related to restrictions of movement for prolonged periods of time, t compression, restriction of breathing, or asphyxiation.	EP 1 For hospitals the following related to res restraints; for - Each death - Each death - Each death when it is rea to the patient except soft w Note: In this e related to res	that use Joint Commission accreditation for deemed status purposes: The hospital reports nformation to the Centers for Medicare & Medicaid Services (CMS) regarding deaths traint or seclusion (this requirement does not apply to deaths related to the use of soft wrist more information, refer to EP 3 in this standard): that occurs while a patient is in restraint or seclusion that occurs within 24 hours after the patient has been removed from restraint or seclusion known to the hospital that occurs within one week after restraint or seclusion was used sonable to assume that the use of the restraint or seclusion contributed directly or indirectly s death. The types of restraints included in this reporting requirement are all restraints
§482.13(g)(2)	TAG: A-0214		
are those applied exclusion	has been used and when the only restraints used on the patient sively to the patient's wrist(s), and which are composed solely of materials, the hospital staff must record in an internal log or other formation:		
§482.13(g)(2)(i)	TAG: A-0214		r hospitals that use Joint Commission accreditation for deemed status purposes: e hospital reports deaths associated with the use of restraint and seclusion.
(i) Any death that occurs	s while a patient is in such restraints.		
Medicare Hospital Requir	ements to 2016 Joint	Page 49 of 328	© 2016 The Joint Commission

CFR Number §482.13(g)(2)(i)	Medicare Requirements	Joint Comm Equivalent N		Joint Commission Standards and Elements of Performance
		has b soft, r - Reco - Reco remov patier - Doc syster - Doc syster - Doc atteno medic - Mak imme Footn	een used a non-rigid, c ords in a lo ded within ords in a lo ved from s nt. uments in ding physio cal record i es the info diately upo ote *: For	at use Joint Commission accreditation for deemed status purposes: When no seclusion and when the only restraints used on the patient are wrist restraints composed solely of loth-like material, the hospital does the following: bg or other system any death that occurs while a patient is in restraint. The information is seven days of the date of death of the patient. bg or other system any death that occurs within 24 hours after a patient has been uch restraints. The information is recorded within seven days of the date of death of the the patient record the date and time that the death was recorded in the log or other the log or other system the patient's name, date of birth, date of death, name of cian or other licensed independent practitioner responsible for the care of the patient, humber, and primary diagnosis(es) * rmation in the log or other system available to CMS, either electronically or in writing, on request law and regulation guidance pertaining to those responsible for the care of the patient, 482.12(c).
§482.13(g)(2)(ii)	TAG: A-0214	PC.03.05.19		ospitals that use Joint Commission accreditation for deemed status purposes: nospital reports deaths associated with the use of restraint and seclusion.
restraints.	s within 24 hours after a patient has been removed from such	has b soft, r - Reco record - Reco remov patier - Doc syster - Doc attenc medic - Mak imme Footn	een used a non-rigid, c ords in a lo ded within ords in a lo ved from s nt. uments in m uments in ding physic cal record i es the info diately upo ote *: For	at use Joint Commission accreditation for deemed status purposes: When no seclusion and when the only restraints used on the patient are wrist restraints composed solely of loth-like material, the hospital does the following: bg or other system any death that occurs while a patient is in restraint. The information is seven days of the date of death of the patient. bg or other system any death that occurs within 24 hours after a patient has been uch restraints. The information is recorded within seven days of the date of death of the the patient record the date and time that the death was recorded in the log or other the log or other system the patient's name, date of birth, date of death, name of tian or other licensed independent practitioner responsible for the care of the patient, humber, and primary diagnosis(es) * rmation in the log or other system available to CMS, either electronically or in writing, on request law and regulation guidance pertaining to those responsible for the care of the patient, 482.12(c).
§482.13(g)(3)	TAG: A-0214			
(3) The staff must docun was:	nent in the patient's medical record the date and time the death			
§482.13(g)(3)(i)	TAG: A-0214	PC.03.05.19		ospitals that use Joint Commission accreditation for deemed status purposes: nospital reports deaths associated with the use of restraint and seclusion.
(i) Reported to CMS for o	deaths described in paragraph (g)(1) of this section; or	addre teleph knowl	ospitals that ssed in PC none, by fa edge of th	at use Joint Commission accreditation for deemed status purposes: The deaths C.03.05.19, EP 1, are reported to the Centers for Medicare & Medicaid Services (CMS) by csimile, or electronically no later than the close of the next business day following e patient's death. The date and time that the patient's death was reported is he patient's medical record.

CFR Number §482.13(g)(3)(ii)	Medicare Requirements		mmission nt Number	Joint Commission Standards and Elements of Performance
§482.13(g)(3)(ii)	TAG: A-0214	PC.03.05.19		ospitals that use Joint Commission accreditation for deemed status purposes: nospital reports deaths associated with the use of restraint and seclusion.
(ii) Recorded in the inter this section.	nal log or other system for deaths described in paragraph (g)(2) of	- ha sc - F re - F pa - C - C Sy - C at m - N	as been used a ft, non-rigid, c Records in a lo corded within Records in a lo moved from s atient. Documents in rstem Documents in tending physic edical record in Makes the infor- indiately upon	law and regulation guidance pertaining to those responsible for the care of the patient,
§482.13(g)(4)	TAG: A-0214			
(4) For deaths described other system must be de	d in paragraph (g)(2) of this section, entries into the internal log or ocumented as follows:			
§482.13(g)(4)(i)	TAG: A-0214	PC.03.05.19		ospitals that use Joint Commission accreditation for deemed status purposes: nospital reports deaths associated with the use of restraint and seclusion.
(i) Each entry must be m patient.	hade not later than seven days after the date of death of the	- ha sc - F re - F pa - C - C - C - C - C - C - C - C - C - C	as been used a off, non-rigid, c Records in a lo corded within Records in a lo moved from s atient. Documents in rstem Documents in tending physic edical record in Makes the infor- indiately upon	law and regulation guidance pertaining to those responsible for the care of the patient,
§482.13(g)(4)(ii)	TAG: A-0214	PC.03.05.19		ospitals that use Joint Commission accreditation for deemed status purposes: nospital reports deaths associated with the use of restraint and seclusion.
attending physician or o	ument the patient's name, date of birth, date of death, name of ther licensed independent practitioner who is responsible for the ecified under §482.12(c), medical record number, and primary		ine i	
Medicare Hospital Require	ements to 2016 Joint	Page 51 of 32	8	© 2016 The Joint Commission

CFR Number §482.13(g)(4)(ii)	Medicare Requirements		ommission ent Number	Joint Commission Standards and Elements of Performance
		h s - - r - s - - - - - - - - - - - - - -	as been used oft, non-rigid, Records in a ecorded withir Records in a emoved from vatient. Documents ir ystem Documents ir thending phys nedical record Makes the inf mmediately up	law and regulation guidance pertaining to those responsible for the care of the patient,
§482.13(g)(4)(iii)	TAG: A-0214	PC.03.05.1		hospitals that use Joint Commission accreditation for deemed status purposes: hospital reports deaths associated with the use of restraint and seclusion.
(III) The information must immediately upon reques	be made available in either written or electronic form to CMS t.	, h s - - - - - - - - - - - - - - - - - -	as been used oft, non-rigid, Records in a ecorded withir Records in a emoved from vatient. Documents ir ystem Documents ir ttending phys nedical record Makes the inf mmediately up	law and regulation guidance pertaining to those responsible for the care of the patient,
§482.13(h)		RI.01.01.0	1 The	hospital respects, protects, and promotes patient rights.
procedures regarding the clinically necessary or rea	tient visitation rights. A hospital must have written policies and visitation rights of patients, including those setting forth any asonable restriction or limitation that the hospital may need to the reasons for the clinical restriction or limitation. A hospital equirements:	N V	lote: For hosp vritten policies	as written policies on patient rights. itals that use Joint Commission accreditation for deemed status purposes: The hospital's address procedures regarding patient visitation rights, including any clinically necessary restrictions or limitations.
§482.13(h)(1)		RI.01.01.0	1 The	hospital respects, protects, and promotes patient rights.
rights, including any clinic	or support person, where appropriate) of his or her visitation cal restriction or limitation on such rights, when he or she is er rights under this section.			

CFR Number §482.13(h)(1)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 2	Note 1: For hose informs the patient of the patient of the patient of the right domestic partner included is the Note 2: For hose makes sure that	forms the patient of his or her rights. (See also RI.01.01.03, EPs 1-3) spitals that use Joint Commission accreditation for deemed status purposes: The hospital ient (or support person, where appropriate) of his or her visitation rights. Visitation rights it to receive the visitors designated by the patient, including, but not limited to, a spouse, a er (including a same-sex domestic partner), another family member, or a friend. Also right to withdraw or deny such consent at any time. spitals that use Joint Commission accreditation for deemed status purposes: The hospital at each patient, or his or her family, is informed of the patient's rights in advance of scontinuing patient care whenever possible.
§482.13(h)(2)		RI.01.0	1.01 The	hospital respects, protects, and promotes patient rights.
or her consent, to receiv limited to, a spouse, a d	for support person, where appropriate) of the right, subject to his re the visitors whom he or she designates, including, but not omestic partner (including a same-sex domestic partner), another nd, and his or her right to withdraw or deny such consent at any	EP 2	Note 1: For hos informs the pati include the righ domestic partni included is the Note 2: For hos makes sure tha furnishing or di The hospital al emotional supp Note: The hosp individual's pre The individual representative.	forms the patient of his or her rights. (See also RI.01.01.03, EPs 1-3) spitals that use Joint Commission accreditation for deemed status purposes: The hospital ient (or support person, where appropriate) of his or her visitation rights. Visitation rights it to receive the visitors designated by the patient, including, but not limited to, a spouse, a er (including a same-sex domestic partner), another family member, or a friend. Also right to withdraw or deny such consent at any time. spitals that use Joint Commission accreditation for deemed status purposes: The hospital at each patient, or his or her family, is informed of the patient's rights in advance of scontinuing patient care whenever possible.
§482.13(h)(3)		RI.01.0	1.01 The	hospital respects, protects, and promotes patient rights.
	otherwise deny visitation privileges on the basis of race, color, sex, gender identity, sexual orientation, or disability.	EP 29		ohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or y, socioeconomic status, sex, sexual orientation, and gender identity or expression.
§482.13(h)(4)		RI.01.0	1.01 The	hospital respects, protects, and promotes patient rights.
(4) Ensure that all visitor preferences.	rs enjoy full and equal visitation privileges consistent with patient	EP 28 The hospital a emotional sup Note: The ho individual's pu The individual representative		ows a family member, friend, or other individual to be present with the patient for ort during the course of stay. ital allows for the presence of a support individual of the patient's choice, unless the sence infringes on others' rights, safety, or is medically or therapeutically contraindicated. may or may not be the patient's surrogate decision-maker or legally authorized (For more information on surrogate or family involvement in patient care, treatment, and to RI.01.02.01, EPs 6-8.)
§482.21	TAG: A-0263	LD.01.0		governing body is ultimately accountable for the safety and quality of care, ment, and services.
Program The hospital must devel data-driven quality asse	rticipation: Quality Assessment and Performance Improvement op, implement, and maintain an effective, ongoing, hospital-wide, ssment and performance improvement program. The hospital's sure that the program reflects the complexity of the hospital's	EP 21	For hospitals th is responsible the hospital's organ	hat use Joint Commission accreditation for deemed status purposes: The governing body or making sure that performance improvement activities reflect the complexity of the nization and services, involve all departments and services, and include services provided (For more information on contracted services, see Standard LD.04.03.09)
Medicare Hospital Require	ements to 2016 Joint	Page 53 c	of 328	© 2016 The Joint Commission

CFR Number §482.21	Medicare Requirements		Commissio		Joint Commission Standards and Elements of Performance
services furnished unde	es; involves all hospital departments and services (including those r contract or arrangement); and focuses on indicators related to es and the prevention and reduction of medical errors. The	LD.03.0		The h in the	ospital uses data and information to guide decisions and to understand variation performance of processes supporting safety and quality.
	and demonstrate evidence of its QAPI program for review by CMS.	EP 1	Leaders se treatment,		ctations for using data and information to improve the safety and quality of care, ervices.
		LD.03.0		Leade hospi	rs implement changes in existing processes to improve the performance of the al.
		EP 1			naging change and performance improvements exist that foster the safety of the patient care, treatment, and services.
		EP 3	The hospita	al has	a systematic approach to change and performance improvement.
		EP 5	The managethe the hospita		t of change and performance improvement supports both safety and quality throughout
		EP 7			the effectiveness of processes for the management of change and performance ee also PI.02.01.01, EP 13)
		LD.04.0		Care, treatment, and services provided through contractual agreement are pro safely and effectively.	
			The hospita agreement		cribes, in writing, the nature and scope of services provided through contractual
			services. Note 1: In r agreement described i Note 2: For the hospita provided of - Verify tha services ha - Specify in provided by Note 3: For who monito	most of must n the hosp l cont f site, t all lio ave ap t the v licen hosp or the onitor	contracted services by establishing expectations for the performance of the contracted ases, each licensed independent practitioner providing services through a contractual be credentialed and privileged by the hospital using their services following the process Medical Staff" (MS) chapter. itals that do not use Joint Commission accreditation for deemed status purposes: When acts with another accredited organization for patient care, treatment, and services to be it can do the following: ensed independent practitioners who will be providing patient care, treatment, and propriate privileges by obtaining, for example, a copy of the list of privileges. ritten agreement that the contracted organization will ensure that all contracted services sed independent practitioners will be within the scope of their privileges. tals that use Joint Commission accreditation for deemed status purposes: The leaders contracted services are the governing body.
			contracted	servio tten d	
		EP 6	Leaders me expectation		contracted services by evaluating these services in relation to the hospital's

CFR Number §482.21	Medicare Requirements	Joint Comr Equivalent		Joint Commission Standards and Elements of Performance
		Note - Inci - Pro - Rer - App	: Examples ease monit vide consul	
		LD.04.04.01		ers establish priorities for performance improvement. (Refer to the "Performance overnent" [PI] chapter.)
			ers set prio .01.01, EP	rities for performance improvement activities and patient health outcomes. (See also s 1 and 3)
		EP 2 Lead	ers give pri ovement ac	prity to high-volume, high-risk, or problem-prone processes for performance tivities. (See also PI.01.01.01, EPs 4, 6-8, 11-12, and 14-15)
			ers repriori nal environ	ize performance improvement activities in response to changes in the internal or nent.
		EP 4 Perfo	ormance im	provement occurs hospitalwide.
		LD.04.04.05		ospital has an organizationwide, integrated patient safety program within its rmance improvement activities.
		EP 1 The	eaders imp	lement a hospitalwide patient safety program.
		(som	scope of the etimes refe nel events.	e safety program includes the full range of safety issues, from potential or no-harm errors rred to as near misses, close calls, or good catches) to hazardous conditions and
		EP 4 All de	epartments	programs, and services within the hospital participate in the safety program.
		PI.02.01.01	The h	ospital compiles and analyzes data.
		EP 2 The	nospital ide	ntifies the frequency for data analysis.
		EP 3 The I	nospital use	es statistical tools and techniques to analyze and display data.
			nospital ana s, and varia	lyzes and compares internal data over time to identify levels of performance, patterns, ttions.
		EP 5 The l	nospital cor	npares data with external sources, when available.
				es the results of data analysis to identify improvement opportunities. (See also 5; PI.03.01.01, EP 1)
		PI.03.01.01	The h	ospital improves performance on an ongoing basis.
		EP 2 The	nospital tak	es action on improvement priorities. (See also MS.05.01.01, EPs 1-11)

CFR Number §482.21	Medicare Requirements		t Commissio valent Numb		Joint Commission Standards and Elements of Performance
		EP 3	The hospita EPs 1-11)	al eva	luates actions to confirm that they resulted in improvements. (See also MS.05.01.01,
		EP 4	The hospita MS.05.01.0		es action when it does not achieve or sustain planned improvements. (See also es 1-11)
§482.21(a)	TAG: A-0273				
§482.21(a) Standard:	Program Scope				
§482.21(a)(1)	TAG: A-0286	LD.03.			ospital uses data and information to guide decisions and to understand variation
measurable improven	t include, but not be limited to, an ongoing program that shows nent in indicators for which there is evidence that it will improve identify and reduce medical errors.	EP 1		t expe	performance of processes supporting safety and quality. ectations for using data and information to improve the safety and quality of care, ervices.
		LD.03.		_eade	rs implement changes in existing processes to improve the performance of the tal.
		EP 1			anaging change and performance improvements exist that foster the safety of the patien f care, treatment, and services.
		EP 3	The hospita	al has	a systematic approach to change and performance improvement.
		EP 5	The manag the hospita		t of change and performance improvement supports both safety and quality throughout
		EP 7			e the effectiveness of processes for the management of change and performance ee also PI.02.01.01, EP 13)
		LD.04.0			rs establish priorities for performance improvement. (Refer to the "Performance vement" [PI] chapter.)
		EP 1	Leaders se PI.01.01.01		ities for performance improvement activities and patient health outcomes. (See also 1 and 3)
		EP 4	Performanc	ce im	provement occurs hospitalwide.
		LD.04.			ospital has an organizationwide, integrated patient safety program within its mance improvement activities.
		EP 3		s refe	safety program includes the full range of safety issues, from potential or no-harm errors red to as near misses, close calls, or good catches) to hazardous conditions and
		EP 11	To improve about syste EP 3)	safe em or	y and to reduce the risk of medical errors, the hospital analyzes and uses information process failures and the results of proactive risk assessments. (See also LD.04.04.03,
§482.21(a)(2)	TAG: A-0286	LD.04.			ospital has an organizationwide, integrated patient safety program within its mance improvement activities.
	measure, analyze, and track quality indicators, including adverse her aspects of performance that assess processes of care, hospital s.				
edicare Hospital Requ	uirements to 2016 Joint	Page 56 d	of 328		© 2016 The Joint Commissio

CFR Number §482.21(a)(2)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 8		ducts thorough and credible comprehensive systematic analyses (for example, root in response to sentinel events as described in the "Sentinel Events" (SE) chapter of this
		PI.01.01	l.01 The h	ospital collects data to monitor its performance.
		EP 1	The leaders set	priorities for data collection. (See also LD.04.04.01, EP 1)
		EP 2	Note: For hospita	tify the frequency for data collection. als that use Joint Commission accreditation for deemed status purposes: The leaders requency and detail of data collection is the governing body.
		EP 3	The hospital coll (See also LD.04	ects data on the following: Performance improvement priorities identified by leaders. 04.01, EP 1)
		EP 4		ects data on the following: Operative or other procedures that place patients at risk of n. (See also LD.04.04.01, EP 2; MS.05.01.01, EP 6)
		EP 5		ects data on the following: All significant discrepancies between preoperative and gnoses, including pathologic diagnoses.
		EP 6	The hospital coll anesthesia. (See	ects data on the following: Adverse events related to using moderate or deep sedation or also LD.04.04.01, EP 2)
		EP 7	The hospital coll LD.04.04.01, EP	ects data on the following: The use of blood and blood components. (See also 2)
		EP 8		ects data on the following: All reported and confirmed transfusion reactions. (See also 2; LD.04.04.05, EP 6)
		EP 11	The hospital coll	ects data on the following: The results of resuscitation. (See also LD.04.04.01, EP 2)
		EP 14	The hospital coll MM.08.01.01, El	ects data on the following: Significant medication errors. (See also LD.04.04.01, EP 2; 2 1)
		EP 15	The hospital coll EP 2; MM.08.01	ects data on the following: Significant adverse drug reactions. (See also LD.04.04.01, 01, EP 1)
		EP 16	The hospital coll or services.	ects data on the following: Patient perception of the safety and quality of care, treatment,
		EP 30	 Staff opinions a Staff perception Staff suggestion 	siders collecting data on the following: ind needs is of risk to individuals is for improving patient safety is to report adverse events
		PI.02.01	I.01 The h	ospital compiles and analyzes data.
		EP 2	The hospital ider	tifies the frequency for data analysis.
		EP 3	The hospital use	s statistical tools and techniques to analyze and display data.

CFR Number §482.21(a)(2)	Medicare Requirements		Commission alent Numbe		Joint Commission Standards and Elements of Performance
		EP 4	The hospital a trends, and v		yzes and compares internal data over time to identify levels of performance, patterns, ions.
		EP 5	The hospital	com	pares data with external sources, when available.
		EP 8	The hospital LD.03.02.01,	uses EP	the results of data analysis to identify improvement opportunities. (See also 5; PI.03.01.01, EP 1)
§482.21(b)	TAG: A-0273				
§482.21(b) Standard: Pr	ogram Data				
§482.21(b)(1)	TAG: A-0273	LD.03.0			ospital uses data and information to guide decisions and to understand variation performance of processes supporting safety and quality.
	corporate quality indicator data including patient care data, and xample, information submitted to, or received from, the hospital's ganization.	EP 1	Leaders set e treatment, an	•	ctations for using data and information to improve the safety and quality of care, rvices.
		EP 3	The hospital	uses	processes to support systematic data and information use.
		EP 4	Leaders prov		he resources needed for data and information use, including staff, equipment, and ms.
		EP 5			data and information in decision making that supports the safety and quality of care, prvices. (See also NR.02.01.01, EPs 3 and 6; PI.02.01.01, EP 8)
		EP 6	The hospital environment.	uses	data and information to identify and respond to internal and external changes in the
		EP 7	Leaders eval	uate	how effectively data and information are used throughout the hospital.
§482.21(b)(2)	TAG: A-0273				
(2) The hospital must us	e the data collected to				
§482.21(b)(2)(i)	TAG: A-0273	LD.03.0			ospital uses data and information to guide decisions and to understand variation performance of processes supporting safety and quality.
(i) Monitor the effectiven	ess and safety of services and quality of care; and	EP 1	Leaders set e treatment, an	•	ctations for using data and information to improve the safety and quality of care, rvices.
		EP 5	The hospital treatment, an	uses d se	data and information in decision making that supports the safety and quality of care, prvices. (See also NR.02.01.01, EPs 3 and 6; PI.02.01.01, EP 8)
		LD.04.0			ospital has an organizationwide, integrated patient safety program within its mance improvement activities.
		EP 11			and to reduce the risk of medical errors, the hospital analyzes and uses information process failures and the results of proactive risk assessments. (See also LD.04.04.03,

CFR Number §482.21(b)(2)(ii)	Medicare Requirements		Commissio		Joint Commission Standards and Elements of Performance
§482.21(b)(2)(ii)	TAG: A-0283	LD.03.0	01.01	eade	ers create and maintain a culture of safety and quality throughout the hospital.
[The hospital must use th	e data collected to]	EP 2	Leaders pr	oritize	e and implement changes identified by the evaluation.
(ii) Identify opportunities f	or improvement and changes that will lead to improvement.	PI.02.0	1.01	Гhe h	ospital compiles and analyzes data.
		EP 8			s the results of data analysis to identify improvement opportunities. (See also 5; PI.03.01.01, EP 1)
§482.21(b)(3)	TAG: A-0273	PI.01.0	1.01	Гhe h	ospital collects data to monitor its performance.
· · · · ·	tail of data collection must be specified by the hospital's	EP 1	The leader	s set j	priorities for data collection. (See also LD.04.04.01, EP 1)
governing body.		EP 2	Note: For h	ospita	tify the frequency for data collection. als that use Joint Commission accreditation for deemed status purposes: The leaders requency and detail of data collection is the governing body.
§482.21(c)	TAG: A-0283				
§482.21(c) Standard: Pro	gram Activities				
§482.21(c)(1)	TAG: A-0283				
(1) The hospital must set	priorities for its performance improvement activities that				
§482.21(c)(1)(i)	TAG: A-0283	LD.04.0			ers establish priorities for performance improvement. (Refer to the "Performance over the section of the sectio
(i) Focus on high-risk, hig	h-volume, or problem-prone areas;	EP 2	Leaders giv	ve prio	prity to high-volume, high-risk, or problem-prone processes for performance invities. (See also PI.01.01.01, EPs 4, 6-8, 11-12, and 14-15)
§482.21(c)(1)(ii)	TAG: A-0283	PI.03.0	1.01	Гhe h	ospital improves performance on an ongoing basis.
(ii) Consider the incidence	e, prevalence, and severity of problems in those areas; and	EP 1	Leaders pri EPs 1-11)	oritize	e the identified improvement opportunities. (See also PI.02.01.01, EP 8; MS.05.01.01,
§482.21(c)(1)(iii)	TAG: A-0283	LD.04.(ers establish priorities for performance improvement. (Refer to the "Performance over the "Performance over the "Performance over the state of the s
(iii) Affect health outcome	es, patient safety, and quality of care.	EP 1	Leaders se PI.01.01.01		rities for performance improvement activities and patient health outcomes. (See also s 1 and 3)
		EP 3	Leaders re external en		ize performance improvement activities in response to changes in the internal or nent.
§482.21(c)(2)	TAG: A-0286	LD.04.0	04.03	New o	or modified services or processes are well designed.
events, analyze their caus	ment activities must track medical errors and adverse patient ses, and implement preventive actions and mechanisms that rning throughout the hospital.	EP 2	The hospita improveme		esign of new or modified services or processes incorporates the results of performance ivities.
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CFR Number §482.21(c)(2)	Medicare Requirements		Commissio alent Numbe		Joint Commission Standards and Elements of Performance
		EP 3	risks to patie Note: A proa	ents. Ictive	sign of new or modified services or processes incorporates information about potential (See also LD.04.04.05, EPs 6, 10-11) risk assessment is one of several ways to assess potential risks to patients. For onents, refer to the Proactive Risk Assessment section at the beginning of this chapter.
		EP 5	The hospital events.	's de	sign of new or modified services or processes incorporates information about sentinel
		LD.04.0			ospital has an organizationwide, integrated patient safety program within its mance improvement activities.
		EP 3		refer	safety program includes the full range of safety issues, from potential or no-harm errors red to as near misses, close calls, or good catches) to hazardous conditions and
		EP 6	process failu EP 5; LD.04 Note: This E understand	ire, o .04.0 P is he s	de and encourage the use of systems for blame-free internal reporting of a system or r the results of a proactive risk assessment. (See also LD.03.01.01, EP 8; LD.03.04.01, 3, EP 3; PI.01.01.01, EP 8) intended to minimize staff reluctance to report errors in order to help an organization purce and results of system and process failures. The EP does not conflict with holding ntable for their blameworthy errors.
		EP 7	Note: At a m Events" (SE affect the ou	inim) cha tcom	e patient safety event and communicate this definition throughout the organization. um, the organization's definition includes those events subject to review in the "Sentinel pter of this manual. The definition may include any process variation that does not e or result in an adverse event, but for which a recurrence carries significant chance of e outcome or result in an adverse event, often referred to as a close call or near miss.
		EP 8			ducts thorough and credible comprehensive systematic analyses (for example, root in response to sentinel events as described in the "Sentinel Events" (SE) chapter of this
		EP 10	assessment	. (Se gges	months, the hospital selects one high-risk process and conducts a proactive risk e also LD.04.04.03, EP 3) ted components, refer to the Proactive Risk Assessment section at the beginning of
		EP 11			y and to reduce the risk of medical errors, the hospital analyzes and uses information process failures and the results of proactive risk assessments. (See also LD.04.04.03,
		EP 12	cause analy	ses),	eminate lessons learned from comprehensive systematic analyses (for example, root system or process failures, and the results of proactive risk assessments to all staff ices for the specific situation. (See also LD.03.04.01, EP 5)
		EP 13	 All system The number Whether th All actions For hospital number of d 	or pr er and e pat taker ils the istinc	ear, the leaders provide governance with written reports on the following: ocess failures d type of sentinel events tients and the families were informed of the event n to improve safety, both proactively and in response to actual occurrences at use Joint Commission accreditation for deemed status purposes: The determined t improvement projects to be conducted annually e analyses related to the adequacy of staffing (See also PI.02.01.01, EP 14)

CFR Number §482.21(c)(2)	Medicare Requirements		Commissi alent Num	-	Joint Commission Standards and Elements of Performance	
		PI.02.0	1.01	The h	ospital compiles and analyzes data.	
		EP 4	The hospit trends, an		lyzes and compares internal data over time to identify levels of performance, patterns, tions.	
§482.21(c)(3)	TAG: A-0283	LD.03.0		Leade hospi	ers implement changes in existing processes to improve the performance of the tal.	
implementing those action	te actions aimed at performance improvement and, after ons, the hospital must measure its success, and track that improvements are sustained.	EP 7			e the effectiveness of processes for the management of change and performance ee also PI.02.01.01, EP 13)	
		PI.03.0	1.01	The h	ospital improves performance on an ongoing basis.	
		EP 2	The hospi	tal take	es action on improvement priorities. (See also MS.05.01.01, EPs 1-11)	
		EP 3	The hospi EPs 1-11)		luates actions to confirm that they resulted in improvements. (See also MS.05.01.01,	
		EP 4	The hospi MS.05.01.		es action when it does not achieve or sustain planned improvements. (See also es 1-11)	
§482.21(d)	TAG: A-0297	LD.03.0	05.01	Leade hospi	ers implement changes in existing processes to improve the performance of the tal.	
§482.21(d) Standard: Pe	rformance Improvement Projects	EP 3	The hospi	tal has	a systematic approach to change and performance improvement.	
	essment and performance improvement program, the hospital ce improvement projects.	LD.04.04.01		Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)		
		EP 1	Leaders s PI.01.01.0	et prio 1, EPs	ities for performance improvement activities and patient health outcomes. (See also a 1 and 3)	
		EP 3	Leaders re external e		ze performance improvement activities in response to changes in the internal or nent.	
		EP 4	Performar	nce imp	provement occurs hospitalwide.	
§482.21(d)(1)	TAG: A-0297	LD.03.0		Leade hospi	ers implement changes in existing processes to improve the performance of the tal.	
	be of distinct improvement projects conducted annually must be and complexity of the hospital's services and operations.	EP 1			anaging change and performance improvements exist that foster the safety of the patient f care, treatment, and services.	
		EP 3	The hospi	tal has	a systematic approach to change and performance improvement.	
		EP 4			the resources required for performance improvement and change management, nt staff, access to information, and training.	
		LD.04.0			ers establish priorities for performance improvement. (Refer to the "Performance vement" [PI] chapter.)	
		EP 1	Leaders se PI.01.01.0	•	ities for performance improvement activities and patient health outcomes. (See also a 1 and 3)	
		1				

CFR Number §482.21(d)(1)	Medicare Requirements		Commissi valent Num	-	Joint Commission Standards and Elements of Performance
		EP 2			rity to high-volume, high-risk, or problem-prone processes for performance ivities. (See also PI.01.01.01, EPs 4, 6-8, 11-12, and 14-15)
		EP 3	Leaders re external er		ze performance improvement activities in response to changes in the internal or nent.
		LD.04.0			ospital has an organizationwide, integrated patient safety program within its mance improvement activities.
		EP 11	To improve about syst EP 3)	e safel em or	y and to reduce the risk of medical errors, the hospital analyzes and uses information process failures and the results of proactive risk assessments. (See also LD.04.04.03,
		EP 13	 All syster The num Whether All action For hosp number of 	n or p ber an the pa s take itals th disting	ear, the leaders provide governance with written reports on the following: ocess failures d type of sentinel events tients and the families were informed of the event n to improve safety, both proactively and in response to actual occurrences at use Joint Commission accreditation for deemed status purposes: The determined t improvement projects to be conducted annually e analyses related to the adequacy of staffing (See also PI.02.01.01, EP 14)
§482.21(d)(2)	TAG: A-0297				
technology system explic project, in its initial stage	ne of its projects, develop and implement an information citly designed to improve patient safety and quality of care. This e of development, does not need to demonstrate measurable rs related to health outcomes.				
§482.21(d)(3)	TAG: A-0297	LD.04.0			rs establish priorities for performance improvement. (Refer to the "Performance vement" [PI] chapter.)
	ocument what quality improvement projects are being conducted, ng these projects, and the measurable progress achieved on	EP 1	Leaders se PI.01.01.0		ities for performance improvement activities and patient health outcomes. (See also 1 and 3)
		EP 2			rity to high-volume, high-risk, or problem-prone processes for performance ivities. (See also PI.01.01.01, EPs 4, 6-8, 11-12, and 14-15)
		EP 3	Leaders re external er		ze performance improvement activities in response to changes in the internal or nent.
		LD.04.0			ospital has an organizationwide, integrated patient safety program within its mance improvement activities.
		EP 13	 All syster The num Whether All action For hosp number of 	n or pi ber an the pa s take itals th disting	ear, the leaders provide governance with written reports on the following: occess failures d type of sentinel events tients and the families were informed of the event n to improve safety, both proactively and in response to actual occurrences at use Joint Commission accreditation for deemed status purposes: The determined at improvement projects to be conducted annually e analyses related to the adequacy of staffing (See also PI.02.01.01, EP 14)

CFR Number §482.21(d)(3)	Medicare Requirements		t Commission /alent Numbe	Joint Commission Standards and Elements of Performance		
		PI.03.0	1.01 Th	e hospital improves performance on an ongoing basis.		
		EP 3	The hospital EPs 1-11)	evaluates actions to confirm that they resulted in improvements. (See also MS.05.01.01,		
		EP 4	The hospital MS.05.01.01	akes action when it does not achieve or sustain planned improvements. (See also EPs 1-11)		
§482.21(d)(4)	TAG: A-0297	LD.04.		e hospital has an organizationwide, integrated patient safety program within its formance improvement activities.		
) A hospital is not required to participate in a QIO cooperative project, but its own ojects are required to be of comparable effort.		The leaders of programs in a Note: Examp	e leaders encourage external reporting of significant adverse events, including voluntary reporting ograms in addition to mandatory programs. te: Examples of voluntary programs include The Joint Commission Sentinel Event Database and the Food and Drug Administration (FDA) MedWatch. Mandatory programs are often state initiated.		
		PI.03.0	1.01 Th	e hospital improves performance on an ongoing basis.		
		EP 1	Leaders prior EPs 1-11)	tize the identified improvement opportunities. (See also PI.02.01.01, EP 8; MS.05.01.01,		
		EP 2	The hospital	akes action on improvement priorities. (See also MS.05.01.01, EPs 1-11)		
		EP 3	The hospital EPs 1-11)	evaluates actions to confirm that they resulted in improvements. (See also MS.05.01.01,		
		EP 4	The hospital MS.05.01.01	akes action when it does not achieve or sustain planned improvements. (See also EPs 1-11)		
§482.21(e)	TAG: A-0309					
482.21(e) Standard: Exec	cutive Responsibilities					
authority and responsibility	ody (or organized group or individual who assumes full legal / for operations of the hospital), medical staff, and administrative id accountable for ensuring the following:					
§482.21(e)(1)	TAG: A-0309	LD.01.0		e governing body is ultimately accountable for the safety and quality of care, atment, and services.		
	am for quality improvement and patient safety, including the s, is defined, implemented, and maintained.	EP 5	The governin services. (Se	e governing body provides for the resources needed to maintain safe, quality care, treatment, an vices. (See also NR.01.01.01, EP 3)		
		EP 6		body works with the senior managers and leaders of the organized medical staff to late the hospital's performance in relation to its mission, vision, and goals.		
		LD.03.		iders implement changes in existing processes to improve the performance of the spital.		
		EP 3	The hospital	as a systematic approach to change and performance improvement.		
		EP 4		de the resources required for performance improvement and change management,		
			including suff	cient staff, access to information, and training.		

CFR Number §482.21(e)(1)	Medicare Requirements		Commissio Valent Numb		Joint Commission Standards and Elements of Performance
		LD.04.0			treatment, and services provided through contractual agreement are provided and effectively.
		EP 6	Leaders mo		contracted services by evaluating these services in relation to the hospital's
		LD.04.0			rs establish priorities for performance improvement. (Refer to the "Performance vement" [PI] chapter.)
		EP 1	Leaders se PI.01.01.01		ities for performance improvement activities and patient health outcomes. (See also 1 and 3)
		EP 2			rity to high-volume, high-risk, or problem-prone processes for performance vities. (See also PI.01.01.01, EPs 4, 6-8, 11-12, and 14-15)
		EP 3	Leaders re external en		ze performance improvement activities in response to changes in the internal or nent.
		EP 4	Performanc	ce imp	rovement occurs hospitalwide.
		LD.04.0			ospital has an organizationwide, integrated patient safety program within its mance improvement activities.
		EP 1	The leaders	s impl	ement a hospitalwide patient safety program.
		EP 2	One or mo	re qua	ified individuals or an interdisciplinary group manages the safety program.
		EP 3		s refer	safety program includes the full range of safety issues, from potential or no-harm errors red to as near misses, close calls, or good catches) to hazardous conditions and
		EP 4	All departm	ients,	programs, and services within the hospital participate in the safety program.
		EP 5	failures. Note: Resp	onses	ety program, the leaders create procedures for responding to system or process might include continuing to provide care, treatment, and services to those affected, k to others, and preserving factual information for subsequent analysis.
		EP 6	process fai EP 5; LD.0 Note: This understand	lure, c 4.04.0 EP is I the s	de and encourage the use of systems for blame-free internal reporting of a system or r the results of a proactive risk assessment. (See also LD.03.01.01, EP 8; LD.03.04.01, 3, EP 3; PI.01.01.01, EP 8) intended to minimize staff reluctance to report errors in order to help an organization purce and results of system and process failures. The EP does not conflict with holding ntable for their blameworthy errors.
		EP 7	Note: At a Events" (SI affect the o	minim E) cha outcom	e patient safety event and communicate this definition throughout the organization. um, the organization's definition includes those events subject to review in the "Sentinel pter of this manual. The definition may include any process variation that does not e or result in an adverse event, but for which a recurrence carries significant chance of e outcome or result in an adverse event, often referred to as a close call or near miss.

CFR Number §482.21(e)(1)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 8		ducts thorough and credible comprehensive systematic analyses (for example, root in response to sentinel events as described in the "Sentinel Events" (SE) chapter of this
		EP 9	event. Note: Support sy events are thems additional help a	e support systems available for staff who have been involved in an adverse or sentinel stems recognize that conscientious health care workers who are involved in sentinel elves victims of the event and require support. Support systems provide staff with ad support as well as additional resources through the human resources function or an ince program. Support systems also focus on the process rather than blaming the als.
		EP 10	assessment. (Se	months, the hospital selects one high-risk process and conducts a proactive risk e also LD.04.04.03, EP 3) ted components, refer to the Proactive Risk Assessment section at the beginning of
		EP 11		y and to reduce the risk of medical errors, the hospital analyzes and uses information process failures and the results of proactive risk assessments. (See also LD.04.04.03,
		EP 12	cause analyses),	eminate lessons learned from comprehensive systematic analyses (for example, root system or process failures, and the results of proactive risk assessments to all staff ces for the specific situation. (See also LD.03.04.01, EP 5)
		EP 13	 All system or pi The number an Whether the pa All actions take For hospitals the number of distinct 	ear, the leaders provide governance with written reports on the following: bocess failures d type of sentinel events ients and the families were informed of the event in to improve safety, both proactively and in response to actual occurrences at use Joint Commission accreditation for deemed status purposes: The determined t improvement projects to be conducted annually analyses related to the adequacy of staffing (See also PI.02.01.01, EP 14)
		PI.01.01	I.01 The h	ospital collects data to monitor its performance.
		EP 5		ects data on the following: All significant discrepancies between preoperative and gnoses, including pathologic diagnoses.
		EP 6		ects data on the following: Adverse events related to using moderate or deep sedation or also LD.04.04.01, EP 2)
		EP 8		ects data on the following: All reported and confirmed transfusion reactions. (See also 2; LD.04.04.05, EP 6)
		EP 14	The hospital colle MM.08.01.01, EF	ects data on the following: Significant medication errors. (See also LD.04.04.01, EP 2; 1)
		EP 15	The hospital colle EP 2; MM.08.01.	ects data on the following: Significant adverse drug reactions. (See also LD.04.04.01, D1, EP 1)

CFR Number §482.21(e)(1)	Medicare Requirements		t Commissi valent Numl		Joint Commission Standards and Elements of Performance
		PI.02.0)1.01	The h	ospital compiles and analyzes data.
		EP 1	The hospit	al com	piles data in usable formats.
		EP 2	The hospit	al ider	tifies the frequency for data analysis.
		EP 3	The hospit	al use	s statistical tools and techniques to analyze and display data.
		EP 4	The hospit trends, and		lyzes and compares internal data over time to identify levels of performance, patterns, tions.
		EP 8	The hospit LD.03.02.0	al use)1, EP	s the results of data analysis to identify improvement opportunities. (See also 5; PI.03.01.01, EP 1)
		PI.03.0)1.01	The h	ospital improves performance on an ongoing basis.
		EP 2	The hospit	al take	es action on improvement priorities. (See also MS.05.01.01, EPs 1-11)
		EP 3	The hospit EPs 1-11)	al eva	luates actions to confirm that they resulted in improvements. (See also MS.05.01.01,
		EP 4	The hospit MS.05.01.		es action when it does not achieve or sustain planned improvements. (See also es 1-11)
§482.21(e)(2)	TAG: A-0309	LD.03.		Leade hospi	rs implement changes in existing processes to improve the performance of the tal.
	e quality assessment and performance improvement efforts proved quality of care and patient safety; and that all improvement	EP 7			e the effectiveness of processes for the management of change and performance ee also PI.02.01.01, EP 13)
		LD.04.			rs establish priorities for performance improvement. (Refer to the "Performance vement" [PI] chapter.)
		EP 1	Leaders se PI.01.01.0		ities for performance improvement activities and patient health outcomes. (See also 1 and 3)
		EP 2			prity to high-volume, high-risk, or problem-prone processes for performance ivities. (See also PI.01.01.01, EPs 4, 6-8, 11-12, and 14-15)
		LD.04.			ospital has an organizationwide, integrated patient safety program within its mance improvement activities.
		EP 1	The leader	s impl	ement a hospitalwide patient safety program.
§482.21(e)(3)	TAG: A-0286	LD.04.			ers establish priorities for performance improvement. (Refer to the "Performance vement" [PI] chapter.)
3) That clear expectatio	ns for safety are established.	EP 1		et prior	ities for performance improvement activities and patient health outcomes. (See also
edicare Hospital Require	amonto to 2016, Joint	Page 66 (of 229		© 2016 The Joint Commission

CFR Number §482.21(e)(3)	Medicare Requirements		Commissi valent Numl		Joint Commission Standards and Elements of Performance	
		LD.04.0			ospital has an organizationwide, integrated patient safety program within its rmance improvement activities.	
		EP 1	The leader	s imp	lement a hospitalwide patient safety program.	
		EP 4	All departn	nents,	programs, and services within the hospital participate in the safety program.	
§482.21(e)(4)	TAG: A-0315	LD.03.0			ospital uses data and information to guide decisions and to understand variation performance of processes supporting safety and quality.	
	ces are allocated for measuring, assessing, improving, and performance and reducing risk to patients.	EP 4	Leaders pr informatior		the resources needed for data and information use, including staff, equipment, and ems.	
		LD.03.0		Leade hospi	ers implement changes in existing processes to improve the performance of the tal.	
		EP 4			the resources required for performance improvement and change management, ant staff, access to information, and training.	
§482.21(e)(5)	TAG: A-0309	LD.04.0			ers establish priorities for performance improvement. (Refer to the "Performance overnent" [PI] chapter.)	
(5) That the determination annually.	n of the number of distinct improvement projects is conducted			et prio	rities for performance improvement activities and patient health outcomes. (See also s 1 and 3)	
		EP 2	EP 2 Leaders gir improveme		prity to high-volume, high-risk, or problem-prone processes for performance tivities. (See also PI.01.01.01, EPs 4, 6-8, 11-12, and 14-15)	
		EP 3	Leaders re external er	•	ize performance improvement activities in response to changes in the internal or nent.	
		LD.04.0			ospital has an organizationwide, integrated patient safety program within its rmance improvement activities.	
		EP 13	 EP 13 At least once a year, the leaders provide governance with written reports on the following: All system or process failures The number and type of sentinel events Whether the patients and the families were informed of the event All actions taken to improve safety, both proactively and in response to actual occurrences For hospitals that use Joint Commission accreditation for deemed status purposes: The deter number of distinct improvement projects to be conducted annually All results of the analyses related to the adequacy of staffing (See also PI.02.01.01, EP 14) 			
§482.22	TAG: A-0338	LD.01.0	01.01	The h	ospital has a leadership structure.	
§482.22 Condition of Par		EP 3	The goverr also NR.01		ody identifies those responsible for the provision of care, treatment, and services. (See 1, EP 3)	
by the governing body, a	n organized medical staff that operates under bylaws approved nd which is responsible for the quality of medical care provided to	LD.01.0	05.01	The h	ospital has an organized medical staff that is accountable to the governing body	
patients by the hospital.	, , , , , , , , , , , , , , , , , ,				nedical staff oversees the quality of care, treatment and services provided by those	

CFR Number §482.22	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance			
		EP 6	The organized r	nedical staff is accountable to the governing body.			
		EP 8	For hospitals the organized medie	at use Joint Commission accreditation for deemed status purposes: There is a single cal staff.			
		MS.01.0)1.01 Medi	cal staff bylaws address self-governance and accountability to the governing body.			
		EP 1	The organized r	nedical staff develops medical staff bylaws, rules and regulations, and policies.			
		EP 2	medical staff by the proposed by governing body body's authority	nedical staff adopts and amends medical staff bylaws. Adoption or amendment of laws cannot be delegated. After adoption or amendment by the organized medical staff, vlaws are submitted to the governing body for action. Bylaws become effective only upon approval. (See the "Leadership" (LD) chapter for requirements regarding the governing and conflict management processes. See Element of Performance 17 for information on taff members are eligible to vote.)			
		EP 3	- ,				
		EP 5					
		EP 6		nedical staff enforces the medical staff bylaws, rules and regulations, and policies by action to the governing body in certain circumstances and taking action in others.			
		EP 7		body upholds the medical staff bylaws, rules and regulations, and policies that have been a governing body.			
§482.22(a)	TAG: A-0339	MS.01.0)1.01 Medi	cal staff bylaws address self-governance and accountability to the governing body.			
§482.22(a) Standard: E	ligibility and process for appointment to medical staff.	EP 12		ff bylaws include the following requirements, in accordance with Element of Performance of the medical staff.			
The medical staff must be composed of doctors of medicine or osteopathy. In accordance with State law, including scope-of-practice laws, the medical staff may also include other categories of physicians (as listed at § 482.12(c)(1)) and non-physician practitioners who are determined to be eligible for appointment by the governing body.		EP 13	The medical staff bylaws include the following requirements, in accordance with Element of Perforr 3: Qualifications for appointment to the medical staff. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The med staff must be composed of doctors of medicine or osteopathy. In accordance with state law, includi scope of practice laws, the medical staff may also include other categories of physicians as listed a 482.12(c)(1) and nonphysician practitioners who are determined to be eligible for appointment by th governing body.				

CFR Number §482.22(a)	Medicare Requirements		t Commissio valent Numb		Joint Commission Standards and Elements of Performance
		MS.07			rganized medical staff provides oversight for the quality of care, treatment, and es by recommending members for appointment to the medical staff.
		EP 1	Note: Medic	al sta	edical staff develops criteria for medical staff membership. aff membership and professional privileges are not dependent solely upon certification, mbership in a specialty body or society.
		EP 5	Membership	o is re	commended by the medical staff and granted by the governing body.
§482.22(a)(1)	TAG: A-0340	MS.01	.01.01 N	ledic	al staff bylaws address self-governance and accountability to the governing body.
(1) The medical staff mus	st periodically conduct appraisals of its members.	EP 5	The medica	l staf	f complies with the medical staff bylaws, rules and regulations, and policies.
		EP 6			edical staff enforces the medical staff bylaws, rules and regulations, and policies by ction to the governing body in certain circumstances and taking action in others.
		EP 14	3: The proc	ess fo for p	bylaws include the following requirements, in accordance with Element of Performance or privileging and re-privileging licensed independent practitioners, which may include rivileging and re-privileging other practitioners. (See also EM.02.02.13, EP 2 and 1)
		MS.03			rganized medical staff oversees the quality of patient care, treatment, and es provided by practitioners privileged through the medical staff process.
		EP 2			ctice only within the scope of their privileges as determined through mechanisms ganized medical staff.
		MS.06			ecision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is jective, evidence-based process.
		EP 3	All of the cri	teria	used are consistently evaluated for all practitioners holding that privilege.
		EP 7			ries the National Practitioner Data Bank (NPDB) when clinical privileges are initially ne of renewal of privileges, and when a new privilege(s) is requested.
		EP 8	 Medical/cli Technical Clinical jud Interperso Communid Profession Note: Peer each applica 	nical and c Igme nal sl cation alism recon ant's	ilinical skills nt sills skills

CFR Number §482.22(a)(1)	Medicare Requirements		Commissi valent Num		Joint Commission Standards and Elements of Performance
		EP 9	 Challeng Voluntary Voluntary Voluntary Voluntary Any evide a final judg Documer Relevant 	es to a v and i v and i v and i ence o ment ntation practi	nding privileges, the organized medical staff also evaluates the following: ny licensure or registration hvoluntary relinquishment of any license or registration hvoluntary termination of medical staff membership hvoluntary limitation, reduction, or loss of clinical privileges f an unusual pattern or an excessive number of professional liability actions resulting in against the applicant as to the applicant's health status ioner-specific data as compared to aggregate data, when available iortality data, when available
		EP 10			a process to determine whether there is sufficient clinical performance information to to grant, limit, or deny the requested privilege.
		EP 12			ding each practitioner's scope of privileges is updated as changes in clinical privileges mer are made.
		MS.06.		each	rganized medical staff reviews and analyzes all relevant information regarding equesting practitioner's current licensure status, training, experience, current etence, and ability to perform the requested privilege.
		EP 8	The govern denying pr		ody or delegated governing body committee has final authority for granting, renewing, or s.
		EP 9	Privileges	are gra	anted for a period not to exceed two years.
		MS.06.		privile	ecision to grant, limit, or deny an initially requested privilege or an existing ge petitioned for renewal is communicated to the requesting practitioner within ne frame specified in the medical staff bylaws.
		EP 1	Requesting	g prac	itioners are notified regarding the granting decision.
		EP 2	In the case	e of pri	vilege denial, the applicant is informed of the reason for denial.
		EP 3			rant, deny, revise, or revoke privilege(s) is disseminated and made available to all nal and external persons or entities, as defined by the hospital and applicable law.
		EP 4	The proces organized		isseminate all granting, modification, or restriction decisions is approved by the al staff.
		MS.08.		maint	ng professional practice evaluation information is factored into the decision to ain existing privilege(s), to revise existing privilege(s), or to revoke an existing ge prior to or at the time of renewal.
		EP 1			he ongoing professional practice evaluation includes the following: There is a clearly n place that facilitates the evaluation of each practitioner's professional practice.
		EP 2			he ongoing professional practice evaluation includes the following: The type of data to etermined by individual departments and approved by the organized medical staff.
		EP 3	from the o	ngoing	he ongoing professional practice evaluation includes the following: Information resulting professional practice evaluation is used to determine whether to continue, limit, or ng privilege(s).

CFR Number §482.22(a)(1)	Medicare Requirements		Commission		Joint Commission Standards and Elements of Performance
		MS.09.	on	rep	ganized medical staff, pursuant to the medical staff bylaws, evaluates and acts orted concerns regarding a privileged practitioner's clinical practice and/or etence.
		EP 1	body, has a c	lear	ed on recommendations by the organized medical staff and approval by the governing ly defined process for collecting, investigating, and addressing clinical practice lso RI.01.07.01, EPs 1, 2, 4, 6, 7, and 10)
		EP 2			ns regarding a privileged practitioner's professional practice are uniformly investigated s defined by the hospital and applicable law.
§482.22(a)(2)	TAG: A-0341	MS.01.	01.01 Me	dica	al staff bylaws address self-governance and accountability to the governing body.
staff membership and ma of these candidates in acc the medical staff bylaws, i by the medical staff and w	t examine the credentials of all eligible candidates for medical ke recommendations to the governing body on the appointment cordance with State law, including scope-of-practice laws, and rules, and regulations. A candidate who has been recommended who has been appointed by the governing body is subject to all s, and regulations, in addition to the requirements contained in	EP 13	3: Qualification Note: For host staff must be scope of prace	ons f spita con ctice and	bylaws include the following requirements, in accordance with Element of Performance for appointment to the medical staff. Is that use Joint Commission accreditation for deemed status purposes: The medical posed of doctors of medicine or osteopathy. In accordance with state law, including laws, the medical staff may also include other categories of physicians as listed at nonphysician practitioners who are determined to be eligible for appointment by the
		MS.02.	01.01 Th	ere	is a medical staff executive committee.
		EP 11	directly to the	e gov	executive committee makes recommendations, as defined in the medical staff bylaws, verning body on, at least, all of the following: The delineation of privileges for each aged through the medical staff process.
		MS.06.			ospital collects information regarding each practitioner's current license status, g, experience, competence, and ability to perform the requested privilege.
		EP 1	The hospital of	cred	entials applicants using a clearly defined process.
		EP 2	The credentia	aling	process is based on recommendations by the organized medical staff.
		EP 4	The credentia	aling	process is outlined in the medical staff bylaws.
		EP 6	whenever fea - The applicat at the time of - The applicat	nt's nt's lice nt's nt's	process requires that the hospital verifies in writing and from the primary source e, or from a credentials verification organization (CVO), the following information: current licensure at the time of initial granting, renewal, and revision of privileges, and nse expiration relevant training current competence 01.01, EP 1)
		MS.06.			ecision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is ective, evidence-based process.
		EP 1			pendent practitioners that provide care, treatment, and services possess a current on, or registration, as required by law and regulation.

CFR Number §482.22(a)(2)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 2	body, establishe services within the criteria: - Current licensu - The applicant's - Evidence of ph - Data from profe available) - Peer and/or fac	sed on recommendations by the organized medical staff and approval by the governing s criteria that determine a practitioner's ability to provide patient care, treatment, and he scope of the privilege(s) requested. Evaluation of all of the following are included in re and/or certification, as appropriate, verified with the primary source specific relevant training, verified with the primary source ysical ability to perform the requested privilege essional practice review by an organization(s) that currently privileges the applicant (if sulty recommendation g privileges, review of the practitioner's performance within the hospital
		EP 6	perform the privi Note: The applic documented in the statement that mean applicant's health their health statu staff at another he medicine or oste an applicant's ab	mits a statement that no health problems exist that could affect his or her ability to leges requested. ant's ability to perform privileges requested must be evaluated. This evaluation is he individual's credentials file. Such documentation may include the applicant's to health problems exist that could affect his or her practice. Documentation regarding an h status and his or her ability to practice should be confirmed. Initial applicants may have s confirmed by the director of a training program, the chief of services, or the chief of hospital at which the applicant holds privileges, or by a currently licensed doctor of opathy approved by the organized medical staff. In instances where there is doubt about illity to perform privileges requested, an evaluation by an external and internal source . The request for an evaluation rests with the organized medical staff.
		EP 8	 Medical/clinical Technical and o Clinical judgme Interpersonal s Communicatior Professionalisn Note: Peer recor each applicant's 	clinical skills nt kills n skills
		EP 9	 Challenges to a Voluntary and i Voluntary and i Voluntary and i Any evidence of a final judgment Documentation Relevant practi 	Inding privileges, the organized medical staff also evaluates the following: any licensure or registration involuntary relinquishment of any license or registration involuntary termination of medical staff membership involuntary limitation, reduction, or loss of clinical privileges of an unusual pattern or an excessive number of professional liability actions resulting in against the applicant as to the applicant's health status tioner-specific data as compared to aggregate data, when available nortality data, when available
		EP 12	Information rega for each practitic	rding each practitioner's scope of privileges is updated as changes in clinical privileges ner are made.

CFR Number §482.22(a)(2)	Medicare Requirements		: Commissi valent Numl		Joint Commission Standards and Elements of Performance
		MS.06.		each	rganized medical staff reviews and analyzes all relevant information regarding equesting practitioner's current licensure status, training, experience, current etence, and ability to perform the requested privilege.
		EP 8	The goverr denying pr		ody or delegated governing body committee has final authority for granting, renewing, o s.
		MS.06.		privile	ecision to grant, limit, or deny an initially requested privilege or an existing ge petitioned for renewal is communicated to the requesting practitioner within ne frame specified in the medical staff bylaws.
		EP 1	Requesting	g prac	itioners are notified regarding the granting decision.
		EP 2	In the case	of pr	vilege denial, the applicant is informed of the reason for denial.
		EP 3			rant, deny, revise, or revoke privilege(s) is disseminated and made available to all al and external persons or entities, as defined by the hospital and applicable law.
			The proces organized		isseminate all granting, modification, or restriction decisions is approved by the al staff.
					rganized medical staff provides oversight for the quality of care, treatment, and es by recommending members for appointment to the medical staff.
			Note: Medi	cal sta	edical staff develops criteria for medical staff membership. Iff membership and professional privileges are not dependent solely upon certification, mbership in a specialty body or society.
		EP 2			criteria are designed to assure the medical staff and governing body that patients will are, treatment, and services.
		EP 3			edical staff uses the criteria in appointing members to the medical staff and s not exceed a period of two years.
		EP 5	Membersh	ip is re	commended by the medical staff and granted by the governing body.
	ervices are furnished to the hospital's patients through an	MS.13.		the ca	iginating sites only: Licensed independent practitioners who are responsible for re, treatment, and services of the patient via telemedicine link are subject to the ntialing and privileging processes of the originating site.
are receiving the telemed paragraphs (a)(1) and (a) credentialing and privilegi recommendations on priv providing such services, i	site hospital, the governing body of the hospital whose patients licine services may choose, in lieu of the requirements in (2) of this section, to have its medical staff rely upon the ing decisions made by the distant-site hospital when making vileges for the individual distant-site physicians and practitioners if the hospital's governing body ensures, through its written nt-site hospital, that all of the following provisions are met:				
edicare Hospital Require		Page 73 c			© 2016 The Joint Commissi

CFR Number §482.22(a)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	
		 EP 1 All licensed independent practitioners who are responsible for the patient's care, treatment, and service via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms: The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license 1 is issued or recognized by the state in which the patient is receiving telemedicine services. Or The originating site may choose to use the credentialing and privileging decision from the distant sit to make a final privileging decision if all the following requirements are met: The distant site is a Joint Commission–accredited hospital or ambulatory care organization. The practitioner is privileged at the distant site for those services to be provided at the originating site with a current list of licensed independent practitioner's privileges. The originating site with a current list of licensed independent practitioner's vivileges. The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Jo Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner's or formation includes all adverse outcomes related to sentinel events considered reviewable by The Jo Commission that result from the a license that is issued or recognized by the state		
§482.22(a)(3)(i)			, treatment, and services provided through contractual agreement are provided y and effectively.	
(i) The distant-site hospit hospital.	tal providing the telemedicine services is a Medicare-participating			
Medicare Hospital Require	ements to 2016 Joint	Page 74 of 328	© 2016 The Joint Commission	

CFR Number §482.22(a)(3)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§462.22(a)(3)(I)		EP 23 For hospitals the services are fundistant site that - The distant site the distant site the Medicare Co - The originating providers' crede Participation at MS.13.01.01, El Note: For the lat Appendix A. If the originating telemedicine pro - The governing credentialing an through MS.06.0 - The governing	nguage of the Medicare Conditions of Participation pertaining to telemedicine, see g site chooses to use the credentialing and privileging decision of the distant-site ovider, then the following requirements apply: body of the distant site is responsible for having a process that is consistent with the nd privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 01.13). body of the originating site grants privileges to a distant site licensed independent ed on the originating site's medical staff recommendations, which rely on information

CFR Number §482.22(a)(3)(i)	Medicare Requirements	Joint Commiss Equivalent Nur		Joint Commission Standards and Elements of Performance
		MS.13.01.01	the c	riginating sites only: Licensed independent practitioners who are responsible for are, treatment, and services of the patient via telemedicine link are subject to the entialing and privileging processes of the originating site.
		via telem following 1. The or MS.06.0 Or 2. The or distant si is issued Or 3. The or to make - The dis - The dis - The ras provides - The originatii Note: Th confiden - The dis is receivi nformati Commiss licensed originatii Note: Th confiden - The dis sis receivi Note 1: I distant s MS.06.0 the Com Note 2: F at LD.04 credentia 42 CFR	edicine mecha iginatin 1.03 thr iginatin te is a correct or rect iginating tant site ctitione pitals the orig ginating s and sis atment, on inclusion tha indepen g site. is occu iality on the cat te mad 1.07 (epor or hosp 03.09, 03.09, 110g an ta2.12(pendent practitioners who are responsible for the patient's care, treatment, and services link are credentialed and privileged to do so at the originating site through one of the nisms: g site fully privileges and credentials the practitioner according to Standards ough MS.06.01.13. g site privileges practitioners using credentialing information from the distant site if the loint Commission–accredited organization. The distant-site practitioner has a license that grized by the state in which the patient is receiving telemedicine services. g site may choose to use the credentialing and privileging decision from the distant site privileging decision if all the following requirements are met: e is a Joint Commission–accredited hospital or ambulatory care organization. r is privileged at the distant site for those services to be provided at the originating site. hat use Joint Commission accreditation for deemed status purposes: The distant site ginating site with a current list of licensed independent practitioner's privileges. site has evidence of an internal review of the practitioner's performance of these ends to the distant site information that is useful to assess the practitioner's quality of and services for use in privileging and performance improvement. At a minimum, this des all adverse outcomes related to sentinel events considered reviewable by The Joint t result from the telemedicine services provided and complaints about the distant site inform patients, licensed independent practitioners, or staff at the See also LD.04.03.09, EP 9) is in a way consistent with any hospital policies or procedures intended to preserve any privilege of information established by applicable law. e practitioner has a license that is issued or recognized by the state in which the patient nedicine services. Isse of an accredited ambulatory care organization, the hospital must verify that the a its decision using the process described in Standards MS.06.01.03 through cluding EP 2 from MS.06.01.03). This is equivalent to meet
	site physician or practitioner is privileged at the distant-site	MS.13.01.01	the c	riginating sites only: Licensed independent practitioners who are responsible for are, treatment, and services of the patient via telemedicine link are subject to the entialing and privileging processes of the originating site.
	ospital providing the telemedicine services, which provides a current list of the distant- te physician's or practitioner's privileges at the distant-site hospital.			

CFR Number §482.22(a)(3)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		via telemedicin following mech 1. The originati MS.06.01.03 tf Or 2. The originati distant site is a is issued or rec Or 3. The originati to make a final - The distant si - The practition - For hospitals provides the or - The originatin privileges and care, treatmen information inc Commission th licensed indep originating site Note: This occ confidentiality of - The distant-si is receiving tele Note 1: In the of distant site ma MS.06.01.07 (et the Comprehet Note 2: For hos at LD.04.03.09 credentialing a	dependent practitioners who are responsible for the patient's care, treatment, and services the link are credentialed and privileged to do so at the originating site through one of the transms: ing site fully privileges and credentials the practitioner according to Standards through MS.06.01.13. The service of the provided at the practitioner according to Standards the a Joint Commission-accredited organization. The distant-site practitioner has a license that cognized by the state in which the patient is receiving telemedicine services. In giste may choose to use the credentialing and privileging decision from the distant site privileging decision if all the following requirements are met: the is a Joint Commission-accredited hospital or ambulatory care organization. Her is privileged at the distant site for those services to be provided at the originating site. that use Joint Commission accreditation for deemed status purposes: The distant site figinating site with a current list of licensed independent practitioner's privileges. Ig site has evidence of an internal review of the practitioner's performance of these sends to the distant site information that is useful to assess the practitioner's quality of t, and services for use in privileging and performance improvement. At a minimum, this ludes all adverse outcomes related to sentinel events considered reviewable by The Joint that result from the telemedicine services provided and complaints about the distant site endent practitioner from patients, licensed independent practitioners, or staff at the (See also LD.04.03.09, EP 9) urs in a way consistent with any hospital policies or procedures intended to preserve any or privilege of information established by applicable law. the practitioner has a license that is issued or recognized by the state in which the patient emedicine services. Case of an accredited ambulatory care organization, the hospital must verify that the de its decision using the process described in Standards MS.06.01.03 through ac
§482.22(a)(3)(iii) (iii) The individual distant	t-site physician or practitioner holds a license issued or	the	originating sites only: Licensed independent practitioners who are responsible for care, treatment, and services of the patient via telemedicine link are subject to the dentialing and privileging processes of the originating site.
recognized by the State telemedicine services is	in which the hospital whose patients are receiving the located.		
Medicare Hospital Require	amonte to 2016 Joint	Page 77 of 328	© 2016 The Joint Commission

CFR Number §482.22(a)(3)(iii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance		
		 EP 1 All licensed independent practitioners who are responsible for the patient's care, treatment, and ser via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms: The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or The originating site privileges practitioners using credentialing information from the distant site if distant site is a Joint Commission-accredited organization. The distant-site practitioner has a licens is issued or recognized by the state in which the patient is receiving telemedicine services. Or The originating site may choose to use the credentialing and privileging decision from the distant to make a final privileging decision if all the following requirements are met:			
§482.22(a)(3)(iv)			originating sites only: Licensed independent practitioners who are responsible for care, treatment, and services of the patient via telemedicine link are subject to the		
the hospital whose patie evidence of an internal r of these privileges and s use in the periodic appra this information must inc provided by the distant-s	stant-site physician or practitioner, who holds current privileges at ents are receiving the telemedicine services, the hospital has review of the distant-site physician's or practitioner's performance sends the distant-site hospital such performance information for aisal of the distant-site physician or practitioner. At a minimum, clude all adverse events that result from the telemedicine services site physician or practitioner to the hospital's patients and all has received about the distant-site physician or practitioner.		lentialing and privileging processes of the originating site.		

CFR Number §482.22(a)(3)(iv)	Medicare Requirements	Joint Commis Equivalent Nu		Joint Commission Standards and Elements of Performance
		via teler followin 1. The o MS.06.0 Or 2. The o distant 3 is issue Or 3. The o to make - The di - The pr - For ho provides - The or privilege care, tre informa Commis licensed originati Note: Th confider - The di is receiv Note 1: distant 3 MS.06.0 the Con Note 2: at LD.04 credent 42 CFR	nedicine g mecha originatin 01.03 thr originatin site is a d or recc originatine a final p stant site actitione spitals ti actitione spitals ti site originating s and s beatment, tion inclus sion that d indepe ng site. nis occu nis occu tiality on stant-site in the ca site mad 01.07 (ex oprehens For hos 4.03.09, aling an 482.12(pendent practitioners who are responsible for the patient's care, treatment, and services link are credentialed and privileged to do so at the originating site through one of the nisms: g site fully privileges and credentials the practitioner according to Standards ough MS.06.01.13. g site privileges practitioners using credentialing information from the distant site if the Joint Commission–accredited organization. The distant-site practitioner has a license that organized by the state in which the patient is receiving telemedicine services. g site may choose to use the credentialing and privileging decision from the distant site privileging decision if all the following requirements are met: e is a Joint Commission–accredited hospital or ambulatory care organization. r is privileged at the distant site for those services to be provided at the originating site. hat use Joint Commission accreditation for deemed status purposes: The distant site privileging site with a current list of licensed independent practitioner's privileges. site has evidence of an internal review of the practitioner's performance of these ends to the distant site information that is useful to assess the practitioner's quality of and services for use in privileging and performance improvement. At a minimum, this dees all adverse outcomes related to sentinel events considered reviewable by The Joint t result from the telemedicine services provided and complaints about the distant site index sla outcomes related to sentinel events considered to preserve any privilege of information established by applicable law. e practitioner from patients, licensed independent practitioners, or staff at the (See also LD.04.03.09, EP 9) s in a way consistent with any hospital policies or procedures intended to preserve any privilege of information established by applicable law. e practitioner has a license that is issued or recognized by the state in which the patient nedicine services. use of an accredited ambulatory care organization, the hospital must ve
§482.22(a)(4)		LD.04.03.09		treatment, and services provided through contractual agreement are provided and effectively.
agreement with a distant- whose patients are receiv	rvices are furnished to the hospital's patients through an site telemedicine entity, the governing body of the hospital <i>v</i> ing the telemedicine services may choose, in lieu of the			and medical staff have an opportunity to provide advice about the sources of clinical rovided through contractual agreement.
upon the credentialing an entity when making recor	equirements in paragraphs (a)(1) and (a)(2) of this section, to have its medical staff rely pon the credentialing and privileging decisions made by the distant-site telemedicine ntity when making recommendations on privileges for the individual distant-site	EP 2 The hos agreem		cribes, in writing, the nature and scope of services provided through contractual
ensures, through its writte distant-site telemedicine permit the hospital to con contracted services. The	Physicians and practitioners providing such services, if the hospital's governing body ensures, through its written agreement with the distant-site telemedicine entity, that the distant-site telemedicine entity furnishes services that, in accordance with §482.12(e), permit the hospital to comply with all applicable conditions of participation for the contracted services. The hospital's governing body must also ensure, through its written agreement with the distant-site telemedicine entity, that all of the following provisions are net:		ated lead	ers approve contractual agreements.

CFR Number §482.22(a)(4)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 4	services. Note 1: In most of agreement must described in the Note 2: For hosp the hospital cont provided off site, - Verify that all lin services have ap - Specify in the w provided by licer Note 3: For hosp	contracted services by establishing expectations for the performance of the contracted cases, each licensed independent practitioner providing services through a contractual be credentialed and privileged by the hospital using their services following the process "Medical Staff" (MS) chapter. itals that do not use Joint Commission accreditation for deemed status purposes: When racts with another accredited organization for patient care, treatment, and services to be it can do the following: censed independent practitioners who will be providing patient care, treatment, and propriate privileges by obtaining, for example, a copy of the list of privileges. <i>r</i> itten agreement that the contracted organization will ensure that all contracted services ised independent practitioners will be within the scope of their privileges. itals that use Joint Commission accreditation for deemed status purposes: The leaders contracted services are the governing body.
		EP 5	contracted service	contracted services by communicating the expectations in writing to the provider of the ces. escription of the expectations can be provided either as part of the written agreement or
		EP 6	Leaders monitor expectations.	contracted services by evaluating these services in relation to the hospital's
		EP 23	services are furn distant site that s - The distant site - The distant site - The distant site the Medicare Co - The originating providers' creder Participation at 4 MS.13.01.01, EF Note: For the lar Appendix A. If the originating telemedicine pro - The governing credentialing and through MS.06.0 - The governing	guage of the Medicare Conditions of Participation pertaining to telemedicine, see site chooses to use the credentialing and privileging decision of the distant-site vider, then the following requirements apply: body of the distant site is responsible for having a process that is consistent with the d privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 1.13). body of the originating site grants privileges to a distant site licensed independent d on the originating site's medical staff recommendations, which rely on information

CFR Number §482.22(a)(4)	Medicare Requirements		Commissio alent Numb		Joint Commission Standards and Elements of Performance
		MS.13.	tł	ne ca	iginating sites only: Licensed independent practitioners who are responsible for re, treatment, and services of the patient via telemedicine link are subject to the ntialing and privileging processes of the originating site.
		via telemedici following mec 1. The origina MS.06.01.03 f Or 2. The origina distant site is is issued or re Or 3. The origina to make a fina - The distant s - The distant s - The distant s - The practitio - For hospitals provides the c - The originati privileges and care, treatmen information in Commission t licensed indep originating site Note: This occ confidentiality - The distant-s is receiving te Note 1: In the distant site ma MS.06.01.07 the Comprete Note 2: For ho at LD.04.03.0 credentialing a			pendent practitioners who are responsible for the patient's care, treatment, and services link are credentialed and privileged to do so at the originating site through one of the hisms: g site fully privileges and credentials the practitioner according to Standards upt MS.06.01.13. g site privileges practitioners using credentialing information from the distant site if the oint Commission–accredited organization. The distant-site practitioner has a license that gnized by the state in which the patient is receiving telemedicine services. g site may choose to use the credentialing and privileging decision from the distant site frivileging decision if all the following requirements are met: is a Joint Commission–accredited hospital or ambulatory care organization. is privileged at the distant site for those services to be provided at the originating site. at use Joint Commission accredited independent practitioner's privileges. site has evidence of an internal review of the practitioner's performance of these nds to the distant site information that is useful to assess the practitioner's quality of and services for use in privileging and performance improvement. At a minimum, this des all adverse outcomes related to sentinel events considered reviewable by The Joint result from the telemedicine services provided and complaints about the distant site dent practitioner from patients, licensed independent practitioners, or staff at the See also LD.04.03.09, EP 9) s in a way consistent with any hospital policies or procedures intended to preserve any privilege of information established by applicable law. practitioner has a license that is issued or recognized by the state in which the patient tedicine services. se of an accredited ambulatory care organization, the hospital must verify that the its decision using the process described in Standards MS.06.01.03 through cluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in ive Accreditation Manual for Ambulatory Care. itals that use Joint
§482.22(a)(4)(i)		LD.04.0			treatment, and services provided through contractual agreement are provided and effectively.
	edicine entity's medical staff credentialing and privileging process neet the standards at §482.12(a)(1) through (a)(7) and a)(2).	EP 2	The hospital agreements		cribes, in writing, the nature and scope of services provided through contractual
Medicare Hospital Require	ements to 2016 Joint	Page 81 c	of 328		© 2016 The Joint Commission

CFR Number §482.22(a)(4)(i)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance
		EP 4	services. Note 1: In most agreement must described in the Note 2: For hosp the hospital cont provided off site, - Verify that all li services have ag - Specify in the v provided by licer Note 3: For hosp	r contracted services by establishing expectations for the performance of the contracted cases, each licensed independent practitioner providing services through a contractual to be credentialed and privileged by the hospital using their services following the process "Medical Staff" (MS) chapter. Ditals that do not use Joint Commission accreditation for deemed status purposes: When tracts with another accredited organization for patient care, treatment, and services to be , it can do the following: censed independent practitioners who will be providing patient care, treatment, and opropriate privileges by obtaining, for example, a copy of the list of privileges. written agreement that the contracted organization will ensure that all contracted services need independent practitioners will be within the scope of their privileges. Ditals that use Joint Commission accreditation for deemed status purposes: The leaders contracted services are the governing body.
		EP 23	services are furr distant site that s - The distant site - The distant site the Medicare Co - The originating providers' crede Participation at 4 MS.13.01.01, EF Note: For the lar Appendix A. If the originating telemedicine pro - The governing credentialing and through MS.06.0 - The governing	nguage of the Medicare Conditions of Participation pertaining to telemedicine, see site chooses to use the credentialing and privileging decision of the distant-site ovider, then the following requirements apply: body of the distant site is responsible for having a process that is consistent with the d privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 01.13). body of the originating site grants privileges to a distant site licensed independent ed on the originating site's medical staff recommendations, which rely on information

CFR Number §482.22(a)(4)(i)	Medicare Requirements	Joint Commissi Equivalent Numl		Joint Commission Standards and Elements of Performance
			the ca	riginating sites only: Licensed independent practitioners who are responsible for are, treatment, and services of the patient via telemedicine link are subject to the ntialing and privileging processes of the originating site.
		via telemen following m 1. The orig MS.06.01.4 Or 2. The orig distant site is issued o Or 3. The orig to make a - The dista - The dista - The dista - The origit provides th - The origit privileges a care, treath information Commissic licensed in originating Note: This confidentia - The dista is receiving Note 1: In distant site MS.06.01.0 the Compr Note 2: Fo at LD.04.0 credentialit 42 CFR 48	dicine hecha inatin 03 thr inatin is a r recc inatin final p nt site titione titals the eorig and sc ment, n inclu on tha deper site. I occum lity or (ex ehens r hosp 3.09, n g an 2.12(pendent practitioners who are responsible for the patient's care, treatment, and services link are credentialed and privileged to do so at the originating site through one of the nisms: g site fully privileges and credentials the practitioner according to Standards bough MS.06.01.13. g site privileges practitioners using credentialing information from the distant site if the loint Commission–accredited organization. The distant-site practitioner has a license tha gnized by the state in which the patient is receiving telemedicine services. g site may choose to use the credentialing and privileging decision from the distant site vivileging decision if all the following requirements are met: e is a Joint Commission–accredited hospital or ambulatory care organization. r is privileged at the distant site for those services to be provided at the originating site. nat use Joint Commission accreditation for deemed status purposes: The distant site inating site with a current list of licensed independent practitioner's privileges. site has evidence of an internal review of the practitioner's performance of these ends to the distant site information that is useful to assess the practitioner's quality of and services for use in privileging and performance improvement. At a minimum, this des all adverse outcomes related to sentinel events considered reviewable by The Joint t result from the telemedicine services provided and complaints about the distant site inform patients, licensed independent practitioners, or staff at the See also LD.04.03.09, EP 9) is in a way consistent with any hospital policies or procedures intended to preserve any privilege of information established by applicable law. e practitioner has a license that is issued or recognized by the state in which the patient nedicine services. Ise of an accredited ambulatory care organization, the hospital must verify that the a its decision using the process described in Standards MS.06.01.03 through cluding EP 2 from MS.06.01.03). This is equivalent to meeting
§482.22(a)(4)(ii) (ii) The individual distant	-site physician or practitioner is privileged at the distant-site	-	the ca	riginating sites only: Licensed independent practitioners who are responsible for are, treatment, and services of the patient via telemedicine link are subject to the ntialing and privileging processes of the originating site.
telemedicine entity provi	ding the telemedicine services, which provides the hospital with a site physician's or practitioner's privileges at the distant-site			
Medicare Hospital Require	aments to 2016 Joint	Page 83 of 328		© 2016 The Joint Commission

CFR Number §482.22(a)(4)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		via telemedicir following mech 1. The originat MS.06.01.03 t Or 2. The originat distant site is a is issued or re Or 3. The originat to make a fina - The distant s - The practition - For hospitals provides the o - The originatin privileges and care, treatmen information into Commission th licensed indep originating site Note: This occ confidentiality - The distant-s is receiving tel Note 1: In the distant site ma MS.06.01.07 (the Comprehe Note 2: For ho at LD.04.03.09 credentialing 42 CFR 482.12	dependent practitioners who are responsible for the patient's care, treatment, and services ne link are credentialed and privileged to do so at the originating site through one of the nanisms: ing site fully privileges and credentials the practitioner according to Standards hrough MS.06.01.13. ting site privileges practitioners using credentialing information from the distant site if the a Joint Commission–accredited organization. The distant-site practitioner has a license that cognized by the state in which the patient is receiving telemedicine services. ting site may choose to use the credentialing and privileging decision from the distant site l privileging decision if all the following requirements are met: ite is a Joint Commission–accredited hospital or ambulatory care organization. her is privileged at the distant site for those services to be provided at the originating site. that use Joint Commission accreditation for deemed status purposes: The distant site riginating site with a current list of licensed independent practitioners' privileges. ng site has evidence of an internal review of the practitioner's performance of these sends to the distant site information that is useful to assess the practitioner's quality of it, and services for use in privileging and performance improvement. At a minimum, this cludes all adverse outcomes related to sentinel events considered reviewable by The Joint hat result from the telemedicine services provided and complaints about the distant site endent practitioner from patients, licensed independent practitioners, or staff at the e. (See also LD.04.03.09, EP 9) turs in a way consistent with any hospital policies or procedures intended to preserve any or privilege of information established by applicable law. .ite practitioner has a license that is issued or recognized by the state in which the patient emedicine services. .case of an accredited ambulatory care organization, the hospital must verify that the add its decision using the process described in Standards M
	t-site physician or practitioner holds a license issued or		originating sites only: Licensed independent practitioners who are responsible for care, treatment, and services of the patient via telemedicine link are subject to the dentialing and privileging processes of the originating site.
telemedicine services is	in which the hospital whose patients are receiving such located.		

CFR Number §482.22(a)(4)(iii)	Medicare Requirements	Joint Commission Equivalent Number	
		via telemedici following mec 1. The original MS.06.01.03 Or 2. The original distant site is is issued or re Or 3. The original to make a fina - The distant si - The distant si - The practitic - For hospitals provides the o - The originat privileges and care, treatme information in Commission t licensed indep originating sit Note: This oc confidentiality - The distant- is receiving te Note 1: In the distant site m MS.06.01.07 the Comprete Note 2: For h at LD.04.03.0 credentialing 42 CFR 482.1	dependent practitioners who are responsible for the patient's care, treatment, and services ne link are credentialed and privileged to do so at the originating site through one of the hanisms: ting site fully privileges and credentials the practitioner according to Standards through MS.06.01.13. ting site privileges practitioners using credentialing information from the distant site if the a Joint Commission–accredited organization. The distant-site practitioner has a license that to cognized by the state in which the patient is receiving telemedicine services. ting site may choose to use the credentialing and privileging decision from the distant site a privileging decision if all the following requirements are met: site is a Joint Commission–accredited hospital or ambulatory care organization. ner is privileged at the distant site for those services to be provided at the originating site. Is that use Joint Commission accreditation for deemed status purposes: The distant site or those services to be provided at the originating site. Is that use Joint Commission accreditation for deemed status purposes. The distant site or the ase vidence of an internal review of the practitioner's performance of these sends to the distant site information that is useful to assess the practitioner's quality of nt, and services for use in privileging and performance improvement. At a minimum, this cludes all adverse outcomes related to sentinel events considered reviewable by The Joint hat result from the telemedicine services provided and complaints about the distant site beendent practitioner from patients, licensed independent practitioner's or staff at the e. (See also LD.04.03.09, EP 9) curs in a way consistent with any hospital policies or procedures intended to preserve any or privilege of information established by applicable law. Site practitioner has a license that is issued or recognized by the state in which the patient devices. See also LD.04.03.09, EP 9) curs in a way consistent with any hospital policies or proced
the hospital whose patie evidence of an internal r of these privileges and s information for use in the a minimum, this informa telemedicine services pr	stant-site physician or practitioner, who holds current privileges at ents are receiving the telemedicine services, the hospital has eview of the distant-site physician's or practitioner's performance sends the distant-site telemedicine entity such performance e periodic appraisal of the distant-site physician or practitioner. At tion must include all adverse events that result from the rovided by the distant-site physician or practitioner to the hospital's ints the hospital has received about the distant-site physician or	the	r originating sites only: Licensed independent practitioners who are responsible for care, treatment, and services of the patient via telemedicine link are subject to the dentialing and privileging processes of the originating site.
		J	

CFR Number §482.22(a)(4)(iv)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 1	via telemedicine following mecha 1. The originatin MS.06.01.03 the Or 2. The originatin distant site is a is issued or reco Or 3. The originatin to make a final (- The distant site - The distant site - The originating privileges and s care, treatment, information inclu Commission tha licensed indepe originating site. Note: This occu confidentiality o - The distant-sit is receiving tele Note 1: In the ca distant site mad MS.06.01.07 (ex the Comprehen Note 2: For hos at LD.04.03.09, credentialing an 42 CFR 482.120	pendent practitioners who are responsible for the patient's care, treatment, and services e link are credentialed and privileged to do so at the originating site through one of the misms: g site fully privileges and credentials the practitioner according to Standards ough MS.06.01.13. If g site privileges practitioners using credentialing information from the distant site if the Joint Commission-accredited organization. The distant-site practitioner has a license that ognized by the state in which the patient is receiving telemedicine services. If g site may choose to use the credentialing and privileging decision from the distant site privileging decision if all the following requirements are met: e is a Joint Commission-accredited hospital or ambulatory care organization. r is privileged at the distant site for those services to be provided at the originating site. hat use Joint Commission accreditation for deemed status purposes: The distant site ginating site with a current list of licensed independent practitioner's privileges. If has evidence of an internal review of the practitioner's performance of these ends to the distant site information that is useful to assess the practitioner's quality of and services for use in privileging and performance improvement. At a minimum, this udes all adverse outcomes related to sentinel events considered reviewable by The Joint at result from the telemedicine services provided and complaints about the distant site nedent practitioner from patients, licensed independent practitioners, or staff at the (See also LD.04.03.09, EP 9) rs in a way consistent with any hospital policies or procedures intended to preserve any r privilege of information established by applicable law. e practitioner has a license that is issued or recognized by the state in which the patient medicine services. ase of an accredited ambulatory care organization, the hospital must verify that the e its decision using the process described in Standards MS.06.01.03 through coluding EP 2 from MS.06.01.0
§482.22(b)	TAG: A-0347	LD.01.0		nospital has an organized medical staff that is accountable to the governing body.
	dical Staff Organization and Accountability	EP 4	0 0	body approves the structure of the organized medical staff.
	e well organized and accountable to the governing body for the re provided to the patients.	EP 5	The organized r individuals with	nedical staff oversees the quality of care, treatment and services provided by those clinical privileges.
		EP 6	The organized r	nedical staff is accountable to the governing body.
§482.22(b)(1)	TAG: A-0347	LD.01.0	05.01 The I	nospital has an organized medical staff that is accountable to the governing body.
(1) The medical staff mus	st be organized in a manner approved by the governing body.	EP 4	The governing b	body approves the structure of the organized medical staff.

CFR Number §482.22(b)(1)	Medicare Requirements		Commission	Joint Commission Standards and Elements of Performance
		MS.01.	.01.01 Mec	ical staff bylaws address self-governance and accountability to the governing body.
		EP 12		aff bylaws include the following requirements, in accordance with Element of Performance e of the medical staff.
§482.22(b)(2)	TAG: A-0347	MS.02.	01.01 The	re is a medical staff executive committee.
	as an executive committee, a majority of the members of the ors of medicine or osteopathy	EP 4		voting medical staff executive committee members are fully licensed doctors of medicine actively practicing in the hospital.
§482.22(b)(3)	TAG: A-0347			
(3) The responsibility for only to one of the following	organization and conduct of the medical staff must be assigned ng:			
§482.22(b)(3)(i)	TAG: A-0347	LD.01.	05.01 The	hospital has an organized medical staff that is accountable to the governing body.
(i) An individual doctor o	f medicine or osteopathy.	EP 7	or osteopathy,	nat use Joint Commission accreditation for deemed status purposes: A doctor of medicine or, if permitted by state law, a doctor of dental surgery or dental medicine, or a doctor of sine is responsible for the organization and conduct of the medical staff.
§482.22(b)(3)(ii)	TAG: A-0347	LD.01.	05.01 The	hospital has an organized medical staff that is accountable to the governing body.
(ii) A doctor of dental su in which the hospital is lo	rgery or dental medicine, when permitted by State law of the State pocated.	EP 7	or osteopathy,	hat use Joint Commission accreditation for deemed status purposes: A doctor of medicine or, if permitted by state law, a doctor of dental surgery or dental medicine, or a doctor of sine is responsible for the organization and conduct of the medical staff.
§482.22(b)(3)(iii)	TAG: A-0347	LD.01.	05.01 The	hospital has an organized medical staff that is accountable to the governing body.
(iii) A doctor of podiatric hospital is located.	medicine, when permitted by State law of the State in which the	EP 7	or osteopathy,	nat use Joint Commission accreditation for deemed status purposes: A doctor of medicine or, if permitted by state law, a doctor of dental surgery or dental medicine, or a doctor of cine is responsible for the organization and conduct of the medical staff.
§482.22(b)(4)	TAG: A-0348			
hospitals and the system member hospitals, after	a hospital system consisting of multiple separately certified n elects to have a unified and integrated medical staff for its determining that such a decision is in accordance with all al laws, each separately certified hospital must demonstrate that:			
§482.22(b)(4)(i)	TAG: A-0349	MS.01.	.01.01 Med	ical staff bylaws address self-governance and accountability to the governing body.
all medical staff membe	mbers of each separately certified hospital in the system (that is, rs who hold specific privileges to practice at that hospital) have	EP 12		aff bylaws include the following requirements, in accordance with Element of Performance e of the medical staff.
integrated medical staff	ordance with medical staff bylaws, either to accept a unified and structure or to opt out of such a structure and to maintain a adical staff for their respective hospital;	EP 17		aff bylaws include the following requirements, in accordance with Element of Performance n of those members of the medical staff who are eligible to vote.
Medicare Hospital Require	ements to 2016 Joint	Page 87 o	of 328	© 2016 The Joint Commission

CFR Number §482.22(b)(4)(i)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		MS.01.	Multil	ospitals that use Joint Commission accreditation for deemed status purposes: hospital systems can choose to establish a unified and integrated medical staff in dance with state and local laws.
		EP 1	system with sep the following occ have a unified an hospital (that is, voted by majority	at use Joint Commission accreditation for deemed status purposes: If a multihospital arately accredited hospitals chooses to establish a unified and integrated medical staff, curs: Each separately accredited hospital within a multihospital system that elects to nd integrated medical staff demonstrates that the medical staff members of each all medical staff members who hold privileges to practice at that specific hospital) have y either to accept the unified and integrated medical staff structure or to opt out of such a aintain a separate and distinct medical staff for their hospital.
§482.22(b)(4)(ii)	TAG: A-0350	MS.01.	01.01 Media	cal staff bylaws address self-governance and accountability to the governing body.
	rated medical staff has bylaws, rules, and requirements that	EP 5	The medical stat	ff complies with the medical staff bylaws, rules and regulations, and policies.
oversight, as well as its which include a process	or self-governance, appointment, credentialing, privileging, and peer review policies and due process rights guarantees, and for the members of the medical staff of each separately certified ical staff members who hold specific privileges to practice at that	EP 6		nedical staff enforces the medical staff bylaws, rules and regulations, and policies by action to the governing body in certain circumstances and taking action in others.
hospital) to be advised of	of their rights to opt out of the unified and integrated medical staff vote by the members to maintain a separate and distinct medical	EP 7	The governing b approved by the	ody upholds the medical staff bylaws, rules and regulations, and policies that have been governing body.
		EP 12		ff bylaws include the following requirements, in accordance with Element of Performance of the medical staff.
		EP 13	3: Qualifications Note: For hospit staff must be co scope of practice	If bylaws include the following requirements, in accordance with Element of Performance for appointment to the medical staff. als that use Joint Commission accreditation for deemed status purposes: The medical mposed of doctors of medicine or osteopathy. In accordance with state law, including e laws, the medical staff may also include other categories of physicians as listed at I nonphysician practitioners who are determined to be eligible for appointment by the
		EP 14	3: The process f	ff bylaws include the following requirements, in accordance with Element of Performance or privileging and re-privileging licensed independent practitioners, which may include privileging and re-privileging other practitioners. (See also EM.02.02.13, EP 2 and P 1)
		EP 15	bylaws include the the duties and p Note: Solely for "privileges" to m provide patient c is to have specif	at use Joint Commission accreditation for deemed status purposes: The medical staff the following requirements, in accordance with Element of Performance 3: A statement of rivileges related to each category of the medical staff (for example, active, courtesy). the purposes of this element of performance, The Joint Commission interprets the word ean the duties and prerogatives of each category, and not the clinical privileges to are, treatment, and services related to each category. Each member of the medical staff ic clinical privileges to provide care, treatment, and services authorized through the fied in Standards MS.06.01.03, MS.06.01.05, and MS.06.01.07.
		EP 17		ff bylaws include the following requirements, in accordance with Element of Performance of those members of the medical staff who are eligible to vote.
		EP 22	That the medi	If bylaws include the following requirements, in accordance with Element of Performance cal executive committee includes physicians and may include other practitioners and uals as determined by the organized medical staff.
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CFR Number §482.22(b)(4)(ii)	Medicare Requirements		Commissic alent Numb		Joint Commission Standards and Elements of Performance
		EP 26	3: The proc	ess fo	bylaws include the following requirements, in accordance with Element of Performance r credentialing and re-credentialing licensed independent practitioners, which may ss for credentialing and re-credentialing other practitioners.
		EP 27			bylaws include the following requirements, in accordance with Element of Performance r appointment and re-appointment to membership on the medical staff.
		EP 34	3: The fair f include: - The proce	nearin ss for	bylaws include the following requirements, in accordance with Element of Performance g and appeal process (refer to Standard MS.10.01.01), which at a minimum shall scheduling hearings and appeals conducting hearings and appeals
		EP 37	system has staff memb privileges to integrated r	a uni ers at prac nedic	use Joint Commission accreditation for deemed status purposes: When a multihospital fied and integrated medical staff, the bylaws describe the process by which medical each separately accredited hospital (that is, all medical staff members who hold tice at that specific hospital) are advised of their right to opt out of the unified and al staff structure after a majority vote by the members to maintain a separate and taff for their respective hospital.
§482.22(b)(4)(iii)	TAG: A-0351 rated medical staff is established in a manner that takes into	MS.01.	Mult		spitals that use Joint Commission accreditation for deemed status purposes: ospital systems can choose to establish a unified and integrated medical staff in lance with state and local laws.
account each member ho	ospital's unique circumstances and any significant differences in services offered in each hospital; and	EP 2	For hospita system with the followin	Is that sepa	use Joint Commission accreditation for deemed status purposes: If a multihospital rately accredited hospitals chooses to establish a unified and integrated medical staff, urs: The unified and integrated medical staff takes into account each member hospital's nees and any significant differences in patient populations and services offered in each
§482.22(b)(4)(iv)	TAG: A-0352 rated medical staff establishes and implements policies and	MS.01.	N	Nultih	spitals that use Joint Commission accreditation for deemed status purposes: ospital systems can choose to establish a unified and integrated medical staff in lance with state and local laws.
procedures to ensure that staff, at each of its separ given due consideration,	It the needs and concerns expressed by members of the medical ately certified hospitals, regardless of practice or location, are and that the unified and integrated medical staff has ensure that issues localized to particular hospitals are duly	EP 3	For hospita system with the followin procedures	ls that sepa g occ to ma	use Joint Commission accreditation for deemed status purposes: If a multihospital rately accredited hospitals chooses to establish a unified and integrated medical staff, urs: The unified and integrated medical staff establishes and implements policies and uke certain that the needs and concerns expressed by members of the medical staff at ately accredited hospitals, regardless of practice or location, are given due consideration.
		EP 4	system with the followin	n sepa g occ	use Joint Commission accreditation for deemed status purposes: If a multihospital rately accredited hospitals chooses to establish a unified and integrated medical staff, urs: The unified and integrated medical staff has mechanisms in place to make certain zed to particular hospitals within the system are duly considered and addressed.
§482.22(c)	TAG: A-0353	MS.01.	01.01 N	Nedic	al staff bylaws address self-governance and accountability to the governing body.
§482.22(c) Standard: Me	dical Staff Bylaws	EP 1	The organiz	zed m	edical staff develops medical staff bylaws, rules and regulations, and policies.
8 ()		1			

CFR Number §482.22(c)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance	
		EP 2	medical staff b the proposed b governing body body's authorit	medical staff adopts and amends medical staff bylaws. Adoption or amendment of ylaws cannot be delegated. After adoption or amendment by the organized medical staff, bylaws are submitted to the governing body for action. Bylaws become effective only upon y approval. (See the "Leadership" (LD) chapter for requirements regarding the governing y and conflict management processes. See Element of Performance 17 for information on staff members are eligible to vote.)	
		EP 5	The medical st	aff complies with the medical staff bylaws, rules and regulations, and policies.	
		EP 6		medical staff enforces the medical staff bylaws, rules and regulations, and policies by gaction to the governing body in certain circumstances and taking action in others.	
§482.22(c)(1)	TAG: A-0354	MS.01.	01.01 Med	lical staff bylaws address self-governance and accountability to the governing body.	
[The bylaws must:] (1) Be approved by the g	governing body.	EP 2	EP 2 The organized medical staff adopts and amends medical staff bylaws. Adoption or amendri medical staff bylaws cannot be delegated. After adoption or amendment by the organized the proposed bylaws are submitted to the governing body for action. Bylaws become effec governing body approval. (See the "Leadership" (LD) chapter for requirements regarding th body's authority and conflict management processes. See Element of Performance 17 for which medical staff members are eligible to vote.)		
		EP 3	hent set forth in Elements of Performance 12 through 36 is in the medical staff bylaws. ments may have associated details, some of which may be extensive; such details may hedical staff bylaws, rules and regulations, or policies. The organized medical staff adopts as the associated details, where they reside, and whether their adoption can be delegated. sociated details that reside in medical staff bylaws cannot be delegated. For those erformance 12 through 36 that require a process, the medical staff bylaws include at a basic steps, as determined by the organized medical staff and approved by the governing for implementation of the requirement. The organized medical staff submits its proposals ng body for action. Proposals become effective only upon governing body approval. (See p" (LD) chapter for requirements regarding the governing body's authority and conflict processes.) anization is found to be out of compliance with this Element of Performance, the citation e appropriate Element(s) of Performance 12 through 36.		
		EP 7		body upholds the medical staff bylaws, rules and regulations, and policies that have been be governing body.	
§482.22(c)(2)	TAG: A-0355	MS.01.	01.01 Med	lical staff bylaws address self-governance and accountability to the governing body.	
[The bylaws must:]		EP 15		hat use Joint Commission accreditation for deemed status purposes: The medical staff the following requirements, in accordance with Element of Performance 3: A statement of	
(2) Include a statement of active, courtesy, etc.)	of the duties and privileges of each category of medical staff (e.g.,		the duties and Note: Solely for "privileges" to provide patient is to have spec	privileges related to each category of the medical staff (for example, active, courtesy). or the purposes of this element of performance, The Joint Commission interprets the word mean the duties and prerogatives of each category, and not the clinical privileges to a care, treatment, and services related to each category. Each member of the medical staff cific clinical privileges to provide care, treatment, and services authorized through the cified in Standards MS.06.01.03, MS.06.01.05, and MS.06.01.07.	
§482.22(c)(3)	TAG: A-0356	MS.01.	01.01 Med	lical staff bylaws address self-governance and accountability to the governing body.	
[The bylaws must:]					
Medicare Hospital Require	amonto to 2016, Joint	Page 90 c	4 2 2 0	© 2016 The Joint Commission	

CFR Number §482.22(c)(3)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
(3) Describe the organiza	ation of the medical staff.	EP 12		aff bylaws include the following requirements, in accordance with Element of Performance e of the medical staff.
§482.22(c)(4)	TAG: A-0357	MS.01.0	01.01 Med	ical staff bylaws address self-governance and accountability to the governing body.
[The bylaws must:] (4) Describe the qualifications to be met by a candidate in order for the medical staff to recommend that the candidate be appointed by the governing body.		EP 13	3: Qualification Note: For hosp staff must be c scope of practi	aff bylaws include the following requirements, in accordance with Element of Performance s for appointment to the medical staff. itals that use Joint Commission accreditation for deemed status purposes: The medical omposed of doctors of medicine or osteopathy. In accordance with state law, including ce laws, the medical staff may also include other categories of physicians as listed at ind nonphysician practitioners who are determined to be eligible for appointment by the <i>x</i> .
		MS.07.0		organized medical staff provides oversight for the quality of care, treatment, and ices by recommending members for appointment to the medical staff.
		EP 1	Note: Medical	medical staff develops criteria for medical staff membership. staff membership and professional privileges are not dependent solely upon certification, nembership in a specialty body or society.
§482.22(c)(5)	TAG: A-0358			
[The bylaws must:]				
(5) Include a requiremen	t that			
§482.22(c)(5)(i)	TAG: A-0358	MS.01.0	01.01 Med	ical staff bylaws address self-governance and accountability to the governing body.
patient no more than 30 to surgery or a procedure examination must be cor	physical examination be completed and documented for each days before or 24 hours after admission or registration, but prior e requiring anesthesia services. The medical history and physical npleted and documented by a physician (as defined in section romaxillofacial surgeon, or other qualified licensed individual in w and hospital policy.	EP 16	bylaws include requirements fi history and phy surgeon, or oth information on Note 1: The de Services (CMS Note 2: The ref	hat use Joint Commission accreditation for deemed status purposes: The medical staff the following requirements, in accordance with Element of Performance 3: The per completing and documenting medical histories and physical examinations. The medical visical examination are completed and documented by a physician, an oralmaxillofacial per qualified licensed individual in accordance with state law and hospital policy. (For more performing the medical history and physical examination, refer to MS.03.01.01, EPs 6-11.) finition of "physician" is the same as that used by the Centers for Medicare & Medicaid) (refer to the Glossary). quirements referred to in this element of performance are, at a minimum, those described of performance and Standard PC.01.02.03, EPs 4 and 5.
		MS.03.0		organized medical staff oversees the quality of patient care, treatment, and ices provided by practitioners privileged through the medical staff process.
		EP 9	are not license physical exami	y state law and policy, the organized medical staff may choose to allow individuals who d independent practitioners to perform part or all of a patient's medical history and nation under the supervision of, or through appropriate delegation by, a specific qualified cine or osteopathy who is accountable for the patient's medical history and physical
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CFR Number §482.22(c)(5)(i)	Medicare Requirements		Commission alent Numbe		Joint Commission Standards and Elements of Performance
		PC.01.0			ospital assesses and reassesses the patient and his or her condition according ined time frames.
		EP 4	24 hours afte	er, re	ves a medical history and physical examination no more than 30 days prior to, or within gistration or inpatient admission, but prior to surgery or a procedure requiring ces. (See also MS.03.01.01, EP 6; RC.02.01.03, EP 3)
§482.22(c)(5)(ii)	TAG: A-0359	PC.01.0			ospital assesses and reassesses the patient and his or her condition according ined time frames.
be completed and docur surgery or a procedure r physical examination are updated examination of be completed and docur	nt that] tion of the patient, including any changes in the patient's condition, mented within 24 hours after admission or registration, but prior to requiring anesthesia services, when the medical history and e completed within 30 days before admission or registration. The the patient, including any changes in the patient's condition, must mented by a physician (as defined in section 1861® of the Act), an a, or other qualified licensed individual in accordance with State	EP 5	For a medica inpatient adr 24 hours afte	al his nissi er reg	tory and physical examination that was completed within 30 days prior to registration or on, an update documenting any changes in the patient's condition is completed within gistration or inpatient admission, but prior to surgery or a procedure requiring anesthesia so MS.03.01.01, EP 8; RC.02.01.03, EP 3)
§482.22(c)(6)	TAG: A-0363	LD.04.0			treatment, and services provided through contractual agreement are provided and effectively.
and a procedure for app site physicians and prac under an agreement with	etermining the privileges to be granted to individual practitioners lying the criteria to individuals requesting privileges. For distant- titioners requesting privileges to furnish telemedicine services in the hospital, the criteria for determining privileges and the ne criteria are also subject to the requirements in §482.12(a)(8) (a)(3) and (a)(4).	EP 23	For hospitals services are distant site tl - The distant - The distant the Medicare - The origina providers' cr Participation MS.13.01.01 Note: For the Appendix A. If the origina telemedicine - The govern credentialing through MS.	ting control ting	t use Joint Commission accreditation for deemed status purposes: When telemedicine ished to the hospital's patients, the originating site has a written agreement with the pecifies the following: is a contractor of services to the hospital. furnishes services in a manner that permits the originating site to be in compliance with nditions of Participation site makes certain through the written agreement that all distant-site telemedicine titaling and privileging processes meet, at a minimum, the Medicare Conditions of 2 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). (See also '1) guage of the Medicare Conditions of Participation pertaining to telemedicine, see site chooses to use the credentialing and privileging decision of the distant-site vider, then the following requirements apply: body of the distant site is responsible for having a process that is consistent with the privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 1.13). body of the originating site grants privileges to a distant site licensed independent d on the originating site's medical staff recommendations, which rely on information
		MS.01.	01.01 M	edic	al staff bylaws address self-governance and accountability to the governing body.
		EP 14	3: The proce	ss fo for p	f bylaws include the following requirements, in accordance with Element of Performance or privileging and re-privileging licensed independent practitioners, which may include rivileging and re-privileging other practitioners. (See also EM.02.02.13, EP 2 and 1)

CFR Number §482.22(c)(6)	Medicare Requirements		t Commissio valent Numb		Joint Commission Standards and Elements of Performance	
		MS.13.	t	he ca	iginating sites only: Licensed independent practitioners who are responsible for re, treatment, and services of the patient via telemedicine link are subject to the ntialing and privileging processes of the originating site.	
		EP 1	EP 1 All licensed ind via telemedicin following mech 1. The originati MS.06.01.03 th Or 2. The originati distant site is a is issued or rec Or 3. The originati to make a final - The distant si - The distant si - The distant si - The practition - For hospitals provides the or - The originatin privileges and s care, treatment information incl Commission th licensed indepe originating site. Note: This occi confidentiality of - The distant-si is receiving tele Note 1: In the of distant site maa MS.06.01.07 (e the Compreher Note 2: For hos at LD.04.03.09 credentialing an 42 CFR 482.12		rensed independent practitioners who are responsible for the patient's care, treatment, and services elemedicine link are credentialed and privileged to do so at the originating site through one of the viring mechanisms: the originating site fully privileges and credentials the practitioner according to Standards 6.01.03 through MS.06.01.13. The originating site privileges practitioners using credentialing information from the distant site if the the site is a Joint Commission-accredited organization. The distant-site practitioner has a license that the originating site may choose to use the credentialing and privileging decision from the distant site ake a final privileging decision if all the following requirements are met: a distant site is a Joint Commission-accredited hospital or ambulatory care organization. Is practitioner is privileged at the distant site for those services to be provided at the originating site. Anospitals that use Joint Commission accreditation for deemed status purposes: The distant site dest the originating site with a current list of licensed independent practitioner's privileges. Is originating site with a current list of licensed independent practitioner's quality of treatment, and services for use in privileging and performance improvement. At a minimum, this mation includes all adverse outcomes related to sentinel events considered reviewable by The Joint mission that result from the telemedicine services provided and complaints about the distant site sed independent practitioner fram patients, licensed independent practitioners, or staff at the nating site. (See also LD.04.03.09, EP 9) This occurs in a way consistent with any hospital policies or procedures intended to preserve any dentiality or privilege of information established by applicable law. e distant-site practitioner has a license that is issued or recognized by the state in which the patient seiving telemedicine services. T: In the case of an accredited ambulatory care organization, the hospital must ve	
§482.22(d)	TAG: A-0364	MS.05.	i	mpro	ganized medical staff has a leadership role in organization performance vement activities to improve quality of care, treatment, and services and patient	
of medical-legal and edu perform an autopsy mus	attempt to secure autopsies in all cases of unusual deaths and acational interest. The mechanism for documenting permission to be defined. There must be a system for notifying the medical e attending practitioner, when an autopsy is being performed.	EP 9	The medica		is actively involved in the measurement, assessment, and improvement of the e of developed criteria for autopsies. (See also PI.03.01.01, EPs 1-4)	
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CFR Number §482.22(d)	Medicare Requirements		Commissior	I IOINT COMMISSION Standards and Floments of Performance	
		EP 17	attempts to s interest, and autopsies tha Note: The de	that use Joint Commission accreditation for deemed status purposes: The hospital ecure autopsies in all cases of unusual deaths and cases of medical, legal, and educational informs the medical staff (specifically the attending physician or clinical psychologist) of t the hospital intends to perform. finition of "physician" is the same as that used by the Centers for Medicare & Medicaid S) (refer to the Glossary).	
		RI.01.0		e hospital addresses patient decisions about care, treatment, and services received the end of life.	
		EP 21		that use Joint Commission accreditation for deemed status purposes: The hospital defines and documents permission to perform an autopsy.	
§482.23	TAG: A-0385	LD.04.0	03.01 Tł	e hospital provides services that meet patient needs.	
The hospital must have	rticipation: Nursing Services an organized nursing service that provides 24-hour nursing ervices must be furnished or supervised by a registered nurse.	EP 2 NR.02.0 EP 4 EP 7	Diagnostic Dietary Emergency Medical rec Nuclear me Nursing car Pathology a Pharmaceu Physical rel Respiratory Social work Note: Hospit nuclear medi 03.01 The nurse ex	ords dicine e nd clinical laboratory ical labilitation care	
§482.23(a)	TAG: A-0386	LD.03.0	-	ose who work in the hospital are focused on improving safety and quality.	
§482.23(a) Standard: Or The hospital must have a delineation of responsibi	rganization a well-organized service with a plan of administrative authority and ilities for patient care. The director of the nursing service must be	EP 3	Leaders prov and services	provide for a sufficient number and mix of individuals to support safe, quality care, treatment, vices. (See also IC.01.01.01, EP 3) the number and mix of individuals is appropriate to the scope and complexity of the services	
including determining the	rse. He or she is responsible for the operation of the service, e types and numbers of nursing personnel and staff necessary to	NR.01.	01.01 Tł	e nurse executive directs the delivery of nursing care, treatment, and services.	
		EP 1		ecutive functions at the senior leadership level to provide effective leadership and to aders to deliver nursing care, treatment, and services. (See also LD.04.01.05, EP 5)	
		EP 5	EP 5 The hospital defines the nurse executive's authority and responsibility in a written contract agreement, letter, memorandum, job or position description, or other document. (See also EP 3)		
Medicare Hospital Require	ements to 2016. Joint	Page 94 c	of 328	© 2016 The Joint Commission	

CFR Number §482.23(a)	Medicare Requirements		t Commissio valent Numb		Joint Commission Standards and Elements of Performance
		NR.01.			urse executive is a licensed professional registered nurse qualified by advanced tion and management experience.
		EP 2			tive is currently licensed as a registered professional nurse in the state in which he or accordance with law and regulation.
		NR.02.	.01.01	The n	urse executive directs the hospital's nursing services.
		EP 1	The nurse treatment,		tive coordinates: The development of hospitalwide plans to provide nursing care, ervices.
		EP 2	that addres	s hov	tive coordinates: The development of hospitalwide programs, policies, and procedures / nursing care needs of the patient population are assessed, met, and evaluated. of patient populations include pediatric, diabetic, and geriatric patients.
		EP 4	The nurse treatment,		tive directs: The implementation of hospitalwide plans to provide nursing care, ervices.
		EP 5	address ho LD.04.04.0	w nur 7, EP	tive directs: The implementation of hospitalwide programs, policies, and procedures that sing care needs of the patient population are assessed, met, and evaluated. (See also 1) of patient populations include pediatric, diabetic, and geriatric patients.
		NR.02.02.01			urse executive establishes guidelines for the delivery of nursing care, treatment, ervices.
		EP 4			tive, registered nurses, and other designated nursing staff write: Nurse staffing plan(s). 03.11, EP 6)
		NR.02.			urse executive directs the implementation of nursing policies and procedures, ng standards, and a nurse staffing plan(s).
		EP 1		s; an	tive or designee approves nursing policies; nursing standards of patient care, treatment, d standards of nursing practice for the hospital before implementation. (See also 1)
		EP 2			tive implements nursing policies, procedures, and standards that describe and guide vide nursing care, treatment, and services. (See also LD.04.01.07, EP 2)
		EP 3	The nurse staff.	execu	tive provides access to all nursing policies, procedures, and standards to the nursing
		EP 4	The nurse	execu	tive is responsible for the provision of nursing services 24 hours a day, 7 days a week.
		EP 6	The nurse and service		tive or designee exercises final authority over staff who provide nursing care, treatment,
§482.23(b)	TAG: A-0392	LD.03.	06.01	Those	who work in the hospital are focused on improving safety and quality.
	and Delivery of Care re adequate numbers of licensed registered nurses, licensed and other personnel to provide nursing care to all patients as	and services. (See also I		es. (Se	for a sufficient number and mix of individuals to support safe, quality care, treatment, ee also IC.01.01.01, EP 3) er and mix of individuals is appropriate to the scope and complexity of the services
Medicare Hospital Requirement	ts to 2016 Joint	Page 95	of 328		© 2016 The Joint Commission

CFR Number §482.23(b)	Medicare Requirements		t Commissio valent Numb		Joint Commission Standards and Elements of Performance
needed. There must be unit to ensure, when nee care of any patient.	supervisory and staff personnel for each department or nursing eded, the immediate availability of a registered nurse for bedside				urse executive establishes guidelines for the delivery of nursing care, treatment, ervices.
		EP 3	The nurse e procedures.		ive, registered nurses, and other designated nursing staff write: Nursing policies and
		EP 4	The nurse e (Refer to LD		ive, registered nurses, and other designated nursing staff write: Nurse staffing plan(s). 3.11, EP 6)
		NR.02.	.03.01 T n	he n ursir	urse executive directs the implementation of nursing policies and procedures, g standards, and a nurse staffing plan(s).
		EP 4	The nurse e	xecu	ive is responsible for the provision of nursing services 24 hours a day, 7 days a week.
		EP 7	A registered	Inurs	e provides or supervises the nursing services 24 hours a day, 7 days a week.
§482.23(b)(1)	TAG: A-0393	LD.03.	06.01 T	hose	who work in the hospital are focused on improving safety and quality.
registered nurse, and ha	ovide 24-hour nursing services furnished or supervised by a ave a licensed practical nurse or registered nurse on duty at all ospitals that have in effect a 24-hour nursing waiver granted under r.	EP 3	and service	s. (Se	for a sufficient number and mix of individuals to support safe, quality care, treatment, the also IC.01.01.01, EP 3) or and mix of individuals is appropriate to the scope and complexity of the services
		NR.02.			urse executive directs the implementation of nursing policies and procedures, g standards, and a nurse staffing plan(s).
		EP 4	The nurse e	xecu	ive is responsible for the provision of nursing services 24 hours a day, 7 days a week.
		EP 7	A registered	Inurs	e provides or supervises the nursing services 24 hours a day, 7 days a week.
§482.23(b)(2)	TAG: A-0394	HR.01.	.02.05 T	he h	ospital verifies staff qualifications.
	must have a procedure to ensure that hospital nursing personnel quired have valid and current licensure.	EP 1 When law or their professiverification w HR.01.02.07 Note 1: It is a a secure elec Note 2: A pri information. Note 3: An e		sions when 7, EP acce ctror imar The extern	Ilation requires care providers to be currently licensed, certified, or registered to practice the hospital both verifies these credentials with the primary source and documents this a provider is hired and when his or her credentials are renewed. (See also 2) ptable to verify current licensure, certification, or registration with the primary source via ic communication or by telephone, if this verification is documented. verification source may designate another agency to communicate credentials designated agency can then be used as a primary source. al organization (for example, a credentials verification organization [CVO]) may be used als information. A CVO must meet the CVO guidelines identified in the Glossary.
§482.23(b)(3)	TAG: A-0395	NR.02.	.01.01 T	he n	urse executive directs the hospital's nursing services.
(3) A registered nurse m	ust supervise and evaluate the nursing care for each patient.	EP 3			ive coordinates: The development of an effective, ongoing program to measure, rove the quality of nursing care, treatment, and services. (See also LD.03.02.01, EP 5)
		EP 5	address how LD.04.04.07	v nur ′, EP	ive directs: The implementation of hospitalwide programs, policies, and procedures that sing care needs of the patient population are assessed, met, and evaluated. (See also 1) of patient populations include pediatric, diabetic, and geriatric patients.

CFR Number §482.23(b)(3)	Medicare Requirements		Commissi alent Numl		Joint Commission Standards and Elements of Performance
		NR.02.0			urse executive directs the implementation of nursing policies and procedures, ng standards, and a nurse staffing plan(s).
		EP 4	The nurse	execu	tive is responsible for the provision of nursing services 24 hours a day, 7 days a week.
		EP 7	A registere	ed nurs	se provides or supervises the nursing services 24 hours a day, 7 days a week.
		PC.01.0			ospital assesses and reassesses the patient and his or her condition according ined time frames.
		EP 6	A registere admission.	ed nurs . (See	se completes a nursing assessment within 24 hours after the patient's inpatient also RC.02.01.01, EP 2)
		PC.01.0	02.05	Quali	fied staff or licensed independent practitioners assess and reassess the patient.
		EP 1			ial assessment, a registered nurse determines the patient's need for nursing care, as ital policy and law and regulation.
		PC.02.0	01.01	The h	ospital provides care, treatment, and services for each patient.
		EP 5			t use Joint Commission accreditation for deemed status purposes: A registered nurse evaluates the nursing care for each patient.
		PC.03.0		the ac Note:	ospital plans operative or other high-risk procedures, including those that require Iministration of moderate or deep sedation or anesthesia. Equipment identified in the elements of performance is available to the operating suites.
		EP 5	A registere	ed nurs	se supervises perioperative nursing care.
§482.23(b)(4)	TAG: A-0396	NR.02.0			urse executive directs the implementation of nursing policies and procedures, ng standards, and a nurse staffing plan(s).
	sure that the nursing staff develops, and keeps current, a nursing t. The nursing care plan may be part of an interdisciplinary care	EP 2	The nurse how the sta	execu aff pro	tive implements nursing policies, procedures, and standards that describe and guide vide nursing care, treatment, and services. (See also LD.04.01.07, EP 2)
		PC.01.0			ospital assesses and reassesses the patient and his or her condition according ined time frames.
		EP 3	condition. Note: Reas	ssessi espon	eassessed as necessary based on his or her plan for care or changes in his or her ments may also be based on the patient's diagnosis; desire for care, treatment, and se to previous care, treatment, and services; discharge planning needs; and/or his or rements.
		EP 6			se completes a nursing assessment within 24 hours after the patient's inpatient also RC.02.01.01, EP 2)
		PC.01.0	02.05	Quali	ied staff or licensed independent practitioners assess and reassess the patient.
		EP 1			ial assessment, a registered nurse determines the patient's need for nursing care, as ital policy and law and regulation.
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CFR Number §482.23(b)(4)	Medicare Requirements		Commission alent Numbe		Joint Commission Standards and Elements of Performance
		PC.01.0	03.01 TI	ne ho	ospital plans the patient's care.
		EP 1		reas	s the patient's care, treatment, and services based on needs identified by the patient's sessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2; 2)
		EP 5	required to n	neet	of care is based on the patient's goals and the time frames, settings, and services those goals.Note: For psychiatric hospitals that use Joint Commission accreditation s purposes: The patient's goals include both short- and long-term goals.
		EP 23	The hospital (See also R0	revis C.02.	es plans and goals for care, treatment, and services based on the patient's needs. 01.01, EP 2)
§482.23(b)(5)	TAG: A-0397	HR.01.0	02.01 TI	ne ho	ospital defines staff qualifications.
	ust assign the nursing care of each patient to other nursing e with the patient's needs and the specialized qualifications and ng staff available.	EP 1	and RI.01.01 Note 1: Qual and/or certifi Note 2: Qual Amendment: §493.1495. J Note 3: For H physical ther assistants, a therapy, occ provided by acceptable s requirements Note 4: Qual assessment, supported by	.03, ification ification ification s of a apiss peecoupation the h trand s. ification edu	thes staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 EP 2) ions for infection control may be met through ongoing education, training, experience, in (such as that offered by the Certification Board for Infection Control). ions for laboratory personnel are described in the Clinical Laboratory Improvement 988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351- nplete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. tals that use Joint Commission accreditation for deemed status purposes: Qualified s, physical therapist assistants, occupational therapists, occupational therapy h-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical onal therapy, speech-language pathology, or audiology services, if these services are ospital. The provision of care and staff qualifications are in accordance with national ards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 ions for language interpreters and translators may be met through language proficiency cation, training, and experience. The use of qualified interpreters and translators is Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title hts Act of 1964.
		HR.01.0	06.01 St	aff a	re competent to perform their responsibilities.
		EP 1			tes the competencies it requires of its staff who provide patient care, treatment, or so NPSG.03.06.01, EP 3)
		NR.02.0	01.01 TI	ne ni	irse executive directs the hospital's nursing services.
		EP 1	The nurse ex treatment, a		ive coordinates: The development of hospitalwide plans to provide nursing care, rvices.
		EP 2	that address	how	ive coordinates: The development of hospitalwide programs, policies, and procedures nursing care needs of the patient population are assessed, met, and evaluated. of patient populations include pediatric, diabetic, and geriatric patients.
		EP 4	The nurse ex treatment, a		ive directs: The implementation of hospitalwide plans to provide nursing care, rvices.

CFR Number §482.23(b)(5)	Medicare Requirements		Commission	Joint Commission Standards and Elements of Performance
		EP 5	address how LD.04.04.07,	ecutive directs: The implementation of hospitalwide programs, policies, and procedures that nursing care needs of the patient population are assessed, met, and evaluated. (See also EP 1) es of patient populations include pediatric, diabetic, and geriatric patients.
		NR.02.		e nurse executive establishes guidelines for the delivery of nursing care, treatment, I services.
		EP 3	The nurse expression of the nurse expression of the nurse	ecutive, registered nurses, and other designated nursing staff write: Nursing policies and
		EP 4		ecutive, registered nurses, and other designated nursing staff write: Nurse staffing plan(s). 4.03.11, EP 6)
		NR.02.		e nurse executive directs the implementation of nursing policies and procedures, sing standards, and a nurse staffing plan(s).
		EP 2		cutive implements nursing policies, procedures, and standards that describe and guide provide nursing care, treatment, and services. (See also LD.04.01.07, EP 2)
		EP 8	assigns the n	hat use Joint Commission accreditation for deemed status purposes: A registered nurse ursing care for each patient to other nursing personnel in accordance with the patient's equalifications and competence of the nursing staff available.
§482.23(b)(6)	TAG: A-0398	HR.01.	04.01 Th	e hospital provides orientation to staff.
policies and procedures of the adequate supervision	ed nurses who are working in the hospital must adhere to the of the hospital. The director of nursing service must provide for and evaluation of the clinical activities of non-employee nursing ithin the responsibility of the nursing services.	EP 1	EPs 1-3) Note: Key saf	etermines the key safety content of orientation provided to staff. (See also EC.03.01.01, ety content may include specific processes and procedures related to the provision of care, d services; the environment of care; and infection control.
		EP 2	The hospital of Completion of Completion	rients its staff to the key safety content before staff provides care, treatment, and services. this orientation is documented. (See also EC.02.03.01, EP 10 and IC.01.05.01, EP 6)
		EP 4	prevention an	rients staff on the following: Their specific job duties, including those related to infection d control and assessing and managing pain. Completion of this orientation is documented. 11.05.01, EP 6; IC.02.01.01, EP 7; IC.02.04.01, EP 2; RI.01.01.01, EP 8)
		HR.01.	06.01 Sta	ff are competent to perform their responsibilities.
		EP 3	reviewed asso Note: When a outside individ	with the educational background, experience, or knowledge related to the skills being esses competence. suitable individual cannot be found to assess staff competence, the hospital can utilize an lual for this task. If a suitable individual inside or outside the hospital cannot be found, the consult the competency guidelines from an appropriate professional organization to make it.
		EP 5	Staff compete	nce is initially assessed and documented as part of orientation.

CFR Number §482.23(b)(6)	Medicare Requirements	·	Commission alent Number	Joint Commission Standards and Elements of Performance
		LD.04.03	3.09 Care safel	, treatment, and services provided through contractual agreement are provided y and effectively.
		EP 2	The hospital des agreements.	scribes, in writing, the nature and scope of services provided through contractual
		EP 6	Leaders monito expectations.	r contracted services by evaluating these services in relation to the hospital's
		EP 7	Note: Examples - Increase moni - Provide consu	
		NR.02.0	1.01 The I	nurse executive directs the hospital's nursing services.
		EP 5	address how nu LD.04.04.07, EF	utive directs: The implementation of hospitalwide programs, policies, and procedures that rsing care needs of the patient population are assessed, met, and evaluated. (See also 21) of patient populations include pediatric, diabetic, and geriatric patients.
		EP 6		utive directs: The implementation of an effective, ongoing program to measure, analyze, equality of nursing care, treatment, and services. (See also LD.03.02.01, EP 5)
		NR.02.0		nurse executive directs the implementation of nursing policies and procedures, ng standards, and a nurse staffing plan(s).
		EP 2		utive implements nursing policies, procedures, and standards that describe and guide ovide nursing care, treatment, and services. (See also LD.04.01.07, EP 2)
		EP 3	The nurse exect staff.	utive provides access to all nursing policies, procedures, and standards to the nursing
§482.23(c)	TAG: A-0405	MM.05.0	1.07 The I	nospital safely prepares medications.
(c) Standard: Preparation	and administration of drugs.	EP 1	compounded st	r pharmacy staff under the supervision of a pharmacist, compounds or admixes all erile preparations except in urgent situations in which a delay could harm the patient or ct's stability is short.
		EP 2		or sterile techniques and maintain clean, uncluttered, and functionally separate areas for tion to avoid contamination of medications.
		EP 3		ion, staff visually inspect the medication for particulates, discoloration, or other loss of lso MM.03.01.05, EP 2; MM.06.01.01, EP 4)
		EP 4		es a laminar airflow hood or other ISO Class 5 environment in the pharmacy for preparing admixture or any sterile product that will not be used within 24 hours.

CFR Number §482.23(c)	Medicare Requirements		ommission ent Number	Joint Commission Standards and Elements of Performance
		F F F	prepared and ac practitioner resp bylaws, rules, a	at use Joint Commission accreditation for deemed status purposes: Medications are dministered in accordance with the orders of a licensed independent practitioner or other ionsible for the patient's care, and in accordance with hospital policies; medical staff and regulations; and law and regulation. * law and regulation guidance pertaining to those responsible for the care of patients, refer 12(c).
		MM.05.01	.11 The h	nospital safely dispenses medications.
		1	licensure, and p Note 1: Dispens	penses medications and maintains records in accordance with law and regulation, rofessional standards of practice. ing practices and recordkeeping include antidiversion strategies. ment of performance is also applicable to sample medications.
		EP 3	The hospital dis	penses medications within time frames it defines to meet patient needs.
		MM.06.01	.01 The I	nospital safely administers medications.
		á	are authorized to	ines, in writing, licensed independent practitioners and the clinical staff disciplines that o administer medication, with or without supervision, in accordance with law and also MM.06.01.03, EP 1)
		1		licensed independent practitioners and clinical staff administer medications. not prohibit self-administration of medications by patients, when indicated. (See also P 1)
				ration, the individual administering the medication does the following: Verifies that the cted matches the medication order and product label.
		t		ration, the individual administering the medication does the following: Visually inspects or particulates, discoloration, or other loss of integrity. (See also MM.03.01.05, EP 2; P 3)
			Before administ medication has	ration, the individual administering the medication does the following: Verifies that the not expired.
			Before administ contraindication	ration, the individual administering the medication does the following: Verifies that no s exist.
				ration, the individual administering the medication does the following: Verifies that the sing administered at the proper time, in the prescribed dose, and by the correct route.
		u (unresolved cond	ration, the individual administering the medication does the following: Discusses any cerns about the medication with the patient's licensed independent practitioner, prescriber the licensed independent practitioner), and/or staff involved with the patient's care, services.
		5	significant adve	ering a new medication, the patient or family is informed about any potential clinically rse drug reactions or other concerns regarding administration of a new medication. (See 03, EPs 3–6; PC.02.03.01, EP 10)

CFR Number §482.23(c)(1)	Medicare Requirements		Commissic alent Numb		Joint Commission Standards and Elements of Performance
§482.23(c)(1)	TAG: A-0405	MM.05.	01.07 T	he h	ospital safely prepares medications.
(1)Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care as specified under §482.12(c), and accepted standards of practice.		EP 5	prepared ar practitioner bylaws, rule	nd adı respo s, an For la	t use Joint Commission accreditation for deemed status purposes: Medications are ministered in accordance with the orders of a licensed independent practitioner or other onsible for the patient's care, and in accordance with hospital policies; medical staff d regulations; and law and regulation. * aw and regulation guidance pertaining to those responsible for the care of patients, refer 2(c).
		MS.03.			rganized medical staff oversees the quality of patient care, treatment, and es provided by practitioners privileged through the medical staff process.
		EP 2			ctice only within the scope of their privileges as determined through mechanisms ganized medical staff.
		PC.02.0			ospital provides care, treatment, and services as ordered or prescribed, and in dance with law and regulation.
		EP 1	care, treatm independen and regulati Note: Outpa he or she m - Responsit - Licensed t Veterans Ac - Acting with - Authorized governing b	t prac on; h atient neets ole for o pra dmini d in ac ody t For la	t use Joint Commission accreditation for deemed status purposes: Prior to providing and services, the hospital obtains or renews orders (verbal or written) from a licensed stitioner or other practitioner in accordance with professional standards of practice; law ospital policies; and medical staff bylaws, rules, and regulations. * services may be ordered by a practitioner not appointed to the medical staff as long as the following: the care of the patient ctice in the state where he or she provides care to the patient or in accordance with stration and Department of Defense licensure requirements s or her scope of practice under state law ccordance with state law and policies adopted by the medical staff and approved by the o order the applicable outpatient services aw and regulation guidance pertaining to those responsible for the care of the patient, l82.12(c).
§482.23(c)(1)(i)	TAG: A-0405	MM.05.	01.07 T	he h	ospital safely prepares medications.
practitioners not specifie	may be prepared and administered on the orders of other d under §482.12(c) only if such practitioners are acting in w, including scope-of-practice laws, hospital policies, and medical egulations.	ical EP 5 For hospitals prepared an practitioner bylaws, rules Footnote *: 1 to 42 CFR 4		For hospitals that use Joint Commission accreditation for deemed status purposes: Medic prepared and administered in accordance with the orders of a licensed independent pract practitioner responsible for the patient's care, and in accordance with hospital policies; me bylaws, rules, and regulations; and law and regulation. * Footnote *: For law and regulation guidance pertaining to those responsible for the care or to 42 CFR 482.12(c).	
					rganized medical staff oversees the quality of patient care, treatment, and es provided by practitioners privileged through the medical staff process.
		EP 2			ctice only within the scope of their privileges as determined through mechanisms ganized medical staff.
§482.23(c)(1)(ii)	TAG: A-0406	MM.04.	01.01 N	ledic	ation orders are clear and accurate.
within pre-printed and ele	s may be prepared and administered on the orders contained ectronic standing orders, order sets, and protocols for patient s meet the requirements of §482.24(c)(3).				

CFR Number §482.23(c)(1)(ii)	Medicare Requirements		mmission nt Number	Joint Commission Standards and Elements of Performance	
		us th - F ar - F ev - F ar pr - T ar ar	se of preprinte le following: Review and a nd pharmacy Evaluation of vidence-basee Regular revie nd pharmacy rotocols Dating, timing nother practiti	established standing orders and protocols for consistency with nationally recognized and	
		MM.05.01.0)7 The	hospital safely prepares medications.	
		pr pr by Fo	repared and a ractitioner res ylaws, rules, a	hat use Joint Commission accreditation for deemed status purposes: Medications are dministered in accordance with the orders of a licensed independent practitioner or other ponsible for the patient's care, and in accordance with hospital policies; medical staff and regulations; and law and regulation. * law and regulation guidance pertaining to those responsible for the care of patients, refer 12(c).	
		MS.03.01.0		organized medical staff oversees the quality of patient care, treatment, and ices provided by practitioners privileged through the medical staff process.	
				actice only within the scope of their privileges as determined through mechanisms organized medical staff.	
§482.23(c)(2)	TAG: A-0405	LD.04.01.07		hospital has policies and procedures that guide and support patient care, ment, and services.	
other personnel in accord applicable licensing requi	als must be administered by, or under supervision of, nursing or dance with Federal and State laws and regulations, including irements, and in accordance with the approved medical staff			review and approve policies and procedures that guide and support patient care, treatment, and . (See also NR.02.03.01, EP 1; RI.01.07.01, EP 1)	
policies and procedures.		EP 2 Th	he hospital m	anages the implementation of policies and procedures. (See also NR.02.03.01, EP 2)	
		MM.06.01.0)1 The	hospital safely administers medications.	
		ar	re authorized	fines, in writing, licensed independent practitioners and the clinical staff disciplines that to administer medication, with or without supervision, in accordance with law and e also MM.06.01.03, EP 1)	
		N		d licensed independent practitioners and clinical staff administer medications. s not prohibit self-administration of medications by patients, when indicated. (See also EP 1)	
		MS.03.01.0		organized medical staff oversees the quality of patient care, treatment, and ices provided by practitioners privileged through the medical staff process.	
				actice only within the scope of their privileges as determined through mechanisms organized medical staff.	

	Joint Commission Standards and Elements of Performa	ommission ent Number		Medicare Requirements	CFR Number §482.23(c)(3)
ation.	hospital determines how staff function within the organization.	.07 The h	HR.01.0	TAG: A-0406	§482.23(c)(3)
	ide patient care, treatment, and services practice within the scope of their license r registration and as required by law and regulation. (See also HR.01.02.05, EPs		EP 2	f influenza and pneumococcal polysaccharide vaccines, which r physician-approved hospital policy after an assessment of	may be administered pe
	dication orders are clear and accurate.	.01 Medi	MM.04.	of or drugs and biologicals must be documented and signed by a rized to write orders in accordance with State law and hospital	practitioner who is autho
ents of a complete	as a written policy that defines the following: The required elements of a complete der.	The hospital has medication orde	EP 2	nsible for the care of the patient as specified under §482.12(c).	policy, and who is respon
	nplements its policies for medication orders.	The hospital imp	EP 13		
	equires an order from a doctor of medicine or osteopathy or, as permitted by law a ospital-specific protocol(s) approved by a doctor of medicine or osteopathy to adr pneumococcal vaccines.	regulation, a hos	EP 14		
l or prescribed, and in	hospital provides care, treatment, and services as ordered or prescribed, a ordance with law and regulation.		PC.02.0		
r written) from a licensed standards of practice; law ons. * he medical staff as long as t or in accordance with I staff and approved by the	for the care of the patient bractice in the state where he or she provides care to the patient or in accordance inistration and Department of Defense licensure requirements his or her scope of practice under state law accordance with state law and policies adopted by the medical staff and approve y to order the applicable outpatient services r law and regulation guidance pertaining to those responsible for the care of the p	care, treatment, independent pra and regulation; I Note: Outpatien he or she meets - Responsible fo - Licensed to pra Veterans Admin - Acting within h - Authorized in a governing body	EP 1		
	ries in the medical record are authenticated.	.01 Entrie	RC.01.0		
gnatures or initials, rubber- cation after transcription or cy. For electronic records, tus purposes: All orders, er or another practitioner spital policy; law and	medical record are authenticated by the author. Information introduced into the me in transcription or dictation is authenticated by the author. Intication can be verified through electronic signatures, written signatures or initials res, or computer key. per-based records, signatures entered for purposes of authentication after transc res are dated when required by law or regulation or hospital policy. For electronic re autures will be date-stamped. Ispitals that use Joint Commission accreditation for deemed status purposes: All of al orders, are dated and authenticated by the ordering practitioner or another prace sible for the care of the patient, and who, in accordance with hospital policy; law a d medical staff bylaws, rules, and regulations, is authorized to write orders.	record through t Note 1: Authenti stamp signature Note 2: For pape for verbal orders electronic signat Note 3: For hosp including verbal who is responsit	EP 4		
ntication is the only	identified by the signature stamp or method of electronic authentication is the onl uses it.	The individual id individual who u	EP 5		
oose wr star ons. he r I sta or th I sta or th gna cati cy. I tus er o spit	a hospital provides care, treatment, and services as ordered or ordance with law and regulation. hat use Joint Commission accreditation for deemed status purpose it, and services, the hospital obtains or renews orders (verbal or wr ractitioner or other practitioner in accordance with professional star; hospital policies; and medical staff bylaws, rules, and regulations. If the following: for the care of the patient or accredite to the patient or accreding of the patient or accreding of the state where he or she provides care to the patient or inistration and Department of Defense licensure requirements his or her scope of practice under state law a accordance with state law and policies adopted by the medical star y to order the applicable outpatient services r law and regulation guidance pertaining to those responsible for the R 482.12(c). ries in the medical record are authenticated. medical records, signatures entered for purposes of authentication can be verified through electronic signatures, written signates, or computer key. per-based records, signatures entered for purposes of authentication is authenticated by the ordering practitioner of sible for the care of the patient. Septials that use Joint Commission accreditation for deemed status al orders, are dated and authenticated by the ordering practitioner of sible for the care of the patient, and who, in accordance with hospit d medical staff bylaws, rules, and regulations, is authorized to write identified by the signature stamp or method of electronic authentic identified by the signature stamp or method of electronic authentic identified by the signature stamp or method of electronic authentic identified by the signature stamp or method of electronic authentic identified by the signature stamp or method of electronic authentic identified by the signature stamp or method of electronic authentic identified by the signature stamp or method of electronic authentic identified by the signature stamp or meth	.03 The h accord For hospitals that care, treatment, independent prata and regulation; h Note: Outpatient he or she meets - Responsible for - Licensed to prato Veterans Admin - Acting within h - Acting within h	EP 1 RC.01.0 EP 4		

CFR Number §482.23(c)(3)	Medicare Requirements		Commissior alent Numbe		Joint Commission Standards and Elements of Performance
		RC.02.0		ne m ervic	edical record contains information that reflects the patient's care, treatment, and es.
		EP 2	 The reason The patient Any finding: EPs 1 and 8) Any allergie Any allergie Any allergie Any conclus Any diagno (including co Commission (diseases that an intercurre Any consult Any consult Any observ The patient Any medica Any medica Any advers Treatment g Results of c Any medica Discharge g 	(s) for 's ini s of a es to es to so to to so to to so to so to so to so to to so to to to to to to to to to to	medications a or impressions drawn from the patient's medical history and physical examination or conditions established during the patient's course of care, treatment, and services cations and hospital-acquired infections). For psychiatric hospitals using Joint editation for deemed status purposes: The diagnosis includes intercurrent diseases cur during the course of another disease; for example, a patient with AIDS may develop but of pneumonia) and the psychiatric diagnoses. In reports is relevant to care, treatment, and services sponse to care, treatment, and services care, treatment, and services care, treatment, and services care, treatment, and services provided to the patient before his or her arrival otes s ordered or prescribed is administered, including the strength, dose, and route for medication, administration devices used, and rate of administration Ig reactions s, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) iostic and therapeutic tests and procedures is dispensed or prescribed on discharge
		RC.02.0			authenticated within the time frame specified by law and regulation.
§482.23(c)(3)(i)	TAG: A-0407	EP 4 MM.04			ation orders are clear and accurate.
	ed, they are to be used infrequently.	EP 6			mizes the use of verbal and telephone medication orders.
§482.23(c)(3)(ii)	TAG: A-0408	HR.01.0	02.07 Th	ne ho	ospital determines how staff function within the organization.
(ii) When verbal orders a authorized to do so by h	are used, they must only be accepted by persons who are ospital policy and procedures consistent with Federal and State	EP 2			patient care, treatment, and services practice within the scope of their license, gistration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)
law.		RC.02.	03.07 Qi	ualif	ed staff receive and record verbal orders.
		EP 1			tifies, in writing, the staff who are authorized to receive and record verbal orders, in aw and regulation.
		EP 2	Only authoriz	zed s	taff receive and record verbal orders.
ledicare Hospital Require	aments to 2016 Joint	Page 105	of 328		© 2016 The Joint Commissio

CFR Number §482.23(c)(3)(ii)	Medicare Requirements		t Commission /alent Numbe		Joint Commission Standards and Elements of Performance
		EP 3			rerbal orders includes the date and the names of individuals who gave, received, emented the orders.
		EP 4	Verbal orders	are a	uthenticated within the time frame specified by law and regulation.
		EP 6			se Joint Commission accreditation for deemed status purposes: Documentation of les the time the verbal order was received.
§482.23(c)(3)(iii)	TAG: A-0408	MM.05	.01.07 Th	e hos	pital safely prepares medications.
not specified under §482.	biologicals may be documented and signed by other practitioners .12(c) only if such practitioners are acting in accordance with e-of-practice laws, hospital policies, and medical staff bylaws,	EP 5	prepared and practitioner re bylaws, rules,	admir spons , and r or law	se Joint Commission accreditation for deemed status purposes: Medications are nistered in accordance with the orders of a licensed independent practitioner or other sible for the patient's care, and in accordance with hospital policies; medical staff egulations; and law and regulation. * and regulation guidance pertaining to those responsible for the care of patients, refer s).
		RC.01.	02.01 En	tries i	n the medical record are authenticated.
		EP 1	Only authorize	ed ind	ividuals make entries in the medical record.
		EP 2			s the types of entries in the medical record made by nonindependent practitioners rsigning, in accordance with law and regulation.
		EP 3	The author of	each	medical record entry is identified in the medical record.
		EP 4	record throug Note 1: Auther stamp signatu Note 2: For pa for verbal orde electronic sign Note 3: For h including verb who is respor	h trans enticati ures, o aper-b ers are nature ospital oal ord nsible f	cal record are authenticated by the author. Information introduced into the medical scription or dictation is authenticated by the author. ion can be verified through electronic signatures, written signatures or initials, rubber- or computer key. assed records, signatures entered for purposes of authentication after transcription or e dated when required by law or regulation or hospital policy. For electronic records, swill be date-stamped. Is that use Joint Commission accreditation for deemed status purposes: All orders, lers, are dated and authenticated by the ordering practitioner or another practitioner for the care of the patient, and who, in accordance with hospital policy; law and dical staff bylaws, rules, and regulations, is authorized to write orders.
§482.23(c)(4)	TAG: A-0409	LD.04.			pital has policies and procedures that guide and support patient care, nt, and services.
	d intravenous medications must be administered in accordance ved medical staff policies and procedures.	EP 1	Leaders revie services. (See	ew and e also	approve policies and procedures that guide and support patient care, treatment, and NR.02.03.01, EP 1; RI.01.07.01, EP 1)
		MM.06	.01.01 Th	e hos	pital safely administers medications.
		EP 1	are authorized	d to ac	s, in writing, licensed independent practitioners and the clinical staff disciplines that dminister medication, with or without supervision, in accordance with law and o MM.06.01.03, EP 1)
		EP 2		es not	ensed independent practitioners and clinical staff administer medications. t prohibit self-administration of medications by patients, when indicated. (See also)
Medicare Hospital Require	ments to 2016 Joint F	Page 106	of 328		© 2016 The Joint Commission

CFR Number §482.23(c)(4)	Medicare Requirements		Commiss		Joint Commission Standards and Elements of Performance	
		PC.02.	01.01	The h	ospital provides care, treatment, and services for each patient.	
		EP 15		enous	at use Joint Commission accreditation for deemed status purposes: Blood transfusions medications are administered in accordance with state law and approved medical staff cedures.	
§482.23(c)(5)	TAG: A-0410	MM.07	.01.03		ospital responds to actual or potential adverse drug events, significant adverse reactions, and medication errors.	
(5) There must be a hosp reactions, and errors in a	bital procedure for reporting transfusion reactions, adverse drug dministration of drugs.	EP 1	adverse d	rug rea	a written process to respond to actual or potential adverse drug events, significant actions, and medication errors. ent of performance is also applicable to sample medications.	
		EP 3	drug ever	ts, sig	nplies with internal and external reporting requirements for actual or potential adverse nificant adverse drug reactions, and medication errors. ent of performance is also applicable to sample medications.	
		EP 5	reactions,	and m	entered by the second sec	
		PI.01.0	1.01	The h	ospital collects data to monitor its performance.	
		EP 8			ects data on the following: All reported and confirmed transfusion reactions. (See also 2; LD.04.04.05, EP 6)	
		EP 14	EP 14 The hospital co MM.08.01.01, E		ects data on the following: Significant medication errors. (See also LD.04.04.01, EP 2; P 1)	
		EP 15	EP 15 The hospital coll EP 2; MM.08.01		tal collects data on the following: Significant adverse drug reactions. (See also LD.04.04.01, .08.01.01, EP 1)	
§482.23(c)(6)	TAG: A-0412 w a patient (or his or her caregiver/support person where	MM.06	.01.03	Note:	Idministered medications are administered safely and accurately. The term self-administered medication(s) may refer to medications administered	
appropriate) to self-admin	the hospital, as defined and specified in the hospital's policies	EP 1	document	ninistra ation g	amily member. tion of medications is allowed, written processes that address training, supervision, and puide the safe and accurate self-administration of medications or the administration of a family member. (See also MM.06.01.01, EPs 1 and 2)	
§482.23(c)(6)(i)	TAG: A-0412					
	patient to self-administer specific hospital-issued medications, ave policies and procedures in place to:	_				
§482.23(c)(6)(i)(A)	TAG: A-0412	MM.03	.01.05	The h	ospital safely controls medications brought into the hospital by patients, their	
	oner responsible for the care of the patient has issued an order, policy, permitting self-administration.	EP 1	independe	tal def ent pra	es, or licensed independent practitioners. ines when medications brought into the hospital by patients, their families, or licensed ctitioners can be administered. ent of performance is also applicable to sample medications.	
edicare Hospital Require	ments to 2016 Joint	Page 107	of 328		© 2016 The Joint Commissio	

CFR Number §482.23(c)(6)(i)(A)	Medicare Requirements		Commissic valent Numb		Joint Commission Standards and Elements of Performance	
		MM.05	.01.07 T	he h	ospital safely prepares medications.	
		EP 5	prepared ar practitioner bylaws, rule	nd ad resp es, an For la	It use Joint Commission accreditation for deemed status purposes: Medications are ministered in accordance with the orders of a licensed independent practitioner or other onsible for the patient's care, and in accordance with hospital policies; medical staff id regulations; and law and regulation. * aw and regulation guidance pertaining to those responsible for the care of patients, refer $2(c)$.	
					ospital provides care, treatment, and services as ordered or prescribed, and in dance with law and regulation.	
		EP 1	care, treatm independen and regulati Note: Outpa he or she m - Responsit - Licensed t Veterans A - Acting witt - Authorized governing b	nent, it pra- ion; h atient neets ole fo co pra- dmini nin hi d in a body t For la	It use Joint Commission accreditation for deemed status purposes: Prior to providing and services, the hospital obtains or renews orders (verbal or written) from a licensed ctitioner or other practitioner in accordance with professional standards of practice; law iospital policies; and medical staff bylaws, rules, and regulations. * services may be ordered by a practitioner not appointed to the medical staff as long as the following: r the care of the patient actice in the state where he or she provides care to the patient or in accordance with stration and Department of Defense licensure requirements s or her scope of practice under state law ccordance with state law and policies adopted by the medical staff and approved by the o order the applicable outpatient services aw and regulation guidance pertaining to those responsible for the care of the patient, 482.12(c).	
§482.23(c)(6)(i)(B)	TAG: A-0412	MM.06	6.01.03 Self-administered medications are administered safely and accurately. Note: The term self-administered medication(s) may refer to medications administered medications administered medication (s) may refer to med			
	of the patient (or the patient's caregiver/support person where hister the specified medication(s).			by a family member.		
		EP 7			ermines that the patient or the family member who administers the medication is edication administration before allowing him or her to administer medications.	
§482.23(c)(6)(i)(C)	TAG: A-0412	MM.06			Self-administered medications are administered safely and accurately. Note: The term self-administered medication(s) may refer to medications administered	
	r the patient's caregiver/support person where appropriate) in the				amily member.	
sate and accurate admini	stration of the specified medication(s).	EP 4		medio	cates patients and families involved in self-administration about the following: How to cation, including process, time, frequency, route, and dose. (See also MM.06.01.01, EP EP 10)	
§482.23(c)(6)(i)(D)	TAG: A-0412	MM.03	.01.01 T	he h	ospital safely stores medications.	
(D) Address the security	of the medication(s) for each patient.	EP 2	such recom	men	res medications according to the manufacturers' recommendations or, in the absence of dations, according to a pharmacist's instructions. ent of performance is also applicable to sample medications.	
			P 3 The hospital stores all medications and biologicals, including controlled (scheduled) med secured area to prevent diversion, and locked when necessary, in accordance with law a Note 1: Scheduled medications include those listed in Schedules II–V of the Comprehen Prevention and Control Act of 1970. Note 2: This element of performance is also applicable to sample medications.			
Aedicare Hospital Require	ments to 2016 Joint	Page 108	of 328		© 2016 The Joint Commission	

CFR Number §482.23(c)(6)(i)(D)	Medicare Requirements		Commissio lent Numb	
		MM.06.0 ⁴	1	elf-administered medications are administered safely and accurately. lote: The term self-administered medication(s) may refer to medications administered y a family member.
			documenta	nistration of medications is allowed, written processes that address training, supervision, and ion guide the safe and accurate self-administration of medications or the administration of by a family member. (See also MM.06.01.01, EPs 1 and 2)
§482.23(c)(6)(i)(E)	TAG: A-0412	MM.06.0 ⁷	1	elf-administered medications are administered safely and accurately. lote: The term self-administered medication(s) may refer to medications administered
	tion of each medication, as reported by the patient (or the erson where appropriate), in the patient's medical record.		If self-admi documenta	y a family member. instration of medications is allowed, written processes that address training, supervision, and ion guide the safe and accurate self-administration of medications or the administration of by a family member. (See also MM.06.01.01, EPs 1 and 2)
		- The pat - Any find EPs 1 an - Any alle - Any alle - Any alle - Any cor - Any dia (including Commiss (diseases an interc - Any cor - Any me - Any me - Any adv - Treatme - Results - Any me - Dischar		he medical record contains information that reflects the patient's care, treatment, and ervices.
				es to food es to medications usions or impressions drawn from the patient's medical history and physical examination pases or conditions established during the patient's course of care, treatment, and services omplications and hospital-acquired infections). For psychiatric hospitals using Joint in accreditation for deemed status purposes: The diagnosis includes intercurrent diseases nat occur during the course of another disease; for example, a patient with AIDS may develo ent bout of pneumonia) and the psychiatric diagnoses. Itation reports vations relevant to care, treatment, and services t's response to care, treatment, and services gency care, treatment, and services provided to the patient before his or her arrival
§482.23(c)(6)(ii)	TAG: A-0413			

CFR Number §482.23(c)(6)(ii)(A)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance			
§482.23(c)(6)(ii)(A)	TAG: A-0413	MM.03.		hospital safely controls medications brought into the hospital by patients, their lies, or licensed independent practitioners.			
(A) Ensure that a practitione consistent with hospital polic brought into the hospital.	er responsible for the care of the patient has issued an order, cy, permitting self-administration of medications the patient	EP 1	The hospital de independent pr	fines when medications brought into the hospital by patients, their families, or licensed actitioners can be administered. nent of performance is also applicable to sample medications.			
		MM.05.	01.07 The	hospital safely prepares medications.			
		EP 5	prepared and a practitioner res bylaws, rules, a	hat use Joint Commission accreditation for deemed status purposes: Medications are dministered in accordance with the orders of a licensed independent practitioner or other ponsible for the patient's care, and in accordance with hospital policies; medical staff and regulations; and law and regulation. * law and regulation guidance pertaining to those responsible for the care of patients, refer 12(c).			
		PC.02.0		hospital provides care, treatment, and services as ordered or prescribed, and in ordance with law and regulation.			
			 EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providi care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensindependent practitioner or other practitioner in accordance with professional standards of practice and regulation; hospital policies; and medical staff bylaws, rules, and regulations. * Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as lo he or she meets the following: Responsible for the care of the patient Licensed to practice in the state where he or she provides care to the patient or in accordance wit Veterans Administration and Department of Defense licensure requirements Acting within his or her scope of practice under state law Authorized in accordance with state law and policies adopted by the medical staff and approved to governing body to order the applicable outpatient services Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patier services 				
§482.23(c)(6)(ii)(B) (B) Assess the capacity of the	TAG: A-0413 he patient (or the patient's caregiver/support person where	MM.06.	Note	administered medications are administered safely and accurately. :: The term self-administered medication(s) may refer to medications administered family member.			
patient (or the patient's care	er the specified medication(s), and also determine if the giver/support person where appropriate) needs instruction in nistration of the specified medication(s).	EP 1	documentation	ration of medications is allowed, written processes that address training, supervision, and guide the safe and accurate self-administration of medications or the administration of a family member. (See also MM.06.01.01, EPs 1 and 2)			
		EP 7		termines that the patient or the family member who administers the medication is nedication administration before allowing him or her to administer medications.			
§482.23(c)(6)(ii)(C)	TAG: A-0413	MM.03.	01.05 The fami	hospital safely controls medications brought into the hospital by patients, their lies, or licensed independent practitioners.			
(C) Identify the specified me integrity.	edication(s) and visually evaluate the medication(s) for	EP 2	Before use or a licensed indepermedication's in	dministration of a medication brought into the hospital by a patient, his or her family, or a endent practitioner, the hospital identifies the medication and visually evaluates the tegrity. (See also MM.05.01.07, EP 3; MM.06.01.01, EP 4) nent of performance is also applicable to sample medications.			

CFR Number §482.23(c)(6)(ii)(D)	Medicare Requirements		Commiss	-	Joint Commission Standards and Elements of Performance				
§482.23(c)(6)(ii)(D)	TAG: A-0413	MM.03.	.01.01	The h	ospital safely stores medications.				
(D) Address the security of the medication(s) for each patient.		EP 2 EP 3	such recommendations, according to a pharmacist's instructions. Note: This element of performance is also applicable to sample medications.						
		MM.06.		Self-a Note:	nent of performance is also applicable to sample medications. dministered medications are administered safely and accurately. The term self-administered medication(s) may refer to medications administered amily member.				
		EP 1	document	ninistra ation g	tion of medications is allowed, written processes that address training, supervision, and uide the safe and accurate self-administration of medications or the administration of family member. (See also MM.06.01.01, EPs 1 and 2)				
	TAG: A-0413 tion of each medication, as reported by the patient (or the erson where appropriate), in the patient's medical record.	MM.06.01.0	.01.03	Note:	dministered medications are administered safely and accurately. The term self-administered medication(s) may refer to medications administered amily member.				
		EP 1	document	ation g	tion of medications is allowed, written processes that address training, supervision, and uide the safe and accurate self-administration of medications or the administration of family member. (See also MM.06.01.01, EPs 1 and 2)				

CFR Number §482.23(c)(6)(ii)(E)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		RC.02.0	01.01 The servi	nedical record contains information that reflects the patient's care, treatment, and ces.
		EP 2	 The reason(s) The patient's i Any findings o EPs 1 and 8) Any allergies t Any allergies t Any diagnoses (including comp Commission ac (diseases that c an intercurrent b Any consultati Any consultati Any observation The patient's n Any progress Any medicatio Any adverse d Treatment goa Results of diag Discharge diag Discharge plan 	b medications as or impressions drawn from the patient's medical history and physical examination as or conditions established during the patient's course of care, treatment, and services lications and hospital-acquired infections). For psychiatric hospitals using Joint creditation for deemed status purposes: The diagnosis includes intercurrent diseases ccur during the course of another disease; for example, a patient with AIDS may develop bout of pneumonia) and the psychiatric diagnoses. on reports on reports on reports reatment, and services esponse to care, treatment, and services y care, treatment, and services y care, treatment, and services ns ordered or prescribed ns administered, including the strength, dose, and route e for medication, administration devices used, and rate of administration rug reactions ls, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) mostic and therapeutic tests and procedures ns dispensed or prescribed on discharge
§482.24	TAG: A-0431	LD.04.0		nospital effectively manages its programs, services, sites, or departments.
The hospital must have a me	pation: Medical Record Services edical record service that has administrative responsibility for record must be maintained for every individual evaluated or	EP 2 EP 3	The hospital de programs, servi Note: For hospi	ces, sites, or departments providing patient care are directed by one or more qualified by a qualified licensed independent practitioner with clinical privileges. ines, in writing, the responsibility of those with administrative and clinical direction of its ces, sites, or departments. (See also NR.01.01.01, EP 5) als that use Joint Commission accreditation for deemed status purposes: This includes oloyee who directs and manages dietary services.

CFR Number §482.24	Medicare Requirements		Commissi alent Numb		Joint Commission Standards and Elements of Performance
		EP 2	The hospit - Diagnosti - Dietary - Emergene - Medical rr - Nuclear n - Nursing c - Pathology - Pharmace - Physical 1 - Respirato - Social wo Note: Hosp nuclear me	al pro c radi ecord edici are and eutica ehab ry car rk itals dicine	s ne clinical laboratory l litation e hat provide only psychiatric and addiction treatment services are not required to provide e, physical rehabilitation, and respiratory care services.
		RC.01.0 EP 1 EP 7	The hospita	al defination	nes the components of a complete medical record.
		EP 8	continuity on Note: For h	f care ospit	ord contains information about the patient's care, treatment, or services that promotes e among providers. als that elect The Joint Commission Primary Care Medical Home option: This rs to care provided by both internal and external providers.
§482.24(a)	TAG: A-0432	HR.01.0	2.01	The h	ospital defines staff qualifications.
complexity of the services	ganization and Staffing nedical record service must be appropriate to the scope and s performed. The hospital must employ adequate personnel to n, filing, and retrieval of records.	EP 1	and RI.01.0 Note 1: Qu and/or cert Note 2: Qu Amendmer §493.1495 Note 3: Foi physical the assistants, therapy, oc provided by acceptable requiremer Note 4: Qu assessmer supported	1.03 alification fication alif	nes staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 EP 2) tions for infection control may be met through ongoing education, training, experience, on (such as that offered by the Certification Board for Infection Control). tions for laboratory personnel are described in the Clinical Laboratory Improvement 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-mplete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. itals that use Joint Commission accreditation for deemed status purposes: Qualified tts, physical therapist assistants, occupational therapists, occupational therapy ch-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical ional therapy, speech-language pathology, or audiology services, if these services are nospital. The provision of care and staff qualifications are in accordance with national dards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 tions for language interpreters and translators may be met through language proficiency ucation, training, and experience. The use of qualified interpreters and translators is a Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title ghts Act of 1964.
Medicare Hospital Requirer	mente to 2016, joint	Page 113 g	4 2 2 0		© 2016 The Joint Commission

CFR Number §482.24(a)	Medicare Requirements		t Commissior /alent Numbe		Joint Commission Standards and Elements of Performance
		IM.02.0		ie h rma	ospital retrieves, disseminates, and transmits health information in useful ts.
		EP 1	The hospital	has	written policies addressing data capture, display, transmission, and retention.
		EP 2	care, treatme Note: For ho	ent, a spita	brage and retrieval systems make health information accessible when needed for patient and services. (See also IC.01.02.01, EP 1) als that use Joint Commission accreditation for deemed status purposes: The medical allows for timely retrieval of patient information by diagnosis and procedure.
		EP 3			eminates data and information in useful formats within time frames that are defined by consistent with law and regulation.
		LD.03.	06.01 Tł	ose	who work in the hospital are focused on improving safety and quality.
		EP 3	and services	. (Se	for a sufficient number and mix of individuals to support safe, quality care, treatment, ee also IC.01.01.01, EP 3) er and mix of individuals is appropriate to the scope and complexity of the services
		LD.04.	03.01 Th	e h	ospital provides services that meet patient needs.
		EP 2	 Diagnostic Dietary Emergency Medical rec Nuclear me Nursing car Pathology a Pharmaceu Physical rel Respiratory Social work Note: Hospita 	ords dicir e and o tical nabi car	clinical laboratory
§482.24(b)	TAG: A-0438	IM.02.0	01.03 Th	e h	ospital maintains the security and integrity of health information.
The hospital must maint records must be accurated	§482.24(b) Standard: Form and Retention of Record The hospital must maintain a medical record for each inpatient and outpatient. Medical records must be accurately written, promptly completed, properly filed and retained, and		and disclosu	re. has	a written policy that addresses the security of health information, including access, use, a written policy addressing the integrity of health information against loss, damage, ration, unintentional change, and accidental destruction.
	I must use a system of author identification and record es the integrity of the authentication and protects the security of all	EP 6	The hospital	prot	ects health information against loss, damage, unauthorized alteration, unintentional idental destruction.
Medicare Hospital Require	ements to 2016 Joint	Page 114	of 328		© 2016 The Joint Commission

CFR Number §482.24(b)	Medicare Requirements		t Commissi /alent Numl		Joint Commission Standards and Elements of Performance
		IM.02.0		The h forma	ospital retrieves, disseminates, and transmits health information in useful ats.
		EP 2	care, treat	nent, lospit	orage and retrieval systems make health information accessible when needed for patient and services. (See also IC.01.02.01, EP 1) als that use Joint Commission accreditation for deemed status purposes: The medical allows for timely retrieval of patient information by diagnosis and procedure.
		IM.04.0	01.01	The h	ospital maintains accurate health information.
		EP 1	The hospit	al has	processes to check the accuracy of health information.
		MS.03.			organized medical staff oversees the quality of patient care, treatment, and ces provided by practitioners privileged through the medical staff process.
		EP 6		ns, w	nedical staff specifies the minimal content of medical histories and physical hich may vary by setting or level of care, treatment, and services. (See also ² 4)
		EP 7 The org		zed m	nedical staff monitors the quality of medical histories and physical examinations.
		MS.05.		The o activi	rganized medical staff participates in organizationwide performance improvement ties.
		EP 3			nedical staff participates in the following activities: Accurate, timely, and legible titient's medical records. (See also RC.01.04.01, EPs 1, 3, and 4)
		RC.01.		The h patie	ospital maintains complete and accurate medical records for each individual nt.
		EP 1	The hospit	al def	ines the components of a complete medical record.
		EP 7	The medic treatment,		ord contains information that documents the course and result of the patient's care, ervices.
		EP 8	continuity of	of care	ord contains information about the patient's care, treatment, or services that promotes e among providers.
					als that elect The Joint Commission Primary Care Medical Home option: This ers to care provided by both internal and external providers.
		RC.01.02.01		Entrie	es in the medical record are authenticated.
		EP 3	The author	of ea	ach medical record entry is identified in the medical record.
		EP 3	The author	of ea	ach medical record entry is identified in the medical record.

CFR Number §482.24(b)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 4	record through Note 1: Authen stamp signatur Note 2: For pap for verbal order electronic signa Note 3: For hos including verba who is respons	nedical record are authenticated by the author. Information introduced into the medical transcription or dictation is authenticated by the author. tication can be verified through electronic signatures, written signatures or initials, rubberes, or computer key. Der-based records, signatures entered for purposes of authentication after transcription or is are dated when required by law or regulation or hospital policy. For electronic records, atures will be date-stamped. Spitals that use Joint Commission accreditation for deemed status purposes: All orders, I orders, are dated and authenticated by the ordering practitioner or another practitioner ible for the care of the patient, and who, in accordance with hospital policy; law and medical staff bylaws, rules, and regulations, is authorized to write orders.
		EP 5	The individual i individual who	dentified by the signature stamp or method of electronic authentication is the only uses it.
		RC.01.0	03.01 Doc	umentation in the medical record is entered in a timely manner.
		EP 1	The hospital ha also PC.01.02.	as a written policy that requires timely entry of information into the medical record. (See 03, EP 1)
		EP 2 The hospital after the patie		fines the time frame for completion of the medical record, which does not exceed 30 days t's discharge.
		EP 3	The hospital im (See also PC.0	plements its policy requiring timely entry of information into the patient's medical record. 1.02.03, EP 2)
		RC.01.0	04.01 The	hospital audits its medical records.
		EP 1	indicators: pres	onducts an ongoing review of medical records at the point of care, based on the following sence, timeliness, legibility (whether handwritten or printed), accuracy, authentication, and of data and information. (See also MS.05.01.03, EP 3)
		RC.01.0	05.01 The	hospital retains its medical records.
		EP 1		me of the original or legally reproduced medical record is determined by its use and in accordance with law and regulation.
		EP 8	Original medica	al records are not released unless the hospital is responding to law and regulation.
§482.24(b)(1)	TAG: A-0439	RC.01.0	05.01 The	hospital retains its medical records.
(1) Medical records must period of at least 5 years	t be retained in their original or legally reproduced form for a .	EP 1		me of the original or legally reproduced medical record is determined by its use and in accordance with law and regulation.
§482.24(b)(2)	TAG: A-0440	IM.01.0	1.01 The	hospital plans for managing information.
	ve a system of coding and indexing medical records. The system ieval by diagnosis and procedure, in order to support medical	EP 2	The hospital ide	entifies how data and information enter, flow within, and leave the organization.
Medicare Hospital Require	ements to 2016 Joint	Page 116	of 328	© 2016 The Joint Commission

CFR Number §482.24(b)(2)	Medicare Requirements	Joint Commission Equivalent Number Joint Commission Standards and Elements of Performance
		IM.02.02.03 The hospital retrieves, disseminates, and transmits health information in useful formats.
		EP 2 The hospital's storage and retrieval systems make health information accessible when needed for patien care, treatment, and services. (See also IC.01.02.01, EP 1) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The medical records system allows for timely retrieval of patient information by diagnosis and procedure.
		EP 3 The hospital disseminates data and information in useful formats within time frames that are defined by the hospital and consistent with law and regulation.
		RC.01.01.01 The hospital maintains complete and accurate medical records for each individual patient.
		EP 9 The hospital uses standardized formats to document the care, treatment, and services it provides to patients.
		EP 12 The hospital tracks the location of all components of the medical record.
§482.24(b)(3)	TAG: A-0441	IM.02.01.01 The hospital protects the privacy of health information.
	a procedure for ensuring the confidentiality of patient re of records may be released only to authorized individua	
		EP 3 The hospital uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)
		EP 4 The hospital discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)
§482.24(b)(3) continued	TAG: A-0442	IM.02.01.01 The hospital protects the privacy of health information.
(3) continued		EP 1 The hospital has a written policy addressing the privacy of health information. (See also RI.01.01.01, EP 7)
[Information from or copies the hospital must ensure the	of records may be released only to authorized individu at unauthorized individuals cannot gain access to or al	er IM.02.01.03 The hospital maintains the security and integrity of health information.
patient records.		EP 1 The hospital has a written policy that addresses the security of health information, including access, use, and disclosure.
		EP 6 The hospital protects health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction.
§482.24(b)(3) continued	TAG: A-0443	RC.01.05.01 The hospital retains its medical records.
(3) continued		EP 8 Original medical records are not released unless the hospital is responding to law and regulation.
Original medical records mo or State laws, court orders,	ist be released by the hospital only in accordance with or subpoenas.	-ederal
§482.24(c)	TAG: A-0449	RC.01.01.01 The hospital maintains complete and accurate medical records for each individual
§482.24(c) Standard: Conte	nt of Record	patient.
Nedicare Hospital Requireme	ents to 2016 Joint	Page 117 of 328 © 2016 The Joint Commission

CFR Number §482.24(c)	Medicare Requirements		Commission alent Number		Joint Commission Standards and Elements of Performance		
	t contain information to justify admission and continued he diagnosis, and describe the patient's progress and response to	EP 5	P 5 The medical record contains the information needed to support the patient's diagnosis and condition				
medications and service	medications and services.		The medical r	eco	rd contains the information needed to justify the patient's care, treatment, and services.		
		EP 7	The medical r treatment, and		rd contains information that documents the course and result of the patient's care, rvices.		
		EP 8	continuity of c Note: For hos	are pita	rd contains information about the patient's care, treatment, or services that promotes among providers. Is that elect The Joint Commission Primary Care Medical Home option: This s to care provided by both internal and external providers.		
		RC.02.0		e m rvice	edical record contains information that reflects the patient's care, treatment, and es.		
		EP 2	 The reason(The patient's Any findings EPs 1 and 8) Any allergies Any allergies Any diagnoss (including con Commission a (diseases that an intercurren Any consulta Any poserva The patient's Any emerge Any medicata Any adverse Treatment g Results of dia Any medicata Discharge dia 	s) for s initiations s to s to s to s to s to s to s to s not s res oncy s not tions s ite a dru oals i agn tions s i agn tions s to s to s to s to s to s to s to s t	medications a or impressions drawn from the patient's medical history and physical examination or conditions established during the patient's course of care, treatment, and services cations and hospital-acquired infections). For psychiatric hospitals using Joint editation for deemed status purposes: The diagnosis includes intercurrent diseases cur during the course of another disease; for example, a patient with AIDS may develop but of pneumonia) and the psychiatric diagnoses. In reports s relevant to care, treatment, and services care, treatment, and services care, treatment, and services care, treatment, and services provided to the patient before his or her arrival tes s ordered or prescribed s administered, including the strength, dose, and route for medication, administration devices used, and rate of administration ig reactions c, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) oostic and therapeutic tests and procedures a dispensed or prescribed on discharge		
§482.24(c)(1)	TAG: A-0450	RC.01.0		e ho tien	ospital maintains complete and accurate medical records for each individual t.		
authenticated in written of	cord entries must be legible, complete, dated, timed, and or electronic form by the person responsible for providing or	EP 5	•		rd contains the information needed to support the patient's diagnosis and condition.		
evaluating the service pr	ovided, consistent with hospital policies and procedures.	EP 6	The medical r	есо	rd contains the information needed to justify the patient's care, treatment, and services.		
			4 2 2 2		© 2040 The later Commission		

CFR Number §482.24(c)(1)	Medicare Requirements		Commission alent Number	I loint Commission Standards and Floments of Performance
		EP 7	The medical re treatment, and	record contains information that documents the course and result of the patient's care, d services.
		EP 8	continuity of ca Note: For hosp	record contains information about the patient's care, treatment, or services that promotes care among providers. spitals that elect The Joint Commission Primary Care Medical Home option: This efers to care provided by both internal and external providers.
		EP 11	All entries in th	the medical record are dated.
		EP 19		that use Joint Commission accreditation for deemed status purposes: All entries in the d, including all orders, are timed.
		RC.01.0	2.01 Ent	tries in the medical record are authenticated.
		EP 2		defines the types of entries in the medical record made by nonindependent practitioners ountersigning, in accordance with law and regulation.
		EP 3	The author of	each medical record entry is identified in the medical record.
		EP 4	record through Note 1: Auther stamp signatu Note 2: For pa for verbal orde electronic sign Note 3: For ho including verba who is respons	medical record are authenticated by the author. Information introduced into the medical h transcription or dictation is authenticated by the author. entication can be verified through electronic signatures, written signatures or initials, rubber- ures, or computer key. aper-based records, signatures entered for purposes of authentication after transcription or ers are dated when required by law or regulation or hospital policy. For electronic records, natures will be date-stamped. ospitals that use Joint Commission accreditation for deemed status purposes: All orders, pal orders, are dated and authenticated by the ordering practitioner or another practitioner hsible for the care of the patient, and who, in accordance with hospital policy; law and id medical staff bylaws, rules, and regulations, is authorized to write orders.
		EP 5	The individual individual who	l identified by the signature stamp or method of electronic authentication is the only o uses it.
		RC.01.0	4.01 The	e hospital audits its medical records.
		EP 1	indicators: pre	conducts an ongoing review of medical records at the point of care, based on the following esence, timeliness, legibility (whether handwritten or printed), accuracy, authentication, and s of data and information. (See also MS.05.01.03, EP 3)
§482.24(c)(2)	TAG: A-0450	PC.02.0		e hospital provides care, treatment, and services as ordered or prescribed, and in cordance with law and regulation.
by the ordering practitio patient only if such a practice of the second	verbal orders, must be dated, timed, and authenticated promptly ner or by another practitioner who is responsible for the care of the actitioner is acting in accordance with State law, including scope-of- bolicies, and medical staff bylaws, rules, and regulations.			
Medicare Hospital Requir	rements to 2016 Joint F	Page 119 o	of 328	© 2016 The Joint Commission

CFR Number §482.24(c)(2)	Medicare Requirements		Commissior alent Numbe	I loint Commission Standards and Elements of Performance			
		EP 1	 care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a license independent practitioner or other practitioner in accordance with professional standards of practice and regulation; hospital policies; and medical staff bylaws, rules, and regulations. * Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as low he or she meets the following: Responsible for the care of the patient Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements Acting within his or her scope of practice under state law Authorized in accordance with state law and policies adopted by the medical staff and approved by governing body to order the applicable outpatient services 				
		RC.01.0		e hospital maintains complete and accurate medical records for each individual tient.			
		EP 11	All entries in	the medical record are dated.			
		EP 19		that use Joint Commission accreditation for deemed status purposes: All entries in the rd, including all orders, are timed.			
		RC.01.0)2.01 Er	tries in the medical record are authenticated.			
		EP 2		defines the types of entries in the medical record made by nonindependent practitioners ountersigning, in accordance with law and regulation.			
		EP 3	The author o	each medical record entry is identified in the medical record.			
		EP 4	record throug Note 1: Auth stamp signat Note 2: For p for verbal orc electronic sig Note 3: For h including ver who is respo	medical record are authenticated by the author. Information introduced into the medical h transcription or dictation is authenticated by the author. entication can be verified through electronic signatures, written signatures or initials, rubber- ures, or computer key. aper-based records, signatures entered for purposes of authentication after transcription or ers are dated when required by law or regulation or hospital policy. For electronic records, natures will be date-stamped. ospitals that use Joint Commission accreditation for deemed status purposes: All orders, pal orders, are dated and authenticated by the ordering practitioner or another practitioner nsible for the care of the patient, and who, in accordance with hospital policy; law and ad medical staff bylaws, rules, and regulations, is authorized to write orders.			
		EP 5	The individua individual wh	l identified by the signature stamp or method of electronic authentication is the only o uses it.			
		RC.02.0)3.07 Qi	alified staff receive and record verbal orders.			
		EP 3		on of verbal orders includes the date and the names of individuals who gave, received, d implemented the orders.			
		EP 4		are authenticated within the time frame specified by law and regulation.			

CFR Number §482.24(c)(2)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 6		at use Joint Commission accreditation for deemed status purposes: Documentation of cludes the time the verbal order was received.
§482.24(c)(3)	TAG: A-0450			
(3) Hospitals may use proprotocols for patient order	e-printed and electronic standing orders, order sets, and rs only if the hospital:			
§482.24(c)(3)(i)	TAG: A-0450	MM.04.	01.01 Medi	cation orders are clear and accurate.
	orders and protocols have been reviewed and approved by the spital's nursing and pharmacy leadership;	EP 15	use of preprinte the following: - Review and an and pharmacy i - Evaluation of evidence-based - Regular review and pharmacy i protocols - Dating, timing another practitio	established standing orders and protocols for consistency with nationally recognized and
§482.24(c)(3)(ii)	TAG: A-0450	MM.04.	01.01 Medi	cation orders are clear and accurate.
(ii) Demonstrates that su and evidence-based guid	ch orders and protocols are consistent with nationally recognized lelines;	EP 15	use of preprinte the following: - Review and a and pharmacy I - Evaluation of evidence-based - Regular review and pharmacy I protocols - Dating, timing another practitio	established standing orders and protocols for consistency with nationally recognized and
§482.24(c)(3)(iii)	TAG: A-0450	MM.04.	01.01 Medi	cation orders are clear and accurate.
by the medical staff and	odic and regular review of such orders and protocols is conducted the hospital's nursing and pharmacy leadership to determine the d safety of the orders and protocols; and			
Nedicare Hospital Require	ments to 2016 Joint P	age 121 c	of 328	© 2016 The Joint Commission

CFR Number §482.24(c)(3)(iii)	Medicare Requirements		Commission lent Number	Joint Commission Standards and Elements of Performance		
			use of preprinte the following: - Review and an and pharmacy li - Evaluation of e evidence-based - Regular review and pharmacy li protocols - Dating, timing, another practitic	established standing orders and protocols for consistency with nationally recognized and		
§482.24(c)(3)(iv)	TAG: A-0450	MM.04.0 ²	1.01 Medi	cation orders are clear and accurate.		
in the patient's medical r responsible for the care	ders and protocols are dated, timed, and authenticated promptly ecord by the ordering practitioner or by another practitioner of the patient only if such a practitioner is acting in accordance scope-of-practice laws, hospital policies, and medical staff tions.		use of preprinte the following: - Review and an and pharmacy l - Evaluation of e evidence-based - Regular review and pharmacy l protocols - Dating, timing, another practitic	established standing orders and protocols for consistency with nationally recognized and		
§482.24(c)(4)	TAG: A-0458					
(4) All records must docu	iment the following, as appropriate:					
§482.24(c)(4)(i)	TAG: A-0458					
(i) Evidence of						
§482.24(c)(4)(i)(A)	TAG: A-0458	PC.01.02		nospital assesses and reassesses the patient and his or her condition according fined time frames.		
30 days before or 24 hou procedure requiring anes must be placed in the pa	(A) A medical history and physical examination completed and documented no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be placed in the patient's medical record within 24 hours after admission or		24 hours after, I	eives a medical history and physical examination no more than 30 days prior to, or within egistration or inpatient admission, but prior to surgery or a procedure requiring ices. (See also MS.03.01.01, EP 6; RC.02.01.03, EP 3)		
registration, but prior to s	surgery or a procedure requiring anesthesia services.	RC.01.03	3.01 Docu	mentation in the medical record is entered in a timely manner.		
EP			EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital re the patient's medical history and physical examination, including updates, in the medical record with hours after registration or inpatient admission but prior to surgery or a procedure requiring anesthes services.			

CFR Number §482.24(c)(4)(i)(A)	Medicare Requirements		Commissic		Joint Commission Standards and Elements of Performance
		RC.02.			atient's medical record documents operative or other high-risk procedures and e of moderate or deep sedation or anesthesia.
		EP 3			dical history and physical examination are recorded in the medical record before an r high-risk procedure is performed. (See also PC.01.02.03, EPs 4 and 5)
§482.24(c)(4)(i)(B)	TAG: A-0461	PC.01.			ospital assesses and reassesses the patient and his or her condition according ined time frames.
(4) [All records must document the following, as appropriate:(i) Evidence of](B) An updated examination of the patient, including any changes in the patient's		EP 5	inpatient ac 24 hours af	lmissi ter re	story and physical examination that was completed within 30 days prior to registration or on, an update documenting any changes in the patient's condition is completed within gistration or inpatient admission, but prior to surgery or a procedure requiring anesthesia so MS.03.01.01, EP 8; RC.02.01.03, EP 3)
	cal history and physical examination are completed within 30 registration. Documentation of the updated examination must be	RC.01.	03.01 [Docui	nentation in the medical record is entered in a timely manner.
	edical record within 24 hours after admission or registration, but edure requiring anesthesia services.	EP 4	the patient's	s med	t use Joint Commission accreditation for deemed status purposes: The hospital records lical history and physical examination, including updates, in the medical record within 24 ration or inpatient admission but prior to surgery or a procedure requiring anesthesia
§482.24(c)(4)(ii)	TAG: A-0463	RC.02.		The m servic	edical record contains information that reflects the patient's care, treatment, and
[All records must docume (ii) Admitting diagnosis.	ent the following, as appropriate:]	EP 2	 The reaso The patier Any findin EPs 1 and Any allerg Any concl Any diagn (including c Commissio (diseases that an intercurr Any obser The patier Any progr All orders Any media Any access Any adver Treatment Results of Any media Discharge Discharge 	n(s) f f nt's inn gs of b) ies too usion ooses ompliin n accont nat occent bo ultatioo vatioon nt's re ggency; gess n cation ss site se dr diagg cation diagg plan	medications s or impressions drawn from the patient's medical history and physical examination or conditions established during the patient's course of care, treatment, and services cations and hospital-acquired infections). For psychiatric hospitals using Joint reditation for deemed status purposes: The diagnosis includes intercurrent diseases ocur during the course of another disease; for example, a patient with AIDS may develop but of pneumonia) and the psychiatric diagnoses. In reports is relevant to care, treatment, and services sponse to care, treatment, and services sponse to care, treatment, and services sourd or prescribed s administered, including the strength, dose, and route for medication, administration devices used, and rate of administration ug reactions s, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) nostic and therapeutic tests and procedures s dispensed or prescribed on discharge

CFR Number §482.24(c)(4)(iii)	Medicare Requirements	Joint Commiss Equivalent Num		Joint Commission Standards and Elements of Performance
§482.24(c)(4)(iii)	TAG: A-0464		The n servio	nedical record contains information that reflects the patient's care, treatment, and tes.
	ent the following, as appropriate:] ative evaluations of the patient and appropriate findings by clinical n the care of the patient.	EP 2 The media - The reas - The patie - Any findi EPs 1 and - Any aller - Any aller - Any aller - Any diag (including Commissi (diseases an intercu - Any obs - The patie - Any media - Any media - Any media - Any media - Any adve - Any adv	cal rect on(s) f ent's in ngs of 8) gies to gies to clusion noses compl on acc that of rrent b sultatic ent's re ress n ication ication to diag of diag e plan	brd contains the following clinical information: or admission for care, treatment, and services itial diagnosis, diagnostic impression(s), or condition(s) assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, food medications s or impressions drawn from the patient's medical history and physical examination or conditions established during the patient's course of care, treatment, and services cations and hospital-acquired infections). For psychiatric hospitals using Joint reditation for deemed status purposes: The diagnosis includes intercurrent diseases ccur during the course of another disease; for example, a patient with AIDS may develop bout of pneumonia) and the psychiatric diagnoses. n reports ns relevant to care, treatment, and services seponse to care, treatment, and services v care, treatment, and services s ordered or prescribed s administered, including the strength, dose, and route e for medication, administration devices used, and rate of administration ug reactions s, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) nostic and therapeutic tests and procedures s dispensed or prescribed on discharge
§482.24(c)(4)(iv)	TAG: A-0465			nedical record contains information that reflects the patient's care, treatment, and
-	ent the following, as appropriate:] mplications, hospital acquired infections, and unfavorable nesthesia.		servio	
ledicare Hospital Require	ments to 2016 Joint	Page 124 of 328		© 2016 The Joint Commissio

CFR Number §482.24(c)(4)(iv)	Medicare Requirements		Commission Ilent Number	Joint Commission Standards and Elements of Performance
		EP 2	 The reason(s) The patient's in Any findings of EPs 1 and 8) Any allergiest to any allergiest to any conclusion Any conclusion Any diagnoses (including comp Commission acc (diseases that of an intercurrent to an intercurrent to an intercurrent to an intercurrent to any consultation. Any observation Any emergence Any medication Any any medication Any adverse do any medication The asults of diage. Any medication Discharge diage. 	o medications ns or impressions drawn from the patient's medical history and physical examination s or conditions established during the patient's course of care, treatment, and services lications and hospital-acquired infections). For psychiatric hospitals using Joint creditation for deemed status purposes: The diagnosis includes intercurrent diseases focur during the course of another disease; for example, a patient with AIDS may develop bout of pneumonia) and the psychiatric diagnoses. on reports ons relevant to care, treatment, and services esponse to care, treatment, and services ty care, treatment, and services ty care, treatment, and services ty care, treatment, and services the for medication, administration devices used, and route te for medication, administration devices used, and rate of administration rug reactions als, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) gnostic and therapeutic tests and procedures ns dispensed or prescribed on discharge
		RC.02.0	1.03 The patient's medical record documents operative or other high-risk procedures the use of moderate or deep sedation or anesthesia.	
		EP 8	 The patient's w Any medication components 	cord contains the following postoperative information: vital signs and level of consciousness (See also PC.03.01.05, EP 1; PC.03.01.07, EP 1) ns, including intravenous fluids and any administered blood, blood products, and blood ated events or complications (including blood transfusion reactions) and the management
§482.24(c)(4)(v)	TAG: A-0466	RC.02.0	1.01 The r servi	medical record contains information that reflects the patient's care, treatment, and
[All records must docum	ent the following, as appropriate:]		301 11	
	formed consent forms for procedures and treatments specific Federal or State law if applicable, to require written patient co			
Medicare Hospital Require	ements to 2016 Joint	Page 125 g	f 328	© 2016 The Joint Commission

CFR Number §482.24(c)(4)(v)	Medicare Requirements		t Commissio valent Numb		Joint Commission Standards and Elements of Performance
		EP 4	information: - Any advan - Any inform Note: The p except in er mutual unde electronic si agreement l - Any record	ice di ned co roper nerge erstar gnatu by the ls of o	vide care, treatment, and services, the medical record contains the following additional rectives (See also RI.01.05.01, EP 11) onsent, when required by hospital policy (See also RI.01.03.01, EP 13) ly executed informed consent is placed in the patient's medical record prior to surgery, ncies. A properly executed informed consent contains documentation of a patient's iding of and agreement for care, treatment, and services through written signature; irre; or, when a patient is unable to provide a signature, documentation of the verbal e patient or surrogate decision-maker.
		RI.01.0			ospital honors the patient's right to give or withhold informed consent.
		EP 1	The hospita	l has	a written policy on informed consent.
		EP 2			itten policy identifies the specific care, treatment, and services that require informed dance with law and regulation.
		EP 3	The hospita informed co		itten policy describes circumstances that would allow for exceptions to obtaining
		EP 4	The hospita	l's wr	itten policy describes the process used to obtain informed consent.
		EP 5			itten policy describes how informed consent is documented in the patient record. ation may be recorded in a form, in progress notes, or elsewhere in the record.
		EP 6	The hospita (See also R		itten policy describes when a surrogate decision-maker may give informed consent.)2.01, EP 6)
		EP 7	The informe services.	d cor	esent process includes a discussion about the patient's proposed care, treatment, and
		EP 9	the patient's	prop	isent process includes a discussion about potential benefits, risks, and side effects of osed care, treatment, and services; the likelihood of the patient achieving his or her otential problems that might occur during recuperation.
		EP 11	proposed ca	are, tr	isent process includes a discussion about reasonable alternatives to the patient's eatment, and services. The discussion encompasses risks, benefits, and side effects ernatives and the risks related to not receiving the proposed care, treatment, and
		EP 13			t is obtained in accordance with the hospital's policy and processes and, except in or to surgery. (See also RC.02.01.01, EP 4)
§482.24(c)(4)(vi)	TAG: A-0467	RC.02.		'he m ervic	edical record contains information that reflects the patient's care, treatment, and
[All records must document	the following, as appropriate:]		S		53.
	nursing notes, reports of treatment, medication records, ports, and vital signs and other information necessary to on.				

CFR Number §482.24(c)(4)(vi)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		 The reason(s) The patient's Any findings of EPs 1 and 8) Any allergies if Any allergies if Any conclusion Any diagnose (including comp Commission active (including comp Com	to medications ons or impressions drawn from the patient's medical history and physical examination s or conditions established during the patient's course of care, treatment, and services oblications and hospital-acquired infections). For psychiatric hospitals using Joint coreditation for deemed status purposes: The diagnosis includes intercurrent diseases occur during the course of another disease; for example, a patient with AIDS may develop bout of pneumonia) and the psychiatric diagnoses. ion reports ons relevant to care, treatment, and services response to care, treatment, and services cy care, treatment, and services cy care, treatment, and services provided to the patient before his or her arrival notes ons ordered or prescribed ons administered, including the strength, dose, and route ite for medication, administration devices used, and rate of administration drug reactions als, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) gnostic and therapeutic tests and procedures ons dispensed or prescribed on discharge
§482.24(c)(4)(vii)	TAG: A-0468	RC.02.04.01 The	hospital documents the patient's discharge information.
-	ent the following, as appropriate:] with outcome of hospitalization, disposition of case, and are.	medical record - The reason fo - The procedure - The care, trea - The patient's - Information pr - Provisions for Note 1: A disch as defined by th discharge sum and provisions Note 2: When a change, a trans change, a prog Note 3: For psy The record of e	Attends, and services provided condition and disposition at discharge rovided to the patient and family follow-up care harge summary is not required when a patient is seen for minor problems or interventions, the medical staff. In this instance, a final progress note may be substituted for the mary provided the note contains the outcome of hospitalization, disposition of the case, for follow-up care. a patient is transferred to a different level of care within the hospital, and caregivers sfer summary may be substituted for the discharge summary. If the caregivers do not ress note may be used. chiatric hospitals that use Joint Commission accreditation for deemed status purposes: each patient discharged needs to include a discharge summary with the above e exceptions in Notes 1 and 2 are not applicable. All patients discharged need to have a

CFR Number §482.24(c)(4)(viii)	Medicare Requirements		Commissio alent Numb		Joint Commission Standards and Elements of Performance
§482.24(c)(4)(viii)	TAG: A-0469	RC.01.0)3.01 D	ocur	nentation in the medical record is entered in a timely manner.
	ent the following, as appropriate:]	EP 2	The hospital after the pat		thes the time frame for completion of the medical record, which does not exceed 30 days discharge.
(VIII) Final diagnosis with	completion of medical records within 30 days following discharge.	RC.02.0		he m ervic	edical record contains information that reflects the patient's care, treatment, and es.
		EP 2	 The reasor The patien Any finding EPs 1 and & Any allergi Any allergi Any conclu Any diagnot (including cc Commission (diseases the an intercurred) Any consulidation Any observing Any observing Any observing Any emerging Any progreesing Any medic Any adversesing Treatment Results of Any medic Discharge Discharge 	(s) for t's initial soft (s) of t's initial soft (s) of t's initial soft (s) of t's soft (s	medications a or impressions drawn from the patient's medical history and physical examination or conditions established during the patient's course of care, treatment, and services cations and hospital-acquired infections). For psychiatric hospitals using Joint editation for deemed status purposes: The diagnosis includes intercurrent diseases cur during the course of another disease; for example, a patient with AIDS may develop but of pneumonia) and the psychiatric diagnoses. In reports is relevant to care, treatment, and services sponse to care, treatment, and services care, treatment, and services provided to the patient before his or her arrival otes s ordered or prescribed is administered, including the strength, dose, and route for medication, administration devices used, and rate of administration ug reactions s, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) iostic and therapeutic tests and procedures s dispensed or prescribed on discharge
§482.25	TAG: A-0490	LD.04.0			ospital has policies and procedures that guide and support patient care, ent, and services.
The hospital must have p	§482.25 Condition of Participation: Pharmaceutical Services		Leaders rev	ew a	nd approve policies and procedures that guide and support patient care, treatment, and so NR.02.03.01, EP 1; RI.01.07.01, EP 1)
institution must have a pharmacy directed by a registered pharmacist or a drug storage area under competent supervision. The medical staff is responsible for developing policies and procedures that minimize drug errors. This function may be delegated to the hospital's organized pharmaceutical service.					
Aedicare Hospital Require	ments to 2016 Joint P	age 128 c	of 328		© 2016 The Joint Commission

CFR Number §482.25	Medicare Requirements		Commissional Commission	-	Joint Commission Standards and Elements of Performance		
		LD.04.(EP 2	The hospita - Diagnosti - Dietary - Emergenu - Medical rr - Nuclear n - Nursing c - Pathology - Pharmaca - Physical 1 - Respirato - Social wo Note: Hosp nuclear me	al pro- c radi ecorde nedici are / and eutica rehabi ry car rk bitals t edicine	clinical laboratory		
		EP 19	· · · · ·				
§482.25(a)	TAG: A-0491	LD.04.0	01.05 [.]	The h	ospital effectively manages its programs, services, sites, or departments.		
	cy Management and Administration a area must be administered in accordance with accepted	EP 3	programs, Note: For h	servic lospita	nes, in writing, the responsibility of those with administrative and clinical direction of its es, sites, or departments. (See also NR.01.01.01, EP 5) als that use Joint Commission accreditation for deemed status purposes: This includes loyee who directs and manages dietary services.		
		LD.04.0	04.03	New o	r modified services or processes are well designed.		
		EP 4	in the decis Note: For e	sion-m examp	sign of new or modified services or processes incorporates evidence-based information aking process. le, evidence-based information could include practice guidelines, successful practices, current literature, and clinical standards.		
		LD.04.04.07		The h proce	ospital considers clinical practice guidelines when designing or improving sses.		
		EP 1		ospital considers using clinical practice guidelines when designing or improving processes. (See R.02.01.01, EP 5)			
		MM.03	.01.01	The h	ospital safely stores medications.		
		EP 3	EP 3 The hospital stores all medications and biologicals, including controlled (scheduled) medical secured area to prevent diversion, and locked when necessary, in accordance with law and Note 1: Scheduled medications include those listed in Schedules II–V of the Comprehensive Prevention and Control Act of 1970. Note 2: This element of performance is also applicable to sample medications.				

CFR Number §482.25(a)	Medicare Requirements		Commissio		Joint Commission Standards and Elements of Performance
		EP 4	health care disposition,	provi and i	a written policy addressing the control of medication between receipt by an individual der and administration of the medication, including safe storage, handling, security, eturn to storage. nt of performance is also applicable to sample medications.
		EP 5	health care	provi	ements its policy addressing the control of medication between receipt by an individual der and its administration. Int of performance is also applicable to sample medications.
		MM.05	.01.11	The h	ospital safely dispenses medications.
		EP 2	licensure, a Note 1: Dis	ind pr pensi	enses medications and maintains records in accordance with law and regulation, ofessional standards of practice. ng practices and recordkeeping include antidiversion strategies. nent of performance is also applicable to sample medications.
§482.25(a)(1)	TAG: A-0492	HR.01.		The h provid	ospital has the necessary staff to support the care, treatment, and services it les.
	or consulting pharmacist must be responsible for developing, ating all the activities of the pharmacy services.	EP 28	or consultir	ig pha	t use Joint Commission accreditation for deemed status purposes: A full-time, part-time, rmacist develops, supervises, and coordinates all the activities of the pharmacy armacy services.
§482.25(a)(2)	TAG: A-0493	LD.03.0	06.01	Those	who work in the hospital are focused on improving safety and quality.
	service must have an adequate number of personnel to ensure ervices, including emergency services.	EP 3	Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3) Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.		
§482.25(a)(3)	TAG: A-0494	MM.03	.01.01	The h	ospital safely stores medications.
(3) Current and accurate scheduled drugs.	e records must be kept of the receipt and disposition of all	EP 3	secured are Note 1: Scl Prevention	ea to p nedule and C	es all medications and biologicals, including controlled (scheduled) medications, in a prevent diversion, and locked when necessary, in accordance with law and regulation. ad medications include those listed in Schedules II–V of the Comprehensive Drug Abuse control Act of 1970. hent of performance is also applicable to sample medications.
		EP 4	health care disposition,	provi and i	a written policy addressing the control of medication between receipt by an individual der and administration of the medication, including safe storage, handling, security, eturn to storage. nt of performance is also applicable to sample medications.
		EP 5	health care	provi	ements its policy addressing the control of medication between receipt by an individual der and its administration. nt of performance is also applicable to sample medications.
		MM.05	.01.11	The h	ospital safely dispenses medications.
		EP 2	licensure, a Note 1: Dis	ind pr pensi	enses medications and maintains records in accordance with law and regulation, ofessional standards of practice. ng practices and recordkeeping include antidiversion strategies. nent of performance is also applicable to sample medications.

CFR Number §482.25(b)	Medicare Requirements		Commissi alent Num		Joint Commission Standards and Elements of Performance
§482.25(b)	TAG: A-0500	EC.02.	01.01	The h	ospital manages safety and security risks.
§482.25(b) Standard: De	livery of Services	EP 11	The hospit	al res	oonds to product notices and recalls. (See also MM.05.01.17, EPs 1–4)
	t safety, drugs and biologicals must be controlled and distributed	MM.03	01.01	The h	ospital safely stores medications.
in accordance with applicable standards of practice, consistent with Federal and State law.	EP 3	secured ar Note 1: Sc Prevention	ea to hedule and (es all medications and biologicals, including controlled (scheduled) medications, in a brevent diversion, and locked when necessary, in accordance with law and regulation. ad medications include those listed in Schedules II–V of the Comprehensive Drug Abus control Act of 1970. hent of performance is also applicable to sample medications.	
	EP 4	health care disposition	provi , and	a written policy addressing the control of medication between receipt by an individual der and administration of the medication, including safe storage, handling, security, eturn to storage. In to f performance is also applicable to sample medications.	
		EP 5	health care	provi	ements its policy addressing the control of medication between receipt by an individua der and its administration. Int of performance is also applicable to sample medications.
		MM.05			rmacist reviews the appropriateness of all medication orders for medications to pensed in the hospital.
		EP 1	distribution independer a delay wo status), in a Note 1: The to Standarr back-up. T administer (such as a practitioner licensed in experience urgent situr Note 2: A h expected to direct supe	devic nt pra- uld ha accord e Join d MM. he firs ed by regist regist is no deper an ac ations o defir rvisio	g or removing medications from floor stock or from an automated storage and e, a pharmacist reviews all medication orders or prescriptions unless a licensed titioner controls the ordering, preparation, and administration of the medication or whe rm the patient in an urgent situation (including sudden changes in a patient's clinical lance with law and regulation. Commission permits emergency departments to broadly apply two exceptions in rega 05.01.01, EP 1. These exceptions are intended to minimize treatment delays and patie t exception allows medications ordered by a licensed independent practitioner to be staff who are permitted to do so by virtue of education, training, and organization policy ered nurse) and in accordance with law and regulation. A licensed independent required to remain at the bedside when the medication is administered. However, a dent practitioner must be available to provide immediate intervention should a patient verse drug event. The second exception allows medications to be administered in when a delay in doing so would harm the patient. It's radiology service (including hospital-associated ambulatory radiology) will be e, through protocol or policy, the role of the licensed independent practitioner in the nof a patient during and after IV contrast media is administered including the licensed etitioner's timely intervention in the event of a patient emergency.
		MM.05	01.11	The h	ospital safely dispenses medications.
	EP 2	licensure, a Note 1: Dis	and pr pensi	enses medications and maintains records in accordance with law and regulation, ofessional standards of practice. ng practices and recordkeeping include antidiversion strategies. nent of performance is also applicable to sample medications.	

CFR Number §482.25(b)	Medicare Requirements		Commissi valent Num		Joint Commission Standards and Elements of Performance	
		MM.05	.01.17	The h	ospital follows a process to retrieve recalled or discontinued medications.	
		EP 1	that are red Administra	called tion (F	a written policy describing how it will retrieve and handle medications within the hospital or discontinued for safety reasons by the manufacturer or the US Food and Drug FDA). (See also EC.02.01.01, EP 11) ent of performance is also applicable to sample medications.	
		EP 2	discontinue	ed for	lements its policy on retrieving and handling medications when they are recalled or safety reasons. (See also EC.02.01.01, EP 11) ent of performance is also applicable to sample medications.	
		EP 3	and Drug A administer	Admin the m	ion is recalled or discontinued for safety reasons by the manufacturer or the US Food istration (FDA), the hospital notifies the prescribers and those who dispense or edication. (See also EC.02.01.01, EP 11) ent of performance is also applicable to sample medications.	
		EP 4	has been r Administra	ecalle tion (F	y law and regulation or hospital policy, the hospital informs patients that their medication d or discontinued for safety reasons by the manufacturer or the US Food and Drug FDA). (See also EC.02.01.01, EP 11) ent of performance is also applicable to sample medications.	
		MM.05	.01.19	The h	ospital safely manages returned medications.	
		EP 2	medication	is to tl	al accepts unused, expired, or returned medications, it has a process for returning ne pharmacy's control that includes procedures for preventing diversion. ent of performance is also applicable to sample medications.	
§482.25(b)(1)	TAG: A-0501	MM.05	.01.07	The h	ospital safely prepares medications.	
	kaging, and dispensing of drugs and biologicals must be under nacist and performed consistent with State and Federal laws.	EP 1	compound	ed ste	pharmacy staff under the supervision of a pharmacist, compounds or admixes all rile preparations except in urgent situations in which a delay could harm the patient or t's stability is short.	
		MM.05	.01.11	11 The hospital safely dispenses medications.		
		EP 2	licensure, a Note 1: Dis	and pi spensi	penses medications and maintains records in accordance with law and regulation, rofessional standards of practice. ng practices and recordkeeping include antidiversion strategies. nent of performance is also applicable to sample medications.	
§482.25(b)(2)(i)	TAG: A-0502	MM.03	.01.01	The h	ospital safely stores medications.	
(2)(i) All drugs and biologi appropriate.	icals must be kept in a secure area, and locked when	EP 4 The ho		ea to hedul and (is eler al has	res all medications and biologicals, including controlled (scheduled) medications, in a prevent diversion, and locked when necessary, in accordance with law and regulation. ed medications include those listed in Schedules II–V of the Comprehensive Drug Abuse Control Act of 1970. nent of performance is also applicable to sample medications.	
		disposition,			der and administration of the medication, including safe storage, handling, security, return to storage. ent of performance is also applicable to sample medications.	

CFR Number §482.25(b)(2)(i)	Medicare Requirements		Commissio valent Numb		Joint Commission Standards and Elements of Performance
		EP 5	health care	provi	ements its policy addressing the control of medication between receipt by an individual der and its administration. Int of performance is also applicable to sample medications.
		EP 6	and law and	regu	rents unauthorized individuals from obtaining medications in accordance with its policy lation. nt of performance is also applicable to sample medications.
§482.25(b)(2)(ii)	TAG: A-0503	MM.03	.01.01 T	he h	ospital safely stores medications.
	ules II, III, IV, and V of the Comprehensive Drug Abuse Act of 1970 must be kept locked within a secure area.	EP 3	secured are Note 1: Sch Prevention	a to p edule and C	es all medications and biologicals, including controlled (scheduled) medications, in a prevent diversion, and locked when necessary, in accordance with law and regulation. ad medications include those listed in Schedules II–V of the Comprehensive Drug Abuse control Act of 1970. Then of performance is also applicable to sample medications.
§482.25(b)(2)(iii)	TAG: A-0504	MM.03	.01.01 T	he h	ospital safely stores medications.
(iii) Only authorized perso	onnel may have access to locked areas.	EP 6	and law and	regu	rents unauthorized individuals from obtaining medications in accordance with its policy lation. nt of performance is also applicable to sample medications.
§482.25(b)(3)	TAG: A-0505	MM.03	.01.01 T	he h	ospital safely stores medications.
(3) Outdated, mislabeled available for patient use.	l, or otherwise unusable drugs and biologicals must not be	EP 8	separately f	rom r	oves all expired, damaged, and/or contaminated medications and stores them nedications available for administration. nt of performance is also applicable to sample medications.
§482.25(b)(4)	TAG: A-0506	MM.05	.01.13 T	he h	ospital safely obtains medications when the pharmacy is closed.
(4) When a pharmacist is	s not available, drugs and biologicals must be removed from the	EP 1	The hospita	l has	a process for providing medications to meet patient needs when the pharmacy is closed.
	a only by personnel designated in the policies of the medical staff ice, in accordance with Federal and State law.	after the pharma		-pharmacist health care professionals are allowed by law or regulation to obtain medication harmacy is closed, the following occurs: Only trained, designated prescribers and nurses access to approved medications.	cy is closed, the following occurs: Only trained, designated prescribers and nurses are
		EP 7	The hospita is closed.	l imp	ements its process for providing medications to meet patient needs when the pharmacy
§482.25(b)(5)	TAG: A-0507	MM.04	.01.01 N	ledic	ation orders are clear and accurate.
	s not specifically prescribed as to time or number of doses must d after a reasonable time that is predetermined by the medical	_			
	aments to 2016 Joint	2000 133	(000		© 2016 The Joint Commission

CFR Number §482.25(b)(5)	Medicare Requirements		Commissio valent Numb		Joint Commission Standards and Elements of Performance			
		EP 1	acceptable Note: There the followin - As needed - Standing of practitioner - Automatic - Titrating of the patient's - Taper ord - Range ord the situation - Orders for - Orders for - Orders for - Orders for	for us e are s g: d (PR orders to ad s stop rders s state ers: C ders: C ders: C ders: C ders: C ders: C ders: C ders: C ders: C ders: C ders hor p	several different types of medication orders. Medication orders commonly used include N) orders: Orders acted on based on the occurrence of a specific indication or symptom : A prewritten medication order and specific instructions from the licensed independent minister a medication to a person in clearly defined circumstances orders: Orders that include a date or time to discontinue a medication Orders in which the dose is either progressively increased or decreased in response to us refers in which the dose is decreased by a particular amount with each dosing interval Orders in which the dose or dosing interval varies over a prescribed range, depending on atient's status bounded drugs or drug mixtures not commercially available cation-related devices (for example, nebulizers, catheters) tigational medications			
		MM.05		A pharmacist reviews the appropriateness of all medication orders for medications be dispensed in the hospital.				
		EP 6	All medicat	ion or and ro	ders are reviewed for the following: The appropriateness of the medication, dose, oute of administration.			
		MM.05	.01.07 1	The hospital safely prepares medications.				
		EP 5	EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes: Medications are prepared and administered in accordance with the orders of a licensed independent practitioner or ot practitioner responsible for the patient's care, and in accordance with hospital policies; medical staff bylaws, rules, and regulations; and law and regulation. * Footnote *: For law and regulation guidance pertaining to those responsible for the care of patients, r to 42 CFR 482.12(c).					
§482.25(b)(6)	TAG: A-0508	MM.07			ospital responds to actual or potential adverse drug events, significant adverse eactions, and medication errors.			
immediately reported to	errors, adverse drug reactions, and incompatibilities must be the attending physician and, if appropriate, to the hospital's performance improvement program.	EP 1	EP 1 The hospital has a written process to respond to ac adverse drug reactions, and medication errors.		a written process to respond to actual or potential adverse drug events, significant ctions, and medication errors. nt of performance is also applicable to sample medications.			
		EP 2	event, signi	ficant	a written process addressing prescriber notification in the event of an adverse drug adverse drug reaction, or medication error. nt of performance is also applicable to sample medications.			
			drug events	s, sigr	plies with internal and external reporting requirements for actual or potential adverse ificant adverse drug reactions, and medication errors. nt of performance is also applicable to sample medications.			
	aments to 2016 Joint	Page 134			© 2016 The Joint Commission			

CFR Number §482.25(b)(6)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance
		EP 6	administration e are immediately organizationwic Note: The defin	at use Joint Commission accreditation for deemed status purposes: Medication errors, adverse drug reactions, and medication incompatibilities as defined by the hospital y reported to the attending physician or clinical psychologist and as appropriate to the le quality assessment and performance improvement program. ition of "physician" is the same as that used by the Centers for Medicare & Medicaid) (refer to the Glossary).
		PI.01.0	1.01 The	hospital collects data to monitor its performance.
		EP 14	The hospital co MM.08.01.01, E	llects data on the following: Significant medication errors. (See also LD.04.04.01, EP 2; EP 1)
		EP 15	The hospital co EP 2; MM.08.0	llects data on the following: Significant adverse drug reactions. (See also LD.04.04.01, 1.01, EP 1)
§482.25(b)(7)	TAG: A-0509	MM.01	.01.03 The	hospital safely manages high-alert and hazardous medications.
applicable Federal and S	f controlled substances must be reported, in accordance with state laws, to the individual responsible for the pharmaceutical executive officer, as appropriate.	EP 5	abuses and los responsible for	at use Joint Commission accreditation for deemed status purposes: The hospital reports ses of controlled substances, in accordance with law and regulation, to the individual the pharmacy department or service and, as appropriate, to the chief executive. nent of performance is also applicable to sample medications.
§482.25(b)(8)	TAG: A-0510	IM.03.0	01.01 Kno	wledge-based information resources are available, current, and authoritative.
toxicology, dosage, indic	o drug interactions and information of drug therapy, side effects, ations for use, and routes of administration must be available to	EP 1	The hospital pro (See also IM.01	ovides access to knowledge-based information resources 24 hours a day, 7 days a week. .01.03, EPs 2 and 6)
the professional staff.		MM.02	.01.01 The	hospital selects and procures medications.
		EP 4	Note 1: Sample	aintains a formulary, including medication strength and dosage. e medications are not required to be on the formulary. e settings, the term "list of medications available for use" is used instead of "formulary." synonymous.
		EP 5	The hospital ma	akes its formulary readily available to those involved in medication management.
§482.25(b)(9)	TAG: A-0511	MM.02	.01.01 The	hospital selects and procures medications.
(9) A formulary system n pharmaceuticals at rease	nust be established by the medical staff to assure quality onable costs.	EP 1	ordering, disper for determining	e medical staff, licensed independent practitioners, pharmacists, and staff involved in hsing, administering, and/or monitoring the effects of medications develop written criteria which medications are available for dispensing or administering to patients. hent of performance is also applicable to sample medications.
Aedicare Hospital Require	smonto to 2016, loint	Page 135	of 228	© 2016 The Joint Commission

CFR Number §482.25(b)(9)	Medicare Requirements		Commission alent Numbe		Joint Commission Standards and Elements of Performance
		EP 2	following: - Indications f - Effectivenes - Drug interac - Potential for - Adverse dru - Sentinel eve - Population(s - Other risks - Costs	for use ss ctions r error ug eve ent ad s) ser	s and abuse ints
		EP 4	Note 1: Samp	ple me me se	ains a formulary, including medication strength and dosage. edications are not required to be on the formulary. ttings, the term "list of medications available for use" is used instead of "formulary." onymous.
		EP 5	The hospital r	make	s its formulary readily available to those involved in medication management.
§482.26	TAG: A-0528	HR.01.0	02.01 Th	ne hos	pital defines staff qualifications.
§482.26 TAG: A-0528 §482.26 Condition of Participation: Radiologic Services The hospital must maintain, or have available, diagnostic radiologic services. If therapeutic services are also provided, they, as well as the diagnostic services, must meet professionally approved standards for safety and personnel qualifications.		EP 1	and RI.01.01. Note 1: Qualitiand/or certificiand/or certificic Note 2: Qualitiand Amendments §493.1495. A Note 3: For hephysical thera assistants, sp therapy, occuprovided by thacceptable st requirements Note 4: Qualitians assessment, supported by	.03, E ificatic cation ificatic s of 19 A comp nospita apists peech upation he hos tandar s. ificatic educa y the A	es staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 P 2) ons for infection control may be met through ongoing education, training, experience, (such as that offered by the Certification Board for Infection Control). ons for laboratory personnel are described in the Clinical Laboratory Improvement 88 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351- olete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. Als that use Joint Commission accreditation for deemed status purposes: Qualified , physical therapist assistants, occupational therapists, occupational therapy -language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical nal therapy, speech-language pathology, or audiology services, if these services are spital. The provision of care and staff qualifications are in accordance with national rds of practice and also meet the requirements of 409.17. See Appendix A for 409.17 ons for language interpreters and translators may be met through language proficiency ation, training, and experience. The use of qualified interpreters and translators is mericans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title ts Act of 1964.
		HR.01.0	06.01 Sta	aff are	e competent to perform their responsibilities.
		EP 1			es the competencies it requires of its staff who provide patient care, treatment, or NPSG.03.06.01, EP 3)
		LD.01.0		•	rerning body is ultimately accountable for the safety and quality of care, nt, and services.
		EP 3	Note: For hos services are p	spitals provid	y approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) that use Joint Commission accreditation for deemed status purposes: If emergency ed at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For n 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.

CFR Number §482.26	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		LD.04.0)3.01 The h	nospital provides services that meet patient needs.
		EP 1	through referral, Note: For psych medical and sur has an agreeme immediately ava	e population(s) served guide decisions about which services will be provided directly or consultation, contractual arrangements, or other agreements. iatric hospitals that use Joint Commission accreditation for deemed status purposes: If gical diagnostic and treatment services are not available within the hospital, the hospital ent with an outside source for these services to make sure that the services are illable or an agreement needs to be established for transferring patients to a general ticipates in the Medicare program.
		EP 2	 Diagnostic rad Dietary Emergency Medical record Nuclear medic Nursing care Pathology and Pharmaceutica Physical rehab Respiratory ca Social work Note: Hospitals 	s ine clinical laboratory al ilitation
		LD.04.0		treatment, and services provided through contractual agreement are provided y and effectively.
		EP 2	The hospital des agreements.	scribes, in writing, the nature and scope of services provided through contractual
		EP 4 EP 5	services. Note 1: In most agreement must described in the Note 2: For hosy the hospital con provided off site - Verify that all in services have ay provided by lice Note 3: For hosy who monitor the	contracted services by establishing expectations for the performance of the contracted cases, each licensed independent practitioner providing services through a contractual t be credentialed and privileged by the hospital using their services following the process "Medical Staff" (MS) chapter. bitals that do not use Joint Commission accreditation for deemed status purposes: When tracts with another accredited organization for patient care, treatment, and services to be , it can do the following: censed independent practitioners who will be providing patient care, treatment, and porporiate privileges by obtaining, for example, a copy of the list of privileges. written agreement that the contracted organization will ensure that all contracted services need independent practitioners will be within the scope of their privileges. bitals that use Joint Commission accreditation for deemed status purposes: The leaders contracted services are the governing body.
			Note: A written of in addition to it.	description of the expectations can be provided either as part of the written agreement or
		EP 6	Leaders monitor expectations.	contracted services by evaluating these services in relation to the hospital's

CFR Number §482.26	Medicare Requirements		t Commissi valent Numl		Joint Commission Standards and Elements of Performance	
		EP 7	Note: Exar - Increase - Provide c - Renegoti - Apply det - Terminate	nples monite onsult ate the ined p e the o	contract.	
		EP 8	patient car	e.	al agreements are renegotiated or terminated, the hospital maintains the continuity of	
		LD.04.	04.03	New o	or modified services or processes are well designed.	
		EP 4	in the decise Note: For e	ospital's design of new or modified services or processes incorporates evidence-based info decision-making process. For example, evidence-based information could include practice guidelines, successful pra- ation from current literature, and clinical standards.		
		LD.04.		The hospital considers clinical practice guidelines when designing or improving processes.		
		EP 1	The hospit also NR.02		siders using clinical practice guidelines when designing or improving processes. (See 1, EP 5)	
§482.26(a)	TAG: A-0529	LD.04.	03.01	The h	ospital provides services that meet patient needs.	
The hospital must maint §482.26(a) Standard: Ra	articipation: Radiologic Services tain, or have available, diagnostic radiologic services] adiologic Services tain, or have available, radiologic services according to the needs	EP 1 EP 2	through rei Note: For p medical an has an agr immediate hospital tha	erral, bsychi d surg eeme ly ava at part al pro	e population(s) served guide decisions about which services will be provided directly or consultation, contractual arrangements, or other agreements. atric hospitals that use Joint Commission accreditation for deemed status purposes: If gical diagnostic and treatment services are not available within the hospital, the hospital nt with an outside source for these services to make sure that the services are ilable or an agreement needs to be established for transferring patients to a general ticipates in the Medicare program.	
			 Dietary Emergen Medical r Nuclear r Nursing c Pathology Pharmac Physical Respirato Social wo Note: Hosp 	cy ecords nedici are y and eutica rehabi ory car ork bitals t	s ne clinical laboratory l lilitation	
/ledicare Hospital Requir		Page 138			© 2016 The Joint Commission	

CFR Number §482.26(a)	Medicare Requirements		Commissic		Joint Commission Standards and Elements of Performance
		LD.04.0			treatment, and services provided through contractual agreement are provided and effectively.
		EP 2	The hospita agreements		cribes, in writing, the nature and scope of services provided through contractual
		EP 8	When contropation to the second secon		I agreements are renegotiated or terminated, the hospital maintains the continuity of
§482.26(b)	TAG: A-0535	EC.01.0	1	Note:	ospital plans activities to minimize risks in the environment of care. One or more persons can be assigned to manage risks associated with the gement plans described in this standard.
If therapeutic services	s are also provided, they, as well as the diagnostic services, must oved standards for safety and personnel qualifications.]	EP 3	The hospita	al has	a written plans for managing the following: The environmental safety of patients and to enters the hospital's facilities. (See also EC.04.01.01, EP 15)
The radiologic services, p	482.26(b) Standard: Safety for Patients and Personnel he radiologic services, particularly ionizing radiology procedures, must be free from		The hospita EC.04.01.0		a written plan for managing the following: Hazardous materials and waste. (See also 15)
hazards for patients and	personnel.	EC.02.	01.01 7	The h	ospital manages safety and security risks.
		patients, sta Note: Risks of root caus		aff, ar s are i se ana	tifies safety and security risks associated with the environment of care that could affect d other people coming to the hospital's facilities. (See also EC.04.01.01, EP 14) dentified from internal sources such as ongoing monitoring of the environment, results ilyses, results of proactive risk assessments of high-risk processes, and from credible such as Sentinel Event Alerts.
		EP 3	The hospita environmer	s action to minimize or eliminate identified safety and security risks in the physical	
		EC.02.	02.01 7	The h	ospital manages risks related to hazardous materials and waste.
		EP 3			written procedures, including the use of precautions and personal protective equipment, nse to hazardous material and waste spills or exposures.
		EP 7	Note: Hazardo		mizes risks associated with selecting and using hazardous energy sources. energy is produced by both ionizing equipment (for example, radiation and x-ray nonionizing equipment (for example, lasers and MRIs).
		EC.04.	01.01 7	ſhe h	ospital collects information to monitor conditions in the environment.
		EP 12	effectivenes	ss of p	ducts environmental tours every six months in patient care areas to evaluate the previously implemented activities intended to minimize or eliminate environment of care EC.04.01.03, EP 1)
		EP 14			s its tours to identify environmental deficiencies, hazards, and unsafe practices. (See , EP 1; EC.04.01.03, EP 1)
		LD.04.0			ospital has policies and procedures that guide and support patient care, ent, and services.
		EP 1			nd approve policies and procedures that guide and support patient care, treatment, and so NR.02.03.01, EP 1; RI.01.07.01, EP 1)

CFR Number §482.26(b)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance		
		EP 2	The hospital ma	mages the implementation of policies and procedures. (See also NR.02.03.01, EP 2)		
§482.26(b)(1)	TAG: A-0536	EC.02.0	02.01 The ł	nospital manages risks related to hazardous materials and waste.		
	tions must be maintained against radiation hazards. This includes atients, personnel, and facilities, as well as appropriate storage, pactive materials.	EP 1	or generates. T	intains a written, current inventory of hazardous materials and waste that it uses, stores, 'he only materials that need to be included on the inventory are those whose handling, e are addressed by law and regulation. (See also IC.02.01.01, EP 6; MM.01.01.03, EP 3)		
		EP 3		s written procedures, including the use of precautions and personal protective equipment, onse to hazardous material and waste spills or exposures.		
		EP 6		nimizes risks associated with selecting, handling, storing, transporting, using, and lioactive materials.		
		EP 7	Note: Hazardou	nimizes risks associated with selecting and using hazardous energy sources. s energy is produced by both ionizing equipment (for example, radiation and x-ray nonionizing equipment (for example, lasers and MRIs).		
		EP 8	The hospital mir MM.01.01.03, E	nimizes risks associated with disposing of hazardous medications. (See also Ps 1-3)		
		EP 11		azardous materials and waste, the hospital has the permits, licenses, manifests, and ets required by law and regulation.		
		EP 12	2 The hospital labels hazardous materials and waste. Labels identify the contents and hazar (See also IC.02.01.01, EP 6) Footnote *: The Occupational Safety and Health Administration's (OSHA) Bloodborne Path Hazard Communications Standards and the National Fire Protection Association (NFPA) p on labeling requirements.			
		EC.02.0	04.03 The h	nospital inspects, tests, and maintains medical equipment.		
		EP 1	use of medical e and functional c	at do not use Joint Commission accreditation for deemed status purposes: Before initial equipment on the medical equipment inventory, the hospital performs safety, operational, hecks. (See also EC.02.04.01, EP 2) at use Joint Commission accreditation for deemed status purposes: Before initial use and		
			after major repa	irs or upgrades of medical equipment on the medical equipment inventory, the hospital , operational, and functional checks. (See also EC.02.04.01, EP 2)		
		EP 3		pects, tests, and maintains non–high-risk equipment identified on the medical equipment e activities are documented. (See also EC.02.04.01, EPs 2 and 4)		
		MM.01.	01.03 The ł	nospital safely manages high-alert and hazardous medications.		
		EP 1	8) Note: This elem Footnote *: For	entifies, in writing, its high-alert and hazardous medications. * (See also EC.02.02.01, EP ent of performance is also applicable to sample medications. a list of high-alert medications, see http://www.ismp.org. For a list of hazardous e http://www.cdc.gov/niosh/docs/2014-138/pdfs/2014-138_v3.pdf.		

CFR Number §482.26(b)(1)	Medicare Requirements		Commission valent Number		Joint Commission Standards and Elements of Performance
		EP 2	EP 8; MM.03.	01.0	a process for managing high-alert and hazardous medications. (See also EC.02.02.01, 11, EP 9) It of performance is also applicable to sample medications.
		EP 3	EC.02.02.01,	EPs	ements its process for managing high-alert and hazardous medications. (See also 5 1 and 8) ht of performance is also applicable to sample medications.
§482.26(b)(2)	TAG: A-0537	EC.02.	04.01 The	e ho	spital manages medical equipment risks.
(2) Periodic inspection of properly corrected.	f equipment must be made and hazards identified must be	EP 2	maintains eith categorized b incident histor they should b For hospitals	ier a y phy ry. Ti e inc that	do not use Joint Commission accreditation for deemed status purposes: The hospital written inventory of all medical equipment or a written inventory of selected equipment ysical risk associated with use (including all life-support equipment) and equipment he hospital evaluates new types of equipment before initial use to determine whether cluded in the inventory. (See also EC.02.04.03, EPs 1 and 3) use Joint Commission accreditation for deemed status purposes: The hospital n inventory of all medical equipment. (See also EC.02.04.03, EPs 1 and 3)
		EP 4	and testing all accordance w maintenance Note: The stra accepted star Footnote *: Ar Standards Ins	l mee vith n (AEN ategi ndarc n exa stitute	ifies the activities and associated frequencies, in writing, for maintaining, inspecting, dical equipment on the inventory. These activities and associated frequencies are in nanufacturers' recommendations or with strategies of an alternative equipment M) program. (See also EC.02.04.03, EPs 2 and 3) ies of an AEM program must not reduce the safety of equipment and must be based on ds of practice. * ample of standards for a medical equipment program is the American National e/Association for the Advancement of Medical Instrumentation handbook ANSI/AAMI promended Practice for a Medical Equipment Management Program.
		EC.02.	04.03 The	e ho	spital inspects, tests, and maintains medical equipment.
		EP 1	use of medica and functiona For hospitals after major re	al equ l che that pairs	do not use Joint Commission accreditation for deemed status purposes: Before initial uipment on the medical equipment inventory, the hospital performs safety, operational, ecks. (See also EC.02.04.01, EP 2) use Joint Commission accreditation for deemed status purposes: Before initial use and s or upgrades of medical equipment on the medical equipment inventory, the hospital operational, and functional checks. (See also EC.02.04.01, EP 2)
		EP 3			ects, tests, and maintains non-high-risk equipment identified on the medical equipment activities are documented. (See also EC.02.04.01, EPs 2 and 4)
		EC.04.	01.01 The	e ho	spital collects information to monitor conditions in the environment.
		EP 8			ess(es), the hospital reports and investigates the following: Hazardous materials and xposures. (See also EC.04.01.03, EP 1)
§482.26(b)(3)	TAG: A-0538	EC.02.	02.01 The	e ho	spital manages risks related to hazardous materials and waste.
(3) Radiation workers mu badge tests, for amount	ust be checked periodically, by the use of exposure meters or of radiation exposure.	EP 3			written procedures, including the use of precautions and personal protective equipment, use to hazardous material and waste spills or exposures.

(4) Radiologic services must be provided only on the order of practitioners with clinical privileges or, consistent with State law, of other practitioners authorized by the medical staff and the governing body to order the services. EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: P care, treatment, and services, the hospital obtains or renews orders (verbal or withen) independent practitioner or other practitioner in accordance with professional status our requestion of the provides care to the patient services may be ordered by a practitioner not appointed to the medical he or she meets the following:	CFR Number §482.26(b)(3)	Medicare Requirements		ommission ent Number	Joint Commission Standards and Elements of Performance
sta2.26(b)(4) TAG: A-0539 (4) Radiologic services must be provided only on the order of practitioners with clinical staff and the governing body to order the services. PC.02.01.03 The hospital provides care, treatment, and services as ordered or present the governing body to order the services. EP 1 For hospitals that use Joint Cormission accreditation for deemed status purposes: P care, treatment, and services, the hospital obtains or renews orders (verbal or written) independent practitioner in accordance with professional standard and regulation; hospital policies; and medical staff bylaws, rules, and regulations. * Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff bylaws, rules, and regulations. * Note: Outpatient services may be ordered by a practitioner on the practitioner or the practitioner or other practitioner or other practitioner or other practition and Department of Defense licensure requirements - Acting within his or her scope of practice under state law §482.26(c) TAG: A-0546 §482.26(c)(1) TAG: A-0546 §48			1	Note: Hazardous	s energy is produced by both ionizing equipment (for example, radiation and x-ray
(4) Radiologic services must be provided only on the order of practitioners with clinical privileges or, consistent with State law, of other practitioners authorized by the medical staff and the governing body to order the services. For hospitals that use Joint Commission accreditation for deemed status purposes: P. care, treatment, and services, the hospital obtains or renews orders (verbal or written) independent practitioner or other practitioner in accordance with professional standards and regulation; hospital policies; and medical staff bylaws, rules, and regulations.* Note: Outpatient services may be ordered by a practitioner not appointed to the medical to the or she meets the following:			a	are checked per	
privileges or, consistent with State law, of other practitioners authorized by the medical staff and the governing body to order the services. For hospitals that use Joint Commission accreditation for deemed status purposes: Per staff and the governing body to order the services. EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Per staff and the governing body to order the services. The hospitals that use Joint Commission accreditation for deemed status purposes: Per staff and the governing body to order the services. staff and the governing body to order the services. The hospitals that use Joint Commission accreditation for deemed status purposes: Per staff and the governing body to order the services may be ordered by a practitioner in accordance with professional standard and regulation; hospital policies; and medical staff bylaws, rules, and regulations. * Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff or governing body to order the applicable outpatient acer of the patient or in accordance with state law and policies adopted by the medical staff ar governing body to order the applicable outpatient services may be ordered the aw sta82.26(c) TAG: A-0546 §482.26(c)(1) TAG: A-0546 [9] <td< td=""><td></td><td></td><td>PC.02.01.0</td><td></td><td>ospital provides care, treatment, and services as ordered or prescribed, and in dance with law and regulation.</td></td<>			PC.02.01.0		ospital provides care, treatment, and services as ordered or prescribed, and in dance with law and regulation.
§482.26(c) Standard: Personnel LD.04.01.05 The hospital effectively manages its programs, services, sites, or department oversee operations. (1) A qualified full-time, part-time or consulting radiologist must supervise the ionizing radiology services and must interpret only those radiologic tests that are determined by the medical staff to require a radiologist's specialized knowledge. For purposes of this section, a radiologist is a doctor of medicine or osteopathy who is qualified by education and experience in radiology. EP 1 Leaders of the program, service, site, or department oversee operations. EP 3 The hospital defines, in writing, the responsibility of those with administrative and clini programs, services, sites, or departments. (See also NR.01.01.01, EP 5) Note: For hospitals that use Joint Commission accreditation for deemed status purpose	privileges or, consistent	with State law, of other practitioners authorized by the medical		care, treatment, ndependent pra and regulation; h Note: Outpatient e or she meets Responsible fo Licensed to pra /eterans Admin Acting within hi Authorized in a governing body Footnote *: For I	and services, the hospital obtains or renews orders (verbal or written) from a licensed ctitioner or other practitioner in accordance with professional standards of practice; law hospital policies; and medical staff bylaws, rules, and regulations. * t services may be ordered by a practitioner not appointed to the medical staff as long as the following: r the care of the patient actice in the state where he or she provides care to the patient or in accordance with istration and Department of Defense licensure requirements is or her scope of practice under state law iccordance with state law and policies adopted by the medical staff and approved by the to order the applicable outpatient services aw and regulation guidance pertaining to those responsible for the care of the patient,
§482.26(c)(1)TAG: A-0546LD.04.01.05The hospital effectively manages its programs, services, sites, or department oversee operations.(1) A qualified full-time, part-time or consulting radiologist must supervise the ionizing radiology services and must interpret only those radiologic tests that are determined by the medical staff to require a radiologist's specialized knowledge. For purposes of this section, a radiologist is a doctor of medicine or osteopathy who is qualified by education and experience in radiology.EP 1Leaders of the program, service, site, or department oversee operations.EP 3The hospital defines, in writing, the responsibility of those with administrative and clini programs, services, sites, or departments. (See also NR.01.01.01, EP 5) Note: For hospitals that use Joint Commission accreditation for deemed status purpose	§482.26(c)	TAG: A-0546			
 (1) A qualified full-time, part-time or consulting radiologist must supervise the ionizing radiology services and must interpret only those radiologic tests that are determined by the medical staff to require a radiologist's specialized knowledge. For purposes of this section, a radiologist is a doctor of medicine or osteopathy who is qualified by education and experience in radiology. EP 1 Leaders of the program, service, site, or department oversee operations. EP 3 The hospital defines, in writing, the responsibility of those with administrative and clini programs, services, sites, or departments. (See also NR.01.01.01, EP 5) Note: For hospitals that use Joint Commission accreditation for deemed status purpose 	§482.26(c) Standard: Pe	rsonnel			
radiology services and must interpret only those radiologic tests that are determined by the medical staff to require a radiologist's specialized knowledge. For purposes of this section, a radiologist is a doctor of medicine or osteopathy who is qualified by education and experience in radiology. EP 3 The hospital defines, in writing, the responsibility of those with administrative and clini programs, services, sites, or departments. (See also NR.01.01.01, EP 5) Note: For hospitals that use Joint Commission accreditation for deemed status purpose	§482.26(c)(1)	TAG: A-0546	LD.04.01.0	05 The h	ospital effectively manages its programs, services, sites, or departments.
the medical staff to require a radiologist's specialized knowledge. For purposes of this section, a radiologist is a doctor of medicine or osteopathy who is qualified by education and experience in radiology. EP 3 The hospital defines, in writing, the responsibility of those with administrative and clini programs, services, sites, or departments. (See also NR.01.01.01, EP 5) Note: For hospitals that use Joint Commission accreditation for deemed status purpose			EP1 L	_eaders of the p	rogram, service, site, or department oversee operations.
	the medical staff to requi section, a radiologist is a	ire a radiologist's specialized knowledge. For purposes of this a doctor of medicine or osteopathy who is qualified by education	r N	orograms, servic Note: For hospit	als that use Joint Commission accreditation for deemed status purposes: This includes
Medicare Hospital Requirements to 2016 Joint Page 142 of 328 © 2016 Th					

CFR Number §482.26(c)(1)	Medicare Requirements		Commissi alent Numl		Joint Commission Standards and Elements of Performance
		MS.01.0	01.01	Medic	al staff bylaws address self-governance and accountability to the governing body.
		EP 36	3: If depart	ments	f bylaws include the following requirements, in accordance with Element of Performance of the medical staff exist, the qualifications and roles and responsibilities of the which are defined by the organized medical staff, include the following:
				ion by	an appropriate specialty board or comparable competence affirmatively established entialing process.
			 Administr Continuin delineated Recomm provided in Recomm treatment, Integratio Coordinai Developn care, treatr Recomm treatment, Determin licensed in Continuou Maintena Orientatio Recomm Note: For h departmen policies an 	relate ratively g surverse clinica ending g and surverse g and surverse and surverse and surverse rendation and surverse ation of the ment, endati and surverse ation of depen us ass not ending and surverse ation of depen us ass not ending and surverse ation of the ending and surverse ation of the ending and surverse ation of the ending and surverse ation of the ending and surverse ation of the ending and surverse ation of the ending and surverse ation of the ending ation of the ending	d activities of the department related activities of the department, unless otherwise provided by the hospital reillance of the professional performance of all individuals in the department who have al privileges to the medical staff the criteria for clinical privileges that are relevant to the care epartment g clinical privileges for each member of the department recommending to the relevant hospital authority off-site sources for needed patient care, ervices not provided by the department or the organization ne department or service into the primary functions of the organization nd integration of interdepartmental and intradepartmental services nd implementation of policies and procedures that guide and support the provision of and services ons for a sufficient number of qualified and competent persons to provide care,
		MS.06.0			ospital collects information regarding each practitioner's current license status, ng, experience, competence, and ability to perform the requested privilege.
		EP 9	or consulti	ng rad	t use Joint Commission accreditation for deemed status purposes: A full-time, part-time, iologist who is a doctor of medicine or osteopathy qualified by education and experience ervises ionizing radiology services.

CFR Number §482.26(c)(1)	Medicare Requirements		Commission alent Numbe		Joint Commission Standards and Elements of Performance
		MS.06.0			cision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is ctive, evidence-based process.
		EP 2	body, establis services with the criteria: - Current lice - The applica - Evidence of - Data from p available) - Peer and/or	shes of in the nsure nt's s phys rofes	d on recommendations by the organized medical staff and approval by the governing criteria that determine a practitioner's ability to provide patient care, treatment, and scope of the privilege(s) requested. Evaluation of all of the following are included in and/or certification, as appropriate, verified with the primary source pecific relevant training, verified with the primary source ical ability to perform the requested privilege sional practice review by an organization(s) that currently privileges the applicant (if ty recommendation privileges, review of the practitioner's performance within the hospital
§482.26(c)(2)	TAG: A-0547	MS.03.0			anized medical staff oversees the quality of patient care, treatment, and s provided by practitioners privileged through the medical staff process.
(2) Only personnel desig equipment and administ	nated as qualified by the medical staff may use the radiologic er procedures.	EP 16	For hospitals	that u	use Joint Commission accreditation for deemed status purposes: The medical staff alifications of the radiology staff who use equipment and administer procedures.
§482.26(d)	TAG: A-0553	RC.02.0		e me rvice	dical record contains information that reflects the patient's care, treatment, and s.
§482.26(d) Standard: Re Records of radiologic se	ecords rvices must be maintained.	EP 2	 The reason The patient' Any findings EPs 1 and 8) Any allergie Any allergie Any conclus Any diagnos (including cor Commission (diseases that an intercurrer Any consult Any emerge Any medica Any medica Any adverse Treatment g Results of consults Discharge p 	(s) for s initi s of as s to fit s to n s to n s s to fit s to n s ses of mplica accree tt occ nt bou ations s res pency of s not tions s ite f e drug goals, liagnoc	nedications or impressions drawn from the patient's medical history and physical examination conditions established during the patient's course of care, treatment, and services ations and hospital-acquired infections). For psychiatric hospitals using Joint ditation for deemed status purposes: The diagnosis includes intercurrent diseases ur during the course of another disease; for example, a patient with AIDS may develop it of pneumonia) and the psychiatric diagnoses. reports relevant to care, treatment, and services conse to care, treatment, and services care, treatment, and services care, treatment, and services cordered or prescribed administered, including the strength, dose, and route or medication, administration devices used, and rate of administration g reactions plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) sitic and therapeutic tests and procedures dispensed or prescribed on discharge

CFR Number §482.26(d)(1)	Medicare Requirements		t Commissio valent Numb		Joint Commission Standards and Elements of Performance
§482.26(d)(1)	TAG: A-0553	RC.01.	02.01 I	Entrie	s in the medical record are authenticated.
	actitioner who performs radiology services must sign reports	EP 3	The author	of ea	ch medical record entry is identified in the medical record.
of his or her interpretations.		EP 4	record throu Note 1: Aut stamp sign. Note 2: For for verbal o electronic s Note 3: For including ve who is resp	ugh tr hentic atures pape rders ignati hosp erbal c onsib	dical record are authenticated by the author. Information introduced into the medical anscription or dictation is authenticated by the author. action can be verified through electronic signatures, written signatures or initials, rubber- , or computer key. r-based records, signatures entered for purposes of authentication after transcription or are dated when required by law or regulation or hospital policy. For electronic records, ures will be date-stamped. itals that use Joint Commission accreditation for deemed status purposes: All orders, orders, are dated and authenticated by the ordering practitioner or another practitioner le for the care of the patient, and who, in accordance with hospital policy; law and nedical staff bylaws, rules, and regulations, is authorized to write orders.
		EP 5	The individe individe		entified by the signature stamp or method of electronic authentication is the only es it.
§482.26(d)(2)	TAG: A-0553	RC.01.	05.01	The h	ospital retains its medical records.
(2) The hospital must maintair	n the following for at least 5 years:	EP 1	The retention hospital pol	on tim icy, ir	e of the original or legally reproduced medical record is determined by its use and accordance with law and regulation.
§482.26(d)(2)(i)	TAG: A-0553	RC.01.	05.01	The h	ospital retains its medical records.
(i) Copies of reports and printo	puts	EP 1			e of the original or legally reproduced medical record is determined by its use and accordance with law and regulation.
§482.26(d)(2)(ii)	TAG: A-0553	RC.01.	05.01	The h	ospital retains its medical records.
(ii) Films, scans, and other image	age records, as appropriate.	EP 1			e of the original or legally reproduced medical record is determined by its use and accordance with law and regulation.
§482.27	TAG: A-0576	LD.04.	01.01	Гhe h	ospital complies with law and regulation.
needs of its patients. The hos	ation: Laboratory Services r have available, adequate laboratory services to meet the pital must ensure that all laboratory services provided to its cility certified in accordance with Part 493 of this chapter.	EP 1	the care, tre Commissio Note: Each Laboratory regulations WT.04.01.0 Footnote *: http://www. Guidance/L	eatme n. servi Impro (42 C (42 C 01, EF For n cms.g egisla	nore information on how to obtain a CLIA certificate, see lov/Regulations-and- ltion/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories.html.
		EP 2	The hospita rules and re		rides care, treatment, and services in accordance with licensure requirements, laws, and ions.

CFR Number §482.27	Medicare Requirements	Joint Commissio Equivalent Numb	I loint Commission Standards and Flaments of Pertormance
		EP 1 The needs of through refe Note: For ps medical and has an agre immediately	e hospital provides services that meet patient needs. the population(s) served guide decisions about which services will be provided directly or ral, consultation, contractual arrangements, or other agreements. vchiatric hospitals that use Joint Commission accreditation for deemed status purposes: If surgical diagnostic and treatment services are not available within the hospital, the hospital ment with an outside source for these services to make sure that the services are available or an agreement needs to be established for transferring patients to a general participates in the Medicare program.
		- Diagnostic - Dietary - Emergency - Medical ref - Nuclear m - Nursing ca - Pathology - Pharmace - Physical ref - Respirator - Social worf Note: Hospi	ords dicine e nd clinical laboratory tical nabilitation care
§482.27(a)	TAG: A-0582	LD.04.01.01 T	e hospital complies with law and regulation.
The hospital must have	dequacy of Laboratory Services laboratory services available, either directly or through a with a certified laboratory that meets requirements of Part 493 of	the care, tre Commission Note: Each Laboratory I regulations WT.04.01.0 Footnote *: http://www.c	ervice location that performs laboratory testing (waived or nonwaived) must have a Clinical nprovement Amendments of 1988 (CLIA '88) certificate * as specified by the federal CLIA 42 CFR 493.55 and 493.3) and applicable state law. (See also WT.01.01.01, EP 1;
Medicare Hospital Requir	ements to 2016 Joint	Page 146 of 328	© 2016 The Joint Commission

CFR Number §482.27(a)	Medicare Requirements		Commissio alent Numb		Joint Commission Standards and Elements of Performance
		LD.04.0	The hospita - Diagnosti - Dietary - Emergene - Medical re - Nuclear n - Nursing c - Pathology - Pharmace - Physical n - Respirato - Social wo Note: Hosp nuclear me	al pro c radi cy ecord nedici are v and eutica ethab ry car rk itals dicine Care ,	s ine clinical laboratory Il ilitation
		EP 2 EP 4 EP 10	The hospita agreement Leaders m services. Note 1: In I agreement described i Note 2: Foi the hospita provided of - Verify tha services ha - Specify in provided by Note 3: Foi who monito	nost i most i must nost i hosp l cont f site, i lcont i lcont i lcont i lcont i lcont i lcont and cont and cont i lcont i lcon	scribes, in writing, the nature and scope of services provided through contractual contracted services by establishing expectations for the performance of the contracted cases, each licensed independent practitioner providing services through a contractual be credentialed and privileged by the hospital using their services following the process "Medical Staff" (MS) chapter. Ditals that do not use Joint Commission accreditation for deemed status purposes: When tracts with another accredited organization for patient care, treatment, and services to be , it can do the following: censed independent practitioners who will be providing patient care, treatment, and porporiate privileges by obtaining, for example, a copy of the list of privileges. written agreement that the contracted organization will ensure that all contracted services need independent practitioners will be within the scope of their privileges. Ditals that use Joint Commission accreditation for deemed status purposes: The leaders contracted services are the governing body.
			Footnote *: 1988, refer	For I to 42	aw and regulation guidance on the Clinical Laboratory Improvement Amendments of CFR 493.
§482.27(a)(1)	TAG: A-0583	LD.04.0	03.01	The h	ospital provides services that meet patient needs.
(1) Emergency laboratory serv	ices must be available 24 hours a day.	EP 26			at use Joint Commission accreditation for deemed status purposes: Emergency ses are available 24 hours a day, 7 days a week.
§482.27(a)(2) (2) A written description of ser	TAG: A-0584 vices provided must be available to the medical staff.	LD.01.0			overning body is ultimately accountable for the safety and quality of care, nent, and services.
Modicaro Hospital Poquiromont		Page 147 /	-4.000		© 2016 The Joint Commission

CFR Number §482.27(a)(2)	Medicare Requirements		Commissio valent Numb		Joint Commission Standards and Elements of Performance
		EP 3	Note: For ho services are	ospita prov	dy approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) Is that use Joint Commission accreditation for deemed status purposes: If emergency ided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.
		LD.04.0			reatment, and services provided through contractual agreement are provided and effectively.
		EP 2	The hospita agreements		ribes, in writing, the nature and scope of services provided through contractual
§482.27(a)(3) (3) The laboratory must	TAG: A-0585 make provision for proper receipt and reporting of tissue	PC.03.	т	he la	spitals that use Joint Commission accreditation for deemed status purposes: boratory has written policies and procedures for the handling of tissue nens removed during a surgical procedure.
specimens.		EP 2	For hospital written polic	s that ies ai	use Joint Commission accreditation for deemed status purposes: The laboratory has ad procedures for collecting, preserving, transporting, receiving, and reporting tts for tissue specimens.
		EP 3			use Joint Commission accreditation for deemed status purposes: The laboratory s and procedures for the handling of tissue specimens removed during a surgical
§482.27(a)(4) (4) The medical staff and	TAG: A-0586 d a pathologist must determine which tissue specimens require a	PC.03.	т	he la	spitals that use Joint Commission accreditation for deemed status purposes: boratory has written policies and procedures for the handling of tissue nens removed during a surgical procedure.
	mination and which require both macroscopic and microscopic	EP 1	For hospital written polic	s that y, ap a ma	use Joint Commission accreditation for deemed status purposes: The laboratory has a proved by the medical staff and a pathologist, that establishes which tissue specimens croscopic examination, and which require both a macroscopic and microscopic
§482.27(b)	TAG: A-0592				
§482.27(b) Standard: Pc	tentially Infectious Blood and Blood Components	-			
§482.27(b)(1)	TAG: A-0592				
	munodeficiency virus (HIV) infectious blood and blood HIV infectious blood and blood components are prior collections				
§482.27(b)(1)(i)	TAG: A-0592	PC.05.			spitals that use Joint Commission accreditation for deemed status purposes: ospital safely provides blood and blood components.
(i) Who tested negative a infection on a later dona	at the time of donation but tests reactive for evidence of HIV tion;	EP 1	For hospital written polic requirement	s that y(s) a s at 4 uidan	use Joint Commission accreditation for deemed status purposes: The hospital has a nd procedure(s) addressing potentially infectious blood, consistent with CMS 2 CFR 482.27. Se regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements"
Medicare Hospital Require	monto to 2046 loint	Page 148	of 200		© 2016 The Joint Commission

CFR Number §482.27(b)(1)(i)	Medicare Requirements		Commissio alent Numb		Joint Commission Standards and Elements of Performance	
		EP 2	implements requiremen	s its po its at 4 juidan	t use Joint Commission accreditation for deemed status purposes: The hospital blicy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS 42 CFR 482.27. ce regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements bendix.	
§482.27(b)(1)(ii)	TAG: A-0592	PC.05.0			ospitals that use Joint Commission accreditation for deemed status purposes: ospital safely provides blood and blood components.	
(ii) Who tests positive on the supplemental (additional, more specific) test or other follow- up testing required by FDA; and		EP 1	EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hos written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CN requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Re for Hospitals" appendix.			
		EP 2	 EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The homological implements its policy(s) and procedure(s) addressing potentially infectious blood, consisten requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Refor Hospitals" appendix. 			
§482.27(b)(1)(iii)	TAG: A-0592	PC.05.0			ospitals that use Joint Commission accreditation for deemed status purposes: ospital safely provides blood and blood components.	
(iii) For whom the timing c	of seroconversion cannot be precisely estimated.	EP 1	written polic requiremen	cy(s) a its at 4 juidan	t use Joint Commission accreditation for deemed status purposes: The hospital has a and procedure(s) addressing potentially infectious blood, consistent with CMS I2 CFR 482.27. Ce regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements bendix.	
		EP 2	EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Require for Hospitals" appendix.			
§482.27(b)(2)	TAG: A-0592	PC.05.0			ospitals that use Joint Commission accreditation for deemed status purposes: ospital safely provides blood and blood components.	
identified in 21 CFR 610.47.		EP 1	written polic requiremen	cy(s) a its at 4 juidan	t use Joint Commission accreditation for deemed status purposes: The hospital has a and procedure(s) addressing potentially infectious blood, consistent with CMS 42 CFR 482.27. ce regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements bendix.	
		EP 2	implements requiremen	s its po its at 4 juidan	use Joint Commission accreditation for deemed status purposes: The hospital blicy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS 42 CFR 482.27. ce regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements bendix.	

CFR Number §482.27(b)(3)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
§482.27(b)(3)	TAG: A-0592	PC.05.0		nospitals that use Joint Commission accreditation for deemed status purposes: hospital safely provides blood and blood components.
uses the services of an owner with the blood collecting	y an outside blood collecting establishment. If a hospital regularly outside blood collecting establishment, it must have an agreement establishment that governs the procurement, transfer, and blood components. The agreement must require that the blood notify the hospital	EP 1 EP 2	written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requireme for Hospitals" appendix.	
§482.27(b)(3)(i)	TAG: A-0592	PC.05.0		nospitals that use Joint Commission accreditation for deemed status purposes: hospital safely provides blood and blood components.
components collected fr reactive for evidence of	rs if the blood collecting establishment supplied blood and blood om a donor who tested negative at the time of donation but tests HIV or HCV infection on a later donation or who is determined to rransmitting HIV or HCV infection;	EP 1	written policy(s) requirements at	at use Joint Commission accreditation for deemed status purposes: The hospital has a and procedure(s) addressing potentially infectious blood, consistent with CMS 42 CFR 482.27. nce regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements opendix.
			implements its requirements at	at use Joint Commission accreditation for deemed status purposes: The hospital policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS 42 CFR 482.27. nce regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements opendix.
§482.27(b)(3)(ii)	TAG: A-0592	PC.05.0		nospitals that use Joint Commission accreditation for deemed status purposes: hospital safely provides blood and blood components.
(ii) Within 45 days of the test for HIV or HCV, as i	e test, of the results of the supplemental (additional, more specific) relevant, or other follow-up testing required by FDA;	EP 1	For hospitals th written policy(s) requirements at	at use Joint Commission accreditation for deemed status purposes: The hospital has a and procedure(s) addressing potentially infectious blood, consistent with CMS 42 CFR 482.27. nce regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements
	EP 2		 For hospitals that use Joint Commission accreditation for deemed status purposes: The implements its policy(s) and procedure(s) addressing potentially infectious blood, considering requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medica for Hospitals" appendix. 	
§482.27(b)(3)(iii)	TAG: A-0592	PC.05.0		nospitals that use Joint Commission accreditation for deemed status purposes: nospital safely provides blood and blood components.
	tys after the blood collecting establishment supplied blood and cted from an infectious donor, whenever records are available, as 48(b)(3).	EP 1	written policy(s) requirements at	at use Joint Commission accreditation for deemed status purposes: The hospital has a and procedure(s) addressing potentially infectious blood, consistent with CMS 42 CFR 482.27. nce regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements oppendix.
Aedicare Hospital Require	aments to 2016 Joint	Page 150	of 328	© 2016 The Joint Commission

CFR Number §482.27(b)(3)(iii)	Medicare Requirements		t Commissio /alent Numb		Joint Commission Standards and Elements of Performance
		EP 2	implements requirement	its po s at 4 iidano	use Joint Commission accreditation for deemed status purposes: The hospital licy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS 2 CFR 482.27. e regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements endix.
§482.27(b)(4)	TAG: A-0592	PC.05.			spitals that use Joint Commission accreditation for deemed status purposes: spital safely provides blood and blood components.
collecting establishment reactive HIV or HCV scr	and blood components pending completion of testing. If the blood (either internal or under an agreement) notifies the hospital of the eening test results, the hospital must determine the disposition of onent and quarantine all blood and blood components from ventory.	EP 1	written polic requirement	y(s) a s at 4 iidanc	use Joint Commission accreditation for deemed status purposes: The hospital has a nd procedure(s) addressing potentially infectious blood, consistent with CMS 2 CFR 482.27. Re regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements endix.
		EP 2	implements requirement	use Joint Commission accreditation for deemed status purposes: The hospital licy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS 2 CFR 482.27. the regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements endix.	
§482.27(b)(4)(i)	TAG: A-0592	PC.05.			spitals that use Joint Commission accreditation for deemed status purposes: spital safely provides blood and blood components.
supplemental (additiona negative, absent other in	(i) If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up testing required by FDA is negative, absent other informative test results, the hospital may release the blood and blood components from quarantine.		For hospital written polic requirement	s that y(s) a s at 4 iidanc	use Joint Commission accreditation for deemed status purposes: The hospital has a nd procedure(s) addressing potentially infectious blood, consistent with CMS 2 CFR 482.27. e regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements"
		EP 2	implements requirement	its po s at 4 iidano	use Joint Commission accreditation for deemed status purposes: The hospital licy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS 2 CFR 482.27. the regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements endix.
§482.27(b)(4)(ii)	TAG: A-0592				
	establishment notifies the hospital that the result of the l, more specific) test or other follow-up testing required by FDA is st –				
§482.27(b)(4)(ii)(A)	TAG: A-0592	PC.05.			spitals that use Joint Commission accreditation for deemed status purposes: spital safely provides blood and blood components.
(A) Dispose of the blood	and blood components; and	EP 1	For hospital written polic requirement	s that y(s) a s at 4 iidanc	use Joint Commission accreditation for deemed status purposes: The hospital has a nd procedure(s) addressing potentially infectious blood, consistent with CMS 2 CFR 482.27. e regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements
Medicare Hospital Require	aments to 2016 Joint	Page 151	of 328		© 2016 The Joint Commission

CFR Number §482.27(b)(4)(ii)(A)	Medicare Requirements		Commissi valent Num	-	Joint Commission Standards and Elements of Performance	
		EP 2	implement requireme	s its p nts at guidar	t use Joint Commission accreditation for deemed status purposes: The hospital olicy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS 42 CFR 482.27. ce regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements pendix.	
§482.27(b)(4)(ii)(B)	TAG: A-0592	PC.05.	01.09		ospitals that use Joint Commission accreditation for deemed status purposes: ospital safely provides blood and blood components.	
(B) Notify the transfusion	recipients as set forth in paragraph (b)(6) of this section.	EP 1	written pol requireme	icy(s) nts at guidar	t use Joint Commission accreditation for deemed status purposes: The hospital has a and procedure(s) addressing potentially infectious blood, consistent with CMS 42 CFR 482.27. ce regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements pendix.	
EP		EP 2	EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent wit requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Require for Hospitals" appendix.			
§482.27(b)(4)(iii)	TAG: A-0592	PC.05.	01.09		ospitals that use Joint Commission accreditation for deemed status purposes: ospital safely provides blood and blood components.	
(iii) If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up testing required by FDA is indeterminate, the hospital must destroy or label prior collections of blood or blood components held in quarantine as set forth at 21 CFR 610.46(b)(2), 610.47(b)(2), and 610.48(c)(2).		EP 1	written pol requireme	als tha icy(s) nts at guidar	t use Joint Commission accreditation for deemed status purposes: The hospital has a and procedure(s) addressing potentially infectious blood, consistent with CMS 42 CFR 482.27. ce regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements	
		EP 2	implement requireme Note: For		For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with C requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirem for Hospitals" appendix.	
§482.27(b)(5)	TAG: A-0592					
(5) Recordkeeping by the	hospital. The hospital must maintain	_				
§482.27(b)(5)(i)	TAG: A-0592	PC.05.	01.09		ospitals that use Joint Commission accreditation for deemed status purposes: ospital safely provides blood and blood components.	
	and disposition of all units of blood and blood components for at ate of disposition in a manner that permits prompt retrieval; and	EP 1	written pol requireme	icy(s) nts at guidar	t use Joint Commission accreditation for deemed status purposes: The hospital has a and procedure(s) addressing potentially infectious blood, consistent with CMS 42 CFR 482.27. ce regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements pendix.	
Medicare Hospital Require		Page 152			© 2016 The Joint Commission	

CFR Number §482.27(b)(5)(i)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance
		EP 2	implements its requirements a	hat use Joint Commission accreditation for deemed status purposes: The hospital policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS t 42 CFR 482.27. Ance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements appendix.
§482.27(b)(5)(ii)	TAG: A-0592	PC.05.		hospitals that use Joint Commission accreditation for deemed status purposes: hospital safely provides blood and blood components.
 (ii) A fully funded plan to hospital ceases operatic 	o transfer these records to another hospital or other entity if such on for any reason.	EP 1	written policy(s requirements a	hat use Joint Commission accreditation for deemed status purposes: The hospital has a) and procedure(s) addressing potentially infectious blood, consistent with CMS t 42 CFR 482.27. ance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements ppendix.
		EP 2	implements its requirements a	hat use Joint Commission accreditation for deemed status purposes: The hospital policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS t 42 CFR 482.27. ance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements appendix.
§482.27(b)(6)	TAG: A-0592			
blood or blood compone or under an agreement)	f the hospital has administered potentially HIV or HCV infectious ents (either directly through its own blood collecting establishment or released such blood or blood components to another entity or ne hospital must take the following actions:	-		
§482.27(b)(6)(i)	TAG: A-0592	PC.05.		hospitals that use Joint Commission accreditation for deemed status purposes: hospital safely provides blood and blood components.
ordered the blood or blo individual as permitted u infectious blood or blood	empts to notify the patient, or to notify the attending physician who od component and ask the physician to notify the patient, or other inder paragraph (b)(10) of this section, that potentially HIV or HCV d components were transfused to the patient and that there may V testing and counseling.	EP 1	For hospitals th written policy(s requirements a	hat use Joint Commission accreditation for deemed status purposes: The hospital has a) and procedure(s) addressing potentially infectious blood, consistent with CMS t 42 CFR 482.27. ance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements
		EP 2	implements its requirements a	hat use Joint Commission accreditation for deemed status purposes: The hospital policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS t 42 CFR 482.27. ance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements ppendix.
§482.27(b)(6)(ii)	TAG: A-0592	PC.05.		hospitals that use Joint Commission accreditation for deemed status purposes: hospital safely provides blood and blood components.
	available or declines to make the notification, make reasonable ification to the patient, legal guardian or relative.	EP 1	For hospitals th written policy(s requirements a	hat use Joint Commission accreditation for deemed status purposes: The hospital has a and procedure(s) addressing potentially infectious blood, consistent with CMS t 42 CFR 482.27. ance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements

CFR Number §482.27(b)(6)(ii)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 2	implements its requirements a	hat use Joint Commission accreditation for deemed status purposes: The hospital policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS at 42 CFR 482.27. ance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements appendix.
§482.27(b)(6)(iii)	TAG: A-0592	PC.05.0		hospitals that use Joint Commission accreditation for deemed status purposes: hospital safely provides blood and blood components.
(iii) Document in the pati- required notification.	ent's medical record the notification or attempts to give the	EP 1	written policy(s requirements a	hat use Joint Commission accreditation for deemed status purposes: The hospital has a) and procedure(s) addressing potentially infectious blood, consistent with CMS it 42 CFR 482.27. ance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements appendix.
		EP 2	implements its requirements a	hat use Joint Commission accreditation for deemed status purposes: The hospital policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS at 42 CFR 482.27. ance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements appendix.
§482.27(b)(7)	TAG: A-0592			
(7) Timeframe for notifica	ation.			
§482.27(b)(7)(i)	TAG: A-0592	PC.05.0		hospitals that use Joint Commission accreditation for deemed status purposes: hospital safely provides blood and blood components.
tested on or after Februa the notification effort beg that it received potentially	or after February 20, 2008. For notifications resulting from donors ry 20, 2008 as set forth at 21 CFR 610.46 and 21 CFR 610.47 ins when the blood collecting establishment notifies the hospital y HIV or HCV infectious blood and blood components. The onable attempts to give notification over a period of 12 weeks	EP 1	For hospitals to written policy(s requirements a	hat use Joint Commission accreditation for deemed status purposes: The hospital has a) and procedure(s) addressing potentially infectious blood, consistent with CMS it 42 CFR 482.27. ance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements
		EP 2	implements its requirements a	hat use Joint Commission accreditation for deemed status purposes: The hospital policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS at 42 CFR 482.27. ance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements appendix.
§482.27(b)(7)(i)(A)	TAG: A-0592	PC.05.0		hospitals that use Joint Commission accreditation for deemed status purposes: hospital safely provides blood and blood components.
(A) The patient is located	and notified; or	EP 1	For hospitals to written policy(s requirements a	hat use Joint Commission accreditation for deemed status purposes: The hospital has a) and procedure(s) addressing potentially infectious blood, consistent with CMS it 42 CFR 482.27. ance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements
Aedicare Hospital Require	ments to 2016 Joint	Page 154 (of 328	© 2016 The Joint Commission

CFR Number §482.27(b)(7)(i)(A)	Medicare Requirements		Commissio alent Numbe	I lount Commission Standards and Floments of Performance
		EP 2	implements requirement Note: For gu	als that use Joint Commission accreditation for deemed status purposes: The hospital ts its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS nts at 42 CFR 482.27. guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements als" appendix.
§482.27(b)(7)(i)(B)	TAG: A-0592	PC.05.0		For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
	e to locate the patient and documents in the patient's medical rcumstances beyond the hospital's control that caused the exceed 12 weeks.	EP 1	written polic requirement Note: For gu	als that use Joint Commission accreditation for deemed status purposes: The hospital has a icy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS nts at 42 CFR 482.27. guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements als" appendix.
		EP 2	implements requirement Note: For gu	als that use Joint Commission accreditation for deemed status purposes: The hospital ts its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS nts at 42 CFR 482.27. guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements als" appendix.
§482.27(b)(7)(ii)	TAG: A-0592	PC.05.0		For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
(ii) For donors tested before February 20, 2008. For notifications from donors tested before February 20, 2008 as set forth at 21 CFR 610.48(b) and (c), the notification effort begins when the blood collecting establishment notifies the hospital that it received potentially HCV infectious blood and blood components. The hospital must make reasonable attempts to give notification and must complete the actions within 1 year of the date on which the hospital received notification from the outside blood collecting establishment.		EP 1	For hospitals written policy requirement Note: For gu for Hospitals	als that use Joint Commission accreditation for deemed status purposes: The hospital has a icy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS nts at 42 CFR 482.27. guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements als" appendix.
		EP 2	implements requirement Note: For gu	als that use Joint Commission accreditation for deemed status purposes: The hospital ts its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS nts at 42 CFR 482.27. guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements als" appendix.
§482.27(b)(8)	TAG: A-0592			
(8) Content of notification	. The notification must include the following information:	-		
§482.27(b)(8)(i)	TAG: A-0592	PC.05.0		For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
(i) A basic explanation of	the need for HIV or HCV testing and counseling.	EP 1	written polic requirement Note: For gu	als that use Joint Commission accreditation for deemed status purposes: The hospital has a icy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS nts at 42 CFR 482.27. guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements als" appendix.
Medicare Hospital Require		Page 155	-4 220	© 2016 The Joint Commiss

CFR Number §482.27(b)(8)(i)	Medicare Requirements		Commissio alent Numb	I lount Commission Standards and Floments of Performance
		EP 2	implements requirement Note: For gu	als that use Joint Commission accreditation for deemed status purposes: The hospital s its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CM nts at 42 CFR 482.27. guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requiremer als" appendix.
§482.27(b)(8)(ii)	TAG: A-0592	PC.05.0		For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
	n information so that an informed decision can be made about HCV testing and counseling.	EP 1	written polic requirement Note: For gu	als that use Joint Commission accreditation for deemed status purposes: The hospital has icy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS nts at 42 CFR 482.27. guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requiremer als" appendix.
		EP 2	implements requirement Note: For gu	als that use Joint Commission accreditation for deemed status purposes: The hospital s its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CM nts at 42 CFR 482.27. guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requiremen als" appendix.
§482.27(b)(8)(iii)	TAG: A-0592	PC.05.0		For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
	iii) A list of programs or places where the person can obtain HIV or HCV testing and ounseling, including any requirements or restrictions the program may impose.		written polic requirement Note: For gu	als that use Joint Commission accreditation for deemed status purposes: The hospital has icy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS nts at 42 CFR 482.27. guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requiremer ils" appendix.
		EP 2	implements requirement Note: For gu	als that use Joint Commission accreditation for deemed status purposes: The hospital s its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CM nts at 42 CFR 482.27. guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requiremen als" appendix.
§482.27(b)(9)	TAG: A-0592	PC.05.0		For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
notification and documer	res. The hospital must establish policies and procedures for ntation that conform to Federal, State, and local laws, including fidentiality of medical records and other patient information.	EP 1	written polic requirement Note: For gu	als that use Joint Commission accreditation for deemed status purposes: The hospital has icy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS nts at 42 CFR 482.27. guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requiremer als" appendix.
§482.27(b)(10)	TAG: A-0592	PC.05.0		For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital safely provides blood and blood components.
incompetent by a State of designated in accordance a legal representative or physician or hospital must	representative or relative. If the patient has been adjudged court, the physician or hospital must notify a legal representative e with State law. If the patient is competent, but State law permits relative to receive the information on the patient's behalf, the st notify the patient or his or her legal representative or relative. us transfusion recipients that are deceased, the physician or	EP 1	For hospital written polic requirement Note: For gu	als that use Joint Commission accreditation for deemed status purposes: The hospital has icy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS nts at 42 CFR 482.27. guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requiremen ils" appendix.
edicare Hospital Require	ements to 2016 Joint F	Page 156 c	of 328	© 2016 The Joint Commis

§482.27(b)(10)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
	deceased patient's legal representative or relative. If the patient r legal guardian must be notified.	EP 2	implements its p requirements at	at use Joint Commission accreditation for deemed status purposes: The hospital bolicy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS 42 CFR 482.27. Ince regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements opendix.
§482.27(b)(11)	TAG: A-0592	PC.05.0		ospitals that use Joint Commission accreditation for deemed status purposes: nospital safely provides blood and blood components.
	notification requirements resulting from donors tested before at forth at 21 CFR 610.48 will expire on August 24, 2015.	EP 1	written policy(s) requirements at	at use Joint Commission accreditation for deemed status purposes: The hospital has a and procedure(s) addressing potentially infectious blood, consistent with CMS 42 CFR 482.27. Ince regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements appendix.
		EP 2	implements its p requirements at	at use Joint Commission accreditation for deemed status purposes: The hospital oolicy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS 42 CFR 482.27. Ince regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements opendix.
§482.27(c)	TAG: A-0593			
	nly related to new blood safety issues that are identified after als must comply with FDA regulations as they pertain to blood wing areas: TAG: A-0593	PC.05.0		ospitals that use Joint Commission accreditation for deemed status purposes: nospital safely provides blood and blood components.
(1) Appropriate testing a	nd quarantining of infectious blood and blood components.	EP 1		
		EP 2	written policy(s) requirements at Note: For guida for Hospitals" ap For hospitals that implements its p requirements at Note: For guida	at use Joint Commission accreditation for deemed status purposes: The hospital policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS 42 CFR 482.27. Ince regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements
§482.27(c)(2)	TAG: A-0593	EP 2 PC.05.0	written policy(s) requirements at Note: For guidau for Hospitals" ap For hospitals that implements its p requirements at Note: For guidau for Hospitals" ap 1.09 For h	and procedure(s) addressing potentially infectious blood, consistent with CMS 42 CFR 482.27. nee regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements opendix. at use Joint Commission accreditation for deemed status purposes: The hospital policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS 42 CFR 482.27. nee regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements"

CFR Number §482.27(c)(2)	Medicare Requirements		Commission alent Numbe	
		EP 2	implements it requirements	that use Joint Commission accreditation for deemed status purposes: The hospital s policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS at 42 CFR 482.27. lance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements appendix.
§482.28	TAG: A-0618	HR.01.0		e hospital has the necessary staff to support the care, treatment, and services it vides.
The hospital must have	rticipation: Food and Dietetic Services organized dietary services that are directed and staffed by	EP 2		that use Joint Commission accreditation for deemed status purposes: The hospital has a cian on a full-time, part-time, or consultative basis.
management company r	nnel. However, a hospital that has a contract with an outside food nay be found to meet this Condition of Participation if the	HR.01.0	02.01 Th	e hospital defines staff qualifications.
basis, and if the compar section and provides for	who serves the hospital on a full-time, part-time, or consultant y maintains at least the minimum standards specified in this constant liaison with the hospital medical staff for etetic policies affecting patient treatment.	EP 1	and RI.01.01. Note 1: Quali and/or certific Note 2: Quali Amendments §493.1495. A Note 3: For h physical thera assistants, sp therapy, occu provided by th acceptable st requirements Note 4: Quali assessment, supported by	ications for infection control may be met through ongoing education, training, experience, ation (such as that offered by the Certification Board for Infection Control). ications for laboratory personnel are described in the Clinical Laboratory Improvement of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351- complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. ospitals that use Joint Commission accreditation for deemed status purposes: Qualified pists, physical therapist assistants, occupational therapists, occupational therapy eech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical pational therapy, speech-language pathology, or audiology services, if these services are the hospital. The provision of care and staff qualifications are in accordance with national andards of practice and also meet the requirements of 409.17. See Appendix A for 409.17
		HR.01.0	02.05 Th	e hospital verifies staff qualifications.
		EP 1	their profession verification with HR.01.02.07, Note 1: It is a a secure elect Note 2: A print information. Note 3: An exp	egulation requires care providers to be currently licensed, certified, or registered to practice ons, the hospital both verifies these credentials with the primary source and documents this en a provider is hired and when his or her credentials are renewed. (See also EP 2) cceptable to verify current licensure, certification, or registration with the primary source via tronic communication or by telephone, if this verification is documented. hary verification source may designate another agency to communicate credentials The designated agency can then be used as a primary source. ternal organization (for example, a credentials verification organization [CVO]) may be used entials information. A CVO must meet the CVO guidelines identified in the Glossary.
		EP 2	hospital both	pital requires licensure, registration, or certification not required by law and regulation, the verifies these credentials and documents this verification at time of hire and when e renewed. (See also HR.01.02.07, EP 2)
		EP 3	The hospital job responsib	rerifies and documents that the applicant has the education and experience required by the lities.

CFR Number §482.28	Medicare Requirements		t Commissior /alent Numbe		Joint Commission Standards and Elements of Performance
		EP 6	decisions ab - Required lic - Required cr	out sta ensu edent ind ex ckgro	
		LD.03.	06.01 Th	ose	who work in the hospital are focused on improving safety and quality.
		EP 3	and services	(See	or a sufficient number and mix of individuals to support safe, quality care, treatment, e also IC.01.01.01, EP 3) and mix of individuals is appropriate to the scope and complexity of the services
		LD.04.	01.05 Th	e ho	spital effectively manages its programs, services, sites, or departments.
		EP 1	Leaders of th	e pro	gram, service, site, or department oversee operations.
		EP 2	Programs, se professionals	ervice or by	s, sites, or departments providing patient care are directed by one or more qualified a qualified licensed independent practitioner with clinical privileges.
		EP 3	programs, se Note: For hos	rvices spitals	es, in writing, the responsibility of those with administrative and clinical direction of its s, sites, or departments. (See also NR.01.01.01, EP 5) s that use Joint Commission accreditation for deemed status purposes: This includes yee who directs and manages dietary services.
		LD.04.	03.01 Th	e hos	spital provides services that meet patient needs.
		EP 2	 Diagnostic I Dietary Emergency Medical rec Nuclear me Nursing car Pathology a Pharmaceu Physical rel Respiratory Social work Note: Hospita 	adiole ords dicine e ind cli tical nabilit care als tha	e inical laboratory
		LD.04.0			eatment, and services provided through contractual agreement are provided and effectively.
		EP 1			d medical staff have an opportunity to provide advice about the sources of clinical vided through contractual agreement.
		EP 2	The hospital agreements.	descr	ibes, in writing, the nature and scope of services provided through contractual

CFR Number §482.28	Medicare Requirements		Commissio alent Numb		Joint Commission Standards and Elements of Performance
		EP 3	Designated	leade	rs approve contractual agreements.
		EP 4	services. Note 1: In m agreement I described in Note 2: For the hospital provided off - Verify that services hav - Specify in provided by Note 3: For	ost ca nust k the "l hospit contra site, i all lice ve app the wi licens hospit	contracted services by establishing expectations for the performance of the contracted ases, each licensed independent practitioner providing services through a contractual be credentialed and privileged by the hospital using their services following the process Medical Staff" (MS) chapter. Tals that do not use Joint Commission accreditation for deemed status purposes: Wher acts with another accredited organization for patient care, treatment, and services to be t can do the following: The providing patient care, treatment, and services to be to and the following: The providing patient care, treatment, and propriate privileges by obtaining, for example, a copy of the list of privileges. The agreement that the contracted organization will ensure that all contracted services are the services will be within the scope of their privileges. The leaders ontracted services are the governing body.
		EP 5	contracted s	ervice en de	contracted services by communicating the expectations in writing to the provider of the es. scription of the expectations can be provided either as part of the written agreement or
		EP 6	Leaders mo expectations		contracted services by evaluating these services in relation to the hospital's
		EP 7	Note: Exam - Increase n - Provide co	oles o ionito nsulta e the ied pe	
§482.28(a)	TAG: A-0619				
§482.28(a) Standard: Org	anization				
§482.28(a)(1)	TAG: A-0620	LD.04.0	01.05 T	he ho	spital effectively manages its programs, services, sites, or departments.
(1) The hospital must hav	e a full-time employee who-	programs, servi Note: For hospi		ervice spital	es, in writing, the responsibility of those with administrative and clinical direction of its is, sites, or departments. (See also NR.01.01.01, EP 5) is that use Joint Commission accreditation for deemed status purposes: This includes byee who directs and manages dietary services.
§482.28(a)(1)(i)	TAG: A-0620	LD.04.0)1.05 T	he ho	spital effectively manages its programs, services, sites, or departments.
(i) Serves as director of th	e food and dietetic services;	EP 1	Leaders of t	he pro	ogram, service, site, or department oversee operations.
		EP 2			es, sites, or departments providing patient care are directed by one or more qualified y a qualified licensed independent practitioner with clinical privileges.

CFR Number §482.28(a)(1)(i)	Medicare Requirements		mmission nt Number	Joint Commission Standards and Elements of Performance
		p N	rograms, service ote: For hospital	es, in writing, the responsibility of those with administrative and clinical direction of its s, sites, or departments. (See also NR.01.01.01, EP 5) s that use Joint Commission accreditation for deemed status purposes: This includes byee who directs and manages dietary services.
§482.28(a)(1)(ii)	TAG: A-0620	LD.04.01.0	5 The ho	spital effectively manages its programs, services, sites, or departments.
(ii) Is responsible for daily	/ management of the dietary services; and	EP1 L	eaders of the pro	gram, service, site, or department oversee operations.
				es, sites, or departments providing patient care are directed by one or more qualified y a qualified licensed independent practitioner with clinical privileges.
		p N	rograms, service ote: For hospital	es, in writing, the responsibility of those with administrative and clinical direction of its s, sites, or departments. (See also NR.01.01.01, EP 5) s that use Joint Commission accreditation for deemed status purposes: This includes byee who directs and manages dietary services.
§482.28(a)(1)(iii)	TAG: A-0620	HR.01.02.0	1 The ho	spital defines staff qualifications.
(iii) Is qualified by experie	ence or training.	a N a N A S N P a tt P a tt N a s S	nd RI.01.01.03, I ote 1: Qualification ote 2: Qualification ote 2: Qualification ote 2: Qualification and the second second ote 3: For hospit hysical therapist ssistants, speech erapy, occupation rovided by the ho coceptable standa equirements. ote 4: Qualification ssessment, educe	ons for infection control may be met through ongoing education, training, experience, in (such as that offered by the Certification Board for Infection Control). ons for laboratory personnel are described in the Clinical Laboratory Improvement 988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351- pplete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. als that use Joint Commission accreditation for deemed status purposes: Qualified s, physical therapist assistants, occupational therapist, occupational therapy n-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical onal therapy, speech-language pathology, or audiology services, if these services are ospital. The provision of care and staff qualifications are in accordance with national ards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 ons for language interpreters and translators may be met through language proficiency cation, training, and experience. The use of qualified interpreters and translators is Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title
		HR.01.02.0	5 The ho	spital verifies staff qualifications.
			he hospital verifi b responsibilities	es and documents that the applicant has the education and experience required by the s.
		LD.04.01.0	5 The ho	spital effectively manages its programs, services, sites, or departments.
		EP1 L	eaders of the pro	gram, service, site, or department oversee operations.
				es, sites, or departments providing patient care are directed by one or more qualified y a qualified licensed independent practitioner with clinical privileges.

CFR Number §482.28(a)(1)(iii)	Medicare Requirements		ommission ent Number	Joint Commission Standards and Elements of Performance
		p N	orograms, serv Note: For hosp	fines, in writing, the responsibility of those with administrative and clinical direction of its ices, sites, or departments. (See also NR.01.01.01, EP 5) itals that use Joint Commission accreditation for deemed status purposes: This includes ployee who directs and manages dietary services.
§482.28(a)(2)	TAG: A-0621	HR.01.01.0		hospital has the necessary staff to support the care, treatment, and services it ides.
(2) There must be a qualifier	d dietitian, full-time, part-time or on a consultant basis.		or hospitals th	at use Joint Commission accreditation for deemed status purposes: The hospital has a a a on a full-time, part-time, or consultative basis.
		HR.01.02.0	01 The	hospital defines staff qualifications.
		a N a N A S N P a a ti P a a s s	and RI.01.01.0 Note 1: Qualific and/or certifica Note 2: Qualific Amendments c 3493.1495. A c Note 3: For hos obysical therap assistants, spe herapy, occup provided by the acceptable stat equirements. Note 4: Qualific assessment, e supported by the	fines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 3, EP 2) rations for infection control may be met through ongoing education, training, experience, tion (such as that offered by the Certification Board for Infection Control). rations for laboratory personnel are described in the Clinical Laboratory Improvement f 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351- omplete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. spitals that use Joint Commission accreditation for deemed status purposes: Qualified ists, physical therapist assistants, occupational therapists, occupational therapy ech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical ational therapy, speech-language pathology, or audiology services, if these services are hospital. The provision of care and staff qualifications are in accordance with national ndards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 rations for language interpreters and translators may be met through language proficiency ducation, training, and experience. The use of qualified interpreters and translators is the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title tights Act of 1964.
		HR.01.02.0	05 The	hospital verifies staff qualifications.
			The hospital ve ob responsibili	rifies and documents that the applicant has the education and experience required by the ties.
		LD.03.06.0	01 Tho	se who work in the hospital are focused on improving safety and quality.
		a N	and services. (e for a sufficient number and mix of individuals to support safe, quality care, treatment, See also IC.01.01.01, EP 3) ber and mix of individuals is appropriate to the scope and complexity of the services
§482.28(a)(3)	TAG: A-0622	HR.01.06.0	01 Staf	are competent to perform their responsibilities.
(3) There must be administr duties.	ative and technical personnel competent in their respective			fines the competencies it requires of its staff who provide patient care, treatment, or also NPSG.03.06.01, EP 3)
		EP 5 S	Staff competer	ce is initially assessed and documented as part of orientation.
				ce is assessed and documented once every three years, or more frequently as required cy or in accordance with law and regulation.

CFR Number §482.28(b)	Medicare Requirements		Commissio alent Numbe			
§482.28(b)	TAG: A-0628	PC.02.0	02.03 T	The hospital makes food and nutrition products available to its patients.		
§482.28(b) Standard: Di	ets	EP 7	EP 7 Food and nutrition products are consistent with each patient's care, treatment, and services			
Menus must meet the ne	eeds of the patients.	EP 8	The hospital	al accommodates a patient's special diet and altered diet schedule, unless contraindicated.		
		EP 10	When a pati	tient refuses food, the hospital offers substitutes of equal nutritional value.		
§482.28(b)(1)	TAG: A-0629	HR.01.0		The hospital has the necessary staff to support the care, treatment, and services it provides.		
(1) Individual patient nut practices.	ritional needs must be met in accordance with recognized dietary	EP 2	For hospitals	Is that use Joint Commission accreditation for deemed status purposes: The hospital has a etician on a full-time, part-time, or consultative basis.		
		LD.04.0		The hospital considers clinical practice guidelines when designing or improving processes.		
		EP 1		al considers using clinical practice guidelines when designing or improving processes. (See .01.01, EP 5)		
		PC.01.0)2.01 T	The hospital assesses and reassesses its patients.		
		EP 3	The hospital PC.01.02.03	al has defined criteria that identify when nutritional plans are developed. (See also 3, EP 7)		
		PC.01.0)3.01 T	The hospital plans the patient's care.		
		EP 1		al plans the patient's care, treatment, and services based on needs identified by the patient' t, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2; 3, EP 2)		
		PC.02.0)2.03 T	The hospital makes food and nutrition products available to its patients.		
		EP 7	Food and nu	utrition products are consistent with each patient's care, treatment, and services.		
		EP 22		Is that use Joint Commission accreditation for deemed status purposes: A current theraped I approved by the dietitian and medical staff is available to all medical, nursing, and food f.		
§482.28(b)(2)	TAG: A-0630	PC.02.0		The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.		
responsible for the care	uding therapeutic diets, must be ordered by a practitioner of the patient, or by a qualified dietitian or qualified nutrition ed by the medical staff and in accordance with State law nutrition professionals.					

CFR Number §482.28(b)(2)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 1	care, treatment, independent pra and regulation; I Note: Outpatien he or she meets - Responsible fo - Licensed to pra Veterans Admin - Acting within h - Authorized in a governing body	or the care of the patient actice in the state where he or she provides care to the patient or in accordance with histration and Department of Defense licensure requirements his or her scope of practice under state law accordance with state law and policies adopted by the medical staff and approved by the to order the applicable outpatient services law and regulation guidance pertaining to those responsible for the care of the patient,
		EP 7		at use Joint Commission accreditation for deemed status purposes: The hospital reatment, and services using the most recent patient order(s).
§482.28(b)(3)	TAG: A-0631	PC.02.0	02.03 The h	nospital makes food and nutrition products available to its patients.
	diet manual approved by the dietitian and medical staff must be edical, nursing, and food service personnel.	EP 22		at use Joint Commission accreditation for deemed status purposes: A current therapeutic broved by the dietitian and medical staff is available to all medical, nursing, and food
§482.30	TAG: A-0652	LD.04.0	1.01 The h	nospital complies with law and regulation.
§482.30 Condition of Participation: Utilization Review The hospital must have in effect a utilization review (UR) plan that provides for review of services furnished by the institution and by members of the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.		EP 17	utilization review hospital and the Note 1: The hos Organization (Q Services (CMS) XIX of the Socia hospitals in that CFR 456.245.	at use Joint Commission accreditation for deemed status purposes: The hospital has a v plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Spital does not need to have a utilization review plan if either a Quality Improvement elO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title al Security Act are superior to the procedures required in this section, and has required a state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 dance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements opendix.
§482.30(a)	TAG: A-0653			
§482.30(a) Standard: Ap	plicability			
The provisions of this se	ction apply except in either of the following circumstances:			
§482.30(a)(1)	TAG: A-0653	LD.04.0	1.01 The h	hospital complies with law and regulation.
(1) A Utilization and Qua assumed binding review	lity Control Quality Improvement Organization (QIO) has for the hospital.			
Medicare Hospital Require		Page 164 of		© 2016 The Joint Commission

CFR Number §482.30(a)(1)	Medicare Requirements		Commission Ilent Number	Joint Commission Standards and Elements of Performance
		EP 17	utilization review hospital and the Note 1: The hos Organization (Q Services (CMS) XIX of the Socia hospitals in that CFR 456.245.	at use Joint Commission accreditation for deemed status purposes: The hospital has a y plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. pital does not need to have a utilization review plan if either a Quality Improvement IO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title I Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements spendix.
		EP 18	activities are im Note 1: The hos Improvement O Medicare & Med by the state und section, and has CFR 456.50 three	at use Joint Commission accreditation for deemed status purposes: Utilization review oblemented by the hospital in accordance with the plan. pital does not need to implement utilization review activities itself if either a Quality ganization (QIO) has assumed binding review for the hospital or the Centers for licaid Services (CMS) has determined that the utilization review procedures established er title XIX of the Social Security Act are superior to the procedures required in this required hospitals in that state to meet the utilization review plan requirements under 42 bugh 42 CFR 456.245. ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements spendix.
§482.30(a)(2)	TAG: A-0653	LD.04.01	1.01 The I	ospital complies with law and regulation.
of the Act are superior to	(2) CMS has determined that the UR procedures established by the State under title XIX of the Act are superior to the procedures required in this section, and has required hospitals in that State to meet the UR plan requirements under §§456.50 through 456.245		utilization review hospital and the Note 1: The hos Organization (Q Services (CMS) XIX of the Socia hospitals in that CFR 456.245.	at use Joint Commission accreditation for deemed status purposes: The hospital has a y plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. pital does not need to have a utilization review plan if either a Quality Improvement IO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title I Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements spendix.
		EP 18	activities are im Note 1: The hos Improvement O Medicare & Mec by the state und section, and has CFR 456.50 three	at use Joint Commission accreditation for deemed status purposes: Utilization review oblemented by the hospital in accordance with the plan. pital does not need to implement utilization review activities itself if either a Quality ganization (QIO) has assumed binding review for the hospital or the Centers for licaid Services (CMS) has determined that the utilization review procedures established er title XIX of the Social Security Act are superior to the procedures required in this required hospitals in that state to meet the utilization review plan requirements under 42 bugh 42 CFR 456.245. ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements opendix.
§482.30(b)	TAG: A-0654	LD.04.01	I.01 The ł	nospital complies with law and regulation.
§482.30(b) Standard: Co	omposition of Utilization Review Committee			
A UR committee consist	ing of two or more practitioners must carry out the UR function. At			
Modiooro Hoopital Deguira	Smanta to 2016 Joint		(200	© 2016 The Joint Commission

CFR Number §482.30(b)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
least two of the member	s of the committee must be doctors of medicine or osteopathy.	EP 17	utilization review hospital and the Note 1: The hos Organization (Q Services (CMS) XIX of the Socia hospitals in that CFR 456.245.	at use Joint Commission accreditation for deemed status purposes: The hospital has a v plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. spital does not need to have a utilization review plan if either a Quality Improvement IO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title al Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 lance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements opendix.
		EP 18	activities are im Note 1: The hos Improvement O Medicare & Med by the state und section, and has CFR 456.50 three	at use Joint Commission accreditation for deemed status purposes: Utilization review plemented by the hospital in accordance with the plan. spital does not need to implement utilization review activities itself if either a Quality rganization (QIO) has assumed binding review for the hospital or the Centers for dicaid Services (CMS) has determined that the utilization review procedures established ler title XIX of the Social Security Act are superior to the procedures required in this s required hospitals in that state to meet the utilization review plan requirements under 42 bugh 42 CFR 456.245. lance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements opendix.
§482.30(b)(1)	TAG: A-0654			
(1) Except as specified in must be one of the follow	n paragraphs (b)(2) and (3) of this section, the UR committee wing:			
§482.30(b)(1)(i)	TAG: A-0654	LD.04.0	1.01 The I	nospital complies with law and regulation.
(i) A staff committee of t	he institution;	EP 17	utilization review hospital and the Note 1: The hos Organization (Q Services (CMS) XIX of the Socia hospitals in that CFR 456.245.	at use Joint Commission accreditation for deemed status purposes: The hospital has a v plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. spital does not need to have a utilization review plan if either a Quality Improvement IO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title al Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 lance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements opendix.
		EP 18	activities are im Note 1: The hos Improvement O Medicare & Med by the state und section, and has CFR 456.50 three	at use Joint Commission accreditation for deemed status purposes: Utilization review plemented by the hospital in accordance with the plan. spital does not need to implement utilization review activities itself if either a Quality rganization (QIO) has assumed binding review for the hospital or the Centers for dicaid Services (CMS) has determined that the utilization review procedures established ler title XIX of the Social Security Act are superior to the procedures required in this is required hospitals in that state to meet the utilization review plan requirements under 42 bugh 42 CFR 456.245. Iance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements opendix.

CFR Number §482.30(b)(1)(ii)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
§482.30(b)(1)(ii)	TAG: A-0654	LD.04.0	1.01 The h	ospital complies with law and regulation.
(ii) A group outside the institution		EP 17	utilization review hospital and the Note 1: The hosp Organization (QI Services (CMS) XIX of the Social hospitals in that CFR 456.245.	t use Joint Commission accreditation for deemed status purposes: The hospital has a plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. bital does not need to have a utilization review plan if either a Quality Improvement O) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements bendix.
		EP 18	t use Joint Commission accreditation for deemed status purposes: Utilization review lemented by the hospital in accordance with the plan. bital does not need to implement utilization review activities itself if either a Quality ganization (QIO) has assumed binding review for the hospital or the Centers for caid Services (CMS) has determined that the utilization review procedures established er title XIX of the Social Security Act are superior to the procedures required in this required hospitals in that state to meet the utilization review plan requirements under 42 ugh 42 CFR 456.245. ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements bendix.	
§482.30(b)(1)(ii)(A)	TAG: A-0654	LD.04.0	1.01 The h	ospital complies with law and regulation.
(A) Established by the loc or	cal medical society and some or all of the hospitals in the locality;	EP 17 For hospitals that use Join utilization review plan con hospital and the medical s Note 1: The hospital does Organization (QIO) has as Services (CMS) has deter XIX of the Social Security hospitals in that state to n CFR 456.245.		t use Joint Commission accreditation for deemed status purposes: The hospital has a plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. bital does not need to have a utilization review plan if either a Quality Improvement D) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements bendix.
		EP 18	activities are imp Note 1: The hosp Improvement Or Medicare & Med by the state unde section, and has CFR 456.50 thro	t use Joint Commission accreditation for deemed status purposes: Utilization review lemented by the hospital in accordance with the plan. bital does not need to implement utilization review activities itself if either a Quality ganization (QIO) has assumed binding review for the hospital or the Centers for caid Services (CMS) has determined that the utilization review procedures established er title XIX of the Social Security Act are superior to the procedures required in this required hospitals in that state to meet the utilization review plan requirements under 42 ugh 42 CFR 456.245. ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements bendix.
§482.30(b)(1)(ii)(B)	TAG: A-0654	LD.04.0	1.01 The h	ospital complies with law and regulation.
(B) Established in a man	ner approved by CMS.			
Medicare Hospital Require	ments to 2016 Joint F	Page 167 c	of 328	© 2016 The Joint Commission

CFR Number §482.30(b)(1)(ii)(B)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 17	utilization review hospital and the Note 1: The hos Organization (Q Services (CMS) XIX of the Socia hospitals in that CFR 456.245.	at use Joint Commission accreditation for deemed status purposes: The hospital has a y plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. pital does not need to have a utilization review plan if either a Quality Improvement IO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title I Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements spendix.
		EP 18	activities are imp Note 1: The hos Improvement Or Medicare & Med by the state und section, and has CFR 456.50 thro	at use Joint Commission accreditation for deemed status purposes: Utilization review plemented by the hospital in accordance with the plan. pital does not need to implement utilization review activities itself if either a Quality rganization (QIO) has assumed binding review for the hospital or the Centers for licaid Services (CMS) has determined that the utilization review procedures established ler title XIX of the Social Security Act are superior to the procedures required in this s required hospitals in that state to meet the utilization review plan requirements under 42 bugh 42 CFR 456.245. ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements opendix.
§482.30(b)(2)	TAG: A-0654	LD.04.0	01.01 The h	nospital complies with law and regulation.
(2) If, because of the small	I size of the institution, it is impracticable to have a properly a, the UR committee must be established as specified in section	EP 17	utilization review hospital and the Note 1: The hos Organization (Q Services (CMS) XIX of the Socia hospitals in that CFR 456.245.	at use Joint Commission accreditation for deemed status purposes: The hospital has a or plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. pital does not need to have a utilization review plan if either a Quality Improvement IO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title I Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements opendix.
		EP 18	activities are imported in the section of the section, and has CFR 456.50 three section.	at use Joint Commission accreditation for deemed status purposes: Utilization review plemented by the hospital in accordance with the plan. pital does not need to implement utilization review activities itself if either a Quality rganization (QIO) has assumed binding review for the hospital or the Centers for licaid Services (CMS) has determined that the utilization review procedures established er title XIX of the Social Security Act are superior to the procedures required in this s required hospitals in that state to meet the utilization review plan requirements under 42 bugh 42 CFR 456.245. lance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements opendix.
§482.30(b)(3)	TAG: A-0654			
(3) The committee or groun	p's reviews may not be conducted by any individual who			

CFR Number §482.30(b)(3)(i)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
§482.30(b)(3)(i)	TAG: A-0654	LD.04.0	1.01 The h	ospital complies with law and regulation.
(i) Has a direct financial interest (for example, an ownership interest) in that hospital; or		EP 17	utilization review hospital and the Note 1: The hos Organization (QI Services (CMS) XIX of the Social hospitals in that CFR 456.245.	t use Joint Commission accreditation for deemed status purposes: The hospital has a plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. bital does not need to have a utilization review plan if either a Quality Improvement O) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements pendix.
		EP 18	activities are imp Note 1: The hos Improvement Or Medicare & Med by the state und section, and has CFR 456.50 thro	t use Joint Commission accreditation for deemed status purposes: Utilization review lemented by the hospital in accordance with the plan. Dital does not need to implement utilization review activities itself if either a Quality ganization (QIO) has assumed binding review for the hospital or the Centers for icaid Services (CMS) has determined that the utilization review procedures established er title XIX of the Social Security Act are superior to the procedures required in this required hospitals in that state to meet the utilization review plan requirements under 42 ugh 42 CFR 456.245. ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements pendix.
§482.30(b)(3)(ii)	TAG: A-0654	LD.04.0	1.01 The h	ospital complies with law and regulation.
(ii) Was professionally invo	lved in the care of the patient whose case is being reviewed.	EP 17	utilization review hospital and the Note 1: The hosp Organization (QI Services (CMS) XIX of the Social hospitals in that CFR 456.245.	t use Joint Commission accreditation for deemed status purposes: The hospital has a plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. bital does not need to have a utilization review plan if either a Quality Improvement O) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements pendix.
		EP 18	activities are imp Note 1: The hos Improvement Or Medicare & Med by the state und section, and has CFR 456.50 thro	t use Joint Commission accreditation for deemed status purposes: Utilization review lemented by the hospital in accordance with the plan. bital does not need to implement utilization review activities itself if either a Quality ganization (QIO) has assumed binding review for the hospital or the Centers for icaid Services (CMS) has determined that the utilization review procedures established er title XIX of the Social Security Act are superior to the procedures required in this required hospitals in that state to meet the utilization review plan requirements under 42 ugh 42 CFR 456.245. ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements pendix.
§482.30(c)	TAG: A-0655	1		
§482.30(c) Standard: Scop		-		

CFR Number §482.30(c)(1)	Medicare Requirements	Joint Commissio Equivalent Numb	I lount Commission Standards and Floments of Performance
§482.30(c)(1)	TAG: A-0655		
(1) The UR plan must prov to the medical necessity o	vide for review for Medicare and Medicaid patients with respect f		
§482.30(c)(1)(i)	TAG: A-0655	LD.04.01.01	The hospital complies with law and regulation.
(i) Admissions to the institu	ution;	utilization re hospital and Note 1: The Organizatio Services (C XIX of the S hospitals in CFR 456.24 Note 2: For	Is that use Joint Commission accreditation for deemed status purposes: The hospital has a eview plan consistent with 42 CFR 482.30 that provides for review of services furnished by the d the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. If enter a Quality Improvement on (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid CMS) has determined that the utilization review procedures established by the state under title Social Security Act are superior to the procedures required in this section, and has required in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 45.
		activities ar Note 1: The Improveme Medicare & by the state section, and CFR 456.50 Note 2: For	Als that use Joint Commission accreditation for deemed status purposes: Utilization review re implemented by the hospital in accordance with the plan. e hospital does not need to implement utilization review activities itself if either a Quality ent Organization (QIO) has assumed binding review for the hospital or the Centers for & Medicaid Services (CMS) has determined that the utilization review procedures established e under title XIX of the Social Security Act are superior to the procedures required in this d has required hospitals in that state to meet the utilization review plan requirements under 42 0 through 42 CFR 456.245. r guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements ls" appendix.
§482.30(c)(1)(ii)	TAG: A-0655	LD.04.01.01	The hospital complies with law and regulation.
(ii) The duration of stays; a	and	utilization re hospital and Note 1: The Organizatio Services (C XIX of the S hospitals in CFR 456.24 Note 2: For	Its that use Joint Commission accreditation for deemed status purposes: The hospital has a eview plan consistent with 42 CFR 482.30 that provides for review of services furnished by the d the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. If e hospital does not need to have a utilization review plan if either a Quality Improvement on (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid CMS) has determined that the utilization review procedures established by the state under title Social Security Act are superior to the procedures required in this section, and has required in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 45.
Medicare Hospital Requirem		Page 170 of 328	© 2016 The Joint Commission

CFR Number §482.30(c)(1)(ii)	Medicare Requirements		Commissio alent Numbe	I I I I I I I I I I I I I I I I I I I
		EP 18	activities are Note 1: The Improvemen Medicare & by the state section, and CFR 456.50	that use Joint Commission accreditation for deemed status purposes: Utilization review implemented by the hospital in accordance with the plan. hospital does not need to implement utilization review activities itself if either a Quality to Organization (QIO) has assumed binding review for the hospital or the Centers for Medicaid Services (CMS) has determined that the utilization review procedures established under title XIX of the Social Security Act are superior to the procedures required in this has required hospitals in that state to meet the utilization review plan requirements under 42 through 42 CFR 456.245. Juidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements appendix.
§482.30(c)(1)(iii)	TAG: A-0655	LD.04.0	1.01 TI	e hospital complies with law and regulation.
(iii) Professional service	s furnished including drugs and biologicals.	EP 17	utilization rehospital and Note 1: The Organization Services (CM XIX of the Sc hospitals in t CFR 456.24 Note 2: For for Hospitals activities are Note 1: The Improvemen Medicare & by the state section, and CFR 456.50	that use Joint Commission accreditation for deemed status purposes: Utilization review implemented by the hospital in accordance with the plan. hospital does not need to implement utilization review activities itself if either a Quality to Organization (QIO) has assumed binding review for the hospital or the Centers for Aedicaid Services (CMS) has determined that the utilization review procedures established under title XIX of the Social Security Act are superior to the procedures required in this has required hospitals in that state to meet the utilization review plan requirements under 42 through 42 CFR 456.245.
§482.30(c)(2)	TAG: A-0655	LD.04.0	1.01 TI	e hospital complies with law and regulation.
	is may be performed before, at, or after hospital admission.	EP 17	utilization rev hospital and Note 1: The Organizatior Services (CM XIX of the So hospitals in the CFR 456.24	uidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements
		Dogo 171 a		© 2046 The Joint Commission

CFR Number §482.30(c)(2)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 18	activities are in Note 1: The ho Improvement C Medicare & Me by the state un section, and ha CFR 456.50 the	hat use Joint Commission accreditation for deemed status purposes: Utilization review hat use Joint Commission accreditation for deemed status purposes: Utilization review hat use Joint Commission accreditation for deemed status purposes: Utilization review spital does not need to implement utilization review activities itself if either a Quality brganization (QIO) has assumed binding review for the hospital or the Centers for dicaid Services (CMS) has determined that the utilization review procedures established der title XIX of the Social Security Act are superior to the procedures required in this is required hospitals in that state to meet the utilization review plan requirements under 42 rough 42 CFR 456.245. dance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements ppendix.
§482.30(c)(3)	TAG: A-0655	LD.04.0	01.01 The	hospital complies with law and regulation.
(3) Except as specified i sample basis.	n paragraph (e) of this section, reviews may be conducted on a	EP 17	utilization revie hospital and the Note 1: The ho Organization (C Services (CMS XIX of the Soci hospitals in tha CFR 456.245. Note 2: For gui for Hospitals" a For hospitals th activities are im Note 1: The ho Improvement C Medicare & Me by the state un section, and ha CFR 456.50 th	hat use Joint Commission accreditation for deemed status purposes: Utilization review plemented by the hospital in accordance with the plan. spital does not need to implement utilization review activities itself if either a Quality brganization (QIO) has assumed binding review for the hospital or the Centers for dicaid Services (CMS) has determined that the utilization review procedures established der title XIX of the Social Security Act are superior to the procedures required in this is required hospitals in that state to meet the utilization review plan requirements under 42 rough 42 CFR 456.245. dance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements
§482.30(c)(4)	TAG: A-0655			
(4) Hospitals that are pa	id for inpatient hospital services under the prospective payment 412 of this chapter must conduct review of duration of stays and ervices as follows:			
§482.30(c)(4)(i)	TAG: A-0655	LD.04.0	01.01 The	hospital complies with law and regulation.
	these hospitals need review only cases that they reasonably ses based on extended length of stay, as described in hapter; and			
Medicare Hospital Require	ements to 2016 Joint	Page 172 (of 328	© 2016 The Joint Commission

CFR Number §482.30(c)(4)(i)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 17	utilization review hospital and the Note 1: The hos Organization (QI Services (CMS) XIX of the Socia hospitals in that CFR 456.245.	It use Joint Commission accreditation for deemed status purposes: The hospital has a plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. pital does not need to have a utilization review plan if either a Quality Improvement O) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements pendix.
		EP 18	activities are imp Note 1: The hos Improvement Or Medicare & Med by the state und section, and has CFR 456.50 thro	It use Joint Commission accreditation for deemed status purposes: Utilization review olemented by the hospital in accordance with the plan. pital does not need to implement utilization review activities itself if either a Quality ganization (QIO) has assumed binding review for the hospital or the Centers for icaid Services (CMS) has determined that the utilization review procedures established er title XIX of the Social Security Act are superior to the procedures required in this required hospitals in that state to meet the utilization review plan requirements under 42 hugh 42 CFR 456.245. ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements pendix.
§482.30(c)(4)(ii)	TAG: A-0655	LD.04.0	1.01 The h	ospital complies with law and regulation.
	es, these hospitals need review only cases that they reasonably based on extraordinarily high costs, as described in opter.	EP 17	utilization review hospital and the Note 1: The hos Organization (QI Services (CMS) XIX of the Socia hospitals in that CFR 456.245.	th use Joint Commission accreditation for deemed status purposes: The hospital has a plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. pital does not need to have a utilization review plan if either a Quality Improvement O) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements pendix.
		EP 18	activities are imp Note 1: The hos Improvement Or Medicare & Med by the state und section, and has CFR 456.50 thro	It use Joint Commission accreditation for deemed status purposes: Utilization review olemented by the hospital in accordance with the plan. pital does not need to implement utilization review activities itself if either a Quality ganization (QIO) has assumed binding review for the hospital or the Centers for icaid Services (CMS) has determined that the utilization review procedures established er title XIX of the Social Security Act are superior to the procedures required in this required hospitals in that state to meet the utilization review plan requirements under 42 hugh 42 CFR 456.245. ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements pendix.
§482.30(d)	TAG: A-0656	<u></u>		
8482 30(d) Standard: Deter	rmination Regarding Admissions or Continued Stays			

CFR Number §482.30(d)(1)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance	
§482.30(d)(1)	TAG: A-0656				
(1) The determination that	at an admission or continued stay is not medically necessary-				
§482.30(d)(1)(i)	TAG: A-0656	LD.04.0	1.01 The h	ospital complies with law and regulation.	
responsible for the care	member of the UR committee if the practitioner or practitioners of the patient, as specified of §482.12(c), concur with the resent their views when afforded the opportunity; and	utilization review plan consistent with 42 CFR 482.30 that provides for review of ser hospital and the medical staff to patients entitled to benefits under the Medicare and Note 1: The hospital does not need to have a utilization review plan if either a Quali Organization (QIO) has assumed binding review for the hospital or the Centers for N Services (CMS) has determined that the utilization review procedures established b XIX of the Social Security Act are superior to the procedures required in this section hospitals in that state to meet the utilization review plan requirements under 42 CFF CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Me for Hospitals" appendix.		O) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements pendix.	
		EP 18	EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 4 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirement for Hospitals" appendix.		
§482.30(d)(1)(ii)	TAG: A-0656	LD.04.0	1.01 The h	ospital complies with law and regulation.	
(ii) Must be made by at le	east two members of the UR committee in all other cases.	EP 17	utilization review hospital and the Note 1: The hosp Organization (QI Services (CMS) XIX of the Social hospitals in that CFR 456.245.	It use Joint Commission accreditation for deemed status purposes: The hospital has a plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. bital does not need to have a utilization review plan if either a Quality Improvement O) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements pendix.	
E		EP 18	activities are imp Note 1: The hosp Improvement Or Medicare & Med by the state undo section, and has CFR 456.50 thro	It use Joint Commission accreditation for deemed status purposes: Utilization review olemented by the hospital in accordance with the plan. Dital does not need to implement utilization review activities itself if either a Quality ganization (QIO) has assumed binding review for the hospital or the Centers for icaid Services (CMS) has determined that the utilization review procedures established er title XIX of the Social Security Act are superior to the procedures required in this required hospitals in that state to meet the utilization review plan requirements under 42 ugh 42 CFR 456.245. ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements pendix.	

§482.30(d)(2)TAG: A-0656LD.04.01.01The hospital complies with law and regulation.(2) Before making a determination that an admission or continued stay is not medically necessary, the UR committee must consult the practitioner or practitioners responsible for the care of the patient, as specified in §482.12(c), and afford the practitioner or practitioners the opportunity to present their views.EP 17For hospitals that use Joint Commission accreditation for deemed status purposes: utilization review plan consistent with 42 CFR 482.30 that provides for review of sen hospital and the medical staff to patients entitled to benefits under the Medicare and Note 1: The hospital does not need to have a utilization review plan if either a Qualit Organization (QIO) has assumed binding review plan if either a Qualit Organization Services (CMS) has determined that the utilization review plan requirements under 42 CFR CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Me for Hospitals" appendix.EP 18For hospital stat use Joint Commission accreditation for deemed status purposes: activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review for the hospital or the for Hospital does not need to implement utilization review for the hospital or the more does not need to implement utilization review for the hospital or the hospital does not need to implement utilization review for the hospital or the hospital or the hospital or th	vices furnished by the d Medicaid programs. ity Improvement Medicare & Medicaid by the state under title n, and has required R 456.50 through 42 edicare Requirements
 (c) bisitive must consult the practitioner or practitioners responsible for the care of the patient, as specified in §482.12(c), and afford the practitioner or practitioners responsible for practitioners the opportunity to present their views. (c) practitioners the opportunity to present the practitioners the practitioners the opportunity to present the views. (c) practit	vices furnished by the d Medicaid programs. ity Improvement Medicare & Medicaid by the state under title n, and has required R 456.50 through 42 edicare Requirements
activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if	I Itilization review
Medicare & Medicaid Services (CMS) has determined that the utilization review prod by the state under title XIX of the Social Security Act are superior to the procedures section, and has required hospitals in that state to meet the utilization review plan re CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Me for Hospitals" appendix.	either a Quality e Centers for cedures established s required in this equirements under 42
\$482.30(d)(3) TAG: A-0656 LD.04.01.01 The hospital complies with law and regulation.	
(3) If the committee decides that admission to or continued stay in the hospital is not medically necessary, written notification must be given, no later than 2 days after the determination, to the hospital, the patient, and the practitioner or practitioners responsible for the care of the patient, as specified in §482.12(c); EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: utilization review plan consistent with 42 CFR 482.30 that provides for review of sem hospital and the medical staff to patients entitled to benefits under the Medicare and Note 1: The hospital does not need to have a utilization review plan if either a Qualit Organization (QIO) has assumed binding review for the hospital or the Centers for M Services (CMS) has determined that the utilization review plan requirements under 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare and hospitals" appendix.	rvices furnished by the d Medicaid programs. ity Improvement Medicare & Medicaid by the state under title n, and has required R 456.50 through 42
 EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if Improvement Organization (QIO) has assumed binding review for the hospital or the Medicare & Medicaid Services (CMS) has determined that the utilization review process section, and has required hospitals in that state to meet the utilization review plan re CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to the "Medicare" appendix. 	either a Quality e Centers for ocedures established s required in this equirements under 42
§482.30(e) TAG: A-0657	

CFR Number §482.30(e)(1)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
§482.30(e)(1)	TAG: A-0657	LD.04.0	1.01 The h	ospital complies with law and regulation.
 (1) In hospitals that are not paid under the prospective payment system, the UR committee must make a periodic review, as specified in the UR plan, or each current inpatient receiving hospital services during a continuous period of extended duration. The scheduling of the periodic reviews may 		EP 17	utilization review hospital and the Note 1: The hosp Organization (QI Services (CMS) XIX of the Social hospitals in that CFR 456.245.	t use Joint Commission accreditation for deemed status purposes: The hospital has a plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. bital does not need to have a utilization review plan if either a Quality Improvement O) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements pendix.
		EP 18	activities are imp Note 1: The hosp Improvement Or Medicare & Med by the state undo section, and has CFR 456.50 thro	t use Joint Commission accreditation for deemed status purposes: Utilization review lemented by the hospital in accordance with the plan. Dital does not need to implement utilization review activities itself if either a Quality ganization (QIO) has assumed binding review for the hospital or the Centers for icaid Services (CMS) has determined that the utilization review procedures established er title XIX of the Social Security Act are superior to the procedures required in this required hospitals in that state to meet the utilization review plan requirements under 42 ugh 42 CFR 456.245. ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements pendix.
§482.30(e)(1)(i)	TAG: A-0657	LD.04.0	1.01 The h	ospital complies with law and regulation.
(i) Be the same for all ca	ases; or	EP 17	utilization review hospital and the Note 1: The hosp Organization (QI Services (CMS) XIX of the Social hospitals in that CFR 456.245.	t use Joint Commission accreditation for deemed status purposes: The hospital has a plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. oital does not need to have a utilization review plan if either a Quality Improvement O) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements pendix.
		EP 18	activities are imp Note 1: The hosp Improvement Or Medicare & Med by the state undo section, and has CFR 456.50 thro	t use Joint Commission accreditation for deemed status purposes: Utilization review lemented by the hospital in accordance with the plan. bital does not need to implement utilization review activities itself if either a Quality ganization (QIO) has assumed binding review for the hospital or the Centers for iccid Services (CMS) has determined that the utilization review procedures established er title XIX of the Social Security Act are superior to the procedures required in this required hospitals in that state to meet the utilization review plan requirements under 42 ugh 42 CFR 456.245. ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements pendix.
§482.30(e)(1)(ii)	TAG: A-0657	LD.04.0	1.01 The h	ospital complies with law and regulation.
(ii) Differ for different cla	isses of cases.			
Medicare Hospital Require	ements to 2016 Joint	Page 176 c	of 328	© 2016 The Joint Commission

CFR Number §482.30(e)(1)(ii)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 17	utilization review hospital and the Note 1: The hos Organization (Q Services (CMS) XIX of the Socia hospitals in that CFR 456.245.	at use Joint Commission accreditation for deemed status purposes: The hospital has a v plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. spital does not need to have a utilization review plan if either a Quality Improvement IO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title al Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 dance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements opendix.
		EP 18	activities are im Note 1: The hos Improvement O Medicare & Med by the state und section, and has CFR 456.50 thr	at use Joint Commission accreditation for deemed status purposes: Utilization review plemented by the hospital in accordance with the plan. spital does not need to implement utilization review activities itself if either a Quality rganization (QIO) has assumed binding review for the hospital or the Centers for dicaid Services (CMS) has determined that the utilization review procedures established ler title XIX of the Social Security Act are superior to the procedures required in this s required hospitals in that state to meet the utilization review plan requirements under 42 bugh 42 CFR 456.245. lance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements opendix.
§482.30(e)(2)	TAG: A-0657	LD.04.0	1.01 The I	nospital complies with law and regulation.
review all cases reasona extended length of stay e	er the prospective payment system, the UR committee must ably assumed by the hospital to be outlier cases because the exceeds the threshold criteria for the diagnosis, as described in spital is not required to review an extended stay that does not hold for the diagnosis.	EP 17	utilization review hospital and the Note 1: The hos Organization (Q Services (CMS) XIX of the Socia hospitals in that CFR 456.245.	at use Joint Commission accreditation for deemed status purposes: The hospital has a v plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. spital does not need to have a utilization review plan if either a Quality Improvement IO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title al Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 dance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements opendix.
		EP 18	activities are im Note 1: The hos Improvement O Medicare & Med by the state und section, and has CFR 456.50 thm	at use Joint Commission accreditation for deemed status purposes: Utilization review plemented by the hospital in accordance with the plan. spital does not need to implement utilization review activities itself if either a Quality rganization (QIO) has assumed binding review for the hospital or the Centers for dicaid Services (CMS) has determined that the utilization review procedures established ler title XIX of the Social Security Act are superior to the procedures required in this s required hospitals in that state to meet the utilization review plan requirements under 42 bugh 42 CFR 456.245. lance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements opendix.
§482.30(e)(3)	TAG: A-0657	LD.04.0	1.01 The I	nospital complies with law and regulation.
(3) The UR committee m required in the UR plan.	nust make the periodic review no later than 7 days after the day			

CFR Number §482.30(e)(3)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 17	utilization review hospital and the Note 1: The hos Organization (Q Services (CMS) XIX of the Socia hospitals in that CFR 456.245.	at use Joint Commission accreditation for deemed status purposes: The hospital has a y plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. pital does not need to have a utilization review plan if either a Quality Improvement IO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title I Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements opendix.
		EP 18	activities are im Note 1: The hos Improvement Of Medicare & Med by the state und section, and has CFR 456.50 thro	at use Joint Commission accreditation for deemed status purposes: Utilization review oblemented by the hospital in accordance with the plan. pital does not need to implement utilization review activities itself if either a Quality ganization (QIO) has assumed binding review for the hospital or the Centers for licaid Services (CMS) has determined that the utilization review procedures established er title XIX of the Social Security Act are superior to the procedures required in this required hospitals in that state to meet the utilization review plan requirements under 42 bugh 42 CFR 456.245. ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements opendix.
§482.30(f)	TAG: A-0658	LD.04.0	01.01 The h	nospital complies with law and regulation.
The committee must revi	view of Professional Services iew professional services provided, to determine medical e the most efficient use of available health facilities and services.	EP 17	utilization review hospital and the Note 1: The hos Organization (Q Services (CMS) XIX of the Socia hospitals in that CFR 456.245.	at use Joint Commission accreditation for deemed status purposes: The hospital has a y plan consistent with 42 CFR 482.30 that provides for review of services furnished by the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. pital does not need to have a utilization review plan if either a Quality Improvement IO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid has determined that the utilization review procedures established by the state under title I Security Act are superior to the procedures required in this section, and has required state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements spendix.
		EP 18	activities are im Note 1: The hos Improvement Of Medicare & Med by the state und section, and has CFR 456.50 three	at use Joint Commission accreditation for deemed status purposes: Utilization review oblemented by the hospital in accordance with the plan. pital does not need to implement utilization review activities itself if either a Quality ganization (QIO) has assumed binding review for the hospital or the Centers for licaid Services (CMS) has determined that the utilization review procedures established er title XIX of the Social Security Act are superior to the procedures required in this required hospitals in that state to meet the utilization review plan requirements under 42 bugh 42 CFR 456.245. ance regarding the requirements at 42 CFR 482.30, refer to the "Medicare Requirements spendix.
§482.41	TAG: A-0700	EC.02.0)5.01 The h	nospital manages risks associated with its utility systems.
	rticipation: Physical Environment	EP 1	The hospital des EC.02.06.05, EF	signs and installs utility systems that meet patient care and operational needs. (See also 1)
The hospital must be cor	nstructed, arranged, and maintained to ensure the safety of the			
Medicare Hospital Require	ements to 2016 Joint P	Page 178 (of 328	© 2016 The Joint Commission

CFR Number §482.41	Medicare Requirements		Commission lent Number	Joint Commission Standards and Elements of Performance		
	acilities for diagnosis and treatment and for special hospital he needs of the community.	EC.02.06	Not safe	hospital establishes and maintains a safe, functional environment. e: The environment is constructed, arranged, and maintained to foster patient ety, provide facilities for diagnosis and treatment, and provide for special services ropriate to the needs of the community.		
		EP 1	Interior spaces and services p	meet the needs of the patient population and are safe and suitable to the care, treatment, rovided.		
		EP 11 Lighting is suitable for care, treatment, and services.				
		EP 13		aintains ventilation, temperature, and humidity levels suitable for the care, treatment, and led. (See also EC.02.05.01, EP 15)		
		EP 20	Areas used by	patients are clean and free of offensive odors.		
		EP 23	The hospital p	rovides emergency access to all locked and occupied spaces.		
		EP 26	The hospital k	eeps furnishings and equipment safe and in good repair.		
		EC.02.06		hospital manages its environment during demolition, renovation, or new struction to reduce risk to those in the organization.		
			- State rules a - Guidelines fo Facility Guidel When the abor reputable stan	o for new, altered, or renovated space, the hospital uses one of the following design criteria and regulations r Design and Construction of Health Care Facilities, 2010 edition, administered by the nes Institute and published by the American Society for Healthcare Engineering (ASHE) re rules, regulations, and guidelines do not meet specific design needs, use other dards and guidelines that provide equivalent design criteria. 22.05.01, EP 1)		
	EP 2	assessment for hazards that a	for demolition, construction, or renovation, the hospital conducts a preconstruction risk r air quality requirements, infection control, utility requirements, noise, vibration, and other fect care, treatment, and services. 01.02.01 for information on fire safety procedures to implement during construction or			
		EP 3	The hospital ta renovation.	kes action based on its assessment to minimize risks during demolition, construction, or		
§482.41(a) §482.41(a) Standard: Bu	TAG: A-0701	EC.01.01	Not	hospital plans activities to minimize risks in the environment of care. e: One or more persons can be assigned to manage risks associated with the nagement plans described in this standard.		
	sical plant and the overall hospital environment must be ed in such a manner that the safety and well-being of patients are	EP 3	The hospital h	as a written plan for managing the following: The environmental safety of patients and who enters the hospital's facilities. (See also EC.04.01.01, EP 15)		
assured.		EP 5	The hospital h EC.04.01.01, I	as a written plan for managing the following: Hazardous materials and waste. (See also EP 15)		
		EP 6	The hospital h	as a written plan for managing the following: Fire safety. (See also EC.04.01.01, EP 15)		
	ements to 2016 Joint	Page 179 of		© 2016 The Joint Commission		

CFR Number §482.41(a)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 7	The hospital has EP 15)	a written plan for managing the following: Medical equipment. (See also EC.04.01.01,
		EP 8	The hospital has	a written plan for managing the following: Utility systems. (See also EC.04.01.01, EP 15
		EC.02.0)1.01 The h	ospital manages safety and security risks.
		EP 1	patients, staff, a Note: Risks are of root cause an	ntifies safety and security risks associated with the environment of care that could affect nd other people coming to the hospital's facilities. (See also EC.04.01.01, EP 14) identified from internal sources such as ongoing monitoring of the environment, results alyses, results of proactive risk assessments of high-risk processes, and from credible such as Sentinel Event Alerts.
		EP 3	The hospital tak	es action to minimize or eliminate identified safety and security risks in the physical
		EP 5	The hospital ma	intains all grounds and equipment.
		EP 11	The hospital res	ponds to product notices and recalls. (See also MM.05.01.17, EPs 1–4)
		EC.02.0	02.01 The h	ospital manages risks related to hazardous materials and waste.
		EP 1	or generates. T	intains a written, current inventory of hazardous materials and waste that it uses, stores, ne only materials that need to be included on the inventory are those whose handling, e are addressed by law and regulation. (See also IC.02.01.01, EP 6; MM.01.01.03, EP 3)
		EP 3		written procedures, including the use of precautions and personal protective equipment, onse to hazardous material and waste spills or exposures.
		EP 4	The hospital imp (See also IC.02.	lements its procedures in response to hazardous material and waste spills or exposures. 01.01, EP 2)
		EP 5		imizes risks associated with selecting, handling, storing, transporting, using, and ardous chemicals.
		EP 8	The hospital mir MM.01.01.03, E	imizes risks associated with disposing of hazardous medications. (See also $^{\rm Ps}$ 1-3)
		EP 10		nitors levels of hazardous gases and vapors to determine that they are in safe range. egulation determine the frequency of monitoring hazardous gases and vapors as well as es.
		EP 11		azardous materials and waste, the hospital has the permits, licenses, manifests, and ts required by law and regulation.
		EP 12	(See also IC.02. Footnote *: The	Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens and nications Standards and the National Fire Protection Association (NFPA) provide details

CFR Number §482.41(a)	Medicare Requirements		Commission alent Number		Joint Commission Standards and Elements of Performance
		EC.02.0	04.01 The	e ho	spital manages medical equipment risks.
		EP 9			vritten procedures to follow when medical equipment fails, including using emergency ns and backup equipment.
		EC.02.0	05.01 The	e ho	spital manages risks associated with its utility systems.
		EP 8	The hospital la	abels	s utility system controls to facilitate partial or complete emergency shutdowns.
		EP 9	The hospital h	nas v	vritten procedures for responding to utility system disruptions.
		EP 10	The hospital's areas.	pro	cedures address shutting off the malfunctioning system and notifying staff in affected
		EP 11	The hospital's disruptions.	pro	cedures address performing emergency clinical interventions during utility system
		EP 12	The hospital's	pro	cedures address how to obtain emergency repair services.
		EP 13	The hospital r	espc	onds to utility system disruptions as described in its procedures.
		EP 16	The hospital n	naps	the distribution of its utility systems.
		EC.02.0	No ^s saf	te: T ety,	spital establishes and maintains a safe, functional environment. he environment is constructed, arranged, and maintained to foster patient provide facilities for diagnosis and treatment, and provide for special services riate to the needs of the community.
		EP 1	Interior space and services p		eet the needs of the patient population and are safe and suitable to the care, treatment, ded.
		EP 26	The hospital k	eep	s furnishings and equipment safe and in good repair.
		EC.04.0	01.01 The	e ho	spital collects information to monitor conditions in the environment.
		EP 12	effectiveness	of pr	ucts environmental tours every six months in patient care areas to evaluate the reviously implemented activities intended to minimize or eliminate environment of care C.04.01.03, EP 1)
		EP 13		mple	ucts annual environmental tours in nonpatient care areas to evaluate the effectiveness emented activities intended to minimize or eliminate risks in the environment. (See also
		EP 14			its tours to identify environmental deficiencies, hazards, and unsafe practices. (See EP 1; EC.04.01.03, EP 1)
		EP 15		bjec	the hospital evaluates each environment of care management plan, including a review tives, scope, performance, and effectiveness. (See also EC.01.01.01, EPs 3-8; I)

CFR Number §482.41(a)	Medicare Requirements		Commission	-	Joint Commission Standards and Elements of Performance		
		EC.04.	01.03 [.]	The h	ospital analyzes identified environment of care issues.		
		EP 2			s the results of data analysis to identify opportunities to resolve environmental safety o EC.04.01.05, EP 1)		
		EC.04.	01.05 ·	The h	ospital improves its environment of care.		
		EP 1	The hospita EC.04.01.0		es action on the identified opportunities to resolve environmental safety issues. (See also 22)		
		affect der events oc (See also Note 1: H hospital, example, appropria Note 2: If		EM.01.01.01		Opera Note: organ a sud Emer or a to disas threat	ospital engages in planning activities prior to developing its written Emergency ations Plan. An emergency is an unexpected or sudden event that significantly disrupts the ization's ability to provide care, or the environment of care itself, or that results in den, significantly changed or increased demand for the organization's services. gencies can be either human-made or natural (such as an electrical system failure ornado), or a combination of both, and they exist on a continuum of severity. A ter is a type of emergency that, due to its complexity, scope, or duration, tens the organization's capabilities and requires outside assistance to sustain nt care, safety, or security functions.
				and fo urring EM.03 spitals multi multi term e.	ducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could or the hospital's services or its ability to provide those services, the likelihood of those , and the consequences of those events. The findings of this analysis are documented. .01.01, EP 1; IC.01.06.01, EP 4) s have flexibility in creating either a single HVA that accurately reflects all sites of the ple HVAs. Some remote sites may be significantly different from the main site (for s of hazards, location, and population served); in such situations a separate HVA is spital identifies a surge in infectious patients as a potential emergency, this issue is "Infection Prevention and Control" (IC) chapter.		
		EP 3	hazard vulr Note: The I HVA. Com vendors, co	herabi hospit hmuni ommu	ether with its community partners, prioritizes the potential emergencies identified in its lity analysis (HVA) and documents these priorities. al determines which community partners are critical to helping define priorities in its ty partners may include other health care organizations, the public health department, inity organizations, public safety and public works officials, representatives of local and other government agencies.		
		EP 4	and identifi at the time	es the of the	nmunicates its needs and vulnerabilities to community emergency response agencies e community's capability to meet its needs. This communication and identification occur e hospital's annual review of its Emergency Operations Plan and whenever its needs or ange. (See also EM.03.01.01, EP 1)		
		EP 5	activities de Note: Mitig They occur	esigne ation, [.] over	s its hazard vulnerability analysis as a basis for defining mitigation activities (that is, ed to reduce the risk of and potential damage from an emergency). preparedness, response, and recovery are the four phases of emergency management. time: Mitigation and preparedness generally occur before an emergency, and response cur during and after an emergency.		
		EP 6			s its hazard vulnerability analysis as a basis for defining the preparedness activities that mobilize essential resources. (See also IM.01.01.03, EPs 1–4)		
		EP 6					

CFR Number §482.41(a)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance	
		EP 8	needed during a	eps a documented inventory of the resources and assets it has on site that may be an emergency, including, but not limited to, personal protective equipment, water, fuel, irgical, and medication-related resources and assets. (See also EM.02.02.03, EP 6)	
		 EM.02.01.01 The hospital has an Emergency Operations Plan. Note: The hospital's Emergency Operations Plan (EOP) is designed to coordin communications, resources and assets, safety and security, staff responsibili utilities, and patient clinical and support activities during an emergency (refer Standards EM.02.02.01, EM.02.02.03, EM.02.02.05, EM.02.02.07, EM.02.02.09, a EM.02.02.11). Although emergencies have many causes, the effects on these a the organization and the required response effort may be similar. This "all haz approach supports a general response capability that is sufficiently nimble to a range of emergencies of different duration, scale, and cause. For this reason Plan's response procedures address the prioritized emergencies but are also adaptable to other emergencies that the organization may experience. EP 2 The hospital develops and maintains a written Emergency Operations Plan that describes the procedures to follow when emergencies occur. (See also EM.03.01.03, EP 5) Note: The response procedures address the prioritized emergencies but can also be adapted to emergencies that the hospital may experience. Response procedures could include the followi - Maintaining or expanding services - Conserving resources Curtailing services Supplementing resources from outside the local community Closing the hospital to new patients Staged evacuation Total evacuation 			
		EP 3	procedures for provide commu least 96 hours.	ency Operations Plan identifies the hospital's capabilities and establishes response for when the hospital cannot be supported by the local community in the hospital's efforts to nmunications, resources and assets, security and safety, staff, utilities, or patient care for at urs. itals are not required to stockpile supplies to last for 96 hours of operation.	
		EP 4	strategies and a	velops and maintains a written Emergency Operations Plan that describes the recovery actions designed to help restore the systems that are critical to providing care, treatment, ter an emergency.	
		response and re activated. Note: Mitigation, They occur over and recovery oc		Properations Plan describes the processes for initiating and terminating the hospital's ecovery phases of an emergency, including under what circumstances these phases are , preparedness, response, and recovery are the four phases of emergency management. If time: Mitigation and preparedness generally occur before an emergency, and response ecur during and after an emergency.	
				xperiences an actual emergency, the hospital implements its response procedures treatment, and services for its patients.	
		EM.02.		art of its Emergency Operations Plan, the hospital prepares for how it will manage ies during an emergency.	
		EP 2	As part of its Er following: Electr	nergency Operations Plan, the hospital identifies alternative means of providing the icity.	

CFR Number §482.41(a)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance
		EP 3		nergency Operations Plan, the hospital identifies alternative means of providing the r needed for consumption and essential care activities.
		EP 4		nergency Operations Plan, the hospital identifies alternative means of providing the r needed for equipment and sanitary purposes.
		EP 5	following: Fuel r	nergency Operations Plan, the hospital identifies alternative means of providing the equired for building operations, generators, and essential transport services that the ypically provide.
		EP 8		plements the components of its Emergency Operations Plan that require advance rovide for utilities during an emergency.
		EM.02.		art of its Emergency Operations Plan, the hospital prepares for how it will manage nts during emergencies.
		EP 2		Operations Plan describes the following: How the hospital will manage the activities of patient scheduling, triage, assessment, treatment, admission, transfer, and discharge.
		EP 3	section or floor	Operations Plan describes the following: How the hospital will evacuate (from one to another within the building, or, completely outside the building) when the environment care, treatment, and services. (See also EM.02.02.03, EPs 9 and 10)
		EP 4	increase in dem	Operations Plan describes the following: How the hospital will manage a potential and for clinical services for vulnerable populations served by the hospital, such as e pediatric, geriatric, disabled, or have serious chronic conditions or addictions.
		EP 5		Operations Plan describes the following: How the hospital will manage the personal nitation needs of its patients.
		EP 6		Operations Plan describes the following: How the hospital will manage its patients' ervice needs that occur during an emergency.
		EP 7	The Emergency services.	Operations Plan describes the following: How the hospital will manage mortuary
		EP 8	The Emergency patients' clinical	Operations Plan describes the following: How the hospital will document and track information.
		EP 11		plements the components of its Emergency Operations Plan that require advance nanage patients during an emergency.

CFR Number §482.41(a)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EM.03.	01.03 The	hospital evaluates the effectiveness of its Emergency Operations Plan.
		EP 1	at each site ind Note 1: If the h emergencies, Note 2: Staff in Code *) that d stations need Note 3: Tablet Note 4: In orde of the previous conducting the Footnote *: Th	ncy response exercise, the hospital activates its Emergency Operations Plan twice a year cluded in the plan. In the plan is the plan of the plan is the plan of the plan is the plan of the plan of the plan is the plan of th
		EP 2	receiving static simulated patie Note 1: Tablet Note 2: This p	of the hospital that offers emergency services or is a community-designated disaster on, at least one of the hospital's two emergency response exercises includes an influx of ents. op sessions, though useful, cannot serve for this portion of the exercise. ortion of the emergency response exercise can be conducted separately or in conjunction .03, EPs 3 and 4.
		EP 3	receiving static event in which Note 1: This p with EM.03.01	of the hospital that offers emergency services or is a community-designated disaster on, at least one of the hospital's two emergency response exercises includes an escalating the local community is unable to support the hospital. ortion of the emergency response exercise can be conducted separately or in conjunction .03, EPs 2 and 4. op sessions are acceptable in meeting the community portion of this exercise.
		EP 4	emergency res Note 1: This po with EM.03.01	of the hospital with a defined role in its community's response plan, at least one of the two sponse exercises includes participation in a community-wide exercise. Ortion of the emergency response exercise can be conducted separately or in conjunction 03, EPs 2 and 3. Op sessions are acceptable in meeting the community portion of this exercise.
§482.41(a)(1)	TAG: A-0702	EC.02.0)5.03 The	hospital has a reliable emergency electrical power source.
intensive care, and eme	gency power and lighting in at least the operating, recovery, rgency rooms, and stairwells. In all other areas not serviced by the ce, battery lamps and flashlights must be available.	EP 1	Code. Note: For guid	rovides emergency power for the following: Alarm systems, as required by the Life Safety ance in establishing a reliable emergency power system (that is, an essential electrical stem), see NFPA 99, 1999 edition (Section 12-3.3).
		EP 2	by the Life Saf Note: For guid	rovides emergency power for the following: Exit route and exit sign illumination, as required ety Code. ance in establishing a reliable emergency power system (that is, an essential electrical stem), see NFPA 99, 1999 edition (Section 12-3.3).
		EP 3	required by the Note: For guid	rovides emergency power for the following: Emergency communication systems, as 9 Life Safety Code. ance in establishing a reliable emergency power system (that is, an essential electrical stem), see NFPA 99, 1999 edition (Section 12-3.3).

CFR Number §482.41(a)(1)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 4	patients). Note: For guid	rovides emergency power for the following: Elevators (at least one for nonambulatory ance in establishing a reliable emergency power system (that is, an essential electrical stem), see NFPA 99, 1999 edition (Section 12-3.3).
		EP 5	it fails, includir compressors; Note: For guid	rovides emergency power for the following: Equipment that could cause patient harm when g life-support systems; blood, bone, and tissue storage systems; medical air and medical and surgical vacuum systems. ance in establishing a reliable emergency power system (that is, an essential electrical stem), see NFPA 99, 1999 edition (Section 12-3.3).
		EP 6	patient harm, i delivery rooms Note: For guid	rovides emergency power for the following: Areas in which loss of power could result in ncluding intensive care, emergency rooms, operating rooms, recovery rooms, obstetrical , nurseries, and urgent care areas. ance in establishing a reliable emergency power system (that is, an essential electrical stem), see NFPA 99, 1999 edition (Section 12-3.3).
§482.41(a)(2)	TAG: A-0703	EC.02.0)5.01 The	hospital manages risks associated with its utility systems.
(2) There must be faciliti	ies for emergency gas and water supply.	EP 9	The hospital h	as written procedures for responding to utility system disruptions.
		EP 10	The hospital's areas.	procedures address shutting off the malfunctioning system and notifying staff in affected
		EP 11	The hospital's disruptions.	procedures address performing emergency clinical interventions during utility system
		EP 12	The hospital's	procedures address how to obtain emergency repair services.
		EP 13	The hospital re	sponds to utility system disruptions as described in its procedures.
		EM.01.0	Ope Not org a su Em or a disa three	hospital engages in planning activities prior to developing its written Emergency erations Plan. e: An emergency is an unexpected or sudden event that significantly disrupts the anization's ability to provide care, or the environment of care itself, or that results in idden, significantly changed or increased demand for the organization's services. ergencies can be either human-made or natural (such as an electrical system failure tornado), or a combination of both, and they exist on a continuum of severity. A aster is a type of emergency that, due to its complexity, scope, or duration, eatens the organization's capabilities and requires outside assistance to sustain ent care, safety, or security functions.
		EP 8	needed during	eeps a documented inventory of the resources and assets it has on site that may be an emergency, including, but not limited to, personal protective equipment, water, fuel, urgical, and medication-related resources and assets. (See also EM.02.02.03, EP 6)
		EM.02.0		part of its Emergency Operations Plan, the hospital prepares for how it will manage ties during an emergency.
		EP 2	As part of its E following: Elec	mergency Operations Plan, the hospital identifies alternative means of providing the tricity.

CFR Number §482.41(a)(2)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance		
		EP 3		nergency Operations Plan, the hospital identifies alternative means of providing the r needed for consumption and essential care activities.		
		EP 4		nergency Operations Plan, the hospital identifies alternative means of providing the r needed for equipment and sanitary purposes.		
		EP 5	following: Fuel	nergency Operations Plan, the hospital identifies alternative means of providing the required for building operations, generators, and essential transport services that the spically provide.		
		EP 6		nergency Operations Plan, the hospital identifies alternative means of providing the cal gas/vacuum systems.		
		EP 7	following: Utilit	nergency Operations Plan, the hospital identifies alternative means of providing the systems that the hospital defines as essential (for example, vertical and horizontal ng and cooling systems, and steam for sterilization).		
		EP 8		plements the components of its Emergency Operations Plan that require advance provide for utilities during an emergency.		
§482.41(b)	TAG: A-0709	EC.02.0)3.01 The	hospital manages fire risks.		
§482.41(b) Standard: Life	e Safety from Fire	EP 1	The hospital m	nimizes the potential for harm from fire, smoke, and other products of combustion.		
The hospital must ensure that the life safety from fire requirements are met.		EP 4	EP 4 The hospital maintains free and unobstructed access to all exits. Note: This requirement applies to all buildings classified as business occupancy. The "Life Safety" (L chapter addresses the requirements for all other occupancy types.			
§482.41(b)(1)	TAG: A-0710					
(1) Except as otherwise	provided in this section—					
§482.41(b)(1)(i)	TAG: A-0710	EC.02.0)3.01 The	hospital manages fire risks.		
Code of the National Fire Register has approved th January 14, 2000, for inc CFR part 51. A copy of th	et the applicable provisions of the 2000 edition of the Life Safety Protection Association. The Director of the Office of the Federal NFPA 101®2000 edition of the Life Safety Code, issued corporation by reference in accordance with 5 U.S.C. 552(a) and 1 ne Code is available for inspection at the CMS Information	EP 10	at and away fro contain smoke EC.02.03.03, E	response plan describes the specific roles of staff and licensed independent practitioners m a fire's point of origin, including when and how to sound and report fire alarms, how to and fire, how to use a fire extinguisher, and how to evacuate to areas of refuge. (See also P 5; EC.03.01.01, EP 2; and HR.01.04.01, EP 2) onal guidance, see NFPA 101, 2000 edition (Sections 18/19.7.1 and 18/19.7.2).		
Resource Center, 7500 S Records Administration (Security Boulevard, Baltimore, MD or at the National Archives and NARA). For information on the availability of this material at	EC.02.0)3.03 The	hospital conducts fire drills.		
NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.		EP 1	occupancy by an ambulatory LS.02.01.70, E Note 1: Evacua	nducts fire drills once per shift per quarter in each building defined as a health care he Life Safety Code. The hospital conducts quarterly fire drills in each building defined as health care occupancy by the Life Safety Code. (See also LS.01.02.01, EP 11; P 4; LS.03.01.70, EP 6) tion of patients during drills is not required. ed or rented facilities, drills need be conducted only in areas of the building that the es.		
		EP 3		fire drills are required, at least 50% are unannounced. Fire drills are held at unexpected r varying conditions.		
Medicare Hospital Require	mente to 2016 Joint	200 187	- 4 2 2 0	© 2016 The Joint Commission		

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Comm Equivalent N		Joint Commission Standards and Elements of Performance	
		hospita Note: V	al's fire re Nhen dril	n buildings where patients are housed or treated participate in drills according to the sponse plan. s are conducted between 9:00 p.m. and 6:00 a.m., the hospital may use alternative y staff instead of activating audible alarms.	
				iques fire drills to evaluate fire safety equipment, fire safety building features, and staff The evaluation is documented. (See also EC.02.03.01, EP 10)	
		EC.02.03.05	Note: equip equip	nospital maintains fire safety equipment and fire safety building features. This standard does not require hospitals to have the types of fire safety oment and building features described below. However, if these types of oment or features exist within the building, then the following maintenance, ig, and inspection requirements apply.	
		mainte include - Name - Date - Requ - Name - NFP - Resu Note: I	nance, te es the follo of the act ired freque and con A standard Its of the For additio	ctivity ivity ency of the activity tact information, including affiliation, of the person who performed the activity d(s) referenced for the activity	
		EC.03.01.01		Staff and licensed independent practitioners are familiar with their roles and responsibilities relative to the environment of care.	
				ed independent practitioners can describe or demonstrate methods for eliminating and ical risks in the environment of care. (See also HR.01.04.01, EP 1)	
			Staff and licensed independent practitioners can describe or demonstrate actions to take in the eve an environment of care incident. (See also EC.02.03.01, EP 10 and HR.01.04.01, EP 1)		
				ed independent practitioners can describe or demonstrate how to report environment of also HR.01.04.01, EP 1)	
		LS.01.02.01		ospital protects occupants during periods when the Life Safety Code is not met ring periods of construction.	
		when a occupi	a fire aları ed buildir	ifies the fire department (or other emergency response group) and initiates a fire watch n or sprinkler system is out of service more than 4 hours in a 24-hour period in an g. Notification and fire watch times are documented. (For full text and any exceptions, 01-2000: 9.6.1.8 and 9.7.6.1) (See also LS.01.01.01, EP 3)	
		LS.02.01.10		ing and fire protection features are designed and maintained to minimize the is of fire, smoke, and heat.	
		EP 1 Buildin 18/19.		equirements for height and construction type in accordance with NFPA 101-2000:	

CFR Number §482.41(b)(1)(i)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance
		EP 2	automatic sprink	ontain approved automatic sprinkler systems, and existing buildings contain approved cler systems as required by the construction type. (For full text and any exceptions, refer 00: 18.3.5.1 and 19.3.5.1)
		EP 3	walls within build	re rated for 2 hours (such as common walls between buildings and occupancy separation dings) extend from the floor slab to the floor or roof slab above and extend from exterior vall. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.2.2)
		EP 4		our fire-rated walls are fire rated for 1 1/2 hours. (See also LS.02.01.20, EP 3; 2 1) (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1)
		EP 5	closing or autom inch wide, and u	o be fire rated have functioning hardware, including positive latching devices and self- natic-closing devices. Gaps between meeting edges of door pairs are no more than 1/8 ndercuts are no larger than 3/4 inch. (See also LS.02.01.30, EP 2; LS.02.01.34, EP 2) any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1, 8.2.3.2.1 and NFPA 80-1999: 2- nd 1-11.4)
		EP 6	the bottom of the Note: Doors for	hazardous rooms may have nonrated protective plates that are placed no higher than 48 bottom of the door. (For full text and any exceptions, refer to NFPA 80-1999: 2-4.5 and
		EP 7		a fire rating of 3/4 hour or longer are free of coverings, decorations, or other objects oor face, with the exception of informational signs. (For full text and any exceptions, refer 9: 1-3.5)
		EP 8		trate a 2-hour fire-rated separation are protected by dampers that are fire-rated for 1 1/2 text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.4.1 and NFPA 90A-1999: 3-3.1)
		EP 9	fire-rated walls a Note: Polyuretha	nd pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes that penetrate and floors are protected with an approved fire-rated material. ane expanding foam is not an accepted fire-rated material for this purpose. (For full text ons, refer to NFPA 101-2000: 8.2.3.2.4.2)
		EP 10	The hospital me	ets all other Life Safety Code requirements related to NFPA 101-2000: 18/19.1.
		LS.02.0	01.20 The h	ospital maintains the integrity of the means of egress.
		EP 1		ns of egress are not equipped with a latch or lock that requires the use of a tool or key side. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.2.2.4)
		EP 2		is of egress swing in the direction of egress in hospitals whose occupancy is 50 or more. any exceptions, refer to NFPA 101-2000: 7.2.1.4.2)
		EP 3	the floor or roof	horizontal exits are fire rated for 2 or more hours, extend from the lowest floor slab to slab above, and extend continuously from exterior wall to exterior wall. (See also 4) (For full text and any exceptions, refer to NFPA 101-2000: 7.2.4.3.1 and 8.2.2.2)
		EP 4	required for encl the top landing o	rs are separated from the interior of the building by walls with the same fire rating osed stairs. The wall extends vertically from the ground to a point 10 feet or more above of the stairs or roofline (whichever is lower) and extends 10 feet or more horizontally. (For exceptions, refer to NFPA 101-2000: 7.2.2.6.3)

CFR Number §482.41(b)(1)(i)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 5		ildings that are a part of horizontal exits have approved vision panels and are installed mullion. (For full text and any exceptions, refer to NFPA 101-2000: 18.2.2.5.6)
		EP 6	degrees, the out	exit walls in new buildings terminate at outside walls at an angle of less than 180 side walls are fire-rated for 1 hour for a distance of 10 or more feet. Openings in the pot span are fire-rated for 3/4 hour. (For full text and any exceptions, refer to NFPA 101-
		EP 7	Stairs and ramp buildings and on 101-2000: 7.2.2.	s serving as a required means of egress have handrails and guards on both sides in new at least one side in existing buildings. (For full text and any exceptions, refer to NFPA 4.2)
		EP 8		to the outside at grade level or through an approved exit passageway that is continuous at a public way or at an exterior exit discharge. (For full text and any exceptions, refer to : 7.2.6 and 7.7)
		EP 9		s are held open and the sprinkler or fire alarm system activates the release of one door doors serving that stairway close. (For full text and any exceptions, refer to NFPA 101-2.7)
		EP 10	means of egress	iler rooms, new heater rooms, and new mechanical equipment rooms located in a are not held open by an automatic release device. (For full text and any exceptions, 01-2000: 18.2.2.2.6)
		EP 11	feet wide. If mod	, exit corridors are at least 8 feet wide; in existing buildings, exit corridors are at least 4 lifying existing buildings with exit corridors that exceed 8 feet, the exit corridors cannot be than 8 feet. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.3.3)
		EP 12	101-2000: 18/19 Note: When corrition into the corridor, more than 36 inc	idors are 6 feet wide or more, The Joint Commission permits certain objects to project such as hand rub dispensers or computer desks that are retractable. They must be no ches wide and cannot project more than 6 inches into the corridor. These items must be 48 inches apart and above the handrail height. (For full text and any exceptions, refer to:
		EP 13	as clutter (for ex	ses, and exit discharges are clear of obstructions or impediments to the public way, such ample, equipment, carts, furniture), construction material, and snow and ice. (For full text ons, refer to NFPA 101-2000: 7.1.10.1)
		EP 14		s and exit doors are free of mirrors, hangings, or draperies that might conceal, obscure, irection of exit. (For full text and any exceptions, refer to NFPA 101-2000: 7.5.2.2)
		EP 15		rtments in a building have two or more approved exits arranged and constructed to be from each other. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.4.1)
		EP 16	with at least two	rooms or suites of patient sleeping rooms larger than 1,000 square feet are provided exit access doors remotely located from each other. (For full text and any exceptions, 01-2000: 18/19.2.5.2)
		EP 17		(not used as patient sleeping rooms) larger than 2,500 square feet have at least two exit motely located from each other. (For full text and any exceptions, refer to NFPA 101-3)
		5 400	(

CFR Number §482.41(b)(1)(i)	Medicare Requirements		t Commission valent Number	Joint Commission Standards and Elements of Performance
		EP 18	limited to 10,000	sleeping rooms are limited to 5,000 square feet, and suites used for other purposes are square feet. The suites are arranged so that no intervening rooms are hazardous areas. 01.30, EP 2) (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.5.5-7)
		EP 19		nt sleeping rooms, the travel distance to an exit access door from any point in the suite s. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.6.2.4)
		EP 20	an exit access d	d as patient sleeping rooms that have up to one intervening room, the travel distance to oor from any point in the suite is 100 feet or less, and in suites containing two is 50 feet or less. (For full text and any exceptions, refer to NFPA 101-2000:
		EP 21	Patient sleeping to NFPA 101-20	rooms open directly onto an exit access corridor. (For full text and any exceptions, refer 00: 18/19.2.5.1)
		EP 22	Doors to patient 2000: 18/19.2.2.	sleeping rooms are not locked. (For full text and any exceptions, refer to NFPA 101- 2.2)
		EP 23		ice to a room door from any point in a patient sleeping room is 50 feet or less. (For full eptions, refer to NFPA 101-2000: 18/19.2.6.2.3)
		EP 24	feet or less when	ngs, the travel distance between any room door and an exit is 100 feet or less (or 150 n equipped with an approved automatic sprinkler system). In new buildings, the travel n any room door and an exit is 150 feet or less. (For full text and any exceptions, refer to : 18/19.2.6.2.1)
		EP 25	200 feet or less travel distance b	ngs, the travel distance between any point in a room and an exit is 150 feet or less (or when equipped with an approved automatic sprinkler system). In new buildings, the etween any point in a room and an exit is 200 feet or less. (For full text and any r to NFPA 101-2000: 18/19.2.6.2.2)
		EP 26	NFPA 101-2000 Note: Existing de	, no dead-end corridor is longer than 30 feet. (For full text and any exceptions, refer to : 18.2.5.10) ead-end corridors are permitted to be used if it is impractical and unfeasible to alter xt and any exceptions, refer to NFPA 101-2000: 19.2.5.10)
		EP 27	and passageway	are adequately illuminated at all points, including angles and intersections of corridors /s, stairways, stairway landings, exit doors, and exit discharges. (For full text and any to NFPA 101-2000: 18/19.2.8)
		EP 28		e means of egress, including exit discharges, is arranged so that failure of any single lb will not leave the area in darkness. (For full text and any exceptions, refer to NFPA 4)
		EP 29	the stairwell, the feet above the fl	e or more stories have signs on each floor landing in the stairwell that identify the story, top and bottom, and the direction to and story of exit discharge. The signs are placed 5 por landing in a position that is easily visible when the door is open or closed. (For full eptions, refer to NFPA 101-2000: 7.2.2.5.4)
		EP 30		lo Exit" are posted on any door, passage, or stairway that is neither an exit nor an t but may be mistaken for an exit. (For full text and any exceptions, refer to NFPA 101-

CFR Number §482.41(b)(1)(i)	Medicare Requirements		t Commission /alent Number		Joint Commission Standards and Elements of Performance
		EP 31	letters that are	e 4	ble when the path to the exit is not readily apparent. Signs are adequately lit and have or more inches high (or 6 inches high if externally lit). (For full text and any exceptions, 1-2000: 7.10.1.2, 7.10.5, 7.10.6.1, and 7.10.7.1)
		EP 32	The hospital r 18/19.2.	nee	ts all other Life Safety Code means of egress requirements related to NFPA 101-2000:
		LS.02.			ospital provides and maintains building features to protect individuals from the Is of fire and smoke.
		EP 1	construction, connecting th also LS.02.01 Note: These v shafts, ventila	vert ree .10 /erti tior	ppenings (other than exit stairs) are enclosed with 1-hour fire-rated construction. In new ical openings (other than exit stairs) are enclosed by 1-hour fire-rated walls when or fewer floors and 2-hour fire-rated walls when connecting four or more floors. (See , EP 4) cal openings include, but are not limited to, communicating stairs, ramps, elevator is shafts, light shafts, trash chutes, linen chutes, and utility chases. (For full text and any to NFPA 101-2000: 18/19.3.1.1)

 EP 2 All hazardous areas are protected by walls and doors in accordance with NFPA 101-2000: 18/19.3.2.1. (See also LS.02.01.10, EP 5; LS.02.01.20, EP 18) Hazardous areas include, but are not limited, to the following: Boller/fuel-fired heater rooms Existing boiler/fuel-fired heater rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls and 3/4-hour fire-rated doors. New boiler/fuel-fired heater rooms have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors. Central/bulk laundries larger than 100 square feet Existing central/bulk laundries larger than 100 square feet have sprinkler systems, resist the passage of smoke, and have doors. New central/bulk laundries larger than 100 square feet have sprinkler systems, resist the passage of smoke, and have doors. New central/bulk laundries larger than 100 square feet have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors. New central/bulk laundries larger than 100 square feet have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors. New central/bulk laundries larger than 100 square feet have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors. New central/bulk laundries larger than 100 square feet have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors. New finamable liquid storage rooms (See NFPA 30-1996;4-4.2.1 and 4-4.4.2) Existing flammable liquid storage rooms have 2-hour fire-rated walls with 1 1/2 hour fire-rated doors. New finamable liquid storage rooms have 2-hour fire-rated walls with 1 1/2 hour fire-rated doors. New finamable liquid storage rooms have 2-hour fire-rated walls with 1 1/2 hour fire-rated doors. New finamable liquid storage rooms have sprinkler systems and have	CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
 smoke, and have doors with self-closing or automatic-closing devices; or the laboratories have walls the rated for 1 hour with 3/4-hour frie-rated doors. New laboratories that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices. Existing laboratories that are severe hazard areas (See NFPA 99-1999; 10-3.1.1) have 2-hour fire-rated walls with 11/2-hour fire-rated doors. When there is a sprinkler system, the walls are fire rated for 1 hour with 3/4-hour fire-rated doors. New laboratories that are severe hazard areas (See NFPA 99-1999; 10-3.1.1) have sprinkler systems and have 1-hour fire-rated doors. Existing flammable gas storage rooms in laboratories have 2-hour fire-rated walls with 11/2-hour lire-rated doors. (See NFPA 99-1999; 10-10.2.2) New flammable gas storage rooms in laboratories have sprinkler systems and have 2-hour fire-rated walls with 11/2-hour fire-rated doors. Existing maintenance repair shops Existing maintenance repair shops Existing paintenance repair shops have sprinkler systems, resist the passage of smoke, and have doors. New maintenance repair shops have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors. New maintenance repair shops have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors. New piped oxygen tank supply rooms have sprinkler systems, resist the passage of smoke, and have doors. Piped oxygen tank supply rooms have sprinkler systems, resist the passage of smoke, and have doors. New piped oxygen tank supply rooms have sprinkler systems, resist the passage of smoke, and have doors. New piped oxygen tank supply rooms have sprinkler systems and have 1-hour fire-rated doors. New piped oxygen tank supply rooms have sprinkler systems and have 1-hour fire-rated doors. New piped oxygen t			 (See also LS.02 following: Boiler/fuel-fired Existing boiler/ doors with self-construction New boiler/fuel fire-rated doors. Central/bulk lauu Existing centra smoke, and havenated walls and New central/bulk rated walls and New central/bulk rated walls and Flammable liqui Existing flamm New flammable hour fire-rated doors. Existing laboratories (See New flammable hour fire-rated doors. (See New flammable hour fire-rated doors. (See New flammable walls with 1 1/2- Maintenance rep Existing mainted doors with self-construction and have 1-hour New maintena Fire-rated doors. Piped oxygen ta Existing piped New piped oxy hour fire-rated doors. Piped oxygen ta Existing piped New piped oxy hour fire-rated doors. Piped oxygen ta Existing paint see smoke, and haver rated walls with 3/4-hour fire-rated doors. Sei smoke, and haver rated walls with 3/4-hour fire-rated doors. 	 1.10, ÉP 5; LS.02.01.20, EP 18) Hazardous areas include, but are not limited, to the heater rooms fuel-fired heater rooms have sprinkler systems, resist the passage of smoke, and have slosing or automatic-closing devices; or the rooms have 1-hour fire-rated walls and 3/4-loors. I-fired heater rooms have sprinkler systems and have 1-hour fire-rated walls and 3/4-loors. I-fired heater rooms have sprinkler systems and have 1-hour fire-rated walls and 3/4-loors. I-fired heater rooms have sprinkler systems and have 1-hour fire-rated walls and 3/4-loor fire-rated doors. Id storage rooms (See NFPA 30-1996;4-4.2.1 and 4-4.4.2) Iable liquid storage rooms have sprinkler systems and have 2-hour fire-rated doors. Id storage rooms have sprinkler systems and have 2-hour fire-rated walls with 1 1/2-hours. ID See NFPA 45-1996 to determine if a laboratory is a "severe hazard" area) Itories that are not severe hazard areas have sprinkler systems, resist the passage of e doors with self-closing or automatic-closing devices; or the laboratories have walls fire with 3/4-hour fire-rated doors. Id storage rooms in a severe hazard areas have sprinkler systems, resist the passage of e doors with self-closing or automatic-closing devices. Itories that are not severe hazard areas (See NFPA 99-1999: 10-3.1.1) have 2-hour fire-rated hour fire-rated doors. Inter-rated doors. When there is a sprinkler systems and have 2-hour fire-rated hour fire-rated doors. (See NFPA 99-1999: 10-3.1.1) have 2-hour fire-rated hour fire-rated walls with 3/4-hour fire-rated doors. Ise as storage rooms in laboratories have sprinkler systems and have 2-hour fire-rated hour fire-rated doors. (See NFPA 99-1999: 10-3.1.1) have 2-hour fire-rated hour fire-rated doors. Ise as storage rooms in laboratories have sprinkler systems and have 2-hour fire-rated hour fire-rated doors. (See NFPA 99-1999: 10-3.1.2) Ise as storage rooms in labor

CFR Number §482.41(b)(1)(i)	Medicare Requirements		Commission lent Number	Joint Commission Standards and Elements of Performance
			doors. Storage rooms - Existing storag resist the passa have 1-hour fire- - New storage rc of smoke, and h - New storage rc hour fire-rated w Trash collection - Existing trash o with self-closing rated doors.	en rooms have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated e rooms for combustible materials larger than 50 square feet have sprinkler systems, ge of smoke, and have doors with self-closing or automatic-closing devices; or the rooms rated walls with 3/4-hour fire-rated doors. boms for combustible materials 50 to 100 square feet are sprinklered, resist the passage ave doors with self-closing or automatic-closing devices. boms for combustible materials larger than 100 square feet are sprinklered and have 1- roalls with 3/4-hour fire-rated doors. rooms collection rooms have sprinkler systems, resist the passage of smoke, and have doors or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire- rated and have 1-hour fire-rated walls with 3/4-hour fire- rated walls with 3/4-hour fire-rated and have 1-hour fire-rated walls with 3/4-hour fire-rated
			fire-rated walls a limit the passage storing or display	g or displaying combustibles in quantities considered hazardous are separated by 1-hour and 3/4-hour fire-rated doors. In existing buildings, a combination of walls and doors to e of smoke and an approved automatic sprinkler system may be used for gift shops ying combustibles in quantities considered hazardous. (For full text and any exceptions, 01-2000: 18/19.3.2.5)
			spread of flames	d ceiling interior finishes are rated Class A or B for limiting smoke development and the s. Newly installed wall and ceiling interior finishes are rated Class A. (For full text and refer to NFPA 101-2000: 18/19.3.3.2)
		EP 5		nterior floor finishes in corridors of smoke compartments without sprinkler systems have t flux rating. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.3.3)
			slab above, exter interstitial space Note: In smoke corridor partition of smoke. The p The following ce penetrate the ce	partitions are fire rated for 1/2 hour, are continuous from the floor slab to the floor or roof and through any concealed spaces (such as those above suspended ceilings and s), are properly sealed, and are constructed to limit the transfer of smoke. compartments protected throughout with an approved supervised sprinkler system, is are allowed to terminate at the ceiling if the ceiling is constructed to limit the passage assage of smoke can be limited by an exposed, suspended-grid acoustical tile ceiling. illing features also limit the passage of smoke: sprinkler piping and sprinklers that is ducted heating, ventilating, and air-conditioning (HVAC) supply and return-air ers; and recessed lighting fixtures. (For full text and any exceptions, refer to NFPA 101- and 19.3.6.2.2)
		EP 7		, corridor walls are constructed to limit the transfer of smoke. (For full text and any r to NFPA 101-2000: 18.3.6.2)
			the size of the co Note: Existing w 1,296 square inc	artments without sprinkler systems, fixed fire windows in corridor walls are 25% or less of orridor walls in which they are installed. indow installations that conform to previously accepted Life Safety Code criteria (such as ches or less, fixed wired glass, or fire-rated glazing, and set in approved metal frames) For full text and any exceptions, refer to NFPA 101-2000: 19.3.6.3.8 and 8.2.3.2.2(2))

CFR Number §482.41(b)(1)(i)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 9	constructed to re (with the excepti	ngs, all corridor doors are constructed of 1 3/4-inch or thicker solid bonded wood core or esist fire for not less than 20 minutes, and do not have ventilating louvers or transfer grills on of bathrooms, toilets, and sink closets that do not contain flammable or combustible full text and any exceptions, refer to NFPA 101-2000: 19.3.6.3.1 and 19.3.6.4)
		EP 10		o not have nonrated protective plates that are placed higher than 48 inches above the or. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.3.5)
		EP 11	and are hinged s inch, and underc Note: For existin foot-pounds are	re fitted with positive latching hardware, are arranged to restrict the movement of smoke, so that they swing. The gap between meeting edges of door pairs is no wider than 1/8 cuts are no larger than 1 inch. Roller latches are not acceptable. g doors, it is acceptable to use a device that keeps the door closed when a force of 5 applied to the edge of the door. (For full text and any exceptions, refer to NFPA 101-3.2, 18/19.3.6.3.1, and 7.2.1.4.1)
		EP 12	patient sleeping openings may ne existing buildings Note: Openings	may include, but are not limited to, mail slots and pass-through windows in areas such pharmacies, and cashier stations. (For full text and any exceptions, refer to NFPA 101-
		EP 13	plenum. Note: The Joint and corridors (su hospitals. In suc the purpose of fi	g adjoining areas are not used for a portion of an air supply, air return, or exhaust air Commission interprets the NFPA code to allow incidental air movement between rooms uch as isolation rooms) because of the need for pressure differentials in health care ch cases, the direction of airflow is not the focus for this element of performance. For re protection, air transfer should be limited to the amount necessary to maintain positive sure differentials. (For full text and any exceptions, refer to NFPA 90A-1999: 2-3.11.1)
		EP 14		ngs at least two smoke compartments are provided for every story that has more than 30 ing rooms. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.7.1)
		EP 15	treatment rooms	at least two smoke compartments are provided for every story with patient sleeping or , for non-sleeping stories that have an occupant capacity of 50 or more people, and on cupied stories. (For full text and any exceptions, refer to NFPA 101-2000: 18.3.7.1 and
		EP 16	distance from ar	imit the maximum size of each smoke compartment to 22,500 square feet. The travel by point within the compartment to a smoke barrier door is no more than 200 feet. (For exceptions, refer to NFPA 101-2000: 18/19.3.7.1)
		EP 17	The size of smo	ke compartments meets the requirements of NFPA 101-2000: 18/19.3.7.4.
		EP 18	(such as those a	extend from the floor slab to the floor or roof slab above, through any concealed spaces bove suspended ceilings and interstitial spaces), and extend continuously from exterior rall. All penetrations are properly sealed. (For full text and any exceptions, refer to NFPA .3.7.3)
		EP 19		ngs, smoke barriers are fire rated for 1/2 hour; in new buildings, smoke barriers are fire (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3)

CFR Number §482.41(b)(1)(i)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance
		EP 20	close when a sm	ngs, ducts that penetrate smoke barriers are protected by approved smoke dampers that toke detector is activated. The detector is located either within the duct system or in the smoke compartment. (For full text and any exceptions, refer to NFPA 101-2000: 8.3.5.1)
		EP 21	spaces that are	e dampers protect air transfer openings extending through smoke barriers in ceiling used as an unducted common plenum for either supply or return air. (For full text and refer to NFPA 101-2000: 8.3.5.1)
		EP 22	or less of the siz Note: Existing w inches in size or	v assemblies in smoke barrier walls or doors are fire-rated for 20 minutes and are 25% e of the fire barrier in which they are installed. indow installations that have fixed wire glass or fire-rated glazing, are 1,296 square smaller, and are set in approved metal frames are acceptable. (For full text and any to: NFPA 101-2000: 18.3.7.7, 19.3.7.5, and 8.2.3.2.2)
		EP 23	bonded wood co passage of smol undercuts are no	barriers are self-closing or automatic-closing, constructed of 1 3/4-inch or thicker solid re or constructed to resist fire for not less than 20 minutes, and fitted to resist the ke. The gap between meeting edges of door pairs is no wider than 1/8 inch, and b larger than 3/4 inch. Doors do not have nonrated protective plates more than 48 inches in of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.5, 8.3.4.1)
		EP 24		stairs connecting three or fewer floors are fire rated for 1 hour; exit stairs connecting rs are fire rated for 2 hours. (For full text and any exceptions, refer to: NFPA 101-
		EP 25	101-2000: 18/19 Note: See The J (http://www.jointe	ets all other Life Safety Code fire and smoke protection requirements related to NFPA .3. oint Commission's website commission.org/life_safety_code_informationresources/) for alcohol-based hand rub nents, including permissible volumes of ABHR gel and foam within a single smoke
		LS.02.0)1.34 The h	ospital provides and maintains fire alarm systems.
		EP 1	refer to NFPA 10 - An auxiliary fire NFPA 72-1999: - Central station - A proprietary si approved metho http://www.jointo	alarm system with direct connection to the servicing fire department as described in
		EP 2	fire-rated walls a detector. (See a	alarm control panel is located in a protected environment (an area enclosed with 1-hour nd 3/4-hour fire-rated doors) that is continuously occupied or in an area with a smoke lso LS.02.01.10, EP 5) (For full text and any exceptions, refer to NFPA 101-2000: 9.6.4 199: 1-5.6 and 3-8.4.1.3.3)
		EP 3		llary annunciator panel is in a location approved by the local fire department or its full text and any exceptions, refer to NFPA 101-2000: 9.6.4)

CFR Number §482.41(b)(1)(i)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance
		EP 4	The hospital me 18/19.3.4.	ets all other Life Safety Code fire alarm requirements related to NFPA 101-2000:
		LS.02.	01.35 The h	ospital provides and maintains systems for extinguishing fires.
		EP 1		stem monitors approved automatic sprinkler system components. (For full text and any to NFPA 101-2000: 18/19.3.5.2 and 9.7.2.2)
		EP 2	The fire alarm sy 101-2000: 9.7.2	rstem is connected to water flow alarms. (For full text and any exceptions, refer to NFPA 2)
		EP 3		for approved automatic sprinkler systems are not damaged or loose. (For full text and refer to NFPA 25-1998: 2-2.3)
		EP 4		refer to NFPA 25-1998: 2-2.2)
		EP 5		are not damaged and are free from corrosion, foreign materials, and paint. (For full text ons, refer to NFPA 25-1998: 2-2.1.1)
		EP 6	storage. Note: Perimeter	hes or more of open space maintained below the sprinkler deflector to the top of wall and stack shelving may extend up to the ceiling when not located directly below a For full text and any exceptions, refer to NFPA 13-1999: 5-8.5.2.1)
		EP 7	system have a s provided in new	inkler systems protecting isolated, hazardous areas connected to the domestic water hutoff valve and are limited to six or fewer sprinkler heads. Water flow detection is installations where two or more sprinkler heads serve one area. (For full text and any to NFPA 101-2000: 9.7.1.2)
		EP 8		ce from any point to the nearest fire extinguisher is 75 feet or less. (For full text and any to NFPA 101-2000: 18/19.3.5.6 and NFPA 10-1998: 3-1.1)
		EP 9	such as deep fa	rtable fire extinguishers are located within 30 feet of grease-producing cooking devices fryers, ranges, griddles, or broilers. (For full text and any exceptions, refer to NFPA 101-6 and NFPA 10-1998: 2-3.2)
		EP 10	hood, an exhaus	ig cooking devices such as deep fat fryers, ranges, griddles, or broilers have an exhaust t duct system, and grease removal devices without mesh filters. (For full text and any to NFPA 101-2000: 18/19.3.2.6 and NFPA 96-1998: 1-3.1)
		EP 11	Activates the bu	re extinguishing system for grease-producing cooking devices does the following: Iding fire alarm system. (For full text and any exceptions, refer to NFPA 101-2000: PA 96-1998: 7-1.1 and 7-6.2)
		EP 12		re extinguishing system for grease-producing cooking devices does the following: fuel source. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.2.6; 7-1.1 and 7-4.1)
		EP 13	Controls the exh	re extinguishing system for grease-producing cooking devices does the following: aust fans as designed. (For full text and any exceptions, refer to NFPA 101-2000: PA 96-1998: 7-1.1 and 8-1.5)

CFR Number §482.41(b)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number Joint Commission Standards and Elements of Performance
		EP 14 The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2000: 18/19.3.5.
		LS.02.01.40 The hospital provides and maintains special features to protect individuals from the hazards of fire and smoke.
		EP 1 Windowless buildings or portions of windowless buildings meet the requirements of NFPA 101-2000: 18/19.4.1. (For full text and any exceptions, refer to NFPA 101-2000: 11.7)
		EP 2 New high-rise buildings have an approved automatic sprinkler system that meets the requirements of NFPA 101-2000: 18.4.2. (For full text and any exceptions, refer to NFPA 101-2000: 11.8)
		LS.02.01.50 The hospital provides and maintains building services to protect individuals from the hazards of fire and smoke.
		EP 1 Fireplaces are not permitted in patient sleeping areas. Where allowed, fireplaces are separated from patient sleeping spaces by 1-hour or more fire-rated construction. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.2.2)
		EP 2 Fireplaces are equipped with a fireplace enclosure guaranteed against breakage up to a temperature of 650°F (343.3°C) and constructed of heat-tempered glass or other approved material. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.2.2)
		EP 3 The hearth of newly installed fireplaces is raised at least 4 inches above the floor. (For full text and any exceptions, refer to NFPA 101-2000: 18.5.2.2)
		 EP 4 New elevators are equipped with the following: Firefighters' service key recall Smoke detector automatic recall Firefighters' service emergency in-car key operation Machine room smoke detectors Elevator lobby smoke detectors Existing elevators that have a travel distance of 25 feet or more above or below the level that best serves the needs of firefighters also meet these requirements. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.3 and 9.4.3)
		EP 5 Trash chutes discharge into collection rooms that are not used for any other purpose. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.3)
		EP 6 In new buildings, linen and waste chutes have vent openings through the roof that open to the outside atmosphere. (For full text and any exceptions, refer to NFPA 101-2000: 18.5.4.1 and NFPA 82-1999: 3-2.2.4)
		EP 7 In buildings more than two stories high, an approved automatic sprinkler system is located above the top of the linen and waste chute service openings on the lowest service levels and above the service door opening on alternate floor levels. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.2 and NFPA 82-1999: 3-2.5.1)
		EP 8 In existing buildings, linen and waste chute service inlet door assemblies are fire rated for 3/4 hour (or for 1 hour if it opens into a corridor). In new buildings, the inlet door assemblies are fire rated for 1 hour (or for 1 1/2 hours in chutes of four stories or more). (For full text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.1)

CFR Number §482.41(b)(1)(i)	Medicare Requirements		Commission lent Numbe	I I I I I I I I I I I I I I I I I I I
			devices. Note: Dischar	waste chute inlet and discharge service doors have both self-closing and positive latching rge doors may be held open with fusible links or electrical hold-open devices. (For full text ptions, refer to NFPA 101-2000: 18/19.5.4.1 and 8.2.3.2.3.1; NFPA 82-1999: 3-2.2.9)
		EP 10	Linen and tras exceptions, re	sh chute discharge door assemblies are fire rated for 1 hour. (For full text and any sfer to NFPA 101-2000: 18/19.5.4.1 and 8.2.3.2.3.1)
				ste chutes discharge into a collection room separated from the corridor by 1-hour fire-rated I text and any exceptions, refer to NFPA 101-2000: 18/19.5.4.1 and 18/19.3.2.1; NFPA 82-)
		EP 12	The hospital r 18/19.5.	meets all other Life Safety Code building service requirements related to NFPA 101-2000:
		LS.02.01		e hospital provides and maintains operating features that conform to fire and smoke evention requirements.
		EP 1		prohibits all combustible decorations that are not flame retardant. (For full text and any efer to NFPA 101-2000: 18/19.7.5.4)
				nd trash receptacles larger than 32 gallons (including recycling containers) are located in a ed as a hazardous area. (For full text and any exceptions, refer to NFPA 101-2000:
				prohibits portable space heaters within smoke compartments containing patient sleeping atment areas. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.7.8)
				meets all other Life Safety Code operating feature requirements related to NFPA 101-2000: se also EC.02.03.01, EP 9 and EC.02.03.03, EP 1)
		LS.03.01	eff No tim inc No cer No the the	ilding and fire protection features are designed and maintained to minimize the ects of fire, smoke, and heat. te 1: This standard applies to sites of care where four or more patients at the same he are provided either anesthesia or outpatient services that render patients capable of saving themselves in an emergency in the hospital. te 2: This standard applies to all hospitals seeking accreditation for Medicare rtification purposes, regardless of the number of patients rendered incapable. te 3: In leased facilities, the elements of performance of this standard apply only to e space in which the accredited organization is located; all exits from the space to e outside at grade level; and any Life Safety Code building systems that support the ace (for example, fire alarm system, automatic sprinkler system).
		EP 1	0	et requirements for height and construction type in accordance with NFPA 101-2000: nd 1.6.3. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.1.6)
		EP 2		tain approved automatic sprinkler systems required by the construction type. (See also EP 1) (For full text and any exceptions, refer to NFPA 101-2000: 20/21.1.6.3)
			occupancies l	ccupancies located in multi-occupancy buildings are separated from health care by 2-hour fire-rated construction and from business occupancies by 1-hour fire-rated walls. and any exceptions, refer to NFPA 101-2000: 20/21.1.2 and 20/21.3.7.1)

CFR Number §482.41(b)(1)(i)	Medicare Requirements		Commission alent Number		Joint Commission Standards and Elements of Performance	
		EP 4	within building	is) e	ted walls (such as common walls between buildings and occupancy separation walls xtend from the floor slab to the floor or roof slab above, and from exterior wall to full text and any exceptions, refer to NFPA 101-2000: 8.2.2.2)	
		EP 5	Openings in 2 NFPA 101-200		ur fire-rated walls are fire-rated for 1 1/2 hours. (For full text and any exceptions, refer to 3.2.3.2.3.1)	
		EP 6	positive latchin pairs is no wid and 6) (For ful	ng a ler t Il tex	be fire-rated for 3/4 hour, 1 hour, or 1 1/2 hours have functioning hardware, including nd self-closing or automatic-closing devices. The gap between meeting edges of door han 1/8 inch, and undercuts are no larger than 3/4 inch. (See also LS.03.01.30, EPs 3 tt and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1 and 8.2.3.2.1; NFPA 805, 2-3.1.7, 1-11.4)	
		EP 7		doo	be fire-rated for 3/4 hour or longer are free of coverings, decorations, or other objects r face, with the exception of informational signs. (For full text and any exceptions, refer 1-3.5)	
		EP 8			ate a 2-hour fire-rated separation, are protected by dampers that are fire-rated for 1 1/2 at and any exceptions, refer to NFPA 90A-1999: 3-3.1)	
		EP 9	fire-rated walls Note: Polyure	s an thar	I pipes, conduits, bus ducts, cables/wires, air ducts, or pneumatic tubes that penetrate d floors are filled with an approved fire-rated material. e expanding foam is not an accepted fire-rated material for this purpose. (For full text is, refer to NFPA 101-2000: 8.2.3.2.4.2)	
		EP 10 The hos		The hospital meets all other Life Safety Code requirements related to NFPA 101-2000: 20/21.1.		
				te 1 apa te 2 tific te 3 spa	spital maintains the integrity of the means of egress. This standard applies to sites of care where four or more patients at the same e provided either anesthesia or outpatient services that render patients ble of saving themselves in an emergency in the hospital. This standard applies to all hospitals seeking accreditation for Medicare ation purposes, regardless of the number of patients rendered incapable. In leased facilities, the elements of performance of this standard apply only to ace in which the accredited organization is located; all exits from the space to side at grade level; and any Life Safety Code building systems that support the (for example, fire alarm system, automatic sprinkler system).	
		EP 1	are held open system, loss o Note: The smo	, the of po oke ke o	it passageways, stair enclosures, horizontal exits, hazardous areas, or smoke partitions by have an electrical device that closes the door in response to the manual fire alarm over, and smoke detectors. detectors may be either installed to protect the entire building or installed in such a way n either side of the door opening. (For full text and any exceptions, refer to NFPA 101-	
		EP 2	Stairs and ram buildings and 7.2.2.4.2)	nps on t	serving as a required means of egress have handrails on at least one side in existing oth sides in new buildings. (For full text and any exceptions, refer to NFPA 101-2000:	
		EP 3		s at	the outside at grade level or through an approved exit passageway that is continuous a public way or at an exterior exit discharge. (For full text and any exceptions, refer to 7.7.1)	

CFR Number §482.41(b)(1)(i)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 4	for enclosed stai landing of the sta	e separated from the interior of the building by walls with the same fire rating required rs. These stairs extend vertically from the ground to a point 10 feet above the top airs or roofline (whichever is lower) and extend 10 feet horizontally. (For full text and any to NFPA 101-2000: 7.2.2.6.3)
		EP 5	When stairway d door in a stairwa 101-2000: 20/21	oors are held open and the sprinkler or fire alarm system activates the release of one y, all doors serving that stairway close. (For full text and any exceptions, refer to NFPA .2.2.4)
		EP 6	Note: When corr into the corridor, more than 36 inc	passageways serving as a means of egress are 44 or more inches wide. idors are 6 feet wide or more, The Joint Commission permits certain objects to project such as hand rub dispensers or computer desks that are retractable. They must be no ches wide and cannot project more than 6 inches into the corridor. These items must be 48 inches apart and above the handrail height. (For full text and any exceptions, refer to 20/21.2.3)
		EP 7		the means of egress from diagnostic or treatment areas are 32 or more inches wide. any exceptions, refer to NFPA 101-2000: 20/21.2.3.3)
		EP 8	as clutter (for exa	ses, and exit discharges are clear of obstructions or impediments to the public way, such ample, equipment, carts, furniture), construction material, and snow and ice. (For full text ons, refer to NFPA 101-2000: 7.1.10.1)
		EP 9		s and exit doors are free of mirrors, hangings, or draperies that might conceal, obscure, rection of exit. (For full text and any exceptions, refer to NFPA 101-2000: 7.5.2.2)
		EP 10		rtments of a building have two or more approved exits arranged and constructed to be from each other. (For full text and any exceptions, refer to NFPA 101-2000: 20/21.2.4.1)
		EP 11	are no longer that	ngs, dead-end corridors are no longer than 50 feet. In new buildings, dead-end corridors an 20 feet (or no longer than 50 feet when there is an approved automatic sprinkler I text and any exceptions, refer to NFPA 101-2000: 20/21.2.5)
		EP 12		anged so that common paths of travel are 75 feet or less (or 100 feet or less when there tomatic sprinkler systems). (For full text and any exceptions, refer to NFPA 101-2000:
		EP 13		ce between any room door and an exit is 100 feet or less (or 150 feet or less when approved automatic sprinkler system). (For full text and any exceptions, refer to NFPA .2.6.2)
		EP 14		ce from any point in a room to an exit is 150 feet or less (or 200 feet or less when approved automatic sprinkler system). (For full text and any exceptions, refer to NFPA .2.6.2)
		EP 15	Nothing is stored 7.2.2.5.3)	I in any exit enclosure. (For full text and any exceptions, refer to NFPA 101-2000:
		EP 16	and passageway	are adequately illuminated at all points, including angles and intersections of corridors rs, stairways, stairway landings, exit doors, and exit discharges. (For full text and any to NFPA 101-2000: 20/21.2.8)

CFR Number §482.41(b)(1)(i)	Medicare Requirements		t Commissio valent Numb		Joint Commission Standards and Elements of Performance
		EP 17		lb will	means of egress, including exit discharge, is arranged so that failure of any single light not leave the area in darkness. (For full text and any exceptions, refer to NFPA 101-
		EP 18			D Exit" are posted on doors to stairs in areas that are not conforming exits and that may xits. (For full text and any exceptions, refer to NFPA 101-2000: 7.10.8.1)
		EP 19	letters that a	are 4 o	ble when the path to the exit is not readily apparent. Signs are adequately lit and have or more inches high (or 6 inches high if externally lit). (For full text and any exceptions, 1-2000: 7.10.1.2, 7.10.1.4, 7.10.5, 7.10.6.1, and 7.10.7.1)
		EP 20	The hospita 20/21.2.	l mee	ts all other Life Safety Code means of egress requirements related to NFPA 101-2000:
		LS.03.	h N ti ir N c N ti tt	azaro lote 1 me a ncapa lote 2 ertific lote 3 ne sp ne ou	 bespital provides and maintains building features to protect individuals from the ls of fire and smoke. This standard applies to sites of care where four or more patients at the same re provided either anesthesia or outpatient services that render patients ble of saving themselves in an emergency in the hospital. This standard applies to all hospitals seeking accreditation for Medicare cation purposes, regardless of the number of patients rendered incapable. In leased facilities, the elements of performance of this standard apply only to ace in which the accredited organization is located; all exits from the space to tside at grade level; and any Life Safety Code building systems that support the (for example, fire alarm system, automatic sprinkler system).
		EP 1	construction connecting text and any Note: These	i, vert three v exce e verti	penings (other than exit stairs) are enclosed with 1-hour fire-rated walls. In new ical openings (other than exit stairs) are enclosed by 1-hour fire-rated walls when or fewer floors, and 2-hour fire-rated walls when connecting four or more floors. (For full ptions, refer to NFPA 101-2000: 20/21.3.1) cal openings include, but are not limited to, communicating stairs, ramp, elevator shafts, light shafts, trash chutes, linen chutes, and utility chases.
		EP 2			stairs connecting three or fewer floors are fire-rated for 1 hour; exit stairs connecting s are fire-rated for 2 hours. (For full text and any exceptions, refer to NFPA 101-2000:
		EP 3	or more stor	ies).	in exit stair doors are fire-rated for 1 hour (or rated for 1 1/2 hours in buildings with four (See also LS.03.01.10, EP 6) (For full text and any exceptions, refer to NFPA 101-2000: 30-1999: 2-4.4.3)
		EP 4	buildings wi placed; and	th fou are 1	assemblies in exit stair doors are fire-rated for 1 hour (or rated for 1 1/2 hours in r or more stories); are 25% or smaller than the size of the fire barrier in which they are 00 square inches or smaller in size. (For full text and any exceptions, refer to NFPA .3.1 and 8.2.3.2.2; NFPA 80-1999: 1-7.4)
		EP 5	closing or a	utoma	as have sprinkler systems, resist the passage of smoke and have doors with self- tic-closing devices, or are enclosed with 1-hour fire-rated walls. (For full text and any to NFPA 101-2000: 20/21.3.2 and 38/39.3.2.1)

CFR Number §482.41(b)(1)(i)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance
		EP 6		ns enclosing hazardous areas without sprinklers are 3/4-hour fire-rated. (See also 6) (For full text and any exceptions, refer to NFPA 101-2000: 20/21.3.2 and 38/39.3.2; 2-4.4.3)
		EP 7	development and	interior finishes of exits and enclosed corridors are rated Class A or B for limiting smoke d the spread of flames. (For full text and any exceptions, refer to NFPA 101-2000: 3.3.2, and 10.2.3)
		EP 8		nterior floor finishes in exits and enclosed corridors have a Class I or II radiant flux ext and any exceptions, refer to NFPA 101-2000: 20/21.3.3 and 10.2.7)
		EP 9	room ceiling. Th Note: Openings	on panels or doors are installed at or below one half the distance from the floor to the ese openings may be 20 square inches or smaller. may include, but are not limited to, mail slots and pass-through windows in areas such armacy, and cashier stations. (For full text and any exceptions, refer to NFPA 101-2000:
		EP 10		the corridors providing access to exits are separated from other areas by 1-hour fire- For full text and any exceptions, refer to NFPA 101-2000: 20.3.6.1 and 38.3.6.1)
		EP 11	automatic-closin resist the passag wide; in new buil	without sprinkler systems, corridor doors are positive latching; have self-closing or g devices; are fire-rated for 20 minutes; and have undercuts no larger than 3/4 inch to ge of smoke. In existing buildings, doors in a means of egress are 28 or more inches dings, doors are 32 inches wide. (For full text and any exceptions, refer to NFPA 101-3.6.1, 8.2.3, 8.2.3.2.1, 8.2.3.2.3.1; NFPA 80-1999: 2-4.4.3)
		EP 12		s of egress are always unlocked in the direction of egress, and swing in the direction of re are 50 or more occupants. (For full text and any exceptions, refer to NFPA 101-2000:
		EP 13		divide patient treatment floors into two or more smoke compartments. (For full text and refer to NFPA 101-2000: 20/21.3.7.2)
		EP 14		smoke compartments meets the requirements of NFPA 101-2000 20.3.7.5. (For full text ons, refer to NFPA 101-2000: 20.3.7.5)
		EP 15	spaces (such as to exterior wall; a	extend from the floor slab to the upper floor or roof slab above, through any concealed those above suspended ceilings and interstitial spaces), continuously from exterior wall all penetrations are sealed, and new smoke barriers are constructed of 1-hour fire-rated all text and any exceptions, refer to NFPA 101-2000: 20/21.3.7.3)
		EP 16	smoke detector Note: In building	rate smoke barriers, are protected by approved smoke dampers that close when a local s activated. The detector is located either within the duct system or in the corridor. s with a fully ducted HVAC system, and protected throughout by an approved automatic , dampers are not required. (For full text and any exceptions, refer to NFPA 101-2000: 8.3.5.2)
		EP 17		e dampers protect air transfer openings through smoke barriers in ceiling spaces that are cted common plenum either for supply or return air. (For full text and any exceptions, 11-2000: 8.3.5.1)

CFR Number §482.41(b)(1)(i)	Medicare Requirements		Commission	Joint Commission Standards and Elements of Performance
		EP 18	or less of the Note: Existing inches in size	ow assemblies in smoke barrier walls or doors are fire-rated for 20 minutes and are 25% size of the fire barrier in which they are installed. window installations that have fixed wired glass or fire-rated glazing, are 1,296 square or smaller, and are set in approved metal frames are acceptable. (For full text and any fer to NFPA 101-2000: 20/21.3.7.1, 20/21.3.7.4, 8.2.3.2.2)
		EP 19	bonded wood passage of si	e barriers are self-closing or automatic-closing, constructed of 1 3/4-inch or wider solid core or constructed to resist fire for not less than 20 minutes, and fitted to resist the the soke. The gap between meeting edges of door pairs is no wider than 1/8 inch, and no larger than 3/4 inch. (For full text and any exceptions, refer to NFPA 101-2000:
		EP 20	101-2000: 20 Note: See Th (http://www.jc	neets all other Life Safety Code fire and smoke protection requirements related to NFPA 21.3. Joint Commission's website ntcommission.org/life_safety_code_informationresources/) for alcohol-based hand rub ements, including permissible volumes of ABHR gel and foam within a single smoke
		LS.03.0	No tim No ce No the the	 hospital provides and maintains fire alarm systems. e 1: This standard applies to sites of care where four or more patients at the same are provided either anesthesia or outpatient services that render patients apable of saving themselves in an emergency in the hospital. e 2: This standard applies to all hospitals seeking accreditation for Medicare iffication purposes, regardless of the number of patients rendered incapable. e 3: In leased facilities, the elements of performance of this standard apply only to space in which the accredited organization is located; all exits from the space to outside at grade level; and any Life Safety Code building systems that support the ce (for example, fire alarm system, automatic sprinkler system).
		EP 1	refer to NFPA - An auxiliary NFPA 72-199 - Central stati - A proprietar approved me http://www.joi	signal automatically transmits to one of the following (For full text and any exceptions, 101-2000: 9.6.4): ire alarm system with direct connection to the servicing fire department as described in 0: 6-16 on service as described in NFPA 72-1999: 5-2 supervising station system as described in NFPA 72-1999: 5-3 or The Joint Commission's nod for a manual transmission system at tcommission.org/life_safety_code_information_resources/ pervising station fire alarm system as described in NFPA 72-1999: 5-4
		EP 2	fire-rated wall	e alarm control panel is located in a protected environment (an area enclosed with 1-hour and 3/4-hour fire-rated doors) that is continuously occupied or in an area with a smoke full text and any exceptions, refer to: NFPA 101-2000: 9.6.4; NFPA 72-1999: 1-5.6 and 3-
		EP 3		cillary annunciator panel is in a location approved by the local fire department or its or full text and any exceptions, refer to NFPA 101-2000: 9.6.6)
		EP 4	provides occu	system contains an audible and visual evacuation signal throughout the building and pant notification without delay. (For full text and any exceptions, refer to NFPA 101-2000: 6.3.2, 9.6.3.6, and 9.6.3.7)

CFR Number §482.41(b)(1)(i)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance
		EP 5		ystem is initiated by the approved automatic sprinkler system, or the fire detection anual pull stations. (For full text and any exceptions, refer to NFPA 101-2000: 9.6.2.1)
		EP 6	The hospital me 20.3.4/21.3.4.	ets all other Life Safety Code fire alarm requirements related to NFPA 101-2000:
		LS.03.0	Note time incap Note certif Note the s the o	nospital provides and maintains equipment for extinguishing fires. 1: This standard applies to sites of care where four or more patients at the same are provided either anesthesia or outpatient services that render patients able of saving themselves in an emergency in the hospital. 2: This standard applies to all hospitals seeking accreditation for Medicare ication purposes, regardless of the number of patients rendered incapable. 3: In leased facilities, the elements of performance of this standard apply only to pace in which the accredited organization is located; all exits from the space to utside at grade level; and any Life Safety Code building systems that support the e (for example, fire alarm system, automatic sprinkler system).
		EP 1		ystem monitors the components of any required approved automatic sprinkler system01.10, EP 2) (For full text and any exceptions, refer to NFPA 101-2000: 20/21.1.6.3 and
		EP 2		ystem is connected to water flow alarms of any required automatic sprinkler system. (For exceptions, refer to NFPA 101-2000: 20/21.1.6.3 and 9.7.2.2)
		EP 3		for approved automatic sprinkler systems are not damaged or loose. (For full text and refer to NFPA 25-1998: 2-2.3)
		EP 4		natic sprinkler systems piping is not used to support any other item. (For full text and any r to NFPA 25-1998: 2-2.2)
		EP 5		are not damaged and are free from corrosion, foreign materials, and paint. (For full text ons, refer to NFPA 25-1998: 2-2.1.1)
		EP 6	Note: Perimeter	es or more of open space maintained below a sprinkler deflector to the top of storage. wall shelving may extend up to the ceiling when not located directly below a sprinkler ext and any exceptions, refer to NFPA 13-1999: 5-8.5.2.1)
		EP 7	system have a s	inkler systems protecting isolated, hazardous areas connected to the domestic water shut-off valve and are limited to six or fewer sprinkler heads. (For full text and any r to NFPA 101-2000: 20/21.3.5.1)
		EP 8		nce from any point to the nearest fire extinguisher is 75 feet or less. (For full text and any r to NFPA 101-2000: 20/21.3.5.2)
		EP 9	The hospital me 20/21.3.5.	ets all other Life Safety Code extinguishing requirements related to NFPA 101-2000:

CFR Number §482.41(b)(1)(i)	Medicare Requirements		t Commission valent Numbe	I loint Commission Standards and Flamonts of Portormanco
		LS.03.0	ha No tir in No Ce No th th	he hospital provides and maintains special features to protect individuals from the azards of fire and smoke. lote 1: This standard applies to sites of care where four or more patients at the same me are provided either anesthesia or outpatient services that render patients neapable of saving themselves in an emergency in the hospital. lote 2: This standard applies to all hospitals seeking accreditation for Medicare ertification purposes, regardless of the number of patients rendered incapable. lote 3: In leased facilities, the elements of performance of this standard apply only to ne space in which the accredited organization is located; all exits from the space to ne outside at grade level; and any Life Safety Code building systems that support the pace (for example, fire alarm system, automatic sprinkler system).
		EP 1	Windowless 20/21.4.	buildings or portions of windowless buildings meet the requirements of NFPA 101-2000:
		EP 2	High-rise bui 2000: 20/21.	ildings have approved automatic sprinkler systems that meet the requirements of NFPA 1014.
		LS.03.0	ha No ar sa No ce No th th	he hospital provides and maintains building services to protect individuals from the azards of fire and smoke. lote 1: This standard applies to sites of care where 4 or more patients at the same time re provided either anesthesia or outpatient services that render patients incapable of aving themselves in an emergency in the hospital. lote 2: This standard applies to all hospitals seeking accreditation for Medicare ertification purposes, regardless of the number of patients rendered incapable. lote 3: In leased facilities, the elements of performance of this standard apply only to ne space in which the accredited organization is located; all exits from the space to ne outside at grade level; and any Life Safety Code building systems that support the pace (for example, fire alarm system, automatic sprinkler system).
		EP 1	 Firefighters Firefighters Machine ro Elevator lob Existing elev 	ors are equipped with all of the following: s service key recall and smoke detector automatic recall s service emergency in-car key operation oom smoke detectors bby smoke detectors vators meet these requirements when they have a travel distance of 25 feet or more above or vel that best serves the needs of firefighters. (For full text and any exceptions, refer to NFPA 0/21.5.3)
		EP 2	The hospital 20/21.5.	I meets all other Life Safety Code building service requirements related to NFPA 101-2000:

CFR Number §482.41(b)(1)(i)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance
		LS.03.0	preve Note time incap Note certif Note the s the o	 nospital provides and maintains operating features that conform to fire and smoke ention requirements. 1: This standard applies to sites of care where four or more patients at the same are provided either anesthesia or outpatient services that render patients bable of saving themselves in an emergency in the hospital. 2: This standard applies to all hospitals seeking accreditation for Medicare ication purposes, regardless of the number of patients rendered incapable. 3: In leased facilities, the elements of performance of this standard apply only to pace in which the accredited organization is located; all exits from the space to utside at grade level; and any Life Safety Code building systems that support the e (for example, fire alarm system, automatic sprinkler system).
		EP 1		hibits all combustible decorations that are not flame retardant. (For full text and any r to NFPA 101-2000: 20/21.7.5.4)
		EP 2		trash receptacles larger than 32 gallons (including recycling containers) are located in a as a hazardous area. (For full text and any exceptions, refer to NFPA 101-2000:
		EP 3		hibits portable space heaters in smoke compartments containing patient treatment and (For full text and any exceptions, refer to NFPA 101-2000: 20/21.7.8)
		EP 4	The hospital do 101-2000: 20/2	es not allow unvented fuel-fired heaters. (For full text and any exceptions, refer to NFPA 1.5.2.2)
		EP 5		ances are provided with safety features to stop the flow of fuel and turn off the appliance excessive temperatures or ignition failure. (For full text and any exceptions, refer to NFPA 1.5.2.2)
		EP 6		ets all other Life Safety Code operating feature requirements related to NFPA 101-2000: so EC.02.03.03, EP 1)
		1		
§482.41(b)(1)(ii)	TAG: A-0710			
(ii) Chapter 19.3.6.3.2, e apply to hospitals.	xception number 2 of the adopted edition of the LSC does not			
§482.41(b)(2)	TAG: A-0710	LS.01.0		nospital designs and manages the physical environment to comply with the Life by Code.
provisions of the Life Sa	f State survey agency findings, CMS may waive specific fety Code which, if rigidly applied, would result in unreasonable y, but only if the waiver does not adversely affect the health and	EP 2	The hospital ma Note 1: The SO Note 2: For the	intains a current electronic Statement of Conditions (SOC). C is available to each hospital through The Joint Commission Connect™ extranet site. process on how a hospital may submit a request for an equivalency to The Joint review, please go to http://www.jointcommission.org/assets/1/6/Equivalency-Request-
			he Joint Commis www.jointcommis	sion website at ssion.org/accreditation/hap_standards_information.aspx

CFR Number §482.41(b)(3)	Medicare Requirements		Commissi alent Numl	-	Joint Commission Standards and Elements of Performance			
	TAG: A-0710 Life Safety Code do not apply in a State where CMS finds that a		See The Joint Commission website at http://www.jointcommission.org/accreditation/hap_standards_information.aspx					
§482.41(b)(4)	cosed by State law adequately protects patients in hospitals. TAG: A-0711 2006, a hospital must be in compliance with Chapter 19.2.9,	- Note equi			ospital inspects, tests, and maintains emergency power systems. This standard does not require hospitals to have the types of emergency power ment discussed below. However, if these types of equipment exist within the ng, then the following maintenance, testing, and inspection requirements apply.			
		EP 1 EP 2	a minimum Every 12 n egress for	onths a dura nt, per	the hospital performs a functional test of battery-powered lights required for egress for ion of 30 seconds. The completion date of the tests is documented. , the hospital either performs a functional test of battery-powered lights required for tion of 1 1/2 hours; or the hospital replaces all batteries every 12 months and, during forms a random test of 10% of all batteries for 1 1/2 hours. The completion date of the ted.			
§482.41(b)(5)	TAG: A-0712	LS.02.0			ospital provides and maintains building features to protect individuals from the ds of fire and smoke.			
(5) Beginning March 13, hospitals.	2006, Chapter 19.3.6.3.2, exception number 2 does not apply to	EP 11	and are hinged so that they swing. The gap between meeting edges of door pairs inch, and undercuts are no larger than 1 inch. Roller latches are not acceptable. Note: For existing doors, it is acceptable to use a device that keeps the door close		g doors, it is acceptable to use a device that keeps the door closed when a force of 5 applied to the edge of the door. (For full text and any exceptions, refer to NFPA 101-			
§482.41(b)(6)	TAG: A-0713	EC.02.0	02.01	The h	ospital manages risks related to hazardous materials and waste.			
(6) The hospital must ha of trash.	ve procedures for the proper routine storage and prompt disposal	EP 5 EP 6	disposing of The hospit	of haza al min	imizes risks associated with selecting, handling, storing, transporting, using, and ardous chemicals. imizes risks associated with selecting, handling, storing, transporting, using, and			
		EP 19	For hospita	als tha	bactive materials. t use Joint Commission accreditation for deemed status purposes: The hospital has e proper routine storage and prompt disposal of trash.			
§482.41(b)(7)	TAG: A-0714	EC.02.0	03.01	The h	ospital manages fire risks.			
reporting of fires; extingu	ve written fire control plans that contain provisions for prompt uishing fires; protection of patients, personnel and guests; tion with fire fighting authorities.	EP 9 EP 10	The writter at and awa contain sm EC.02.03.0	fire re y from oke a 03, EP	a written fire response plan. (See also LS.02.01.70, EP 4) esponse plan describes the specific roles of staff and licensed independent practitioners a fire's point of origin, including when and how to sound and report fire alarms, how to nd fire, how to use a fire extinguisher, and how to evacuate to areas of refuge. (See also 5; EC.03.01.01, EP 2; and HR.01.04.01, EP 2) nal guidance, see NFPA 101, 2000 edition (Sections 18/19.7.1 and 18/19.7.2).			
Medicare Hospital Require	ements to 2016 Joint	Page 208 (of 328		© 2016 The Joint Commission			

CFR Number §482.41(b)(7)	Medicare Requirements		Commissio	I Joint Commission Standards and Elements of Performance
		EC.02.0	03.03 1	The hospital conducts fire drills.
		EP 2	classified a	al conducts fire drills every 12 months from the date of the last drill in all freestanding buildings s business occupancies and in which patients are seen or treated. ased or rented facilities, drills need be conducted only in areas of the building that the hospital
		HR.01.	04.01 1	The hospital provides orientation to staff.
		EP 2		al orients its staff to the key safety content before staff provides care, treatment, and services. a of this orientation is documented. (See also EC.02.03.01, EP 10 and IC.01.05.01, EP 6)
§482.41(b)(8)	TAG: A-0715	LS.01.0		The hospital designs and manages the physical environment to comply with the Life Safety Code.
(8) The hospital must ma State or local fire control	aintain written evidence of regular inspection and approval by agencies.	EP 4		Is that use Joint Commission accreditation for deemed status purposes: The hospital locumentation of any inspections and approvals made by state or local fire control agencies.
§482.41(b)(9)	TAG: A-0716			
	provisions of the 2000 edition of the Life Safety Code to the install alcohol-based hand rub dispensers in its facility if—			
§482.41(b)(9)(i)	TAG: A-0716	LS.02.0		The hospital provides and maintains building features to protect individuals from the nazards of fire and smoke.
	hand rub dispensers does not conflict with any State or local nerwise restrict the placement of alcohol-based hand rub e facilities;	101-2000: 18 Note: See Th (http://www.j		The Joint Commission's website .jointcommission.org/life_safety_code_informationresources/) for alcohol-based hand rub quirements, including permissible volumes of ABHR gel and foam within a single smoke
§482.41(b)(9)(ii)	TAG: A-0716	LS.02.0		The hospital provides and maintains building features to protect individuals from the nazards of fire and smoke.
(ii) The dispensers are in lead to falls;	nstalled in a manner that minimizes leaks and spills that could	EP 25	The hospita 101-2000: Note: See (http://www	al meets all other Life Safety Code fire and smoke protection requirements related to NFPA 18/19.3. The Joint Commission's website .jointcommission.org/life_safety_code_informationresources/) for alcohol-based hand rub quirements, including permissible volumes of ABHR gel and foam within a single smoke
§482.41(b)(9)(iii)	TAG: A-0716	LS.02.0		The hospital provides and maintains building features to protect individuals from the nazards of fire and smoke.
(iii) The dispensers are in inappropriate access; an	nstalled in a manner that adequately protects against d	EP 25	The hospita 101-2000: Note: See (http://www	al meets all other Life Safety Code fire and smoke protection requirements related to NFPA 18/19.3. The Joint Commission's website .jointcommission.org/life_safety_code_informationresources/) for alcohol-based hand rub quirements, including permissible volumes of ABHR gel and foam within a single smoke

CFR Number §482.41(b)(9)(iv)	Medicare Requirements		Commissic alent Numb		Joint Commission Standards and Elements of Performance	
§482.41(b)(9)(iv)	TAG: A-0716	LS.02.0			spital provides and maintains building features to protect individuals from the s of fire and smoke.	
(iv) The dispensers are installed in accordance with chapter 18.3.2.7 or chapter 19.3.2.7 of the 2000 edition of the Life Safety Code, as amended by NFPA Temporary Interim Amendment 00–1(101), issued by the Standards Council of the National Fire Protection Association on April 15, 2004. The Director of the Office of the Federal Register has approved NFPA Temporary Interim Amendment 00– 1(101) for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the amendment is available for inspection at the CMS Information Resource Center, 7500		EP 25	EP 25 The hospital meets all other Life Safety Code fire and smoke protection requirements relate 101-2000: 18/19.3. Note: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information_resources/) for alcohol-base (ABHR) requirements, including permissible volumes of ABHR gel and foam within a single compartment.			
Capitol Street NW., Suite	imore, MD and at the Office of the Federal Register, 800 North e 700, Washington, DC. Copies may be obtained from the Association, 1 Batterymarch Park, Quincy, MA 02269.	300 North n the LS.03.01 .		LS.03.01.20 The hospital maintains the integrity of the means of egress. Note 1: This standard applies to sites of care where four or more patients at time are provided either anesthesia or outpatient services that render patier incapable of saving themselves in an emergency in the hospital. Note 2: This standard applies to all hospitals seeking accreditation for Medi certification purposes, regardless of the number of patients rendered incapa Note 3: In leased facilities, the elements of performance of this standard applithe space in which the accredited organization is located; all exits from the the outside at grade level; and any Life Safety Code building systems that su space (for example, fire alarm system, automatic sprinkler system).		
			Note: When into the corr more than 3	idor, s 6 inch east 4	assageways serving as a means of egress are 44 or more inches wide. lors are 6 feet wide or more, The Joint Commission permits certain objects to project uch as hand rub dispensers or computer desks that are retractable. They must be no es wide and cannot project more than 6 inches into the corridor. These items must be 8 inches apart and above the handrail height. (For full text and any exceptions, refer to 20/21.2.3)	
		LS.03.0	h N ti N C N ti tt	azard lote 1 me ar ncapa lote 2 ertific lote 3 ne spa ne out	spital provides and maintains building features to protect individuals from the s of fire and smoke. This standard applies to sites of care where four or more patients at the same e provided either anesthesia or outpatient services that render patients ble of saving themselves in an emergency in the hospital. This standard applies to all hospitals seeking accreditation for Medicare ation purposes, regardless of the number of patients rendered incapable. In leased facilities, the elements of performance of this standard apply only to ace in which the accredited organization is located; all exits from the space to side at grade level; and any Life Safety Code building systems that support the (for example, fire alarm system, automatic sprinkler system).	
		EP 20	101-2000: 2 Note: See T (http://www.	0/21.3 The Jo jointco uiremo	s all other Life Safety Code fire and smoke protection requirements related to NFPA nt Commission's website mmission.org/life_safety_code_informationresources/) for alcohol-based hand rub ents, including permissible volumes of ABHR gel and foam within a single smoke	
§482.41(b)(9)(v) (v) The dispensers are n	TAG: A-0716 naintained in accordance with dispenser manufacturer guidelines.	LS.02.0			spital provides and maintains building features to protect individuals from the s of fire and smoke.	

CFR Number §482.41(b)(9)(v)	Medicare Requirements		Commission alent Number	I Joint Commission Standards and Elements of Performance
		EP 25	101-2000: 18/ Note: See Th (http://www.jo	e Joint Commission's website intcommission.org/life_safety_code_informationresources/) for alcohol-based hand rub rements, including permissible volumes of ABHR gel and foam within a single smoke
§482.41(c)	TAG: A-0722	LD.04.0		e hospital makes space and equipment available as needed for the provision of care, atment, and services.
§482.41(c) Standard: Fa	cilities ain adequate facilities for its services.	EP 2		nent and allocation of space supports safe, efficient, and effective care, treatment, and
		EP 3	The interior a	nd exterior space provided for care, treatment, and services meets the needs of patients.
§482.41(c)(1)	TAG: A-0723	LD.04.0		e hospital makes space and equipment available as needed for the provision of care, atment, and services.
(1) Diagnostic and therap	peutic facilities must be located for the safety of patients.	EP 2	The arrangem services.	nent and allocation of space supports safe, efficient, and effective care, treatment, and
		EP 3	The interior a	nd exterior space provided for care, treatment, and services meets the needs of patients.
§482.41(c)(2) (2) Facilities, supplies, an	TAG: A-0724 nd equipment must be maintained to ensure an acceptable level	EC.01.0	No	e hospital plans activities to minimize risks in the environment of care. te: One or more persons can be assigned to manage risks associated with the nagement plans described in this standard.
of safety and quality.		EP 7	The hospital h EP 15)	has a written plan for managing the following: Medical equipment. (See also EC.04.01.01,
		EP 8	The hospital h	has a written plan for managing the following: Utility systems. (See also EC.04.01.01, EP 15)
		EC.02.0	No eq eq	e hospital maintains fire safety equipment and fire safety building features. te: This standard does not require hospitals to have the types of fire safety uipment and building features described below. However, if these types of uipment or features exist within the building, then the following maintenance, ting, and inspection requirements apply.
		EP 1	completion da	erly, the hospital tests supervisory signal devices (except valve tamper switches). The ate of the tests is documented. itional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).
		EP 2	the hospital te completion da NFPA 25, 199 hospitals that the hospital te	that use Joint Commission accreditation for deemed status purposes: At least quarterly, ests water-flow devices. Every 6 months, the hospital tests valve tamper switches. The ate of the tests is documented.Note: For additional guidance on performing tests, see 8 edition (Sections 2-3.3 and 3-3.3) and NFPA 72, 1999 edition (Table 7-3.2).For do not use Joint Commission accreditation for deemed status purposes: Every 6 months, ests valve tamper switches and water-flow devices. The completion date of the tests is Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-

CFR Number §482.41(c)(2)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 3	manual fire alarn	s, the hospital tests duct detectors, electromechanical releasing devices, heat detectors, n boxes, and smoke detectors. The completion date of the tests is documented. nal guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).
		EP 4	date of the tests	s, the hospital tests visual and audible fire alarms, including speakers. The completion is documented. nal guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).
		EP 5	completion date	e hospital tests fire alarm equipment for notifying off-site fire responders. The of the tests is documented. Inal guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).
		EP 6	The completion	prinkler systems: Every week, the hospital tests fire pumps under no-flow conditions. date of the tests is documented. anal guidance on performing tests, see NFPA 25, 1998 edition.
		EP 7	water level alarm	prinkler systems: Every 6 months, the hospital tests water-storage tank high- and low- ns. The completion date of the tests is documented. Inal guidance on performing tests, see NFPA 25, 1998 edition (Section 6-3.5).
		EP 8	temperature alar	prinkler systems: Every month during cold weather, the hospital tests water-storage tank ms. The completion date of the tests is documented. In guidance on performing tests, see NFPA 25, 1998 edition (Section 6-3).
		EP 9	at all system rise	prinkler systems: Every 12 months, the hospital tests main drains at system low point or error. The completion date of the tests is documented. In al guidance on performing tests, see NFPA 25, 1998 edition (Section 9-2.6).
		EP 10	connections. Th	prinkler systems: Every quarter, the hospital inspects all fire department water supply the completion dates of the inspections are documented. Inal guidance on performing tests, see NFPA 25, 1998 edition (Section 9-7.1).
		EP 11	completion date	prinkler systems: Every 12 months, the hospital tests fire pumps under flow. The of the tests is documented. In guidance on performing tests, see NFPA 25, 1998 edition.
		EP 12	tests is documer	ne hospital conducts water-flow tests for standpipe systems. The completion date of the nted. nal guidance on performing tests, see NFPA 25, 1998 edition.
		EP 13	completion dates Note 1: Discharg	the hospital inspects any automatic fire-extinguishing systems in a kitchen. The s of the inspections are documented. ge of the fire-extinguishing systems is not required. tional guidance on performing inspections, see NFPA 96, 1998 edition.
		EP 14	systems. The co	s, the hospital tests carbon dioxide and other gaseous automatic fire-extinguishing ompletion date of the tests is documented. of the fire-extinguishing systems is not required.

CFR Number §482.41(c)(2)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance		
		EP 15	inspections are Note 1: There a check marks or Note 2: Inspect parts, full charg Note 3: For add	y, the hospital inspects portable fire extinguishers. The completion dates of the documented. are many ways to document the inspections, such as using bar-coding equipment, using a tag, or using an inventory. ions involve a visual check for the presence and correct type of extinguisher, broken le, and ease of access. litional guidance on inspection of fire extinguishers, see NFPA 10, Standard for Portable ers, 1998 edition (Sections 1-6, 4-3, and 4-4).		
		EP 16	of the maintena Note 1: There a check marks or	hs, the hospital performs maintenance on portable fire extinguishers. The completion date ince is documented. The many ways to document the maintenance, such as using bar-coding equipment, using in a tag, or using an inventory. Ilitional guidance on maintaining fire extinguishers, see NFPA 10, 1998 edition (Sections 1-		
		EP 17	 EP 17 The hospital conducts hydrostatic tests on standpipe occupant hoses 5 years after installation 3 years thereafter. The completion date of the tests is documented. Note: For additional guidance on hydrostatic testing, see NFPA 1962, 1998 edition (Section NFPA 25, 1998 edition. 			
		EP 18	verify that they Note 1: The init after January 1 Note 2: For add	erates fire and smoke dampers 1 year after installation and then at least every 6 years to fully close. The completion date of the tests is documented. ial test that must occur 1 year after installation applies only to dampers installed on and , 2008. litional guidance, see NFPA 80 Standard for Fire Doors and Other Opening Protectives, ection 19.4.1.1) and NFPA 105, 2007 edition (Section 6.5.2).		
		EP 19	equipment. The Note: For additi	ns, the hospital tests automatic smoke-detection shutdown devices for air-handling e completion date of the tests is documented. onal guidance on performing tests, see NFPA 90A, Standard for the Installation of Air d Ventilation Systems, 1999 edition (Section 4-4.1).		
		EP 20	The completion	ns, the hospital tests sliding and rolling fire doors for proper operation and full closure. date of the tests is documented. onal guidance on performing tests, see NFPA 80, 1999 edition (Section 15-2.4).		
		EC.02.	04.01 The	hospital manages medical equipment risks.		
		EP 2	maintains eithe categorized by incident history they should be For hospitals th	at do not use Joint Commission accreditation for deemed status purposes: The hospital r a written inventory of all medical equipment or a written inventory of selected equipment physical risk associated with use (including all life-support equipment) and equipment . The hospital evaluates new types of equipment before initial use to determine whether included in the inventory. (See also EC.02.04.03, EPs 1 and 3) at use Joint Commission accreditation for deemed status purposes: The hospital		
		EP 3	The hospital ide	tten inventory of all medical equipment. (See also EC.02.04.03, EPs 1 and 3) entifies high-risk medical equipment on the inventory for which there is a risk of serious to a patient or staff member should the equipment fail. medical equipment includes life-support equipment. (See also EC.02.04.03, EP 2)		

CFR Number §482.41(c)(2)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance
		EP 4	and testing all m accordance with maintenance (Al Note: The strate accepted standa Footnote *: An e Standards Institu	ntifies the activities and associated frequencies, in writing, for maintaining, inspecting, edical equipment on the inventory. These activities and associated frequencies are in manufacturers' recommendations or with strategies of an alternative equipment EM) program. (See also EC.02.04.03, EPs 2 and 3) gies of an AEM program must not reduce the safety of equipment and must be based on irds of practice. * xample of standards for a medical equipment program is the American National ute/Association for the Advancement of Medical Instrumentation handbook ANSI/AAMI commended Practice for a Medical Equipment Management Program.
		EP 5	activities and fre accordance with - Equipment sub testing, and main establishes more - Medical laser d - Imaging and ra - New medical e maintenance str. Note: Maintenan - Records provid - Information ma	diologic equipment (whether used for diagnostic or therapeutic purposes) quipment with insufficient maintenance history to support the use of alternative
		EP 6	individual(s) use equipment to be - How the equipr - Likely consequ harm - Availability of a - Incident history - Maintenance re	It use Joint Commission accreditation for deemed status purposes: A qualified s written criteria to support the determination whether it is safe to permit medical maintained in an alternate manner that includes the following: nent is used, including the seriousness and prevalence of harm during normal use ences of equipment failure or malfunction, including seriousness of and prevalence of lternative or back-up equipment in the event the equipment fails or malfunctions of identical or similar equipment equipments of the equipment nation on defining staff qualifications, refer to Standard HR.01.02.01)
		EP 7		t use Joint Commission accreditation for deemed status purposes: The hospital al equipment on its inventory that is included in an alternative equipment maintenance
		EP 8		nitors and reports all incidents in which medical equipment is suspected in or attributed ious injury, or serious illness of any individual, as required by the Safe Medical Devices
		EP 9		written procedures to follow when medical equipment fails, including using emergency ions and backup equipment.

CFR Number §482.41(c)(2)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance
		EC.02.	04.03 The h	ospital inspects, tests, and maintains medical equipment.
		EP 1	use of medical e	at do not use Joint Commission accreditation for deemed status purposes: Before initial equipment on the medical equipment inventory, the hospital performs safety, operational, hecks. (See also EC.02.04.01, EP 2)
			after major repai	at use Joint Commission accreditation for deemed status purposes: Before initial use and irs or upgrades of medical equipment on the medical equipment inventory, the hospital operational, and functional checks. (See also EC.02.04.01, EP 2)
		EP 2	(See also EC.02	pects, tests, and maintains all high-risk equipment. These activities are documented. 2.04.01, EPs 3 and 4; PC.02.01.11, EP 2) nedical equipment includes life-support equipment.
		EP 3		pects, tests, and maintains non-high-risk equipment identified on the medical equipment activities are documented. (See also EC.02.04.01, EPs 2 and 4)
		EP 4		ee also IC.02.02.01, EP 2)
		EP 5		forms equipment maintenance and chemical and biological testing of water used in hese activities are documented.
		EC.02.	05.01 The h	ospital manages risks associated with its utility systems.
		EP 2	maintains a writt inventory of sele needs, and syste new types of util inventory. (See a	at do not use Joint Commission accreditation for deemed status purposes: The hospital ten inventory of all operating components of utility systems or maintains a written acted operating components of utility systems based on risks for infection, occupant ems critical to patient care (including all life-support systems). The hospital evaluates ity components before initial use to determine whether they should be included in the also EC.02.05.05, EPs 1, 3–5)
				at use Joint Commission accreditation for deemed status purposes: The hospital en inventory of all operating components of utility systems. (See also EC.02.05.05, EPs
		EP 3	is a risk of serior	ntifies high-risk operating components of utility systems on the inventory for which there us harm or death to a patient or staff member should the component fail. utility system components include life-support equipment.
		EP 4	maintaining all o frequencies are equipment main Note 1: The stra on accepted sta Note 2: For guid NFPA 99, 1999 Footnote *: An e	ntifies the activities and associated frequencies, in writing, for inspecting, testing, and perating components of utility systems on the inventory. These activities and associated in accordance with manufacturers' recommendations or with strategies of an alternative tenance (AEM) program. tegies of an AEM program must not reduce the safety of equipment and must be based ndards of practice. * ance on maintenance and testing activities for Essential Electric Systems (Type I), see edition (Section 3-4.4). xample of guidelines for physical plant equipment maintenance is the American Society ngineering (ASHE) book Maintenance Management for Health Care Facilities.
			on accepted sta Note 2: For guid NFPA 99, 1999 Footnote *: An e	ndards of practice. * ance on maintenance and testing activities for Essential Electric Systems (Type I), s edition (Section 3-4.4). xample of guidelines for physical plant equipment maintenance is the American Soc

CFR Number §482.41(c)(2)	Medicare Requirements		Commission alent Numbe		Joint Commission Standards and Elements of Performance
		EP 5	activities and accordance - Equipment testing, and establishes r - New operat maintenance Note: Mainte - Records pr - Information	d frec with subj main more ting c stra stra ovide nac	use Joint Commission accreditation for deemed status purposes: The hospital's uencies for inspecting, testing, and maintaining the following items must be in nanufacturers' recommendations: ect to federal or state law or Medicare Conditions of Participation in which inspecting, taining be in accordance with the manufacturers' recommendations, or otherwise stringent maintenance requirements omponents with insufficient maintenance history to support the use of alternative tegies e history includes any of the following documented evidence: d by the hospital's contractors e public by nationally recognized sources iospital's experience over time
		EP 6	individual(s) components - How the eq - Likely cons harm - Availability - Incident his - Maintenand	uses of ut luipm eque of al story ce re	use Joint Commission accreditation for deemed status purposes: A qualified written criteria to support the determination of whether it is safe to permit operating ility systems to be maintained in an alternate manner that includes the following: ent is used, including the seriousness and prevalence of harm during normal use nces of equipment failure or malfunction, including seriousness of and prevalence of ernative or back-up equipment in the event the equipment fails or malfunctions of identical or similar equipment quirements of the equipment tition on defining staff qualifications, refer to Standard HR.01.02.01)
		EP 7	identifies ope	əratir	use Joint Commission accreditation for deemed status purposes: The hospital g components of utility systems on its inventory that are included in an alternative mance program.
		EP 10	The hospital areas.	's pro	cedures address shutting off the malfunctioning system and notifying staff in affected
		EC.02.0	No ho	ote: ospit	spital inspects, tests, and maintains utility systems. At times, maintenance is performed by an external service. In these cases, als are not required to possess maintenance documentation but must have a to such documentation during survey and as needed.
		EP 3 The h inven		yster . (Se s that n con	do not use Joint Commission accreditation for deemed status purposes: The hospital n components on the inventory before initial use. The completion date of the tests is e also EC.02.05.01, EP 2) use Joint Commission accreditation for deemed status purposes: The hospital tests ponents on the inventory before initial use and after major repairs or upgrades. The f the tests is documented. (See also EC.02.05.01, EP 2)
				nese	ects, tests, and maintains the following: High-risk utility system components on the activities are documented. (See also EC.02.05.01, EPs 2 and 4) ility system components includes life-support utility system components.
		EP 4			ects, tests, and maintains the following: Infection control utility system components on ese activities are documented. (See also EC.02.05.01, EPs 2 and 4)
		EP 5			ects, tests, and maintains the following: Non-high-risk utility system components on the activities are documented. (See also EC.02.05.01, EPs 2 and 4)
Medicare Hospital Require	emente to 2010 leint	200 216 0	(000		© 2016 The Joint Commission

CFR Number §482.41(c)(2)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance
		EC.02.	Note: equip	nospital inspects, tests, and maintains emergency power systems. This standard does not require hospitals to have the types of emergency power oment discussed below. However, if these types of equipment exist within the ing, then the following maintenance, testing, and inspection requirements apply.
		EP 3	(SEPSS) for 5 m test at full load for documented. Note 1: Non–SE critical for opera records) should recommendation Note 2: SEPSS essential for safe as illumination for systems, public produce serious Note 3: Class de without being recomposition	he hospital performs a functional test of stored emergency power supply systems iniutes or as specified for its class (whichever is less). The hospital performs an annual or 60% of the full duration of its class. The completion dates of the tests are PSS battery backup emergency power systems that the hospital has determined to be tions during a power failure (for example, laboratory equipment or electronic medical be properly tested and maintained in accordance with manufacturer's ns. are intended to automatically supply illumination or power to critical areas and equipment ety to human life. Included are systems that supply emergency power for such functions or safe exiting, ventilation where it is essential to maintain life, fire detection and alarm safety communications systems, and processes where the current interruption would life safety or health hazards to patients, the public, or staff. efines the minimum time for which the SEPSS is designed to operate at its rated load charged. For additional guidance, see NFPA 111, Standard on Stored Electrical Energy Standby Power Systems, 1996 edition.
		EP 4	At least monthly minutes. The co	, the hospital tests each emergency generator under load for at least 30 continuous mpletion dates of the tests are documented.
		EP 5	least 30% of the movers' exhaust the recommende emergency gene nameplate rating nameplate rating	ts for diesel-powered emergency generators are conducted with a dynamic load that is at nameplate rating of the generator or meets the manufacturer's recommended prime is gas temperature. If the hospital does not meet either the 30% of nameplate rating or ed exhaust gas temperature during any test in EC.02.05.07, EP 4, then it must test the prator once every 12 months using supplemental (dynamic or static) loads of 25% of g for 30 minutes, followed by 50% of nameplate rating for 30 minutes, followed by 75% of g for 60 minutes, for a total of 2 continuous hours. non-diesel-powered generators need only be conducted with available load.
		EP 6	At least monthly documented.	, the hospital tests all automatic transfer switches. The completion date of the tests is
		EP 7	listed in EC.02.0 The completion	ery 36 months, hospitals with a generator providing emergency power for the services 95.03, EPs 5 and 6, test each emergency generator for a minimum of 4 continuous hours. date of the tests is documented. onal guidance, see NFPA 110, 2005 edition, Standard for Emergency & Standby Power
		EP 8	30% of the name exhaust gas terr	iesel-powered emergency generator test uses a dynamic or static load that is at least eplate rating of the generator or meets the manufacturer's recommended prime movers' aperature. non-diesel-powered generators need only be conducted with available load.

CFR Number §482.41(c)(2)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EC.02.0	Note: syste	nospital inspects, tests, and maintains medical gas and vacuum systems. This standard does not require hospitals to have the medical gas and vacuum ems discussed below. However, if a hospital has these types of systems, then the wing inspection, testing, and maintenance requirements apply.
		EP 1	piped medical g	lefined by the hospital, the hospital inspects, tests, and maintains critical components of as systems, including master signal panels, area alarms, automatic pressure switches, lexible connectors, and outlets. These activities are documented. (See also EC.02.05.01,
		EP 2		ts piped medical gas and vacuum systems for purity, correct gas, and proper pressure tems are installed, modified, or repaired. The completion date of the tests is documented.
		EP 3		kes main supply valves and area shutoff valves for piped medical gas and vacuum ible and clearly identifies what the valves control.
		EC.04.0	1.01 The h	nospital collects information to monitor conditions in the environment.
		EP 1	the following: - Injuries to patie - Occupational ii - Incidents of da - Security incide - Hazardous ma - Fire safety ma - Medical or labo - Utility systems Note 1: All the ir improvement, or designated to cc Note 2: Review confidentiality.	ablishes a process(es) for continually monitoring, internally reporting, and investigating ents or others within the hospital's facilities linesses and staff injuries mage to its property or the property of others nts involving patients, staff, or others within its facilities terials and waste spills and exposures magement problems, deficiencies, and failures oratory equipment management problems, failures, and use errors management problems, failures, or use errors neidents and issues listed above may be reported to staff in quality assessment, r other functions. A summary of such incidents may also be shared with the person bordinate safety management activities. of incident reports often requires that legal processes be followed to preserve Opportunities to improve care, treatment, or services, or to prevent similar incidents, are ult of following the legal process.
		EP 9		ocess(es), the hospital reports and investigates the following: Fire safety management encies, and failures. (See also EC.04.01.03, EP 1)
		EP 10	Based on its pro equipment man	ocess(es), the hospital reports and investigates the following: Medical/laboratory agement problems, failures, and use errors. (See also EC.04.01.03, EP 1)
		EP 11		ocess(es), the hospital reports and investigates the following: Utility systems oblems, failures, or use errors. (See also EC.04.01.03, EP 1)
		EP 15		s, the hospital evaluates each environment of care management plan, including a review ectives, scope, performance, and effectiveness. (See also EC.01.01.01, EPs 3-8; P 1)
		EC.04.0	1.03 The h	nospital analyzes identified environment of care issues.
		EP 1		from clinical, administrative, and support services participate in the analysis of care data. (See also EC.04.01.01, EPs 3-6 and 8-15; EC.04.01.05, EP 3)

CFR Number §482.41(c)(2)	Medicare Requirements		Commissio alent Numb		Joint Commission Standards and Elements of Performance
		EP 2	The hospital issues. (See	use: alsc	s the results of data analysis to identify opportunities to resolve environmental safety EC.04.01.05, EP 1)
		EC.04.0	01.05 T	ne he	ospital improves its environment of care.
		EP 1	The hospital EC.04.01.03		es action on the identified opportunities to resolve environmental safety issues. (See also 2)
		EP 2	The hospita	eval	uates changes to determine if they resolved environmental safety issues.
§482.41(c)(3)	TAG: A-0725	LD.04.0			ospital makes space and equipment available as needed for the provision of care, ient, and services.
(3) The extent and comp	lexity of facilities must be determined by the services offered.	EP 2	The arrange services.	men	and allocation of space supports safe, efficient, and effective care, treatment, and
		EP 3	The interior	and e	exterior space provided for care, treatment, and services meets the needs of patients.
§482.41(c)(4)	TAG: A-0726	EC.02.0)2.01 T	ne h	ospital manages risks related to hazardous materials and waste.
(4) There must be prope food preparation, and other the second preparation and other the second preparation and the second prepac	r ventilation, light, and temperature controls in pharmaceutical, her appropriate areas.	disposing of ha Note: Hazardou		haza dous	mizes risks associated with selecting, handling, storing, transporting, using, and ardous gases and vapors. gases and vapors include, but are not limited to, glutaraldehyde, ethylene oxide, vapors using cauterizing equipment and lasers, and gases such as nitrous oxide.
		EC.02.0	N Si	ote: afety	ospital establishes and maintains a safe, functional environment. The environment is constructed, arranged, and maintained to foster patient , provide facilities for diagnosis and treatment, and provide for special services priate to the needs of the community.
		EP 11	Lighting is s	uitab	le for care, treatment, and services.
		EP 13			ntains ventilation, temperature, and humidity levels suitable for the care, treatment, and d. (See also EC.02.05.01, EP 15)
§482.42	TAG: A-0747	EC.02.0)5.01 T	ne h	ospital manages risks associated with its utility systems.
	rticipation: Infection Control	EP 14			mizes pathogenic biological agents in cooling towers, domestic hot- and cold-water er aerosolizing water systems.
infections and communic	le a sanitary environment to avoid sources and transmission of cable diseases. There must be an active program for the investigation of infections and communicable diseases.	EP 15	ventilation s efficiencies. Note: Areas special proc communical environment and sterile s Care Faciliti	/ster (See desi edur edur ble di " roo upply es, 2	d to control airborne contaminants (such as biological agents, gases, fumes, dust), the n provides appropriate pressure relationships, air-exchange rates, and filtration e also EC.02.06.01, EP 13) gned for control of airborne contaminants include spaces such as operating rooms, e rooms, delivery rooms for patients diagnosed with or suspected of having airborne seases (for example, pulmonary or laryngeal tuberculosis), patients in "protective ms (for example, those receiving bone marrow transplants), laboratories, pharmacies, rooms. For further information, see Guidelines for Design and Construction of Health 010 edition, administered by the Facility Guidelines Institute and published by the r for Healthcare Engineering (ASHE).

CFR Number §482.42	Medicare Requirements		: Commissic valent Numb	I Joint Commission Standards and Flements of Performance
		EC.02.0	N h	he hospital inspects, tests, and maintains utility systems. lote: At times, maintenance is performed by an external service. In these cases, ospitals are not required to possess maintenance documentation but must have ccess to such documentation during survey and as needed.
		EP 4		l inspects, tests, and maintains the following: Infection control utility system components on y. These activities are documented. (See also EC.02.05.01, EPs 2 and 4)
		EC.02.	N	he hospital establishes and maintains a safe, functional environment. lote: The environment is constructed, arranged, and maintained to foster patient afety, provide facilities for diagnosis and treatment, and provide for special services ppropriate to the needs of the community.
		EP 20	Areas used	by patients are clean and free of offensive odors.
		EC.02.		he hospital manages its environment during demolition, renovation, or new onstruction to reduce risk to those in the organization.
		assess hazard		ing for demolition, construction, or renovation, the hospital conducts a preconstruction risk for air quality requirements, infection control, utility requirements, noise, vibration, and other t affect care, treatment, and services. S.01.02.01 for information on fire safety procedures to implement during construction or
		EP 3	The hospita renovation.	I takes action based on its assessment to minimize risks during demolition, construction, or
		IC.01.0		ospital leaders allocate needed resources for the infection prevention and control rogram.
		EP 1		I provides access to information needed to support the infection prevention and control ee also IM.02.02.03, EP 2)
		EP 2	The hospita program.	I provides laboratory resources when needed to support the infection prevention and control
		EP 3	The hospita	I provides equipment and supplies to support the infection prevention and control program.
		IC.01.0	3.01 T	he hospital identifies risks for acquiring and transmitting infections.
		EP 1		l identifies risks for acquiring and transmitting infections based on the following: Its location, community, and population served. (See also NPSG.07.03.01, EP 1)
		EP 2	The hospita treatment, a	l identifies risks for acquiring and transmitting infections based on the following: The care, nd services it provides. (See also NPSG.07.03.01, EP 1)
				l identifies risks for acquiring and transmitting infections based on the following: The analysis ce activities and other infection control data. (See also NPSG.07.03.01, EP 1; TS.03.03.01,
		EP 4	with input fr	I reviews and identifies its risks at least annually and whenever significant changes occur om, at a minimum, infection control personnel, medical staff, nursing, and leadership. (See 07.03.01, EP 1)

CFR Number §482.42	Medicare Requirements		Commissio		Joint Commission Standards and Elements of Performance
		IC.01.0	5.01 .	The h	ospital has an infection prevention and control plan.
		EP 2			fection prevention and control plan includes a written description of the activities, ance, to minimize, reduce, or eliminate the risk of infection.
		EP 5	The hospita		cribes, in writing, the process for investigating outbreaks of infectious disease. (See also 5)
		EP 6			conents and functions are integrated into infection prevention and control activities. (See 1, EPs 2 and 4)
		IC.02.0	1.01	Гhe h	ospital implements its infection prevention and control plan.
		EP 1			lements its infection prevention and control activities, including surveillance, to minimize, ate the risk of infection.
		EP 2	the risk of i Note: Stand exposure to Footnote *:	nfecti dard p infeo For f	s standard precautions, * including the use of personal protective equipment, to reduce on. (See also EC.02.02.01, EP 4) precautions are infection prevention and control measures to protect against possible ctious agents. These precautions are general and applicable to all patients. urther information regarding standard precautions, refer to the website of the Centers for and Prevention (CDC) at http://www.cdc.gov/hai/ (Infection Control in Healthcare
		EP 3	suspected Note: Trans exposure to the pathogo precautions Footnote *:	or ide smiss o a su en is t s. For f Dise	lements transmission-based precautions * in response to the pathogens that are ntified within the hospital's service setting and community. ion-based precautions are infection prevention and control measures to protect against spected or identified pathogen. These precautions are specific and based on the way rransmitted. Categories include contact, droplet, airborne, or a combination of these urther information regarding transmission-based precautions, refer to the website of the ase Control and Prevention (CDC) at http://www.cdc.gov/hai/ (Infection Control in ngs).
		EP 6			imizes the risk of infection when storing and disposing of infectious waste. (See also es 1 and 12)
		IC.02.0			ospital reduces the risk of infections associated with medical equipment, es, and supplies.
		EP 1	and perforr Note: Low- cleaning ar are isolated Footnote *: equipment,	ning level o nd dis d as p For f devio	lements infection prevention and control activities when doing the following: Cleaning ow-level disinfection of medical equipment, devices, and supplies. * disinfection is used for items such as stethoscopes and blood glucose meters. Additional infecting is required for medical equipment, devices, and supplies used by patients who art of implementing transmission-based precautions. urther information regarding cleaning and performing low-level disinfection of medical ces, and supplies, refer to the website of the Centers for Disease Control and Prevention www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html.

CFR Number §482.42	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance
		EP 2 EP 4	intermediate a (See also EC.(Note: Sterilizat may also be us Footnote *: Fo medical equipr Prevention (CI and Disinfection The hospital in	plements infection prevention and control activities when doing the following: Performing d high-level disinfection and sterilization of medical equipment, devices, and supplies. * 2.04.03, EP 4) on is used for items such as implants and surgical instruments. High-level disinfection ed if sterilization is not possible, as is the case with flexible endoscopes. further information regarding performing intermediate and high-level disinfection of nent, devices, and supplies, refer to the website of the Centers for Disease Control and C) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization in Healthcare Settings).
§482.42(a)	TAG: A-0748	IC.01.0		hospital identifies the individual(s) responsible for the infection prevention and rol program.
§482.42(a) Standard: Or (a) Standard: Organization	on and policies. A person or persons must be designated as	EP 1		entifies the individual(s) with clinical authority over the infection prevention and control
infections and communic develop a system for ide	ection control officer or officers to develop and implement policies governing control of fections and communicable diseases. The infection control officer or officers must evelop a system for identifying, reporting, investigating, and controlling infections and mmunicable diseases of patients and personnel.	EP 2	have expertise	idual(s) with clinical authority over the infection prevention and control program does not in infection prevention and control, he or she consults with someone who has such er to make knowledgeable decisions.
		EP 3	(See also HR.(Note: Number	signs responsibility for the daily management of infection prevention and control activities. 1.02.01, EP 1; LD.03.06.01, EP 3) and skill mix of the individual(s) assigned should be determined by the goals and e infection prevention and control program.
		EP 4	clinical authori - Developing p - Implementing	at use Joint Commission accreditation for deemed status purposes: The individual with y over the infection prevention and control program is responsible for the following: blicies governing control of infections and communicable diseases policies governing control of infections and communicable diseases system for identifying, reporting, investigating, and controlling infections and diseases
		IC.02.0	1.01 The	hospital implements its infection prevention and control plan.
		EP 1		plements its infection prevention and control activities, including surveillance, to minimize, nate the risk of infection.
		EP 2	the risk of infer Note: Standard exposure to inf Footnote *: Fo	es standard precautions, * including the use of personal protective equipment, to reduce tion. (See also EC.02.02.01, EP 4) precautions are infection prevention and control measures to protect against possible ectious agents. These precautions are general and applicable to all patients. further information regarding standard precautions, refer to the website of the Centers for and Prevention (CDC) at http://www.cdc.gov/hai/ (Infection Control in Healthcare

CFR Number §482.42(a)	Medicare Requirements		Commissio alent Numb	I Joint Commission Standards and Elements of Performance
		EP 3	suspected of Note: Trans exposure to the pathoge precautions Footnote *:	*: For further information regarding transmission-based precautions, refer to the website of th or Disease Control and Prevention (CDC) at http://www.cdc.gov/hai/ (Infection Control in
		EP 6		ital minimizes the risk of infection when storing and disposing of infectious waste. (See also .01, EPs 1 and 12)
		IC.02.02		The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.
		EP 1	and perform Note: Low-I cleaning an are isolated Footnote *: equipment,	ital implements infection prevention and control activities when doing the following: Cleaning rming low-level disinfection of medical equipment, devices, and supplies. * v-level disinfection is used for items such as stethoscopes and blood glucose meters. Addition and disinfecting is required for medical equipment, devices, and supplies used by patients where as part of implementing transmission-based precautions. *: For further information regarding cleaning and performing low-level disinfection of medical t, devices, and supplies, refer to the website of the Centers for Disease Control and Prevent http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html.
		EP 2	intermediate (See also E Note: Sterili may also be Footnote *: medical equ Prevention	ital implements infection prevention and control activities when doing the following: Performinate and high-level disinfection and sterilization of medical equipment, devices, and supplies. EC.02.04.03, EP 4) rilization is used for items such as implants and surgical instruments. High-level disinfection be used if sterilization is not possible, as is the case with flexible endoscopes. *: For further information regarding performing intermediate and high-level disinfection of equipment, devices, and supplies, refer to the website of the Centers for Disease Control and n (CDC) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilizatio fection in Healthcare Settings).
		EP 4		ital implements infection prevention and control activities when doing the following: Storing equipment, devices, and supplies.
§482.42(a)(1)	TAG: A-0749	IC.01.0		The hospital identifies the individual(s) responsible for the infection prevention and control program.
	The infection control officer or officers must develop a system for identifying, reporting, estigating, and controlling infections and communicable diseases of patients and sonnel.		clinical auth - Developin - Implemen - Developin	tals that use Joint Commission accreditation for deemed status purposes: The individual with thority over the infection prevention and control program is responsible for the following: ing policies governing control of infections and communicable diseases enting policies governing control of infections and communicable diseases ing a system for identifying, reporting, investigating, and controlling infections and cable diseases
		IC.01.0	5.01 1	The hospital has an infection prevention and control plan.
		EP 8		ital identifies methods for reporting infection surveillance and control information to external ions. (See also IC.02.01.01, EP 9)

CFR Number §482.42(a)(1)	Medicare Requirements		Commissio valent Numb		Joint Commission Standards and Elements of Performance
		IC.02.0	1.01 T	he h	ospital implements its infection prevention and control plan.
		EP 9	The hospita public health	repo auti	rts infection surveillance, prevention, and control information to local, state, and federal norities in accordance with law and regulation. (See also IC.01.05.01, EP 8)
§482.42(b)	TAG: A-0756				
§482.42(b) Standard: Re Director of Nursing Serv	esponsibilities of Chief Executive Officer, Medical Staff, and ices	-			
The chief executive offic	er, the medical staff, and the director of nursing must				
§482.42(b)(1)	TAG: A-0756	LD.01.	02.01 T	he h	ospital identifies the responsibilities of its leaders.
	ital-wide quality assessment and performance improvement ning programs address problems identified by the infection control	EP 4 For hospitals th officer, medical performance im responsible for		cal s imp for in	t use Joint Commission accreditation for deemed status purposes: The chief executive taff, and nurse executive make certain that the hospitalwide quality assessment and rovement and training programs address problems identified by the individual fection prevention and control and that corrective action plans are successfully see also IC.03.01.01, EP 7)
§482.42(b)(2)	TAG: A-0756	LD.01.	02.01 T	he h	ospital identifies the responsibilities of its leaders.
(2) Be responsible for th problem areas.	e implementation of successful corrective action plans in affected	EP 4	officer, med performance responsible	cal s imp for in	t use Joint Commission accreditation for deemed status purposes: The chief executive taff, and nurse executive make certain that the hospitalwide quality assessment and rovement and training programs address problems identified by the individual fection prevention and control and that corrective action plans are successfully are also IC.03.01.01, EP 7)
§482.43	TAG: A-0799	PC.04.			ospital has a process that addresses the patient's need for continuing care, ient, and services after discharge or transfer.
The hospital must have	rticipation: Discharge Planning in effect a discharge planning process that applies to all patients. nd procedures must be specified in writing.	EP 26			use Joint Commission accreditation for deemed status purposes: The hospital has planning policies and procedures applicable to all patients.
§482.43(a)	TAG: A-0800	PC.04.			ospital discharges or transfers the patient based on his or her assessed needs e organization's ability to meet those needs.
The hospital must identit	entification of Patients in Need of Discharge Planning fy at an early stage of hospitalization all patients who are likely to	EP 1			ns the discharge planning process early in the patient's episode of care, treatment and
suffer adverse health co planning.	nsequences upon discharge if there is no adequate discharge	EP 2			tifies any needs the patient may have for psychosocial or physical care, treatment, and charge or transfer.
§482.43(b)	TAG: A-0806				
§482.43(b) Standard: Di	scharge Planning Evaluation				
§482.43(b)(1)	TAG: A-0806	PC.04.			ospital discharges or transfers the patient based on his or her assessed needs e organization's ability to meet those needs.
paragraph (a) of this sec	ovide a discharge planning evaluation to the patients identified in tion, and to other patients upon the patient's request, the request patient's behalf, or the request of the physician.	EP 2	The hospita	iden	tifies any needs the patient may have for psychosocial or physical care, treatment, and charge or transfer.
Medicare Hospital Require	ements to 2016 Joint	Page 224	of 328		© 2016 The Joint Commission

CFR Number §482.43(b)(1)	Medicare Requirements		ommissio ent Numbe		Joint Commission Standards and Elements of Performance
		RC.02.01.0		ne m ervic	edical record contains information that reflects the patient's care, treatment, and es.
			The reasor The patient Any finding EPs 1 and 8 Any allergid Any allergid Any allergid Any diagno including co Commission diseases th an intercurre Any consul Any observ The patient Any emerg Any medica Any medica Any access Any advers Treatment Results of Discharge Discharge	(s) for 's ini s of : best of set to set to set to set to set to accu at occ nt bo tation accu at occ nt bo tation at occ at occ tation at occ at occc at occc at occ at occc at occ at occ at occ at occc	medications a or impressions drawn from the patient's medical history and physical examination or conditions established during the patient's course of care, treatment, and services cations and hospital-acquired infections). For psychiatric hospitals using Joint reditation for deemed status purposes: The diagnosis includes intercurrent diseases cur during the course of another disease; for example, a patient with AIDS may develop but of pneumonia) and the psychiatric diagnoses. In reports is relevant to care, treatment, and services sponse to care, treatment, and services care, treatment, and services care, treatment, and services so ordered or prescribed is administered, including the strength, dose, and route for medication, administration devices used, and rate of administration ug reactions s, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) iostic and therapeutic tests and procedures s dispensed or prescribed on discharge
		RI.01.02.0	ca N pi	ire, t ote: irpo	ospital respects the patient's right to participate in decisions about his or her reatment, and services. For hospitals that use Joint Commission accreditation for deemed status ses: This right is not to be construed as a mechanism to demand the provision o ent or services deemed medically unnecessary or inappropriate.
		iı			lves the patient in making decisions about his or her care, treatment, and services, t to have his or her family and physician promptly notified of his or her admission to the
					s unable to make decisions about his or her care, treatment, and services, the hospital ate decision-maker in making these decisions. (See also RI.01.03.01, EP 6)
§482.43(b)(2)	TAG: A-0807	HR.01.02.0	01 TI	ne ho	ospital defines staff qualifications.
2) A registered nurse, social w develop, or supervise the deve	vorker, or other appropriately qualified personnel must lopment of, the evaluation.				

CFR Number §482.43(b)(2)	Medicare Requirements		Commissio alent Numb		Joint Commission Standards and Elements of Performance	
		EP 1	and RI.01.0 Note 1: Qua and/or certif Note 2: Qua Amendmen §493.1495. Note 3: For physical the assistants, s therapy, occ provided by acceptable requirement Note 4: Qua assessment supported b	1.03, alificat icatio alificat ts of 1 A cor hospi trapist speec cupati the h stand ts. alificat t, edu by the	tes staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 EP 2) ions for infection control may be met through ongoing education, training, experience, n (such as that offered by the Certification Board for Infection Control). ions for laboratory personnel are described in the Clinical Laboratory Improvement 988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351- nplete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. tals that use Joint Commission accreditation for deemed status purposes: Qualified s, physical therapist assistants, occupational therapist, occupational therapy h-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical onal therapy, speech-language pathology, or audiology services, if these services are ospital. The provision of care and staff qualifications are in accordance with national ards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 ions for language interpreters and translators may be met through language proficiency cation, training, and experience. The use of qualified interpreters and translators is Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title hts Act of 1964.	
		PC.02.0	1.05 T	he ho	ospital provides interdisciplinary, collaborative care, treatment, and services.	
		EP 1 Care, tre		nent,	and services are provided to the patient in an interdisciplinary, collaborative manner.	
		PC.02.02.01		The hospital coordinates the patient's care, treatment, and services based on the patient's needs.		
				pital coordinates the patient's care, treatment, and services. oordination involves resolving scheduling conflicts and duplication of care, treatment, and		
		PC.04.01.03		The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.		
	and staff discharg Note 1: Services Note 2: I Social se arrangin outside t Note 3: I swing be the resid sufficien		and staff inv discharge o Note 1: The Services (C Note 2: For Social servi arranging fo outside the Note 3: For swing beds: the resident	volvec r trans defin MS) (psych ce sta r follc hospi hospi The of the epara	ition of "physician" is the same as that used by the Centers for Medicare & Medicaid refer to the Glossary). inatric hospitals that use Joint Commission accreditation for deemed status purposes: ff responsibilities include, but are not limited to, participating in discharge planning, w-up care, and developing mechanisms for exchange of information with sources rai. tals that use Joint Commission accreditation for deemed status purposes and have nospital notifies the resident and, if known, a family member or legal representative of transfer or discharge and reasons for the move in writing. The hospital also provides tion and orientation to residents to make sure that transfer or discharge from the	
§482.43(b)(3)	TAG: A-0806	PC.04.0			ospital discharges or transfers the patient based on his or her assessed needs e organization's ability to meet those needs.	
	ng evaluation must include an evaluation of the likelihood of a pital services and of the availability of the services.	EP 2	The hospita	l iden	tifies any needs the patient may have for psychosocial or physical care, treatment, and charge or transfer.	

CFR Number §482.43(b)(3)	Medicare Requirements		Commission Ilent Numbe	I lount Commission Standards and Elements of Performance
		EP 4		arge, the hospital arranges or assists in arranging the services required by the patient after order to meet his or her ongoing needs for care and services.
§482.43(b)(4)	TAG: A-0806	PC.04.01		e hospital discharges or transfers the patient based on his or her assessed needs I the organization's ability to meet those needs.
patient's capacity for self	ng evaluation must include an evaluation of the likelihood of a -care or of the possibility of the patient being cared for in the he or she entered the hospital.	EP 2		dentifies any needs the patient may have for psychosocial or physical care, treatment, and discharge or transfer.
		EP 3	and staff invo discharge or Note 1: The of Services (CM Note 2: For p Social service arranging for outside the hi Note 3: For h swing beds: T the resident of sufficient prej	efinition of "physician" is the same as that used by the Centers for Medicare & Medicaid S) (refer to the Glossary). sychiatric hospitals that use Joint Commission accreditation for deemed status purposes: a staff responsibilities include, but are not limited to, participating in discharge planning, follow-up care, and developing mechanisms for exchange of information with sources
		EP 4		arge, the hospital arranges or assists in arranging the services required by the patient after order to meet his or her ongoing needs for care and services.
		PC.04.01		fore the hospital discharges or transfers a patient, it informs and educates the ient about his or her follow-up care, treatment, and services.
		EP 1		pital determines the patient's discharge or transfer needs, it promptly shares this the patient, and also with the patient's family when it is involved in decision making or
		EP 7		educates the patient, and also the patient's family when it is involved in decision making or about how to obtain any continuing care, treatment, and services that the patient will need.
§482.43(b)(5)	TAG: A-0810	PC.04.01		e hospital discharges or transfers the patient based on his or her assessed needs d the organization's ability to meet those needs.
	el must complete the evaluation on a timely basis so that s for post-hospital care are made before discharge, and to avoid scharge.	EP 1	The hospital services.	begins the discharge planning process early in the patient's episode of care, treatment and
		EP 2		dentifies any needs the patient may have for psychosocial or physical care, treatment, and discharge or transfer.
		EP 4		arge, the hospital arranges or assists in arranging the services required by the patient after order to meet his or her ongoing needs for care and services.
§482.43(b)(6)	TAG: A-0811	PC.04.01		e hospital discharges or transfers the patient based on his or her assessed needs I the organization's ability to meet those needs.
(6) The hospital must dis acting on his or her beha	cuss the results of the evaluation with the patient or individual lf.			
Medicare Hospital Require	monte to 2016 Joint	Page 227 of	1 2 2 0	© 2016 The Joint Commission

CFR Number §482.43(b)(6)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance
		EP 1	The hospital beg services.	ins the discharge planning process early in the patient's episode of care, treatment and
		EP 2		ntifies any needs the patient may have for psychosocial or physical care, treatment, and scharge or transfer.
		EP 3	and staff involve discharge or trar Note 1: The defin Services (CMS) Note 2: For psyc Social service st arranging for foll outside the hosp Note 3: For hosp swing beds: The the resident of th	nition of "physician" is the same as that used by the Centers for Medicare & Medicaid (refer to the Glossary). thiatric hospitals that use Joint Commission accreditation for deemed status purposes: aff responsibilities include, but are not limited to, participating in discharge planning, ow-up care, and developing mechanisms for exchange of information with sources bital. bitals that use Joint Commission accreditation for deemed status purposes and have hospital notifies the resident and, if known, a family member or legal representative of the transfer or discharge and reasons for the move in writing. The hospital also provides ation and orientation to residents to make sure that transfer or discharge from the
		EP 4	Prior to discharg discharge in orde	e, the hospital arranges or assists in arranging the services required by the patient after er to meet his or her ongoing needs for care and services.

CFR Number §482.43(b)(6)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	
			medical record contains information that reflects the patient's care, treatment, and rices.	
		 The reason(s) The patient's Any findings of EPs 1 and 8) Any allergies Any allergies Any conclusion Any diagnose (including comp Commission and (diseases that of an intercurrent) Any observation Any observation Any emergency Any medication Any access sion Any access sion Any medication Any medication Any access of an intercurrent of an an any access sion Any access of any access of any medication Any medication Discharge planting 	ral record contains the following clinical information: on(s) for admission for care, treatment, and services ent's initial diagnosis, diagnostic impression(s), or condition(s) ngs of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, 8) gies to food gies to medications clusions or impressions drawn from the patient's medical history and physical examination noses or conditions established during the patient's course of care, treatment, and services complications and hospital-acquired infections). For psychiatric hospitals using Joint on accreditation for deemed status purposes: The diagnosis includes intercurrent diseases that occur during the course of another disease; for example, a patient with AIDS may develop rrent bout of pneumonia) and the psychiatric diagnoses. sultation reports ervations relevant to care, treatment, and services regency care, treatment, and services regency care, treatment, and services regency care, treatment, and services ications ordered or prescribed ications administered, including the strength, dose, and route ess site for medication, administration devices used, and rate of administration erse drug reactions at goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) of diagnostic and therapeutic tests and procedures ications dispensed or prescribed on discharge	
§482.43(b)(6)	TAG: A-0812 lude the discharge planning evaluation in the patient's medical		medical record contains information that reflects the patient's care, treatment, and vices.	
	hing an appropriate discharge plan.			
Aedicare Hospital Requirer	ments to 2016 Joint	Page 229 of 328	© 2016 The Joint Commission	

CFR Number §482.43(b)(6)	Medicare Requirements		t Commissior valent Numbe		Joint Commission Standards and Elements of Performance	
		EP 2	 The reason The patient' Any findings EPs 1 and 8) Any allergie Any allergie Any diagnoo (including col Commission (diseases that an intercurree Any consult Any pogres All orders Any medica Any medica Any adverse Treatment g Results of consults Discharge p 	The medical record contains the following clinical information: - The reason(s) for admission for care, treatment, and services - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8) - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses. - Any observations relevant to care, treatment, and services - The patient's response to care, treatment, and services - Any emergency care, treatment, and services - Any progress notes		
§482.43(c)	TAG: A-0818					
§482.43(c) Standard: Dis	scharge Plan					
§482.43(c)(1)	TAG: A-0818	PC.02.	.01.05 Th	e ho	spital provides interdisciplinary, collaborative care, treatment, and services.	
(1) A registered nurse, so	ocial worker, or other appropriately qualified personnel must	EP 1	Care, treatme	ent, a	nd services are provided to the patient in an interdisciplinary, collaborative manner.	
develop, or supervise the evaluation indicates a ne	e development of, a discharge plan if the discharge planning ed for a discharge plan.	PC.02.			spital coordinates the patient's care, treatment, and services based on the 's needs.	
		EP 3			linates the patient's care, treatment, and services. In involves resolving scheduling conflicts and duplication of care, treatment, and	
Medicare Hospital Require	ements to 2016 Joint	Page 230	of 328		© 2016 The Joint Commission	

CFR Number §482.43(c)(1)	Medicare Requirements		Commissic		Joint Commission Standards and Elements of Performance
		PC.04.			ospital discharges or transfers the patient based on his or her assessed needs e organization's ability to meet those needs.
		EP 3	and staff in discharge of Note 1: The Services (C Note 2: For Social servi arranging fo outside the Note 3: For swing beds the resident	volved r tran defir MS) psyci ce sta or follo hosp hosp t of the epara	hition of "physician" is the same as that used by the Centers for Medicare & Medicaid (refer to the Glossary). hiatric hospitals that use Joint Commission accreditation for deemed status purposes: aff responsibilities include, but are not limited to, participating in discharge planning, bw-up care, and developing mechanisms for exchange of information with sources ital. itals that use Joint Commission accreditation for deemed status purposes and have hospital notifies the resident and, if known, a family member or legal representative of e transfer or discharge and reasons for the move in writing. The hospital also provides tion and orientation to residents to make sure that transfer or discharge from the
§482.43(c)(2)	TAG: A-0819	PC.04.			ospital discharges or transfers the patient based on his or her assessed needs ne organization's ability to meet those needs.
	nding by the hospital that a patient needs a discharge plan, the request a discharge plan. In such a case, the hospital must n for the patient.	EP 1			ins the discharge planning process early in the patient's episode of care, treatment and
		EP 2			tifies any needs the patient may have for psychosocial or physical care, treatment, and charge or transfer.
		EP 3	and staff in discharge of Note 1: The Services (C Note 2: For Social servi arranging fo outside the Note 3: For swing beds the resident	volved r tran defir MS) psyci ce sta or follo hosp hosp t of the epara	hition of "physician" is the same as that used by the Centers for Medicare & Medicaid (refer to the Glossary). hiatric hospitals that use Joint Commission accreditation for deemed status purposes: aff responsibilities include, but are not limited to, participating in discharge planning, pw-up care, and developing mechanisms for exchange of information with sources tal. itals that use Joint Commission accreditation for deemed status purposes and have hospital notifies the resident and, if known, a family member or legal representative of e transfer or discharge and reasons for the move in writing. The hospital also provides tion and orientation to residents to make sure that transfer or discharge from the
		EP 4			e, the hospital arranges or assists in arranging the services required by the patient after er to meet his or her ongoing needs for care and services.
§482.43(c)(3)	TAG: A-0820	PC.04.			ospital discharges or transfers the patient based on his or her assessed needs le organization's ability to meet those needs.
(3) The hospital must an	range for the initial implementation of the patient's discharge plan	EP 1	The hospita services.	l beg	ins the discharge planning process early in the patient's episode of care, treatment and
		EP 2			tifies any needs the patient may have for psychosocial or physical care, treatment, and charge or transfer.
ledicare Hospital Require	ements to 2016 Joint	Page 231	of 328		© 2016 The Joint Commission

CFR Number §482.43(c)(3)	Medicare Requirements		Commission alent Numbe	I loint (Commission Standards and Flaments of Performance
		EP 3	and staff invo discharge or Note 1: The Services (CM Note 2: For p Social servic arranging for outside the h Note 3: For h swing beds: the resident sufficient pre hospital is sa	lefinition of "physician" is the same as that used by the Centers for Medicare & Medicaid S) (refer to the Glossary). sychiatric hospitals that use Joint Commission accreditation for deemed status purposes: a staff responsibilities include, but are not limited to, participating in discharge planning, follow-up care, and developing mechanisms for exchange of information with sources ospital. ospitals that use Joint Commission accreditation for deemed status purposes and have The hospital notifies the resident and, if known, a family member or legal representative of of the transfer or discharge and reasons for the move in writing. The hospital also provides oparation and orientation to residents to make sure that transfer or discharge from the fe and orderly.
		EP 4	discharge in	arge, the hospital arranges or assists in arranging the services required by the patient after order to meet his or her ongoing needs for care and services.
§482.43(c)(4)	TAG: A-0821	PC.01.0		e hospital assesses and reassesses the patient and his or her condition according defined time frames.
(4) The hospital must re affect continuing care n	eassess the patient's discharge plan if there are factors that may eeds or the appropriateness of the discharge plan.	EP 3	condition. Note: Reass	is reassessed as necessary based on his or her plan for care or changes in his or her essments may also be based on the patient's diagnosis; desire for care, treatment, and ponse to previous care, treatment, and services; discharge planning needs; and/or his or quirements.
§482.43(c)(5)	TAG: A-0820	PC.04.0		fore the hospital discharges or transfers a patient, it informs and educates the tient about his or her follow-up care, treatment, and services.
(5) As needed, the patie to prepare them for pos	ent and family members or interested persons must be counseled t-hospital care.	EP 1		spital determines the patient's discharge or transfer needs, it promptly shares this ith the patient, and also with the patient's family when it is involved in decision making or
		EP 2		tient is discharged, the hospital informs the patient, and also the patient's family when it is ecision making or ongoing care, of the kinds of continuing care, treatment, and services the ed.
		EP 7		educates the patient, and also the patient's family when it is involved in decision making or , about how to obtain any continuing care, treatment, and services that the patient will need.
§482.43(c)(6)	TAG: A-0823	PC.04.0		e hospital has a process that addresses the patient's need for continuing care, atment, and services after discharge or transfer.
available to the patient, geographic area (as de	Include in the discharge plan a list of HHAs or SNFs that are that are participating in the Medicare program, and that serve the fined by the HHA) in which the patient resides, or in the case of a area requested by the patient. HHAs must request to be listed by e.	EP 23	planning eva list of particip available and	that use Joint Commission accreditation for deemed status purposes: When the discharge uation indicates a need for home health care, the hospital includes in the discharge plan a ating Medicare home health agencies (which have requested to be on the list) that are serve the patient's geographic area. For patients enrolled in managed care organizations, sts home health agencies that have a contract with the managed care organization.
Medicare Hospital Requi	rements to 2016 Joint	Page 232	of 328	© 2016 The Joint Commission

CFR Number §482.43(c)(6)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 24	planning evalu discharge plar geographic are	hat use Joint Commission accreditation for deemed status purposes: When the discharge ation indicates a need for posthospital extended care services, the hospital includes in the a list of participating Medicare skilled nursing facilities that are available and in the ea requested by the patient. For patients enrolled in managed care organizations, the killed nursing facilities that have a contract with the managed care organization.
§482.43(c)(6)(i)	TAG: A-0823	PC.04.0		hospital has a process that addresses the patient's need for continuing care, tment, and services after discharge or transfer.
	presented to patients for whom home health care or post-hospital are indicated and appropriate as determined by the discharge	EP 23	For hospitals t planning evalu list of participa available and	hat use Joint Commission accreditation for deemed status purposes: When the discharge ation indicates a need for home health care, the hospital includes in the discharge plan a ting Medicare home health agencies (which have requested to be on the list) that are serve the patient's geographic area. For patients enrolled in managed care organizations, is home health agencies that have a contract with the managed care organization.
		EP 24	planning evalu discharge plar geographic are	hat use Joint Commission accreditation for deemed status purposes: When the discharge ation indicates a need for posthospital extended care services, the hospital includes in the a list of participating Medicare skilled nursing facilities that are available and in the ea requested by the patient. For patients enrolled in managed care organizations, the killed nursing facilities that have a contract with the managed care organization.
§482.43(c)(6)(ii)	TAG: A-0823	PC.04.0		hospital has a process that addresses the patient's need for continuing care, tment, and services after discharge or transfer.
availability of home heal	(ii) For patients enrolled in managed care organizations, the hospital must indicate the availability of home health and post-hospital extended care services through individuals and entities that have a contract with the managed care organizations.		planning evalution list of participation available and states the second states and st	hat use Joint Commission accreditation for deemed status purposes: When the discharge ation indicates a need for home health care, the hospital includes in the discharge plan a ting Medicare home health agencies (which have requested to be on the list) that are serve the patient's geographic area. For patients enrolled in managed care organizations, is home health agencies that have a contract with the managed care organization.
		EP 24	EP 24 For hospitals that use Joint Commission accreditation for deemed status purposes: When the planning evaluation indicates a need for posthospital extended care services, the hospital inc discharge plan a list of participating Medicare skilled nursing facilities that are available and ir geographic area requested by the patient. For patients enrolled in managed care organization hospital lists skilled nursing facilities that have a contract with the managed care organization	
§482.43(c)(6)(iii)	TAG: A-0823	PC.04.0		hospital has a process that addresses the patient's need for continuing care, tment, and services after discharge or transfer.
	ocument in the patient's medical record that the list was presented adividual acting on the patient's behalf.	EP 25	documents in facilities was p plan identifies nursing facility	hat use Joint Commission accreditation for deemed status purposes: The hospital he patient's medical record that the list of home health agencies or skilled nursing resented to the patient or to the individual acting on the patient's behalf. The discharge disclosable financial interests between the hospital and any home health agency or skilled on the list. re of financial interest is determined in accordance with the provisions in 42 CFR 420.206.
§482.43(c)(7)	TAG: A-0823	PC.04.0		hospital has a process that addresses the patient's need for continuing care, tment, and services after discharge or transfer.
patient's family of their f hospital care services an	of the discharge planning process, must inform the patient or the reedom to choose among participating Medicare providers of post- nd must, when possible, respect patient and family preferences d. The hospital must not specify or otherwise limit the qualified ble to the patient.	EP 22	For hospitals t the patient or t and, when pos	hat use Joint Commission accreditation for deemed status purposes: The hospital informs he patient's family of his or her freedom to choose among participating Medicare providers sible, respects the patient's and family's preferences when they are expressed. The not limit the qualified providers that are available to the patient.
Medicare Hospital Require	amonto to 2016 Joint	Page 233 (of 222	© 2016 The Joint Commission

CFR Number §482.43(c)(8)	Medicare Requirements		Commission alent Numbe		Joint Commission Standards and Elements of Performance
§482.43(c)(8)	TAG: A-0823	PC.04.0			ospital has a process that addresses the patient's need for continuing care, ent, and services after discharge or transfer.
(8) The discharge plan must identify any HHA or SNF to which the patient is referred in which the hospital has a disclosable financial interest, as specified by the Secretary, and any HHA or SNF that has a disclosable financial interest in a hospital under Medicare. Financial interests that are disclosable under Medicare are determined in accordance with the provisions of Part 420, Subpart C, of this chapter		EP 25	For hospitals documents in facilities was plan identifies nursing facilit	tals that use Joint Commission accreditation for deemed status purposes: The hospital tals that use Joint Commission accreditation for deemed status purposes: The hospital as in the patient's medical record that the list of home health agencies or skilled nursing vas presented to the patient or to the individual acting on the patient's behalf. The discharge ifies disclosable financial interests between the hospital and any home health agency or skilled ucility on the list. closure of financial interest is determined in accordance with the provisions in 42 CFR 420.206.	
§482.43(d)	TAG: A-0837	IM.02.0	1.01 Th	e ho	spital protects the privacy of health information.
§482.43(d) Standard: Tr	ansfer or Referral	EP 4			oses health information only as authorized by the patient or as otherwise consistent lation. (See also RI.01.01.01, EP 7)
	er or refer patients, along with necessary medical information, to encies, or outpatient services, as needed, for follow-up or ancillary	PC.02.0			ospital coordinates the patient's care, treatment, and services based on the t's needs.
		EP 1	The hospital linternal or ext	has terna	a process to receive or share patient information when the patient is referred to other al providers of care, treatment, and services. (See also PC.04.02.01, EP 1)
		PC.04.0	ca	re, t	a patient is discharged or transferred, the hospital gives information about the reatment, and services provided to the patient to other service providers who ovide the patient with care, treatment, or services.
		EP 1	provide care, - The reason - The patient' - A summary - The patient'	trea for t s ph of c s pro	patient's discharge or transfer, the hospital informs other service providers who will tment, or services to the patient about the following: he patient's discharge or transfer ysical and psychosocial status are, treatment, and services it provided to the patient ogress toward goals hity resources or referrals made or provided to the patient 02.01, EP 1)
§482.43(e)	TAG: A-0843	PC.04.0			spital discharges or transfers the patient based on his or her assessed needs e organization's ability to meet those needs.
reassessment must inclu	eassessment ess its discharge planning process on an on-going basis. The ude a review of discharge plans to ensure that they are responsive	EP 10	For hospitals	that sses	use Joint Commission accreditation for deemed status purposes: The hospital sments of its discharge planning process within its established time frames for
to discharge needs.		EP 11		e pla	use Joint Commission accreditation for deemed status purposes: The reassessment of nning process includes a review of discharge plans to determine if the discharge plans f patients.
§482.45	TAG: A-0884				
§482.45 Condition of Pa	rticipation: Organ, Tissue and Eye Procurement				
§482.45(a)	TAG: A-0885				
§482.45(a) Standard: Or	rgan Procurement Responsibilities				
The hospital must have	and implement written protocols that:				
ledicare Hospital Require	ements to 2016 Joint	Page 234 (of 328		© 2016 The Joint Commissio

CFR Number §482.45(a)(1)	Medicare Requirements		Commissio		Joint Commission Standards and Elements of Performance
§482.45(a)(1)	TAG: A-0886	TS.01.0			ospital, with the medical staff's participation, develops and implements written as and procedures for donating and procuring organs and tissues.
under which it must notif	ment with an OPO designated under part 486 of this chapter, fy, in a timely manner, the OPO or a third party designated by the se death is imminent or who have died in the hospital. The OPO	EP 1			a written agreement with an organ procurement organization (OPO) and follows its rules See also PI.02.01.01, EP 7)
determines medical suitability for organ donation and, in the absence of alternative arrangements by the hospital, the OPO determines medical suitability for tissue and eye donation, using the definition of potential tissue and eye donor and the notification protocol developed in consultation with the tissue and eye banks identified by the hospital for this purpose;		EP 9	P 9 The hospital notifies the organ procurement organization (OPO) of patients who have d mechanically ventilated patients whose death is imminent, according to the following: - Clinical triggers defined jointly with its medical staff and the designated OPO - Within the time frames (ideally, within one hour of death for patients who have expired on by the hospital and the designated OPO - For mechanically ventilated patients, prior to the withdrawal of life-sustaining therapies medical or pharmacological support		tilated patients whose death is imminent, according to the following: defined jointly with its medical staff and the designated OPO frames (ideally, within one hour of death for patients who have expired) jointly agreed I and the designated OPO y ventilated patients, prior to the withdrawal of life-sustaining therapies including
	EF		EP 11 The organ procurement organization determines medical suitability of organs for organ do the absence of alternative arrangements by the hospital, it determines the medical suitability and eyes for donation.		
§482.45(a)(2)	TAG: A-0887	TS.01.0			ospital, with the medical staff's participation, develops and implements written as and procedures for donating and procuring organs and tissues.
cooperate in the retrieva eyes, as may be approp	ment with at least one tissue bank and at least one eye bank to I, processing, preservation, storage and distribution of tissues and riate to assure that all usable tissues and eyes are obtained from as such an agreement does not interfere with organ procurement;	cooperate in retrieving, processing, preserving, storing, and distributing tissue Note 1: This process should not interfere with organ procurement. Note 2: It is not necessary for a hospital to have a separate agreement with a agreement with its organ procurement organization (OPO) to provide tissue p it necessary for a hospital to have a separate agreement with an eye bank if			ess should not interfere with organ procurement. ecessary for a hospital to have a separate agreement with a tissue bank if it has an s organ procurement organization (OPO) to provide tissue procurement services, nor is hospital to have a separate agreement with an eye bank if its OPO provides eye rices. The hospital is not required to use the OPO for tissue or eye procurement, and is
§482.45(a)(3)	TAG: A-0888	TS.01.0			ospital, with the medical staff's participation, develops and implements written as and procedures for donating and procuring organs and tissues.
(3) Ensure, in collaborat donor is informed of its of	ion with the designated OPO, that the family of each potential options to donate organs, tissues, or eyes, or to decline to donate.	EP 6	The hospital	deve or no	elops, in collaboration with the designated organ procurement organization, written tifying the family of each potential donor about the option to donate or decline to donate
§482.45(a)(3) contin	ued TAG: A-0889	TS.01.0			ospital, with the medical staff's participation, develops and implements written as and procedures for donating and procuring organs and tissues.
organ procurement represent individual who has comp conjunction with the tiss	In d by the hospital to initiate the request to the family must be an esentative or a designated requestor. A designated requestor is an oleted a course offered or approved by the OPO and designed in ue and eye bank community in the methodology for approaching and requesting organ or tissue donation;	EP 7 The individual desi donate organs, tiss of a tissue or eye b Note: A designated organ procurement		ns, ti r eye gnate reme o pro	signated by the hospital to notify the family regarding the option to donate or decline to ssues, or eyes is an organ procurement representative, an organizational representative bank, or a designated requestor. The requestor is an individual who has completed a course offered or approved by the nt organization. This course is designed in conjunction with the tissue and eye bank vide a methodology for approaching potential donor families and requesting organ and
§482.45(a)(4)	TAG: A-0890	TS.01.0			ospital, with the medical staff's participation, develops and implements written as and procedures for donating and procuring organs and tissues.
(4) Encourage discretion beliefs of the families of	and sensitivity with respect to the circumstances, views, and potential donors;	EP 5	Staff educat	ion ir	cludes training in the use of discretion and sensitivity to the circumstances, beliefs, and nilies of potential organ, tissue, or eye donors.
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CFR Number §482.45(a)(5)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
§482.45(a)(5)	TAG: A-0891	TS.01.0		nospital, with the medical staff's participation, develops and implements written ies and procedures for donating and procuring organs and tissues.
	tal works cooperatively with the designated OPO, tissue bank ig staff on donation issues;	EP 4 EP 5	following: - Review death - Maintain potent tissues, and eye - Educate staff a - Develop a writt agreed upon by medical staff ag designated OPC donation policy Staff education	rks with the organ procurement organization (OPO) and tissue and eye banks to do the records in order to improve identification of potential donors. Itial donors while the necessary testing and placement of potential donated organs, estakes place in order to maximize the viability of donor organs for transplant. about issues surrounding donation. Iten donation policy that addresses opportunities for asystolic recovery that is mutually the hospital, its medical staff, and the designated OPO. When the hospital and its ree not to provide for asystolic recovery and cannot achieve agreement with the D, the hospital documents its efforts to reach an agreement with its OPO, and the addresses the hospital's justification for not providing for asystolic recovery.
§482.45(a)(5) continu	red TAG: A-0892	TS.01.0		nospital, with the medical staff's participation, develops and implements written ies and procedures for donating and procuring organs and tissues.
	works cooperatively with the designated OPO, tissue bank and aff on] reviewing death records to improve identification of	EP 4 The hospital wo following: - Review death - Maintain poten tissues, and eye - Educate staff a - Develop a writt agreed upon by medical staff ag designated OPC		rks with the organ procurement organization (OPO) and tissue and eye banks to do the records in order to improve identification of potential donors. Itial donors while the necessary testing and placement of potential donated organs, as takes place in order to maximize the viability of donor organs for transplant. About issues surrounding donation. Iten donation policy that addresses opportunities for asystolic recovery that is mutually the hospital, its medical staff, and the designated OPO. When the hospital and its ree not to provide for asystolic recovery and cannot achieve agreement with the D, the hospital documents its efforts to reach an agreement with its OPO, and the addresses the hospital's justification for not providing for asystolic recovery.
§482.45(a)(5) continu	red TAG: A-0893	TS.01.0		nospital, with the medical staff's participation, develops and implements written ies and procedures for donating and procuring organs and tissues.
eye bank in educating st	works cooperatively with the designated OPO, tissue bank and aff on] maintaining potential donors while necessary testing and onated organs, tissues, and eyes take place.	 EP 4 The hospital works with the organ procurement organization (OPO) and tissue and eye I following: Review death records in order to improve identification of potential donors. Maintain potential donors while the necessary testing and placement of potential donat tissues, and eyes takes place in order to maximize the viability of donor organs for transe. Educate staff about issues surrounding donation. Develop a written donation policy that addresses opportunities for asystolic recovery the agreed upon by the hospital, its medical staff, and the designated OPO. When the hosp medical staff agree not to provide for asystolic recovery and cannot achieve agreement designated OPO, the hospital documents its efforts to reach an agreement with its OPO donation policy addresses the hospital's justification for not providing for asystolic recovery 		records in order to improve identification of potential donors. tial donors while the necessary testing and placement of potential donated organs, es takes place in order to maximize the viability of donor organs for transplant. about issues surrounding donation. ten donation policy that addresses opportunities for asystolic recovery that is mutually the hospital, its medical staff, and the designated OPO. When the hospital and its ree not to provide for asystolic recovery and cannot achieve agreement with the D, the hospital documents its efforts to reach an agreement with its OPO, and the
§482.45(b)	TAG: A-0899			
§482.45(b) Standard: Or	gan Transplantation Responsibilities			

CFR Number §482.45(b)(1)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance			
§482.45(b)(1)	TAG: A-0899	TS.02.	01.01 The h	nospital complies with organ transplantation responsibilities.			
(1) A hospital in which organ transplants are performed must be a member of the Organ Procurement and Transplantation Network (OPTN) established and operated in accordance with section 372 of the Public Health Service (PHS) Act (42 U.S.C. 274) and abide by its rules. The term "rules of the OPTN" means those rules provided for in regulations issued by the Secretary in accordance with section 372 of the PHS Act which are enforceable under 42 CFR 121.10. No hospital is considered to be out of compliance with section 1138(a)(1)(B) of the Act, or with the requirements of this paragraph, unless the Secretary has given the OPTN formal notice that he or she approves the decision to exclude the hospital from the OPTN and has notified the hospital in writing.		EP 1	EP 1 The hospital performing organ transplants belongs to and abides by the rules of the Organ Procureme and Transplantation Network (OPTN) * established under section 372 of the Public Health Service (Pl Act. Footnote *: The term "rules of the OPTN" means those rules provided for in regulations issued by the Secretary in accordance with section 372 of the PHS Act which are enforceable under 42 CFR 121.10 No hospital is considered to be out of compliance with section 1138(a)(1)(B) of the Act, or with the requirements of this paragraph, unless the Secretary has given the OPTN formal notice that he or she approves the decision to exclude the hospital from the OPTN and has notified the hospital in writing.				
§482.45(b)(2)	TAG: A-0899	CAMH	glossary definiti	on of organ:			
(2) For purposes of these lung, or pancreas.	(2) For purposes of these standards, the term "organ" means a human kidney, liver, heart, lung, or pancreas.		As defined by the Centers for Medicare & Medicaid Services in 42 CFR 482.45(b), organ means a human kidney, liver, heart, lung, or pancreas.				
§482.45(b)(3)	TAG: A-0899	TS.02.	01.01 The h	nospital complies with organ transplantation responsibilities.			
data, as requested by th	any type of transplants, it must provide organ transplant related e OPTN, the Scientific Registry, and the OPOs. The hospital must irectly to the Department when requested by the Secretary.	EP 2	Transplantation	e hospital provides all data related to organ transplant to the Organ Procurement and Network (OPTN), the Scientific Registry, or the hospital's designated organ procurement PO), and when requested by the Office of the Secretary, directly to the U.S. Department han Services.			
§482.51	TAG: A-0940	IC.02.0	1.01 The h	nospital implements its infection prevention and control plan.			
	rticipation: Surgical Services	EP 1		plements its infection prevention and control activities, including surveillance, to minimize, nate the risk of infection.			
provided in accordance services are offered the	urgical services, the services must be well organized and with acceptable standards of practice. If outpatient surgical services must be consistent in quality with inpatient care in aplexity of services offered.	EP 2	the risk of infect Note: Standard exposure to infe Footnote *: For f	es standard precautions, * including the use of personal protective equipment, to reduce ion. (See also EC.02.02.01, EP 4) precautions are infection prevention and control measures to protect against possible ctious agents. These precautions are general and applicable to all patients. further information regarding standard precautions, refer to the website of the Centers for and Prevention (CDC) at http://www.cdc.gov/hai/ (Infection Control in Healthcare			
		EP 3	suspected or ide Note: Transmiss exposure to a su the pathogen is precautions. Footnote *: For f	belements transmission-based precautions * in response to the pathogens that are entified within the hospital's service setting and community. sion-based precautions are infection prevention and control measures to protect against uspected or identified pathogen. These precautions are specific and based on the way transmitted. Categories include contact, droplet, airborne, or a combination of these further information regarding transmission-based precautions, refer to the website of the ease Control and Prevention (CDC) at http://www.cdc.gov/hai/ (Infection Control in ngs).			
		EP 6	The hospital mir EC.02.02.01, EF	nimizes the risk of infection when storing and disposing of infectious waste. (See also Ps 1 and 12)			
Medicare Hospital Require		200 237	-4.200	© 2016 The Joint Commission			

CFR Number §482.51	Medicare Requirements		Commission		Joint Commission Standards and Elements of Performance
		IC.02.0			ospital reduces the risk of infections associated with medical equipment, es, and supplies.
		EP 1	and performi Note: Low-le cleaning and are isolated Footnote *: F equipment, c	ing lo evel o d disi as p or fu devio	ements infection prevention and control activities when doing the following: Cleaning ow-level disinfection of medical equipment, devices, and supplies. * lisinfection is used for items such as stethoscopes and blood glucose meters. Additional infecting is required for medical equipment, devices, and supplies used by patients who art of implementing transmission-based precautions. urther information regarding cleaning and performing low-level disinfection of medical es, and supplies, refer to the website of the Centers for Disease Control and Prevention ww.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html.
		EP 2	intermediate (See also EC Note: Steriliz may also be Footnote *: F medical equi Prevention (and C.02. zation use or fu ipme CDC	ements infection prevention and control activities when doing the following: Performing high-level disinfection and sterilization of medical equipment, devices, and supplies. * 04.03, EP 4) n is used for items such as implants and surgical instruments. High-level disinfection d if sterilization is not possible, as is the case with flexible endoscopes. urther information regarding performing intermediate and high-level disinfection of nt, devices, and supplies, refer to the website of the Centers for Disease Control and) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization in Healthcare Settings).
				tal implements infection prevention and control activities when doing the following: Storing quipment, devices, and supplies.	
		LD.04.0	03.01 TI	The hospital provides services that meet patient needs.	
		EP 3 The h - Child - Med - Obs - Pedi - Trea - Surg		e hospital provides at least one of the following acute-care clinical services: Child, adolescent, or adult psychiatry Medicine Dostetrics and gynecology Pediatrics Treatment for addictions Surgery ote: When the hospital provides surgical or obstetric services, anesthesia services are a	
		LD.04.0			ts with comparable needs receive the same standard of care, treatment, and es throughout the hospital.
		EP 1	• 1 Variances in staff, setting, or payment source do not affect outcomes of c a negative way.		f, setting, or payment source do not affect outcomes of care, treatment, and services in
		LD.04.0			ospital considers clinical practice guidelines when designing or improving sses.
		EP 1	The hospital also NR.02.0		siders using clinical practice guidelines when designing or improving processes. (See , EP 5)
§482.51(a)	TAG: A-0941	LD.01.0		-	overning body is ultimately accountable for the safety and quality of care, tent, and services.
§482.51(a) Standard: Organi The organization of the surgi offered.	zation and Staffing cal services must be appropriate to the scope of the services				
Medicare Hospital Requiremer	nts to 2016 Joint	Page 238	of 328		© 2016 The Joint Commission

		EP 3	Note: For hos services are	g body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) spitals that use Joint Commission accreditation for deemed status purposes: If emergency
			more informa	provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For tion on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.
		LD.04.0	03.01 Th	e hospital provides services that meet patient needs.
		EP 3	 Child, adole Medicine Obstetrics a Pediatrics Treatment f Surgery Note: When t 	provides at least one of the following acute-care clinical services: scent, or adult psychiatry and gynecology or addictions he hospital provides surgical or obstetric services, anesthesia services are also available. e hospital considers clinical practice guidelines when designing or improving
		50.4		ocesses.
		EP 1	also NR.02.0	considers using clinical practice guidelines when designing or improving processes. (See 1.01, EP 5)
§482.51(a)(1)	TAG: A-0942	HR.01.0	02.01 Th	e hospital defines staff qualifications.
(1) The operating rooms m doctor of medicine or osteo	nust be supervised by an experienced registered nurse or a opathy.	EP 1	and RI.01.01 Note 1: Quali and/or certific Note 2: Quali Amendments §493.1495. A Note 3: For h physical thera assistants, sp therapy, occu provided by t acceptable st requirements Note 4: Quali assessment, supported by	fications for infection control may be met through ongoing education, training, experience, cation (such as that offered by the Certification Board for Infection Control). fications for laboratory personnel are described in the Clinical Laboratory Improvement of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351- complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. ospitals that use Joint Commission accreditation for deemed status purposes: Qualified apists, physical therapist assistants, occupational therapy oeech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical ipational therapy, speech-language pathology, or audiology services, if these services are he hospital. The provision of care and staff qualifications are in accordance with national andards of practice and also meet the requirements of 409.17. See Appendix A for 409.17
		HR.01.0	02.05 Th	e hospital verifies staff qualifications.
	EP 3		The hospital job responsib	verifies and documents that the applicant has the education and experience required by the ilities.

CFR Number §482.51(a)(1)	Medicare Requirements		Commissio alent Numb		Joint Commission Standards and Elements of Performance
		LD.03.0 EP 3	Leaders pro and service Note: The r	ovide fo es. (See	who work in the hospital are focused on improving safety and quality. r a sufficient number and mix of individuals to support safe, quality care, treatment, also IC.01.01.01, EP 3) and mix of individuals is appropriate to the scope and complexity of the services
		EP 4	offered. Those who	work in	the hospital are competent to complete their assigned responsibilities.
		LD.04.0 EP 2	Programs,	service	spital effectively manages its programs, services, sites, or departments. s, sites, or departments providing patient care are directed by one or more qualified a qualified licensed independent practitioner with clinical privileges.
		PC.03.0	t	the adm	spital plans operative or other high-risk procedures, including those that require ninistration of moderate or deep sedation or anesthesia. quipment identified in the elements of performance is available to the operating uites.
		EP 5	A registere	d nurse	supervises perioperative nursing care.
§482.51(a)(2)	TAG: A-0943	HR.01.0	02.01	The hos	spital defines staff qualifications.
	(2) Licensed practical nurses (LPNs) and surgical technologists (operating room technicians) may serve as "scrub nurses" under the supervision of a registered nurse.		and RI.01.0 Note 1: Qu and/or cert Note 2: Qu Amendmer §493.1495. Note 3: For physical the assistants, therapy, oc provided by acceptable requiremer Note 4: Qu assessmer supported	01.03, E alification ification alification talification talification the source speech coupation y the ho e standa nts. alification t, educ by the A	es staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 P 2) ons for infection control may be met through ongoing education, training, experience, (such as that offered by the Certification Board for Infection Control). ons for laboratory personnel are described in the Clinical Laboratory Improvement 888 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351- plete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. als that use Joint Commission accreditation for deemed status purposes: Qualified , physical therapist assistants, occupational therapists, occupational therapy -language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical nal therapy, speech-language pathology, or audiology services, if these services are spital. The provision of care and staff qualifications are in accordance with national rds of practice and also meet the requirements of 409.17. See Appendix A for 409.17 ons for language interpreters and translators may be met through language proficiency ation, training, and experience. The use of qualified interpreters and translators is americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title ts Act of 1964.
		HR.01.0	02.07	The hos	spital determines how staff function within the organization.
		EP 2			patient care, treatment, and services practice within the scope of their license, istration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)
	P		t	the adm	spital plans operative or other high-risk procedures, including those that require ninistration of moderate or deep sedation or anesthesia. quipment identified in the elements of performance is available to the operating uites.
		EP 5	A registere	d nurse	supervises perioperative nursing care.

CFR Number §482.51(a)(3)	Medicare Requirements		Commissi valent Numl		Joint Commission Standards and Elements of Performance
§482.51(a)(3)	TAG: A-0944	HR.01.	02.01	The h	ospital defines staff qualifications.
accordance with applic procedures, LPNs and	I nurses may perform circulating duties in the operating room. In sable State laws and approved medical staff policies and surgical technologists may assist in circulatory duties under the ed registered nurse who is immediately available to respond to	and RI.01.0 Note 1: Qua and/or certi Note 2: Qua Amendmer §493.1495. Note 3: For physical the assistants, therapy, oc provided by acceptable requiremen Note 4: Qua assessmen supported b		01.03, alifica ificatic alifica nts of A cou- r hosp erapis speed coupat y the h stance nts. alifica nt, edu by the	hes staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 EP 2) tions for infection control may be met through ongoing education, training, experience, in (such as that offered by the Certification Board for Infection Control). tions for laboratory personnel are described in the Clinical Laboratory Improvement 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351- mplete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. itals that use Joint Commission accreditation for deemed status purposes: Qualified ts, physical therapist assistants, occupational therapists, occupational therapy ch-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical ional therapy, speech-language pathology, or audiology services, if these services are ioospital. The provision of care and staff qualifications are in accordance with national ards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 tions for language interpreters and translators may be met through language proficiency cation, training, and experience. The use of qualified interpreters and translators is Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title that Act of 1964.
		HR.01.	02.07	The h	ospital determines how staff function within the organization.
		EP 2			e patient care, treatment, and services practice within the scope of their license, gistration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)
		LD.03.0	06.01	Those	who work in the hospital are focused on improving safety and quality.
		EP 3	and service	es. (Se	for a sufficient number and mix of individuals to support safe, quality care, treatment, ee also IC.01.01.01, EP 3) er and mix of individuals is appropriate to the scope and complexity of the services
		EP 4	Those who	hose who work in the hospital are competent to complete their assigned responsibilities.	
		LD.04.0	treat 1 Leaders review		ospital has policies and procedures that guide and support patient care, ient, and services.
		EP 1			nd approve policies and procedures that guide and support patient care, treatment, and so NR.02.03.01, EP 1; RI.01.07.01, EP 1)
		PC.03.0	t	the ad Note:	ospital plans operative or other high-risk procedures, including those that require ministration of moderate or deep sedation or anesthesia. Equipment identified in the elements of performance is available to the operating suites.
		EP 5	A registere	d nurs	e supervises perioperative nursing care.
§482.51(a)(4)	TAG: A-0945	MS.03.			rganized medical staff oversees the quality of patient care, treatment, and es provided by practitioners privileged through the medical staff process.
accordance with the co	must be delineated for all practitioners performing surgery in ompetencies of each practitioner. The surgical service must actitioners specifying the surgical privileges of each practitioner.				ctice only within the scope of their privileges as determined through mechanisms ganized medical staff.
Medicare Hospital Requi	irements to 2016 Joint	Page 241	of 328		© 2016 The Joint Commission

CFR Number §482.51(a)(4)	Medicare Requirements		t Commissi valent Num		Joint Commission Standards and Elements of Performance	
		MS.06			ospital collects information regarding each practitioner's current license status, ng, experience, competence, and ability to perform the requested privilege.	
		EP 4	The crede	ntialing	g process is outlined in the medical staff bylaws.	
		MS.06			ecision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is jective, evidence-based process.	
			maintains	a curr	t use Joint Commission accreditation for deemed status purposes: The surgical service ent roster listing each practitioner's surgical privileges. may be in paper or electronic format.	
		MS.06		each	rganized medical staff reviews and analyzes all relevant information regarding requesting practitioner's current licensure status, training, experience, current etence, and ability to perform the requested privilege.	
		EP 1	The inform	ation	review and analysis process is clearly defined.	
			body, deve Note: Med	lops o cal st	sed on recommendations by the organized medical staff and approval by the governing criteria that will be considered in the decision to grant, limit, or deny a requested privilege. aff membership and professional privileges are not dependent solely upon certification, embership in a specialty body or society.	
		EP 5	The hospit	al's pr	ivilege granting/denial criteria are consistently applied for each requesting practitioner.	
		MS.06		The decision to grant, limit, or deny an initially requested privilege or an existing privilege petitioned for renewal is communicated to the requesting practitioner within the time frame specified in the medical staff bylaws.		
		EP 3			grant, deny, revise, or revoke privilege(s) is disseminated and made available to all nal and external persons or entities, as defined by the hospital and applicable law.	
§482.51(b)	TAG: A-0951	IC.02.0	01.01	The h	ospital implements its infection prevention and control plan.	
§482.51(b) Standard: De		EP 1			lements its infection prevention and control activities, including surveillance, to minimize, ate the risk of infection.	
Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.		EP 2	the risk of Note: Stan exposure t Footnote *	infecti dard p o infect For f	s standard precautions, * including the use of personal protective equipment, to reduce on. (See also EC.02.02.01, EP 4) precautions are infection prevention and control measures to protect against possible ctious agents. These precautions are general and applicable to all patients. urther information regarding standard precautions, refer to the website of the Centers for and Prevention (CDC) at http://www.cdc.gov/hai/ (Infection Control in Healthcare	
Medicare Hospital Require	ements to 2016 Joint	Page 242	of 328		© 2016 The Joint Commission	

CFR Number §482.51(b)	Medicare Requirements		Commissio alent Numbe		Joint Commission Standards and Elements of Performance
		EP 3	suspected o Note: Transi exposure to the pathogen precautions. Footnote *: I	or identi missior a susp n is tra For furf Diseas	nents transmission-based precautions * in response to the pathogens that are fied within the hospital's service setting and community. -based precautions are infection prevention and control measures to protect against ected or identified pathogen. These precautions are specific and based on the way nsmitted. Categories include contact, droplet, airborne, or a combination of these her information regarding transmission-based precautions, refer to the website of the e Control and Prevention (CDC) at http://www.cdc.gov/hai/ (Infection Control in s).
		EP 6	The hospital EC.02.02.01		izes the risk of infection when storing and disposing of infectious waste. (See also 1 and 12)
		IC.02.02			pital reduces the risk of infections associated with medical equipment, and supplies.
		EP 1	and perform Note: Low-le cleaning and are isolated Footnote *: I equipment, o	ing low evel dis d disinf as par For furt devices	nents infection prevention and control activities when doing the following: Cleaning -level disinfection of medical equipment, devices, and supplies. * infection is used for items such as stethoscopes and blood glucose meters. Additional ecting is required for medical equipment, devices, and supplies used by patients who of implementing transmission-based precautions. her information regarding cleaning and performing low-level disinfection of medical s, and supplies, refer to the website of the Centers for Disease Control and Prevention v.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html.
		EP 2	intermediate (See also EC Note: Steriliz may also be Footnote *: I medical equ Prevention (e and h C.02.04 zation i e used i For furt ipment (CDC) a	nents infection prevention and control activities when doing the following: Performing gh-level disinfection and sterilization of medical equipment, devices, and supplies. * 4.03, EP 4) s used for items such as implants and surgical instruments. High-level disinfection f sterilization is not possible, as is the case with flexible endoscopes. her information regarding performing intermediate and high-level disinfection of , devices, and supplies, refer to the website of the Centers for Disease Control and at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization Healthcare Settings).
		EP 4			nents infection prevention and control activities when doing the following: Storing , devices, and supplies.
		LD.04.0			pital has policies and procedures that guide and support patient care, nt, and services.
		EP 1			approve policies and procedures that guide and support patient care, treatment, and NR.02.03.01, EP 1; RI.01.07.01, EP 1)
		LD.04.0			pital makes space and equipment available as needed for the provision of care, nt, and services.
		EP 2	The arrange services.	ement a	nd allocation of space supports safe, efficient, and effective care, treatment, and
		EP 5	The leaders	provid	e for equipment, supplies, and other resources.

CFR Number §482.51(b)	Medicare Requirements		Commissio	-	Joint Commission Standards and Elements of Performance
		LD.04.0	03.01	The h	ospital provides services that meet patient needs.
		EP 1	through ref Note: For p medical an has an agre immediatel	erral, sychi d surg eemei y avai	population(s) served guide decisions about which services will be provided directly or consultation, contractual arrangements, or other agreements. atric hospitals that use Joint Commission accreditation for deemed status purposes: If ical diagnostic and treatment services are not available within the hospital, the hospital at with an outside source for these services to make sure that the services are lable or an agreement needs to be established for transferring patients to a general icipates in the Medicare program.
§482.51(b)(1)	TAG: A-0952				
(1) Prior to surgery or a p emergencies:	procedure requiring anesthesia services and except in the case of				
§482.51(b)(1)(i)	TAG: A-0952	PC.01.			ospital assesses and reassesses the patient and his or her condition according ined time frames.
	(i) A medical history and physical examination must be completed and documented no more than 30 days before or 24 hours after admission or registration.		24 hours at	ter, re	ves a medical history and physical examination no more than 30 days prior to, or within gistration or inpatient admission, but prior to surgery or a procedure requiring ses. (See also MS.03.01.01, EP 6; RC.02.01.03, EP 3)
			inpatient ac 24 hours at	dmissi ter re	tory and physical examination that was completed within 30 days prior to registration or on, an update documenting any changes in the patient's condition is completed within gistration or inpatient admission, but prior to surgery or a procedure requiring anesthesia so MS.03.01.01, EP 8; RC.02.01.03, EP 3)
		RC.01.03.01 Do		Documentation in the medical record is entered in a timely manner.	
		EP 4	EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes: The hosp the patient's medical history and physical examination, including updates, in the medical record hours after registration or inpatient admission but prior to surgery or a procedure requiring an services.		ical history and physical examination, including updates, in the medical record within 24
§482.51(b)(1)(ii)	TAG: A-0952	PC.01.			ospital assesses and reassesses the patient and his or her condition according ined time frames.
must be completed and o	ion of the patient, including any changes in the patient's condition, documented within 24 hours after admission or registration when ohysical examination are completed within 30 days before	inpatient a 24 hours a		dmissi iter re	tory and physical examination that was completed within 30 days prior to registration or on, an update documenting any changes in the patient's condition is completed within gistration or inpatient admission, but prior to surgery or a procedure requiring anesthesia so MS.03.01.01, EP 8; RC.02.01.03, EP 3)
		RC.01.	03.01 I	Docui	nentation in the medical record is entered in a timely manner.
		EP 4	the patient'	s med	t use Joint Commission accreditation for deemed status purposes: The hospital records lical history and physical examination, including updates, in the medical record within 24 ration or inpatient admission but prior to surgery or a procedure requiring anesthesia
§482.51(b)(2)	TAG: A-0955	RC.02.			edical record contains information that reflects the patient's care, treatment, and
(2) A properly executed in chart before surgery, exc	nformed consent form for the operation must be in the patient's sept in emergencies.			servio	es.

CFR Number §482.51(b)(2)	Medicare Requirements		Commissic		Joint Commission Standards and Elements of Performance
		EP 4	information - Any advar - Any inform Note: The p except in er mutual und electronic s agreement - Any record	: nce di ned co proper merge lerstar signatu by the ds of o	wide care, treatment, and services, the medical record contains the following additional rectives (See also RI.01.05.01, EP 11) onsent, when required by hospital policy (See also RI.01.03.01, EP 13) ly executed informed consent is placed in the patient's medical record prior to surgery, encies. A properly executed informed consent contains documentation of a patient's hoding of and agreement for care, treatment, and services through written signature; ure; or, when a patient is unable to provide a signature, documentation of the verbal e patient or surrogate decision-maker.
		RI.01.0	3.01 7	The h	ospital honors the patient's right to give or withhold informed consent.
		EP 13			t is obtained in accordance with the hospital's policy and processes and, except in or to surgery. (See also RC.02.01.01, EP 4)
§482.51(b)(3)	TAG: A-0956	PC.02.	01.11 F	Resus	citation services are available throughout the hospital.
	ent must be available to the operating room suites: call-in resuscitator, defibrillator, aspirator, and tracheotomy set.	EP 1	Resuscitation protocols.	on se	rvices are provided to the patient according to the hospital's policies, procedures, or
		PC.03.	t N	the ad Note:	ospital plans operative or other high-risk procedures, including those that require Iministration of moderate or deep sedation or anesthesia. Equipment identified in the elements of performance is available to the operating suites.
		EP 6			other high-risk procedures, including those that require the administration of moderate or anesthesia: The hospital has equipment available to monitor the patient's physiological
		EP 7	deep sedat	ion or	other high-risk procedures, including those that require the administration of moderate or anesthesia: The hospital has equipment available to administer intravenous fluids and blood and blood components.
		EP 8		ion or	other high-risk procedures, including those that require the administration of moderate or anesthesia: The hospital has resuscitation equipment available. (See also 2.2)
§482.51(b)(4)	TAG: A-0957	LD.04.0			ospital makes space and equipment available as needed for the provision of care, nent, and services.
(4) There must be adequ	ate provisions for immediate post-operative care.	EP 2	The arrange services.	emen	t and allocation of space supports safe, efficient, and effective care, treatment, and
		EP 5	The leaders	s prov	ide for equipment, supplies, and other resources.
		PC.03.			ospital provides care to the patient after operative or other high-risk procedures r the administration of moderate or deep sedation or anesthesia.
		EP 1		and/or	esses the patient's physiological status immediately after the operative or other high risk r as the patient recovers from moderate or deep sedation or anesthesia. (See also 8)
Medicare Hospital Require		Page 245			© 2016 The Joint Commission

CFR Number §482.51(b)(4)	Medicare Requirements		Commission lent Number	Joint Commission Standards and Elements of Performance			
		EP 2	intensity consis	onitors the patient's physiological status, mental status, and pain level at a frequency and tent with the potential effect of the operative or other high risk procedure and/or the sthesia administered.			
§482.51(b)(5)	TAG: A-0958	RC.02.01		patient's medical record documents operative or other high-risk procedures and use of moderate or deep sedation or anesthesia.			
(5) The operating room re	egister must be complete and up-to-date.	EP 15	complete and u - Patient's name - Patient's hosp - Date of operat - Inclusive or to - Name of surge - Name of nurse - Type of anest - Operation per - Pre- and poste - Age of patient	ital identification number tion tal time of operation eon and any assistants ng personnel hesia used and name of person administering it formed operative diagnosis erative summary may be considered equivalent if all items listed in this element of			
§482.51(b)(6)	TAG: A-0959	RC.01.02	2.01 Entri	ies in the medical record are authenticated.			
(6) An operative report de must be written or dictate	(6) An operative report describing techniques, findings, and tissues removed or altered must be written or dictated immediately following surgery and signed by the surgeon.		record through Note 1: Authen stamp signature Note 2: For pap for verbal order electronic signa Note 3: For hos including verba who is responsi	redical record are authenticated by the author. Information introduced into the medical transcription or dictation is authenticated by the author. tication can be verified through electronic signatures, written signatures or initials, rubber- ses, or computer key. er-based records, signatures entered for purposes of authentication after transcription or s are dated when required by law or regulation or hospital policy. For electronic records, tures will be date-stamped. pitals that use Joint Commission accreditation for deemed status purposes: All orders, orders, are dated and authenticated by the ordering practitioner or another practitioner ble for the care of the patient, and who, in accordance with hospital policy; law and medical staff bylaws, rules, and regulations, is authorized to write orders.			
		RC.02.01		patient's medical record documents operative or other high-risk procedures and use of moderate or deep sedation or anesthesia.			
		EP 2		pendent practitioner involved in the patient's care documents the provisional diagnosis in ord before an operative or other high-risk procedure is performed.			
EP		EP 5	EP 5 An operative or other high-risk procedure report is written or dictated upon completion of the operative other high-risk procedure and before the patient is transferred to the next level of care. Note 1: The exception to this requirement occurs when an operative or other high-risk procedure progress note is written immediately after the procedure, in which case the full report can be written or dictated within a time frame defined by the hospital. Note 2: If the practitioner performing the operation or high-risk procedure accompanies the patient from the operating room to the next unit or area of care, the report can be written or dictated in the new un area of care.				

CFR Number §482.51(b)(6)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 6	- The name(s) of assistant(s) - The name of t	l blood loss (s) removed
		EP 7	medical record the patient is tra surgeon(s) and	erative or other high-risk procedure report cannot be entered immediately into the patient's after the operation or procedure, a progress note is entered in the medical record before ansferred to the next level of care. This progress note includes the name(s) of the primary his or her assistant(s), procedure performed and a description of each procedure finding, d loss, specimens removed, and postoperative diagnosis.
		EP 8	 The patient's v Any medicatio components 	cord contains the following postoperative information: vital signs and level of consciousness (See also PC.03.01.05, EP 1; PC.03.01.07, EP 1) ns, including intravenous fluids and any administered blood, blood products, and blood ated events or complications (including blood transfusion reactions) and the management
		EP 11	The postoperati for discharge.	ive documentation contains the name of the licensed independent practitioner responsible
§482.52	TAG: A-1000	LD.01.0		governing body is ultimately accountable for the safety and quality of care, ment, and services.
If the hospital furnishes ane manner under the direction	pation: Anesthesia Services sthesia services, they must be provided in a well-organized of a qualified doctor of medicine or osteopathy. The service is ia administered in the hospital.	EP 3	Note: For hospi services are pro	body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) tals that use Joint Commission accreditation for deemed status purposes: If emergency by builded at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For on on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.
		LD.04.0	01.05 The	hospital effectively manages its programs, services, sites, or departments.
		EP 1	Leaders of the	program, service, site, or department oversee operations.
		EP 7		
		EP 9		at use Joint Commission accreditation for deemed status purposes: The anesthesia onsible for all anesthesia administered in the hospital.
§482.52(a)	TAG: A-1001	LD.01.0		governing body is ultimately accountable for the safety and quality of care, ment, and services.
§482.52(a) §482.52(a) Standard: Organ		LD.01.0		
§482.52(a) Standard: Organ	nization and Staffing	LD.01.0		

CFR Number §482.52(a)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 3	Note: For hospit services are pro	body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) tals that use Joint Commission accreditation for deemed status purposes: If emergency wided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For n on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.
		LD.03.0	6.01 Thos	e who work in the hospital are focused on improving safety and quality.
		EP 3	and services. (S	for a sufficient number and mix of individuals to support safe, quality care, treatment, see also IC.01.01.01, EP 3) er and mix of individuals is appropriate to the scope and complexity of the services
		LD.04.0		nospital makes space and equipment available as needed for the provision of care, ment, and services.
		EP 5	The leaders pro	vide for equipment, supplies, and other resources.
§482.52(a)(1)	TAG: A-1001	MS.03.0		organized medical staff oversees the quality of patient care, treatment, and ces provided by practitioners privileged through the medical staff process.
(1) A qualified anesthesi	iologist;	EP 2		actice only within the scope of their privileges as determined through mechanisms rganized medical staff.
Medicare Hospital Require	amonto to 2016 Joint	Page 248 g	f 229	© 2016 The Joint Commission

CFR Number §482.52(a)(1)	Medicare Requirements	Joint Comm Equivalent N		Joint Commission Standards and Elements of Performance			
		PC.03.01.01	C.03.01.01 The hospital plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. Note: Equipment identified in the elements of performance is available to the operating room suites.				
		the ho individ - An a - A dc - A dc - A dc - A dc - A dc - A dc - A ce provic - An a neede - A su Note is a p a reco limite Leagu Note Footn requir is loc: gover from a	or hospitals that use Joint Commission accreditation for deemed status purposes: In accordance with e hospital's policy and state scope-of-practice laws, anesthesia is administered only by the following dividuals: An anesthesiologist A doctor of medicine or osteopathy other than an anesthesiologist A doctor of dental surgery or dental medicine A doctor of podiatric medicine A certified registered nurse anesthetist (CRNA) supervised by the operating practitioner except as ovided in 42 CFR 482.52(c) regarding the state exemption for this supervision * An anesthesiologist's assistant supervised by an anesthesiologist who is immediately available if eded A supervised trainee in an approved educational program tot 1: In accordance with 42 CFR 413.85(e), an approved nursing and allied health education program a planned program of study that is licensed by state law or, if licensing is not required, is accredited by recognized national professional organization. Such national accrediting bodies include, but are not nited to, the Commission on Accreditation of Allied Health Education Programs and the National argue of Nursing Accrediting Commission. Det 2: "Anesthesiologist assistant" is defined in 42 CFR 410.69(b). Dottorte *: The CoP at 42 CFR 482.52(c) for state exemption states: A hospital may be exempt from the quirement for doctors of medicine or osteopathy to supervise CRNAs if the state in which the hospital located submits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by the overnor, following consultation with the state's Boards of Medicine and Nursing, requesting exemption om doctor of medicine or osteopathy supervision for CRNAs. The letter from the governor attests that e or she has consulted with the state Boards of Medicine and Nursing about issues related to access to d the quality of anesthesia services in the state and has concluded that it is in the best interests of the ate's citizens to opt out of the current doctor of medicine or osteopathy supervision req				
§482.52(a)(2)	TAG: A-1001	MS.03.01.01		organized medical staff oversees the quality of patient care, treatment, and ces provided by practitioners privileged through the medical staff process.			
(2) A doctor of medicine or o	osteopathy (other than an anesthesiologist);		itioners pra	actice only within the scope of their privileges as determined through mechanisms organized medical staff.			
Medicare Hospital Requireme	ents to 2016 Joint	Page 249 of 328		© 2016 The Joint Commission			

CFR Number §482.52(a)(2)	Medicare Requirements		Commission llent Number	Joint Commission Standards and Elements of Performance
		PC.03.01	03.01.01 The hospital plans operative or other high-risk procedures, including those that re the administration of moderate or deep sedation or anesthesia. Note: Equipment identified in the elements of performance is available to the oper room suites.	
		EP 10	the hospital's poindividuals: - An anesthesio - A doctor of me - A doctor of de - A doctor of po - A certified regi provided in 42 C - An anesthesio needed - A supervised t Note 1: In accor is a planned pro a recognized na limited to, the C League of Nurs Note 2: "Anesth Footnote *: The requirement for is located subm governor, follow from doctor of m he or she has c and the quality of state's citizens'	edicine or osteopathy other than an anesthesiologist ntal surgery or dental medicine
§482.52(a)(3)	TAG: A-1001	MS.03.0 ⁷		organized medical staff oversees the quality of patient care, treatment, and ices provided by practitioners privileged through the medical staff process.
(3) A dentist, oral surgeo State law;	n, or podiatrist who is qualified to administer anesthesia under	EP 2	Practitioners pra	actice only within the scope of their privileges as determined through mechanisms organized medical staff.
Aedicare Hospital Require	ements to 2016 Joint	Page 250 of	f 328	© 2016 The Joint Commission

CFR Number §482.52(a)(3)	Medicare Requirements		ommission ent Number	Joint Commission Standards and Elements of Performance
		PC.03.01.	the a Note:	nospital plans operative or other high-risk procedures, including those that require dministration of moderate or deep sedation or anesthesia. Equipment identified in the elements of performance is available to the operating suites.
			the hospital's po- individuals: - An anesthesiol - A doctor of me - A doctor of der - A doctor of der - A certified regi- provided in 42 C - An anesthesiol needed - A supervised th Note 1: In accor is a planned pro a recognized na limited to, the C League of Nursi Note 2: "Anesthe Footnote *: The requirement for is located submi governor, follow from doctor of m he or she has co and the quality of state's citizens t	dicine or osteopathy other than an anesthesiologist ntal surgery or dental medicine
§482.52(a)(4)	TAG: A-1001	MS.03.01		organized medical staff oversees the quality of patient care, treatment, and ces provided by practitioners privileged through the medical staff process.
chapter, who, unless exe	nurse anesthetist (CRNA), as defined in §410.69(b) of this mpted in accordance with paragraph (c) of this section, is under erating practitioner or of an anesthesiologist who is immediately		Practitioners pra	actice only within the scope of their privileges as determined through mechanisms rganized medical staff.
Medicare Hospital Require	mente to 2016 Joint	Page 251 of '	200	© 2016 The Joint Commission

the administration of moderate or deep sedation or anesthesia.	CFR Number §482.52(a)(4)	Medicare Requirements		Commission	Joint Commission Standards and Elements of Performance
§482.52(a)(5) TAG: A-1001 HR.01.02.07 The hospital's policy and state scope-of-practice laws, anesthesia is administered only by the foll individuals: §482.52(a)(5) TAG: A-1001 HR.01.02.07 The hospital determines how staff function within the scope of their laws provide patient care, treatment, and services practice within the scope of their laws care state scope only within the scope of their laws care indicated the scope of their laws care the qualitor of the scope of their laws care the qualitor of the scope of their laws care the qualitor of the scope of their laws care and the scope of the care their laws care and the scope of the care their laws care and the scope of the care their laws care and the scope of the care their laws care and the scope of the care their laws care and the scope of the care their laws care and the scope of the care their laws care and the scope of the care their laws care their laws care the scope of the care their laws care the scope of the care their laws care the scope of the care their laws care their laws care the scope of the care their laws care their laws care the scope of the care theicare the scope of the scope of the scope of the			PC.03.	the Not	e: Equipment identified in the elements of performance is available to the operating
(5) An anesthesiologist's assistant, as defined in Sec. 410.69(b) of this chapter, who is under the supervision of an anesthesiologist who is immediately available if needed. EP 2 Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 MS.03.01.01 The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process. EP 2 Practitioners practice only within the scope of their privileges as determined through mechanism.			EP 10	the hospital's p individuals: - An anesthesi - A doctor of m - A doctor of d - A doctor of p - A certified rep provided in 42 - An anesthesi needed - A supervised Note 1: In accu is a planned p a recognized r limited to, the League of Nur Note 2: "Anest Footnote *: Th requirement for is located subr governor, follo from doctor of he or she has and the quality state's citizens that the opt-ou	policy and state scope-of-practice laws, anesthesia is administered only by the following edicine or osteopathy other than an anesthesiologist ental surgery or dental medicine obiatric medicine gistered nurse anesthetist (CRNA) supervised by the operating practitioner except as CFR 482.52(c) regarding the state exemption for this supervision * ologist's assistant supervised by an anesthesiologist who is immediately available if trainee in an approved educational program ordance with 42 CFR 413.85(e), an approved nursing and allied health education program ogram of study that is licensed by state law or, if licensing is not required, is accredited by ational professional organization. Such national accrediting bodies include, but are not Commission on Accreditation of Allied Health Education Programs and the National sing Accrediting Commission. hesiologist assistant" is defined in 42 CFR 410.69(b). e CoP at 42 CFR 482.52(c) for state exemption states: A hospital may be exempt from the r doctors of medicine or osteopathy to supervise CRNAs if the state in which the hospital nits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by the wing consultation with the state's Boards of Medicine and Nursing, requesting exemption medicine or osteopathy supervision for CRNAs. The letter from the governor attests that consulted with the state Boards of Medicine and Nursing about issues related to access to of anesthesia services in the state and has concluded that it is in the best interests of the to opt out of the current doctor of medicine or osteopathy supervision requirement, and t is consistent with state law. The request for exemption and recognition of state laws and
under the supervision of an anesthesiologist who is immediately available if needed. certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 MS.03.01.01 The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process. EP 2 Practitioners practice only within the scope of their privileges as determined through mechanism	§482.52(a)(5)	TAG: A-1001	HR.01.	02.07 The	hospital determines how staff function within the organization.
services provided by practitioners privileged through the medical staff process.EP 2Practitioners practice only within the scope of their privileges as determined through mechanism			EP 2		
			MS.03.		
			EP 2		

§482.52(a)(5)	Medicare Requirements		Commission lent Number	Joint Commission Standards and Elements of Performance		
		PC.03.01	the a Note	hospital plans operative or other high-risk procedures, including those that require administration of moderate or deep sedation or anesthesia. e: Equipment identified in the elements of performance is available to the operating n suites.		
			 For hospitals that use Joint Commission accreditation for deemed status purposes: In accordance with the hospital's policy and state scope-of-practice laws, anesthesia is administered only by the following individuals: An anesthesiologist A doctor of medicine or osteopathy other than an anesthesiologist A doctor of dental surgery or dental medicine A doctor of podiatric medicine A certified registered nurse anesthetist (CRNA) supervised by the operating practitioner except as provided in 42 CFR 482.52(c) regarding the state exemption for this supervision * An anesthesiologist's assistant supervised by an anesthesiologist who is immediately available if needed A supervised trainee in an approved educational program Note 1: In accordance with 42 CFR 413.85(e), an approved nursing and allied health education progra is a planned program of study that is licensed by state law or, if licensing is not required, is accredited a recognized national professional organization. Such national accrediting bodies include, but are not limited to, the Commission on Accreditation of Allied Health Education Programs and the National League of Nursing Accrediting Commission. Note 2: "Anesthesiologist assistant" is defined in 42 CFR 410.69(b). Footnote *: The CoP at 42 CFR 482.52(c) for state exemption states: A hospital may be exempt from the equirement for doctors of medicine or osteopathy to supervise CRNAs if the state in which the hospita is located submits a letter to the Centers for Medicare & Medicard Services (CMS) signed by the governor, following consultation with the state's Boards of Medicine and Nursing about issues related to access and the quality of anesthesia services in the state and has concluded that it is in the best interests of t state's citizens to opt out of the current doctor of medicine or osteopathy supervision for CRNAs. The letter from the governor attests tha he or she has consulted with the			
§482.52(b)	TAG: A-1002	LD.01.03		governing body is ultimately accountable for the safety and quality of care, tment, and services.		
Anesthesia services mus procedures must include	82.52(b) Standard: Delivery of Services nesthesia services must be consistent with needs and resources. Policies on anesthesia ocedures must include the delineation of preanesthesia and postanesthesia sponsibilities. The policies must ensure that the following are provided for each patient:		EP 3 The governing body approves the hospital's written scope of services. (See also PC.01.01.0 Note: For hospitals that use Joint Commission accreditation for deemed status purposes: If services are provided at the hospital, the hospital complies with the requirements of 42 CFR more information on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" app			
i				body provides for the resources needed to maintain safe, quality care, treatment, and also NR.01.01.01, EP 3)		
		LD.04.01		hospital has policies and procedures that guide and support patient care, tment, and services.		
			treat			

CFR Number §482.52(b)	Medicare Requirements		Commissi alent Numl		Joint Commission Standards and Elements of Performance
		PC.03.0	1	the ad Note:	ospital plans operative or other high-risk procedures, including those that require ministration of moderate or deep sedation or anesthesia. Equipment identified in the elements of performance is available to the operating suites.
		EP 6			other high-risk procedures, including those that require the administration of moderate or anesthesia: The hospital has equipment available to monitor the patient's physiological
		EP 7	deep seda	tion or	other high-risk procedures, including those that require the administration of moderate or anesthesia: The hospital has equipment available to administer intravenous fluids and blood and blood components.
§482.52(b)(1)	TAG: A-1003	PC.03.0			ospital provides the patient with care before initiating operative or other high-risk
[The policies must ensur	e that the following are provided for each patient:]	_			dures, including those that require the administration of moderate or deep on or anesthesia.
administer anesthesia, a	luation completed and documented by an individual qualified to s specified in paragraph (a) of this section, performed within 48 a procedure requiring anesthesia services.	EP 18	evaluation	is com	use Joint Commission accreditation for deemed status purposes: A preanesthesia pleted and documented by an individual qualified to administer anesthesia within 48 gery or a procedure requiring anesthesia services.
§482.52(b)(2)	TAG: A-1004	PC.03.0			ospital monitors the patient during operative or other high-risk procedures and/or the administration of moderate or deep sedation or anesthesia.
[The policies must ensur	e that the following are provided for each patient:]	EP 1			or other high risk procedures, including those that require the administration of
(2) An intraoperative ane	esthesia record.		moderate of	rate or deep sedation or anesthesia, the patient's oxygenation, ventilation, and circulation are ored continuously. (See also RC.02.01.03, EP 8)	
		RC.02.0			atient's medical record documents operative or other high-risk procedures and e of moderate or deep sedation or anesthesia.
		EP 1			uments in the patient's medical record any operative or other high-risk procedure and/or n of moderate or deep sedation or anesthesia.
§482.52(b)(3)	TAG: A-1005	PC.03.0			ospital provides care to the patient after operative or other high-risk procedures the administration of moderate or deep sedation or anesthesia.
(3) A postanesthesia eva administer anesthesia, a	e that the following are provided for each patient:] aluation completed and documented by an individual qualified to s specified in paragraph (a) of this section, no later than 48 hours	EP 7	EP 7 For hospitals t evaluation is c		use Joint Commission accreditation for deemed status purposes: A postanesthesia pleted and documented by an individual qualified to administer anesthesia no later than rgery or a procedure requiring anesthesia services.
for anesthesia recovery r	lure requiring anesthesia services. The postanesthesia evaluation must be completed in accordance with State law and with hospital that have been approved by the medical staff and that reflect sthesia care.	evaluation f		for an	use Joint Commission accreditation for deemed status purposes: The postanesthesia esthesia recovery is completed in accordance with law and regulation and policies and have been approved by the medical staff.
§482.52(c)	TAG: A-1001				
§482.52(c) Standard: Sta	ate Exemption				
§482.52(c)(1)	TAG: A-1001	MS.03.0			ganized medical staff oversees the quality of patient care, treatment, and es provided by practitioners privileged through the medical staff process.
as described in paragrap	empted from the requirement for MD/DO supervision of CRNAs wh (a)(4) of this section, if the State in which the hospital is located signed by the Governor, following consultation with the State's				oo promoo oy praoutonero prenogou unough the medical stan protess.
Medicare Hospital Require Commission Hospital Stan		Page 254 of ptember 2			© 2016 The Joint Commission

CFR Number §482.52(c)(1)	Medicare Requirements		Commission lent Number	Joint Commission Standards and Elements of Performance
Boards of Medicine and exemption from MD/DO	supervision of CRNAs. The letter from the Governor must attest	EP 2	Practitioners pra	ctice only within the scope of their privileges as determined through mechanisms ganized medical staff.
related to access to and that it is in the best intere-	Ited with State Boards of Medicine and Nursing about issues the quality of anesthesia services in the State and has concluded ests of the State's citizens to opt-out of the current MD/DO , and that the opt-out is consistent with State law.	PC.03.01	the ac Note:	ospital plans operative or other high-risk procedures, including those that require Iministration of moderate or deep sedation or anesthesia. Equipment identified in the elements of performance is available to the operating suites.
			the hospital's poindividuals: - An anesthesiol - A doctor of me - A doctor of me - A doctor of der - A doctor of poo - A certified regis provided in 42 C - An anesthesiol needed - A supervised tr Note 1: In accorr is a planned pro a recognized nat limited to, the Co League of Nursi Note 2: "Anesthe Footnote *: The requirement for a is located submi governor, followi from doctor of m he or she has co and the quality of state's citizens t	dicine or osteopathy other than an anesthesiologist tal surgery or dental medicine
§482.52(c)(2)	TAG: A-1001	PC.03.01		ospital plans operative or other high-risk procedures, including those that require Iministration of moderate or deep sedation or anesthesia.
(2) The request for exem request may be submitted	ption and recognition of State laws, and the withdrawal of the at any time, and are effective upon submission.]		Note:	Equipment identified in the elements of performance is available to the operating suites.

CFR Number §482.52(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	I I I I I I I I I I I I I I I I I I I
		the hospital's individuals: - An anesthes - A doctor of n - A doctor of n - A doctor of p - A certified re provided in 42 - An anesthes needed - A supervised Note 1: In acc is a planned p a recognized n limited to, the League of Nuu Note 2: "Anes Footnote *: Th requirement fo is located sub governor, follo from doctor of he or she has and the quality state's citizem;	that use Joint Commission accreditation for deemed status purposes: In accordance with policy and state scope-of-practice laws, anesthesia is administered only by the following iologist nedicine or osteopathy other than an anesthesiologist lental surgery or dental medicine osolatric medicine gistered nurse anesthetist (CRNA) supervised by the operating practitioner except as CFR 482.52(c) regarding the state exemption for this supervision * iologist's assistant supervised by an anesthesiologist who is immediately available if d trainee in an approved educational program ordance with 42 CFR 413.85(e), an approved nursing and allied health education program rogram of study that is licensed by state law or, if licensing is not required, is accredited by national professional organization. Such national accrediting bodies include, but are not Commission on Accreditation of Allied Health Education Programs and the National sing Accrediting Commission. thesiologist assistant" is defined in 42 CFR 410.69(b). The COP at 42 CFR 482.52(c) for state exemption states: A hospital may be exempt from the or doctors of medicine or osteopathy to supervise CRNAs if the state in which the hospital mits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by the wing consultation with the state's Boards of Medicine and Nursing, requesting exemption medicine or osteopathy supervision for CRNAs. The letter from the governor attests that consulted with the state Boards of Medicine and Nursing about issues related to access to y of anesthesia services in the state and has concluded that it is in the best interests of the s to opt out of the current doctor of medicine or osteopathy supervision requirement, and it is consistent with state law. The request for exemption and recognition of state laws and l of the request may be submitted at any time and are effective upon submission.
§482.53	TAG: A-1025	_	
If the hospital provides	articipation: Nuclear Medicine Services nuclear medicine services, those services must meet the needs of nce with acceptable standards of practice.		
§482.53	TAG: A-1026		e governing body is ultimately accountable for the safety and quality of care, atment, and services.
If the hospital provides	articipation: Nuclear Medicine Services nuclear medicine services, those services must meet the needs of nce with acceptable standards of practice.	EP 3 The governing Note: For hos services are p	body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) pitals that use Joint Commission accreditation for deemed status purposes: If emergency rovided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For ion on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.
			body provides for the resources needed to maintain safe, quality care, treatment, and also NR.01.01.01, EP 3)
Medicare Hospital Requi	rements to 2016, Joint	Page 256 of 328	© 2016 The Joint Commission

CFR Number §482.53	Medicare Requirements		Commissio alent Numb		Joint Commission Standards and Elements of Performance		
		LD.04.0 EP 2 LD.04.0	The hospita - Diagnostic - Dietary - Emergenc - Medical re - Nuclear m - Nursing ca - Pathology - Pharmace - Physical re - Respirator - Social wor Note: Hospi nuclear med	I provid radiolo cords edicine ire and clii utical ehabilita y care k tals tha dicine, I he hos rocess I consid	nical laboratory ation t provide only psychiatric and addiction treatment services are not required to provide ohysical rehabilitation, and respiratory care services. pital considers clinical practice guidelines when designing or improving es. lers using clinical practice guidelines when designing or improving processes. (See		
§482.53(a)	TAG: A-1027	LD.01.0	3.01 T	he gov	erning body is ultimately accountable for the safety and quality of care, nt, and services.		
The organization of the nucl	§482.53(a) Standard: Organization and Staffing The organization of the nuclear medicine service must be appropriate to the scope and complexity of the services offered.		EP 3 The governing body approves the hospital's written scope of services. (See also PC.01.01.01, EF Note: For hospitals that use Joint Commission accreditation for deemed status purposes: If emer services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482. more information on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix				
		EP 5	EP 5 The governing body provides for the resources needed to maintain safe, quality care, treat services. (See also NR.01.01.01, EP 3)				
		LD.04.0			pital makes space and equipment available as needed for the provision of care, nt, and services.		
		EP 2	The arrange services.	ement a	nd allocation of space supports safe, efficient, and effective care, treatment, and		
		EP 5	The leaders	provid	e for equipment, supplies, and other resources.		
§482.53(a)(1)	TAG: A-1027	LD.04.0	1.05 T	he hos	pital effectively manages its programs, services, sites, or departments.		
(1) There must be a director medicine.	here must be a director who is a doctor of medicine or osteopathy qualified in nuclear cine.		 For hospitals that use Joint Commission accreditation for deemed status purposes: A comedicine or osteopathy directs the following services: Anesthesia Nuclear medicine Respiratory care 				
§482.53(a)(2)	TAG: A-1027	HR.01.0	2.01 T	he hos	pital defines staff qualifications.		
(2) The qualifications, training	ng, functions and responsibilities of the nuclear medicine						
Medicare Hospital Requireme	ents to 2016 Joint F	Page 257 o	of 328		© 2016 The Joint Commission		

CFR Number §482.53(a)(2)	Medicare Requirements		Commission lent Number	Joint Commission Standards and Elements of Performance			
personnel must be spec	ified by the service director and approved by the medical staff.		P 1 The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01 and RI.01.01.03, EP 2) Note 1: Qualifications for infection control may be met through ongoing education, training, experiand/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvemed Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.135' §493.1495. A complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regu Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Quali physical therapists, physical therapist assistants, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide p therapy, occupational therapy, speech-language pathology, or audiology services, if these service provided by the hospital. The provision of care and staff qualifications are in accordance with nati acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for a requirements. Note 4: Qualifications for language interpreters and translators may be met through language pro assessment, education, training, and experience. The use of qualified interpreters and translators supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, ar VI of the Civil Rights Act of 1964.				
		HR.01.06	5.01 Staf	are competent to perform their responsibilities.			
			EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment services. (See also NPSG.03.06.01, EP 3)				
		LD.03.06	.01 Tho:	se who work in the hospital are focused on improving safety and quality.			
		EP 3	EP 3 Leaders provide for a sufficient number and mix of individuals to support safe, quality car and services. (See also IC.01.01.01, EP 3) Note: The number and mix of individuals is appropriate to the scope and complexity of th offered.				
		EP 4	Those who wor	k in the hospital are competent to complete their assigned responsibilities.			
		LD.04.01	.05 The	The hospital effectively manages its programs, services, sites, or departments.			
		EP 1	Leaders of the	program, service, site, or department oversee operations.			
		MS.03.01		organized medical staff oversees the quality of patient care, treatment, and ices provided by practitioners privileged through the medical staff process.			
			approves the n	at use Joint Commission accreditation for deemed status purposes: The medical staff uclear services director's specifications for the qualifications, training, functions, and of the nuclear medicine staff.			
§482.53(b)	TAG: A-1035	EC.02.01	.01 The	hospital manages safety and security risks.			
§482.53(b) Standard: De	elivery of Service	EP 8	The hospital co	ntrols access to and from areas it identifies as security sensitive.			
	ust be prepared, labeled, used, transported, stored, and disposed	EC.02.02	2.01 The	hospital manages risks related to hazardous materials and waste.			
or in accordance with ac	cceptable standards of practice.			is written procedures, including the use of precautions and personal protective equipment, bonse to hazardous material and waste spills or exposures.			

CFR Number §482.53(b)	Medicare Requirements		Commission	Joint Commission Standards and Elements of Performance
		EP 4	The hospital imp (See also IC.02	plements its procedures in response to hazardous material and waste spills or exposures .01.01, EP 2)
		EP 6		nimizes risks associated with selecting, handling, storing, transporting, using, and ioactive materials.
		EP 7	Note: Hazardou	nimizes risks associated with selecting and using hazardous energy sources. s energy is produced by both ionizing equipment (for example, radiation and x-ray nonionizing equipment (for example, lasers and MRIs).
		EP 8	The hospital mir MM.01.01.03, E	nimizes risks associated with disposing of hazardous medications. (See also Ps 1-3)
		EP 11		azardous materials and waste, the hospital has the permits, licenses, manifests, and ets required by law and regulation.
		EP 12	(See also IC.02) Footnote *: The	Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens and nications Standards and the National Fire Protection Association (NFPA) provide details
		MM.01	.01.03 The ł	nospital safely manages high-alert and hazardous medications.
		EP 1	8) Note: This elem Footnote *: For	ntifies, in writing, its high-alert and hazardous medications. * (See also EC.02.02.01, EP ent of performance is also applicable to sample medications. a list of high-alert medications, see http://www.ismp.org. For a list of hazardous e http://www.cdc.gov/niosh/docs/2014-138/pdfs/2014-138_v3.pdf.
		EP 2	EP 8; MM.03.01	s a process for managing high-alert and hazardous medications. (See also EC.02.02.01, .01, EP 9) ent of performance is also applicable to sample medications.
		EP 3	EC.02.02.01, El	olements its process for managing high-alert and hazardous medications. (See also Ps 1 and 8) ent of performance is also applicable to sample medications.
§482.53(b)(1)	TAG: A-1036	MM.05	.01.07 The ł	nospital safely prepares medications.
	of radiopharmaceuticals is by, or under the supervision of, an istered pharmacist or a doctor of medicine or osteopathy.	EP 6	of radiopharmad	at use Joint Commission accreditation for deemed status purposes: In-house preparation euticals is done by, or under the supervision of, an appropriately trained registered octor of medicine or osteopathy.
§482.53(b)(2)	TAG: A-1035	EC.02.	02.01 The I	nospital manages risks related to hazardous materials and waste.
	ge and disposal of radioactive material.	EP 6		nimizes risks associated with selecting, handling, storing, transporting, using, and ioactive materials.
		EP 8	The hospital mir MM.01.01.03, E	nimizes risks associated with disposing of hazardous medications. (See also Ps 1-3)
odicara Hacaital Paguira			of 228	© 2016 The Joint Commissio

CFR Number §482.53(b)(2)	Medicare Requirements		Commissio valent Numb		Joint Commission Standards and Elements of Performance
		EP 11			zardous materials and waste, the hospital has the permits, licenses, manifests, and s required by law and regulation.
		EP 12	(See also IC Footnote *:	.02.0 The C Imuni	occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens and cations Standards and the National Fire Protection Association (NFPA) provide details
§482.53(b)(3)	TAG: A-1038	LD.04.	01.01 T	he ho	spital complies with law and regulation.
	e performed in the nuclear medicine service, the service must uirement for laboratory services specified in §482.27.	EP 1	the care, tre Commission Note: Each Laboratory I regulations WT.04.01.0 Footnote *: http://www.c	atmer i. servic mprov 42 CI 42 CI 1, EP For m ms.go	ensed, is certified, or has a permit, in accordance with law and regulation, to provide nt, or services for which the hospital is seeking accreditation from The Joint e location that performs laboratory testing (waived or nonwaived) must have a Clinical ////////////////////////////////////
§482.53(c)	TAG: A-1044	LD.01.			verning body is ultimately accountable for the safety and quality of care, ent, and services.
Equipment and supplies	§482.53(c) Standard: Facilities Equipment and supplies must be appropriate for the types of nuclear medicine services		The governi	verning body provides for the resources needed to maintain safe, quality care, treatment, a s. (See also NR.01.01.01, EP 3)	
offered and must be ma be	intained for safe and efficient performance. The equipment must	LD.04.			spital makes space and equipment available as needed for the provision of care, ent, and services.
		EP 5	The leaders	provi	de for equipment, supplies, and other resources.
§482.53(c)	TAG: A-1045				
(c) [The equipment must	t be]				
§482.53(c)(1)	TAG: A-1044	EC.02.	04.01 T	he ho	spital manages medical equipment risks.
(1) Maintained in safe op	perating condition; and	and testing accordance maintenanc Note: The s accepted st Footnote *: Standards I		all me with r e (AEI rateg andar An ex nstitut	ifies the activities and associated frequencies, in writing, for maintaining, inspecting, dical equipment on the inventory. These activities and associated frequencies are in nanufacturers' recommendations or with strategies of an alternative equipment M) program. (See also EC.02.04.03, EPs 2 and 3) ies of an AEM program must not reduce the safety of equipment and must be based on ds of practice. * ample of standards for a medical equipment program is the American National e/Association for the Advancement of Medical Instrumentation handbook ANSI/AAMI ommended Practice for a Medical Equipment Management Program.
Medicare Hospital Require	ements to 2016 Joint	Page 260	of 328		© 2016 The Joint Commiss

CFR Number §482.53(c)(1)	Medicare Requirements		Commission alent Number		Joint Commission Standards and Elements of Performance
		EC.02.0	04.03 The	e ho	ospital inspects, tests, and maintains medical equipment.
		EP 1	use of medica	l eq	do not use Joint Commission accreditation for deemed status purposes: Before initial uipment on the medical equipment inventory, the hospital performs safety, operational, ecks. (See also EC.02.04.01, EP 2)
			after major rep	pairs	use Joint Commission accreditation for deemed status purposes: Before initial use and s or upgrades of medical equipment on the medical equipment inventory, the hospital operational, and functional checks. (See also EC.02.04.01, EP 2)
		EP 3	The hospital ir inventory. The	nspe ese a	ects, tests, and maintains non–high-risk equipment identified on the medical equipment activities are documented. (See also EC.02.04.01, EPs 2 and 4)
§482.53(c)(2)	TAG: A-1044	EC.02.0	04.03 The	e ho	ospital inspects, tests, and maintains medical equipment.
(2) Inspected, tested and	d calibrated at least annually by qualified personnel.	EP 14			use Joint Commission accreditation for deemed status purposes: Qualified hospital and calibrate nuclear medicine equipment annually. The dates of these activities are
§482.53(d)	TAG: A-1051	RC.01.0	01.01 The pat		ospital maintains complete and accurate medical records for each individual
§482.53(d) Standard: Re	ecords	EP 11	•		nedical record are dated.
The hospital must mainta consultations, and proce	ain signed and dated reports of nuclear medicine interpretations, dures.	RC.01.0		Entries in the medical record are authenticated.	
		EP 3	The author of	eac	h medical record entry is identified in the medical record.
		EP 4	record through Note 1: Auther stamp signatu Note 2: For pa for verbal orde electronic sign Note 3: For ho including verb who is respon	n tra ntic apers apers anatu ospi al o sible	dical record are authenticated by the author. Information introduced into the medical inscription or dictation is authenticated by the author. ation can be verified through electronic signatures, written signatures or initials, rubber- , or computer key. -based records, signatures entered for purposes of authentication after transcription or are dated when required by law or regulation or hospital policy. For electronic records, res will be date-stamped. tals that use Joint Commission accreditation for deemed status purposes: All orders, rders, are dated and authenticated by the ordering practitioner or another practitioner e for the care of the patient, and who, in accordance with hospital policy; law and edical staff bylaws, rules, and regulations, is authorized to write orders.
		EP 5	The individual individual who		ntified by the signature stamp or method of electronic authentication is the only es it.

Medicare Requirements			
	RC.02.0		e medical record contains information that reflects the patient's care, treatment, and vices.
	EP 2	 The reason(The patient's Any findings EPs 1 and 8) Any allergies Any allergies Any diagnos (including cor Commission a (diseases tha an intercurrer Any consulta Any emerge Any medicati Any adverse Treatment g Results of d Any medicata Discharge p 	s to medications ions or impressions drawn from the patient's medical history and physical examination es or conditions established during the patient's course of care, treatment, and services nplications and hospital-acquired infections). For psychiatric hospitals using Joint accreditation for deemed status purposes: The diagnosis includes intercurrent diseases t occur during the course of another disease; for example, a patient with AIDS may develop t bout of pneumonia) and the psychiatric diagnoses. ation reports tions relevant to care, treatment, and services a response to care, treatment, and services ncy care, treatment, and services provided to the patient before his or her arrival s notes tions ordered or prescribed tions administered, including the strength, dose, and route site for medication, administration devices used, and rate of administration e drug reactions oals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) tagnostic and therapeutic tests and procedures tions dispensed or prescribed on discharge
TAG: A-1051	RC.01.0	05.01 The	e hospital retains its medical records.
in copies of nuclear medicine reports for at least 5 years.	EP 1		time of the original or legally reproduced medical record is determined by its use and , in accordance with law and regulation.
TAG: A-1051	MS.03.0		e organized medical staff oversees the quality of patient care, treatment, and vices provided by practitioners privileged through the medical staff process.
by the medical staff to interpret diagnostic procedures must on of these tests.	EP 2		practice only within the scope of their privileges as determined through mechanisms organized medical staff.
	RC.01.0		e hospital maintains complete and accurate medical records for each individual ient.
	EP 11	All entries in t	he medical record are dated.
	RC.01.0	02.01 En	tries in the medical record are authenticated.
	EP 3		each medical record entry is identified in the medical record.
	TAG: A-1051 in copies of nuclear medicine reports for at least 5 years. TAG: A-1051 Vector Mathematical Staff to interpret diagnostic procedures must	Medicare Requirements Equiv RC.02.0 RC.02.0 EP 2 EP 2 TAG: A-1051 RC.01.0 in copies of nuclear medicine reports for at least 5 years. EP 1 TAG: A-1051 MS.03.0 iby the medical staff to interpret diagnostic procedures must on of these tests. EP 2 RC.01.0 EP 1 RC.01.0 EP 1 RC.01.0 EP 1 RC.01.0 EP 1	RC.02.01.01 The medical r - The reason(- The patient' - The reason(- The patient' - Any findings EPS 1 and 8) - Any allergies - Any conclus - Any conclus - Any conclus - Any conclus - Any conclus - Any medical - Any medical - Any medical - Any medical - Discharge p (See also PC TAG: A-1051 RC.01.05.01 The EP 1 In copies of nuclear medicine reports for at least 5 years. EP 1 TAG: A-1051 MS.03.01.01 Th set EP 2 Iby the medical staff to interpret diagnostic procedures must on of these tests. MS.03.01.01 Th patient's set EP 11 Iby the medical staff to interpret diagnostic procedures must on of these tests. RC.01.01.01 Th patient's set

CFR Number §482.53(d)(2)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance			
		EP 4	record through Note 1: Authe stamp signatu Note 2: For pa for verbal orde electronic sign Note 3: For ho including verb who is respon	nedical record are authenticated by the author. Information introduced into the medical transcription or dictation is authenticated by the author. Information introduced into the medical transcription or dictation is authenticated by the author. Intication can be verified through electronic signatures, written signatures or initials, rubberes, or computer key. per-based records, signatures entered for purposes of authentication after transcription or rs are dated when required by law or regulation or hospital policy. For electronic records, atures will be date-stamped. spitals that use Joint Commission accreditation for deemed status purposes: All orders, al orders, are dated and authenticated by the ordering practitioner or another practitioner sible for the care of the patient, and who, in accordance with hospital policy; law and medical staff bylaws, rules, and regulations, is authorized to write orders.			
		EP 5	The individual individual who	identified by the signature stamp or method of electronic authentication is the only uses it.			
§482.53(d)(3)	TAG: A-1054	MM.03.	01.01 The	hospital safely stores medications.			
(3) The hospital must me pharmaceuticals.	aintain records of the receipt and distribution of radio	EP 4	health care pr disposition, ar	as a written policy addressing the control of medication between receipt by an individual wider and administration of the medication, including safe storage, handling, security, d return to storage. nent of performance is also applicable to sample medications.			
		EP 5	health care pr	nplements its policy addressing the control of medication between receipt by an individual wider and its administration. nent of performance is also applicable to sample medications.			
			separately from	moves all expired, damaged, and/or contaminated medications and stores them n medications available for administration. nent of performance is also applicable to sample medications.			
		EP 24	EP 24 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains records of the receipt and disposition of radiopharmaceuticals.				
§482.53(d)(4)	TAG: A-1055	MS.03.0		organized medical staff oversees the quality of patient care, treatment, and vices provided by practitioners privileged through the medical staff process.			
	rvices must be ordered only by practitioners whose scope of re and whose defined staff privileges allow such referrals.	EP 2		ractice only within the scope of their privileges as determined through mechanisms organized medical staff.			
§482.54	TAG: A-1076	LD.01.0		governing body is ultimately accountable for the safety and quality of care, tment, and services.			
If the hospital provides of	articipation: Outpatient Services outpatient services, the services must meet the needs of the with acceptable standards of practice.	EP 3	Note: For hos services are p	body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) itals that use Joint Commission accreditation for deemed status purposes: If emergency ovided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For on on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.			
		EP 5		body provides for the resources needed to maintain safe, quality care, treatment, and also NR.01.01.01, EP 3)			
Medicare Hospital Require	ements to 2016 Joint	Page 263 d	of 328	© 2016 The Joint Commission			

CFR Number §482.54	Medicare Requirements		: Commissi valent Num	-	Joint Commission Standards and Elements of Performance
		LD.04.	01.11		ospital makes space and equipment available as needed for the provision of care, nent, and services.
		EP 2	The arrang services.	gemen	t and allocation of space supports safe, efficient, and effective care, treatment, and
		EP 5	The leade	rs prov	ide for equipment, supplies, and other resources.
		LD.04.	03.01	The h	ospital provides services that meet patient needs.
		EP 1	through re Note: For medical ar has an agu immediate	ferral, psychi nd suro reeme ly ava	population(s) served guide decisions about which services will be provided directly or consultation, contractual arrangements, or other agreements. atric hospitals that use Joint Commission accreditation for deemed status purposes: If gical diagnostic and treatment services are not available within the hospital, the hospital nt with an outside source for these services to make sure that the services are lable or an agreement needs to be established for transferring patients to a general icipates in the Medicare program.
		LD.04.	04.07	The h proce	ospital considers clinical practice guidelines when designing or improving sses.
		EP 1	The hospit also NR.02		siders using clinical practice guidelines when designing or improving processes. (See I, EP 5)
§482.54	TAG: A-1081	LD.01.	03.01	-	overning body is ultimately accountable for the safety and quality of care, nent, and services.
If the hospital provides c	482.54 Condition of Participation: Outpatient Services outpatient services, the services must meet the needs of the with acceptable standards of practice.	EP 3	Note: For services a	hospita re prov	bdy approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) als that use Joint Commission accreditation for deemed status purposes: If emergency rided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.
					ody provides for the resources needed to maintain safe, quality care, treatment, and so NR.01.01.01, EP 3)
		LD.04.			ospital makes space and equipment available as needed for the provision of care, nent, and services.
		EP 2	The arrang services.	rrangement and allocation of space supports safe, efficient, and effective care, treatment, and es.	
		EP 5	The leade	rs prov	ide for equipment, supplies, and other resources.
		LD.04.	03.01	The hospital provides services that meet patient needs.	
			through referra Note: For psyc medical and su has an agreem immediately av		population(s) served guide decisions about which services will be provided directly or consultation, contractual arrangements, or other agreements. atric hospitals that use Joint Commission accreditation for deemed status purposes: If gical diagnostic and treatment services are not available within the hospital, the hospital nt with an outside source for these services to make sure that the services are lable or an agreement needs to be established for transferring patients to a general icipates in the Medicare program.

	LD.04.04	4.07 The	
			hospital considers clinical practice guidelines when designing or improving cesses.
	EP 1	The hospital c also NR.02.01	onsiders using clinical practice guidelines when designing or improving processes. (See .01, EP 5)
TAG: A-1077	LD.04.01	1.05 The	hospital effectively manages its programs, services, sites, or departments.
anization	EP 5		le for the coordination of care, treatment, and services among the hospital's different vices, sites, or departments. (See also NR.01.01.01, EP 1)
be appropriately organized and integrated with inpatient services.	PC.02.02		hospital coordinates the patient's care, treatment, and services based on the ent's needs.
	EP 1		as a process to receive or share patient information when the patient is referred to other ernal providers of care, treatment, and services. (See also PC.04.02.01, EP 1)
	EP 3		pordinates the patient's care, treatment, and services. ation involves resolving scheduling conflicts and duplication of care, treatment, and
TAG: A-1079			
sonnel			
TAG: A-1079	LD.04.01	1.05 The	hospital effectively manages its programs, services, sites, or departments.
dividuals to be responsible for outpatient services.			hat use Joint Commission accreditation for deemed status purposes: The hospital assigns dividuals who are responsible for outpatient services.
TAG: A-1079	HR.01.02	2.01 The	hospital defines staff qualifications.
essional and nonprofessional personnel available at each services are offered, based on the scope and complexity of	EP 1	and RI.01.01.0 Note 1: Qualifi and/or certifica Note 2: Qualifi Amendments §493.1495. A Note 3: For ho physical thera assistants, spi therapy, occup provided by th acceptable star requirements. Note 4: Qualifi assessment, e supported by th	efines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 33, EP 2) cations for infection control may be met through ongoing education, training, experience, tion (such as that offered by the Certification Board for Infection Control). cations for laboratory personnel are described in the Clinical Laboratory Improvement of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351- complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. spitals that use Joint Commission accreditation for deemed status purposes: Qualified bists, physical therapist assistants, occupational therapists, occupational therapy eech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical biational therapy, speech-language pathology, or audiology services, if these services are e hospital. The provision of care and staff qualifications are in accordance with national ndards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 cations for language interpreters and translators may be met through language proficiency ducation, training, and experience. The use of qualified interpreters and translators is he Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title Rights Act of 1964.
	TAG: A-1079 Sonnel TAG: A-1079 dividuals to be responsible for outpatient services. TAG: A-1079 dividuals to be responsible for outpatient services. TAG: A-1079 dividuals to be responsible for outpatient services. TAG: A-1079 dividuals to be responsible for outpatient services. TAG: A-1079 dividuals to be responsible for outpatient services.	be appropriately organized and integrated with inpatient services. PC.02.0 EP 1 EP 1 EP 3 EP 3 TAG: A-1079 LD.04.0 dividuals to be responsible for outpatient services. EP 8 TAG: A-1079 HR.01.0 EP 1 EP 1 EP 3 EP 1 EP 4 EP 1 EP 5 EP 1 EP 6 EP 1 EP 7 EP 1	appropriately organized and integrated with inpatient services. programs, sen PC.02.02.01 The patient services. EP 1 The hospital he internal or external external or external or external or external

CFR Number §482.54(b)(2)	Medicare Requirements	Joint Commissio Equivalent Numb	I lount (Commission Standards and Floments of Performance
			he hospital verifies staff qualifications. verifies and documents that the applicant has the education and experience required by the
			taff are competent to perform their responsibilities.
			defines the competencies it requires of its staff who provide patient care, treatment, or ee also NPSG.03.06.01, EP 3)
		LD.03.06.01 T	nose who work in the hospital are focused on improving safety and quality.
		and service	vide for a sufficient number and mix of individuals to support safe, quality care, treatment, (See also IC.01.01.01, EP 3) umber and mix of individuals is appropriate to the scope and complexity of the services
§482.54(c)	TAG: A-1080		
(c) Standard: Orders for or practitioner who meets the	outpatient services. Outpatient services must be ordered by a e following conditions:	_	
§482.54(c)(1)	TAG: A-1080	PC.02.01.03 T	ne hospital provides care, treatment, and services as ordered or prescribed, and in cordance with law and regulation.
(1) Is responsible for the		care, treatm independen and regulati Note: Outpa he or she m - Responsit - Licensed t Veterans Ac - Acting with - Authorizec governing b Footnote *:	a that use Joint Commission accreditation for deemed status purposes: Prior to providing ent, and services, the hospital obtains or renews orders (verbal or written) from a licensed practitioner or other practitioner in accordance with professional standards of practice; law on; hospital policies; and medical staff bylaws, rules, and regulations. * tient services may be ordered by a practitioner not appointed to the medical staff as long as beets the following: e for the care of the patient o practice in the state where he or she provides care to the patient or in accordance with ministration and Department of Defense licensure requirements in his or her scope of practice under state law in accordance with state law and policies adopted by the medical staff and approved by the body to order the applicable outpatient services For law and regulation guidance pertaining to those responsible for the care of the patient, FR 482.12(c).
§482.54(c)(2)	TAG: A-1080 e where he or she provides care to the patient.		ne hospital provides care, treatment, and services as ordered or prescribed, and in ccordance with law and regulation.
ledicare Hospital Require	ments to 2016 Joint	Page 266 of 328	© 2016 The Joint Commissio

CFR Number §482.54(c)(2)	Medicare Requirements	Joint Com Equivalent		Joint Commission Standards and Elements of Performance
		care inde and Note - Re - Lic Vete - Ac - Ac gov Foo	e, treatment, ependent pra regulation; h e: Outpatient or she meets esponsible fo censed to pra erans Admin ting within h ithorized in a erning body	It use Joint Commission accreditation for deemed status purposes: Prior to providing and services, the hospital obtains or renews orders (verbal or written) from a licensed ctitioner or other practitioner in accordance with professional standards of practice; law iospital policies; and medical staff bylaws, rules, and regulations. * services may be ordered by a practitioner not appointed to the medical staff as long as the following: r the care of the patient accordance with state where he or she provides care to the patient or in accordance with stration and Department of Defense licensure requirements s or her scope of practice under state law ccordance with state law and policies adopted by the medical staff and approved by the o order the applicable outpatient services aw and regulation guidance pertaining to those responsible for the care of the patient, 482.12(c).
§482.54(c)(3)	TAG: A-1080	PC.02.01.03		ospital provides care, treatment, and services as ordered or prescribed, and in dance with law and regulation.
(3) Is acting within his of	r her scope of practice under State law.	care inde and Note - Re - Lic Vete - Au gove Foo	e, treatment, ependent pra regulation; h e: Outpatient or she meets esponsible fo cansed to pra erans Admin ting within hi thorized in a erning body	It use Joint Commission accreditation for deemed status purposes: Prior to providing and services, the hospital obtains or renews orders (verbal or written) from a licensed ctitioner or other practitioner in accordance with professional standards of practice; law iospital policies; and medical staff bylaws, rules, and regulations. * services may be ordered by a practitioner not appointed to the medical staff as long as the following: r the care of the patient accordance with provides care to the patient or in accordance with stration and Department of Defense licensure requirements s or her scope of practice under state law ccordance with state law and policies adopted by the medical staff and approved by the o order the applicable outpatient services aw and regulation guidance pertaining to those responsible for the care of the patient, 482.12(c).
§482.54(c)(4)	TAG: A-1080	PC.02.01.03		ospital provides care, treatment, and services as ordered or prescribed, and in dance with law and regulation.
	ordance with State law and policies adopted by the medical staff, verning body, to order the applicable outpatient services. This	care inde and Note - Re - Lic Vete - Acu gove Foo	e, treatment, ependent pra regulation; h e: Outpatient or she meets esponsible fo censed to pra erans Admin ting within h uthorized in a erning body	t use Joint Commission accreditation for deemed status purposes: Prior to providing and services, the hospital obtains or renews orders (verbal or written) from a licensed citioner or other practitioner in accordance with professional standards of practice; law iospital policies; and medical staff bylaws, rules, and regulations. * services may be ordered by a practitioner not appointed to the medical staff as long as the following: r the care of the patient incrice in the state where he or she provides care to the patient or in accordance with stration and Department of Defense licensure requirements s or her scope of practice under state law ccordance with state law and policies adopted by the medical staff and approved by the o order the applicable outpatient services aw and regulation guidance pertaining to those responsible for the care of the patient, 482.12(c).

CFR Number §482.54(c)(4)(i)	Medicare Requirements		Commissi alent Numl		Joint Commission Standards and Elements of Performance
§482.54(c)(4)(i)	TAG: A-1080	MS.06.			decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is ojective, evidence-based process.
	are appointed to the hospital's medical staff and who have been ler the applicable outpatient services.	EP 2 The hospital, ba body, establishe services within t the criteria: - Current licensu - The applicant's - Evidence of ph - Data from prof available) - Peer and/or fac			ised on recommendations by the organized medical staff and approval by the governing es criteria that determine a practitioner's ability to provide patient care, treatment, and he scope of the privilege(s) requested. Evaluation of all of the following are included in ure and/or certification, as appropriate, verified with the primary source is specific relevant training, verified with the primary source hysical ability to perform the requested privilege essional practice review by an organization(s) that currently privileges the applicant (if culty recommendation g privileges, review of the practitioner's performance within the hospital
		EP 3	All of the c	riteria	a used are consistently evaluated for all practitioners holding that privilege.
					nospital provides care, treatment, and services as ordered or prescribed, and in rdance with law and regulation.
			 EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to provide care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a lice independent practitioner or other practitioner in accordance with professional standards of practice and regulation; hospital policies; and medical staff bylaws, rules, and regulations. * Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as I he or she meets the following: Responsible for the care of the patient Licensed to practice in the state where he or she provides care to the patient or in accordance w Veterans Administration and Department of Defense licensure requirements Acting within his or her scope of practice under state law Authorized in accordance with state law and policies adopted by the medical staff and approved governing body to order the applicable outpatient services Foot note *: For law and regulation guidance pertaining to those responsible for the care of the patient refer to 42 CFR 482.12(c). 		
§482.54(c)(4)(ii)	TAG: A-1080	PC.02.0			nospital provides care, treatment, and services as ordered or prescribed, and in rdance with law and regulation.
	ppointed to the medical staff, but who satisfy the above criteria for dical staff and the hospital for ordering the applicable outpatient s.	EP 1 For hospitals th care, treatment independent pr and regulation; Note: Outpatier he or she meet - Responsible f - Licensed to p Veterans Admi - Acting within I - Authorized in governing body			or the care of the patient actice in the state where he or she provides care to the patient or in accordance with istration and Department of Defense licensure requirements is or her scope of practice under state law accordance with state law and policies adopted by the medical staff and approved by the to order the applicable outpatient services law and regulation guidance pertaining to those responsible for the care of the patient,

CFR Number §482.55	Medicare Requirements		Commission	Joint Commission Standards and Elements of Performance	
§482.55	TAG: A-1100	LD.01.		governing body is ultimately accountable for the safety and quality of care, tment, and services.	
-	ticipation: Emergency Services he emergency needs of patients in accordance with acceptable	EP 3 EP 5	The governing Note: For hosp services are pr more informati The governing	body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) itals that use Joint Commission accreditation for deemed status purposes: If emergency ovided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For on on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix. body provides for the resources needed to maintain safe, quality care, treatment, and also NR.01.01.01, EP 3)	
		LD.04.	03.01 The	hospital provides services that meet patient needs.	
		 EP 2 The hospital provides essential services, including the following: Diagnostic radiology Dietary Emergency Medical records Nuclear medicine Nursing care Pathology and clinical laboratory Pharmaceutical Physical rehabilitation Respiratory care Social work Note: Hospitals that provide only psychiatric and addiction treatment services are not required nuclear medicine, physical rehabilitation, and respiratory care services. 			
§482.55(a)	TAG: A-1101				
§482.55(a) Standard: Org	ganization and Direction.				
If emergency services ar	e provided at the hospital				
§482.55(a)(1)	TAG: A-1102	LD.04.	01.05 The	hospital effectively manages its programs, services, sites, or departments.	
	re provided at the hospital]	EP 6		hat use Joint Commission accreditation for deemed status purposes: The hospital's vices are directed and supervised by a qualified member of the medical staff.	
§482.55(a)(2)	TAG: A-1103	LD.04.	01.05 The	hospital effectively manages its programs, services, sites, or departments.	
	re provided at the hospital] integrated with other departments of the hospital;	EP 5	programs, serv	e for the coordination of care, treatment, and services among the hospital's different rices, sites, or departments. (See also NR.01.01.01, EP 1) hospital manages the flow of patients throughout the hospital.	
		EP 1		as processes that support the flow of patients throughout the hospital.	
Madicara Haspital Paguira		Page 260		@ 2016 The Joint Commission	

CFR Number §482.55(a)(2)	Medicare Requirements		t Commission valent Number	Joint Commission Standards and Elements of Performance
		MS.03		management and coordination of each patient's care, treatment, and services is esponsibility of a practitioner with appropriate privileges.
		EP 6	There is coordi care, treatment	nation of the care, treatment, and services among the practitioners involved in a patient's , and services.
		PC.02.	01.05 The	hospital provides interdisciplinary, collaborative care, treatment, and services.
		EP 1	Care, treatmen	, and services are provided to the patient in an interdisciplinary, collaborative manner.
		PC.02.		hospital coordinates the patient's care, treatment, and services based on the ent's needs.
		EP 3		ordinates the patient's care, treatment, and services. tion involves resolving scheduling conflicts and duplication of care, treatment, and
§482.55(a)(3)	TAG: A-1104	LD.04.		hospital has policies and procedures that guide and support patient care, ment, and services.
(3) The policies and proc	re provided at the hospital] edures governing medical care provided in the emergency	EP 1	Leaders review services. (See	and approve policies and procedures that guide and support patient care, treatment, and also NR.02.03.01, EP 1; RI.01.07.01, EP 1)
service or department are staff.	e established by and are a continuing responsibility of the medical	EP 2	The hospital ma	anages the implementation of policies and procedures. (See also NR.02.03.01, EP 2)
ledicare Hospital Require	ments to 2016 Joint	Page 270	of 328	© 2016 The Joint Commissic

CFR Number §482.55(a)(3)	Medicare Requirements		t Commissi valent Num	-	Joint Commission Standards and Elements of Performance		
		MS.01.	.01.01	Medio	cal staff bylaws address self-governance and accountability to the governing body.		
		EP 36	3: If depar	tments	ff bylaws include the following requirements, in accordance with Element of Performance s of the medical staff exist, the qualifications and roles and responsibilities of the r, which are defined by the organized medical staff, include the following:		
				ion by	an appropriate specialty board or comparable competence affirmatively established entialing process.		
		through the cred Roles and respo - Clinically relate - Administrativel - Continuing sum delineated clinic: - Recommending provided in the c - Recommending - Assessing and treatment, and s - Integration of th - Coordination ai - Development a care, treatment, - Recommendati treatment, and s - Determination of licensed indeper - Continuous ass - Maintenance of - Recommending - Recommending Note: For hospit departments of t			the credentialing process. In responsibilities: Iy related activities of the department stratively related activities of the department, unless otherwise provided by the hospital uing surveillance of the professional performance of all individuals in the department who have ad clinical privileges mending to the medical staff the criteria for clinical privileges that are relevant to the care in the department mending clinical privileges for each member of the department ing and recommending to the relevant hospital authority off-site sources for needed patient care, it, and services not provided by the department or the organization tion of the department or service into the primary functions of the organization hation and integration of interdepartmental and intradepartmental services pment and implementation of policies and procedures that guide and support the provision of atment, and services mendations for a sufficient number of qualified and competent persons to provide care,		
§482.55(b)	TAG: A-1110	_					
§482.55(b) Standard: Per			04.05	T L - '			
§482.55(b)(1)	TAG: A-1111	LD.04.			ospital effectively manages its programs, services, sites, or departments.		
(1) The emergency servic staff.	ces must be supervised by a qualified member of the medical	EP 6	For hospit emergenc	als tha y serv	at use Joint Commission accreditation for deemed status purposes: The hospital's ices are directed and supervised by a qualified member of the medical staff.		
§482.55(b)(2)	TAG: A-1112	HR.01.	.02.01	The h	ospital defines staff qualifications.		
	ate medical and nursing personnel qualified in emergency care to ncy procedures and needs anticipated by the facility.						
Medicare Hospital Require	mente la 2016, Joint	Page 271	-1 220		© 2016 The Joint Commission		

CFR Number §482.55(b)(2)	Medicare Requirements		t Commissio /alent Numb	
		EP 1	and RI.01.0 Note 1: Qua and/or certif Note 2: Qua Amendmen §493.1495. Note 3: For physical the assistants, s therapy, occ provided by acceptable requirement Note 4: Qua assessment supported b	tal defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 .01.03, EP 2) ualifications for infection control may be met through ongoing education, training, experience, rtification (such as that offered by the Certification Board for Infection Control). ualifications for laboratory personnel are described in the Clinical Laboratory Improvement ents of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351- 5. A complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. or hospitals that use Joint Commission accreditation for deemed status purposes: Qualified herapists, physical therapist assistants, occupational therapists, occupational therapy e, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical iccupational therapy, speech-language pathology, or audiology services, if these services are by the hospital. The provision of care and staff qualifications are in accordance with national e standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 ints. ualifications for language interpreters and translators may be met through language proficiency ent, education, training, and experience. The use of qualified interpreters and translators is by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title Civil Rights Act of 1964.
		HR.01.	02.05 T	The hospital verifies staff qualifications.
		EP 3	The hospita job respons	tal verifies and documents that the applicant has the education and experience required by the sibilities.
		HR.01.	06.01 S	Staff are competent to perform their responsibilities.
		EP 1		tal defines the competencies it requires of its staff who provide patient care, treatment, or (See also NPSG.03.06.01, EP 3)
		LD.03.	06.01 T	Those who work in the hospital are focused on improving safety and quality.
		EP 3	and service	rovide for a sufficient number and mix of individuals to support safe, quality care, treatment, ces. (See also IC.01.01.01, EP 3) number and mix of individuals is appropriate to the scope and complexity of the services
		EP 4	Those who	o work in the hospital are competent to complete their assigned responsibilities.
§482.56	TAG: A-1123	LD.01.0		The governing body is ultimately accountable for the safety and quality of care, treatment, and services.
If the hospital provides r	rticipation: Rehabilitation Services ehabilitation, physical therapy, occupational therapy, audiology, or es, the services must be organized and staffed to ensure the ents.	Note: Fo		rning body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) hospitals that use Joint Commission accreditation for deemed status purposes: If emergency are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For rmation on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.
			06.01 T	Those who work in the hospital are focused on improving safety and quality.
			and service	rovide for a sufficient number and mix of individuals to support safe, quality care, treatment, ces. (See also IC.01.01.01, EP 3) number and mix of individuals is appropriate to the scope and complexity of the services
	ements to 2016 Joint	Page 272		© 2016 The Joint Commission

CFR Number §482.56	Medicare Requirements		t Commission valent Numbe		Joint Commission Standards and Elements of Performance		
		LD.04.			ospital makes space and equipment available as needed for the provision of care, ent, and services.		
		EP 5	The leaders	prov	de for equipment, supplies, and other resources.		
		LD.04.	03.01 TI	ne ho	ospital provides services that meet patient needs.		
		EP 1	through refe Note: For ps medical and has an agree immediately	ral, o ychia surg emer avai	population(s) served guide decisions about which services will be provided directly or consultation, contractual arrangements, or other agreements. tric hospitals that use Joint Commission accreditation for deemed status purposes: If ical diagnostic and treatment services are not available within the hospital, the hospital t with an outside source for these services to make sure that the services are able or an agreement needs to be established for transferring patients to a general cipates in the Medicare program.		
		 EP 2 The hospital provides essential services, including the following: Diagnostic radiology Dietary Emergency Medical records Nuclear medicine Nursing care Pathology and clinical laboratory Pharmaceutical Physical rehabilitation Respiratory care Social work Note: Hospitals that provide only psychiatric and addiction treatment services are not reconcilear medicine, physical rehabilitation, and respiratory care services. 					
§482.56(a)	TAG: A-1124	LD.01.			overning body is ultimately accountable for the safety and quality of care, ent, and services.		
	rganization and Staffing service must be appropriate to the scope of the services	EP 3	The governin Note: For ho services are	ig bo spita prov	dy approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) Is that use Joint Commission accreditation for deemed status purposes: If emergency ided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.		
		EP 5	The governin services. (Se	ig bo e al:	dy provides for the resources needed to maintain safe, quality care, treatment, and so NR.01.01.01, EP 3)		
		LD.04.	• • • • • • • • •	The hospital makes space and equipment available as needed for the provision of care treatment, and services.			
		EP 2	The arrange services.	nent	and allocation of space supports safe, efficient, and effective care, treatment, and		
		EP 5	The leaders	aders provide for equipment, supplies, and other resources.			
§482.56(a)(1)	TAG: A-1125	HR.01.	.02.05 TI	ne ho	ospital verifies staff qualifications.		
	ervices must have the necessary knowledge, experience, and supervise and administer the services.	EP 3	The hospital job responsi		ies and documents that the applicant has the education and experience required by the s.		
Medicare Hospital Requir	ements to 2016 Joint	Page 273	of 328		© 2016 The Joint Commission		

CFR Number §482.56(a)(1)	Medicare Requirements		Commissi alent Num		Joint Commission Standards and Elements of Performance
		HR.01.0	06.01	Staff	are competent to perform their responsibilities.
		EP 1			nes the competencies it requires of its staff who provide patient care, treatment, or so NPSG.03.06.01, EP 3)
		LD.04.0	1.05	The h	ospital effectively manages its programs, services, sites, or departments.
		EP 1	Leaders o	f the p	ogram, service, site, or department oversee operations.
		EP 2			es, sites, or departments providing patient care are directed by one or more qualified by a qualified licensed independent practitioner with clinical privileges.
		EP 3	programs, Note: For	servic hospita	nes, in writing, the responsibility of those with administrative and clinical direction of its es, sites, or departments. (See also NR.01.01.01, EP 5) als that use Joint Commission accreditation for deemed status purposes: This includes loyee who directs and manages dietary services.
§482.56(a)(2)	TAG: A-1126	HR.01.0	02.01	The h	ospital defines staff qualifications.
services, if provided, mu assistants, occupational	cupational therapy, or speech-language pathology or audiology st be provided by qualified physical therapists, physical therapist therapists, occupational therapy assistants, speech-language ists as defined in part 484 of this chapter.	EP 1	and RI.01 Note 1: Qu and/or cer Note 2: Qu Amendme §493.1498 Note 3: Fo physical th assistants therapy, o provided b acceptable requireme Note 4: Qu assessme supported	01.03, ualification ualification ualification ualification ualification of hosp nerapis of hosp hosp hosp hosp hosp hosp hosp hosp	nes staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 EP 2) tions for infection control may be met through ongoing education, training, experience, on (such as that offered by the Certification Board for Infection Control). tions for laboratory personnel are described in the Clinical Laboratory Improvement 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351- mplete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. itals that use Joint Commission accreditation for deemed status purposes: Qualified ts, physical therapist assistants, occupational therapists, occupational therapy ch-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical ional therapy, speech-language pathology, or audiology services, if these services are nospital. The provision of care and staff qualifications are in accordance with national lards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 tions for language interpreters and translators may be met through language proficiency ication, training, and experience. The use of qualified interpreters and translators is Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title phts Act of 1964.
		HR.01.0	02.05	The h	ospital verifies staff qualifications.
		EP 3	The hospi job respor		fies and documents that the applicant has the education and experience required by the es.
		HR.01.0	06.01	Staff	are competent to perform their responsibilities.
		EP 1			nes the competencies it requires of its staff who provide patient care, treatment, or so NPSG.03.06.01, EP 3)
		LD.03.0	6.01	Those	who work in the hospital are focused on improving safety and quality.
		EP 4	Those who	o work	in the hospital are competent to complete their assigned responsibilities.

CFR Number §482.56(b)	Medicare Requirements	Joint Con Equivalen		Joint Commission Standards and Elements of Performance				
§482.56(b)	TAG: A-1132	PC.02.01.03		nospital provides care, treatment, and services as ordered or prescribed, and in rdance with law and regulation.				
who is responsible for th under State law, and wh	elivery of Services rovided under the orders of a qualified and licensed practitioner e care of the patient, acting within his or her scope of practice o is authorized by the hospital's medical staff to order the services ital policies and procedures and State laws.	car ind and No - R - Li Vei - A gov Foo refe	 EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; la and regulation; hospital policies; and medical staff bylaws, rules, and regulations. * Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long he or she meets the following: Responsible for the care of the patient Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements Acting within his or her scope of practice under state law Authorized in accordance with state law and policies adopted by the medical staff and approved by a governing body to order the applicable outpatient services Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient refer to 42 CFR 482.12(c). EP 7 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital 					
§482.56(b)(1)	TAG: A-1133	RC.02.01.01		nedical record contains information that reflects the patient's care, treatment, and				
(1) All rehabilitation serv accordance with the req	ices orders must be documented in the patient's medical record in uirements at §482.24.	- TI - TI - A EP - A - A - A - A (inc Co (dis an - A - A - A - A - A - A - A - A - A - A	ne reason(s) ne patient's ir ny findings of s 1 and 8) ny allergies to ny allergies to ny conclusion ny diagnoses cluding compl mmission acc seases that o intercurrent b ny observation ny observation ny energence ny progress r I orders ny medication ny access sit ny adverse di reatment goa esults of diag ny medication ischarge diag ischarge plar	ord contains the following clinical information: for admission for care, treatment, and services hitial diagnosis, diagnostic impression(s), or condition(s) assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, o food b medications is or impressions drawn from the patient's medical history and physical examination or conditions established during the patient's course of care, treatment, and services lications and hospital-acquired infections). For psychiatric hospitals using Joint creditation for deemed status purposes: The diagnosis includes intercurrent diseases ccur during the course of another disease; for example, a patient with AIDS may develop yout of pneumonia) and the psychiatric diagnoses. on reports ins relevant to care, treatment, and services esponse to care, treatment, and services y care, treatment, and services apponse to care, treatment, and services is ordered or prescribed hs administered, including the strength, dose, and route e for medication, administration devices used, and rate of administration rug reactions ls, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) inostic and therapeutic tests and procedures hs dispensed or prescribed on discharge				

CFR Number §482.56(b)(2)	Medicare Requirements		Commissio lent Numb		Joint Commission Standards and Elements of Performance
§482.56(b)(2)	TAG: A-1134	HR.01.02	2.01 T	he he	ospital defines staff qualifications.
(2)The provision of care and the personnel qualifications must be in accordance with national acceptable standards of practice and must also meet the requirements of §409.17 of this chapter.		and RI.01.01.03 Note 1: Qualific and/or certificat Note 2: Qualific Amendments o §493.1495. A c Note 3: For hos physical therap assistants, spet therapy, occupa provided by the acceptable star requirements. Note 4: Qualific assessment, eo supported by the			nes staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 EP 2) tions for infection control may be met through ongoing education, training, experience, on (such as that offered by the Certification Board for Infection Control). tions for laboratory personnel are described in the Clinical Laboratory Improvement 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351- mplete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. itals that use Joint Commission accreditation for deemed status purposes: Qualified ts, physical therapist assistants, occupational therapists, occupational therapy ch-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical ional therapy, speech-language pathology, or audiology services, if these services are ionspital. The provision of care and staff qualifications are in accordance with national lards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 tions for language interpreters and translators may be met through language proficiency ication, training, and experience. The use of qualified interpreters and translators is Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title phts Act of 1964.
			2.05 T	The hospital verifies staff qualifications.	
		EP 3 The hospita job respons		bital verifies and documents that the applicant has the education and experience required by the onsibilities.	
		HR.01.02	2.07 T	he he	ospital determines how staff function within the organization.
		EP 2		f who provide patient care, treatment, and services practice within the scope of their license, fication, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2	
		HR.01.06	5.01 S	Staff are competent to perform their responsibilities. Dital defines the competencies it requires of its staff who provide patient care, treatment, or (See also NPSG.03.06.01, EP 3)	
		EP 1			
		LD.03.06	.01 T	hose	who work in the hospital are focused on improving safety and quality.
		EP 4	Those who	work	in the hospital are competent to complete their assigned responsibilities.
		LD.04.01	.01 T	he he	ospital complies with law and regulation.
	E		The hospita rules and re		vides care, treatment, and services in accordance with licensure requirements, laws, and ions.
		LD.04.04			ospital considers clinical practice guidelines when designing or improving sses.
		EP 1	The hospita also NR.02.		siders using clinical practice guidelines when designing or improving processes. (See I, EP 5)

CFR Number §482.57	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance	
§482.57	TAG: A-1151	LD.04.0	03.01 The h	nospital provides services that meet patient needs.	
The hospital must meet	rticipation: Respiratory Care Services the needs of the patients in accordance with acceptable he following requirements apply if the hospital provides respiratory	EP 1	through referral, Note: For psych medical and sur has an agreeme immediately ava	e population(s) served guide decisions about which services will be provided directly or consultation, contractual arrangements, or other agreements. iatric hospitals that use Joint Commission accreditation for deemed status purposes: If gical diagnostic and treatment services are not available within the hospital, the hospital ent with an outside source for these services to make sure that the services are allable or an agreement needs to be established for transferring patients to a general ticipates in the Medicare program.	
		- Diagnostic ra - Dietary - Emergency - Medical recor - Nuclear medi - Nursing care - Pathology an - Pharmaceutic - Physical reha - Respiratory c - Social work Note: Hospitals		ls ine clinical laboratory al illitation	
				The hospital considers clinical practice guidelines when designing or improving processes.	
		EP 1	EP 1 The hospital considers using clinical practice guidelines when designing or improving proce also NR.02.01.01, EP 5)		
§482.57(a)	TAG: A-1152	LD.01.0		poverning body is ultimately accountable for the safety and quality of care, nent, and services.	
§482.57(a) Standard: Or The organization of the r complexity of the service	respiratory care services must be appropriate to the scope and	EP 3	Note: For hospit services are pro	ody approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) als that use Joint Commission accreditation for deemed status purposes: If emergency vided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For n on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.	
		EP 5	The governing b services. (See a	ody provides for the resources needed to maintain safe, quality care, treatment, and lso NR.01.01.01, EP 3)	
		LD.03.0	06.01 Thos	e who work in the hospital are focused on improving safety and quality.	
		EP 4	Those who work	in the hospital are competent to complete their assigned responsibilities.	
		LD.04.0		nospital makes space and equipment available as needed for the provision of care, nent, and services.	
		EP 2	The arrangemer services.	nt and allocation of space supports safe, efficient, and effective care, treatment, and	
		EP 5	EP 5 The leaders provide for equipment, supplies, and other resources.		

CFR Number §482.57(a)(1)	Medicare Requirements		Commission alent Numbe	I IOINT I OMMISSION Standards and Elements of Performance
§482.57(a)(1)	TAG: A-1153	LD.04.01	1.05 Th	he hospital effectively manages its programs, services, sites, or departments.
osteopathy with the knowl	tor of respiratory care services who is a doctor of medicine or edge, experience and capabilities to supervise and administer director may serve on either a full-time or part-time basis.	EP 7		edicine
§482.57(a)(2)	TAG: A-1154	HR.01.0	2.01 Th	he hospital defines staff qualifications.
	ate numbers of respiratory therapists, respiratory therapy rsonnel who meet the qualifications specified by the medical a law.	EP 1 The hospital da and RI.01.01.0 Note 1: Qualifi and/or certifica Note 2: Qualifi Amendments of §493.1495. A of Note 3: For ho physical therap assistants, spe therapy, occup provided by the acceptable sta requirements. Note 4: Qualifi assessment, e supported by the		alifications for infection control may be met through ongoing education, training, experience, fication (such as that offered by the Certification Board for Infection Control). alifications for laboratory personnel are described in the Clinical Laboratory Improvement ts of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351- A complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. hospitals that use Joint Commission accreditation for deemed status purposes: Qualified erapists, physical therapist assistants, occupational therapists, occupational therapy speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical cupational therapy, speech-language pathology, or audiology services, if these services are the hospital. The provision of care and staff qualifications are in accordance with national standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17
		HR.01.0	2.05 Th	he hospital verifies staff qualifications.
		EP 3	The hospital v job responsib	I verifies and documents that the applicant has the education and experience required by the ibilities.
		HR.01.0	6.01 Sta	Staff are competent to perform their responsibilities.
				Il defines the competencies it requires of its staff who provide patient care, treatment, or see also NPSG.03.06.01, EP 3)
		LD.03.06	6.01 Th	hose who work in the hospital are focused on improving safety and quality.
EP		and services. (See		ovide for a sufficient number and mix of individuals to support safe, quality care, treatment, s. (See also IC.01.01.01, EP 3) number and mix of individuals is appropriate to the scope and complexity of the services
§482.57(b)	TAG: A-1160	LD.04.01		he hospital has policies and procedures that guide and support patient care, reatment, and services.
§482.57(b) Standard: Deli Services must be delivere	very of Services d in accordance with medical staff directives.	EP 1	Leaders revie services. (Se	view and approve policies and procedures that guide and support patient care, treatment, and see also NR.02.03.01, EP 1; RI.01.07.01, EP 1)
		EP 2	The hospital r	I manages the implementation of policies and procedures. (See also NR.02.03.01, EP 2)

CFR Number §482.57(b)	Medicare Requirements		Commission lent Number	I Joint Commission Standards and Elements of Performance	
		MS.01.0	1.01 Mea	dical staff bylaws address self-governance and accountability to the governing body.	
		EP 36	3: If department	staff bylaws include the following requirements, in accordance with Element of Performance ents of the medical staff exist, the qualifications and roles and responsibilities of the hair, which are defined by the organized medical staff, include the following:	
				by an appropriate specialty board or comparable competence affirmatively established	
			 Clinically relative Administrative Continuing studelineated cline Recommend Provided in the Recommend Assessing and Integration of Coordination Development Care, treatment, and Determination Determination Incensed indep Continuous and Maintenance Orientation and Recommend Note: For hosp departments on 	Roles and responsibilities: - Clinically related activities of the department - Administratively related activities of the department, unless otherwise provided by the hospital - Continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges - Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department - Recommending clinical privileges for each member of the department - Recommending clinical privileges for each member of the department - Recommending clinical privileges for each member of the department - Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the organization - Integration of the department or service into the primary functions of the organization - Coordination and integration of interdepartmental and intradepartmental services - Development and implementation of policies and procedures that guide and support the provision of care, treatment, and services - Decommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services - Determination of the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services - Continuous assessment and improvement of the quality of care, treatment, and services - Maintenance of quality control programs, as appropriate - Orientation and continuing education of all persons in the department or service Note: For hospitals that use Joint Commission accreditation for deemed status purposes: When departments of the medical staff do not exist, the medical staff is responsible for the development of policies and procedures that minimize medication errors. The medical staff may delegate this responsibility to the organized pharmaceutical service.	
§482.57(b)(1)	TAG: A-1161	HR.01.02	2.01 The	e hospital defines staff qualifications.	
	perform specific procedures and the amount of supervision carry out specific procedures must be designated in writing.				
Medicare Hospital Require	monte to 2016 Joint	Page 279 of	£ 2.28	© 2016 The Joint Commission	

CFR Number §482.57(b)(1)	Medicare Requirements	Joint Commi Equivalent Nu		Joint Commission Standards and Elements of Performance			
		and RI. Note 1: and/or Note 2: Amend §493.1 Note 3: physica assista therapy provide accepta require Note 4: assess suppor	01.01.03 Qualifica certificati Qualifica ments of 495. A cc For hosp al therapis nts, spee γ , occupa d by the able stam- ments. Qualifica ment, ed ted by the	ines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 , EP 2) ations for infection control may be met through ongoing education, training, experience, on (such as that offered by the Certification Board for Infection Control). ations for laboratory personnel are described in the Clinical Laboratory Improvement 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351- omplete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. bitals that use Joint Commission accreditation for deemed status purposes: Qualified sts, physical therapist assistants, occupational therapists, occupational therapy ech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical tional therapy, speech-language pathology, or audiology services, if these services are hospital. The provision of care and staff qualifications are in accordance with national dards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 ations for language interpreters and translators may be met through language proficiency ucation, training, and experience. The use of qualified interpreters and translators is e Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title ights Act of 1964.			
		HR.01.06.01	Staff are competent to perform their responsibilities.				
		 The hospital defines the competencies it requires of its staff who provide patien services. (See also NPSG.03.06.01, EP 3) 					
			The hospital has policies and procedures that guide and support patient care, treatment, and services.				
			P1 Leaders review and approve policies and procedures that guide and support patient care, treatment, and services. (See also NR.02.03.01, EP 1; RI.01.07.01, EP 1)				
§482.57(b)(2)	TAG: A-1162	LD.04.01.01	The h	nospital complies with law and regulation.			
	nical laboratory tests are performed in the respiratory care applicable requirements for laboratory services specified in	the car Commi Note: E Labora regulat WT.04 Footno http://w	e, treatm ssion. ach serv tory Impr ions (42 (01.01, E te *: For i ww.cms.	icensed, is certified, or has a permit, in accordance with law and regulation, to provide ent, or services for which the hospital is seeking accreditation from The Joint ice location that performs laboratory testing (waived or nonwaived) must have a Clinical ovement Amendments of 1988 (CLIA '88) certificate * as specified by the federal CLIA CFR 493.55 and 493.3) and applicable state law. (See also WT.01.01.01, EP 1; P 1) more information on how to obtain a CLIA certificate, see gov/Regulations-and- lation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories.html.			
§482.57(b)(3)	TAG: A-1163	PC.02.01.03		nospital provides care, treatment, and services as ordered or prescribed, and in			
practitioner who is responsibl practice under State law, and	ovided under the orders of a qualified and licensed le for the care of the patient, acting within his or her scope of I who is authorized by the hospital's medical staff to order the hospital policies and procedures and State laws.		accol	rdance with law and regulation.			
Medicare Hospital Requiremen	to to 2046 loipt	Page 280 of 328		© 2016 The Joint Commission			

CFR Number §482.57(b)(3)	Medicare Requirements	Joint Commiss Equivalent Nun		Joint Commission Standards and Elements of Performance
		care, trea independ and regul Note: Out he or she - Respon - License Veterans - Acting w - Authoriz governing Footnote refer to 4:	tment, ent prace ation; h patient meets sible for d to pra Admini ithin his ed in a body t *: For la 2 CFR 4 crass	t use Joint Commission accreditation for deemed status purposes: Prior to providing and services, the hospital obtains or renews orders (verbal or written) from a licensed titioner or other practitioner in accordance with professional standards of practice; law ospital policies; and medical staff bylaws, rules, and regulations. * services may be ordered by a practitioner not appointed to the medical staff as long as the following: the care of the patient ctice in the state where he or she provides care to the patient or in accordance with stration and Department of Defense licensure requirements s or her scope of practice under state law coordance with state law and policies adopted by the medical staff and approved by the o order the applicable outpatient services aw and regulation guidance pertaining to those responsible for the care of the patient, l82.12(c).
§482.57(b)(4)	TAG: A-1164	RC.02.01.01	The m servio	edical record contains information that reflects the patient's care, treatment, and es.
	vices orders must be documented in the patient's medical the requirements at §482.24.	 The rea The pati Any find EPs 1 an Any alle Any alle Any diag (including Commiss (diseases) an intercu Any con Any met Any met Any met Dischard Dischard 	cal reco son(s) f ent's in ings of d 8) "gies to clusion proses compli- ion acc that oc that oc trrent be sultation envation envation ervation ervation dication dication dication ge ss ite erse dr nt goal of diago ge plan	brd contains the following clinical information: or admission for care, treatment, and services tial diagnosis, diagnostic impression(s), or condition(s) assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, food medications s or impressions drawn from the patient's medical history and physical examination or conditions established during the patient's course of care, treatment, and services cations and hospital-acquired infections). For psychiatric hospitals using Joint reditation for deemed status purposes: The diagnosis includes intercurrent diseases cur during the course of another disease; for example, a patient with AIDS may develop but of pneumonia) and the psychiatric diagnoses. In reports is relevant to care, treatment, and services sponse to care, treatment, and services is care, treatment, and services sponse to care, treatment, and services sponse to care, including the strength, dose, and route is ordered or prescribed s administered, including the strength, dose, and route for medication, administration devices used, and rate of administration ug reactions s, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23) nostic and therapeutic tests and procedures s dispensed or prescribed on discharge

		Equivalent Number	Joint Commission Standards and Elements of Performance
§482.58	TAG: A-1500		
§482.58 Special require beds").	ements for hospital providers of long-term care services ("swing-		
in order to be granted an	dicare provider agreement must meet the following requirements approval from CMS to provide post-hospital extended care §409.30 of this chapter, and be reimbursed as a swing-bed §413.114 of this chapter:		
§482.58(a)	TAG: A-1501		
(a) Eligibility. A hospital n	nust meet the following eligibility requirements:	-	
§482.58(a)(1)	TAG: A-1501		ed by CMS at the time the hospital seeks approval to provide post-hospital
intensive care type inpati	than 100 hospital beds, excluding beds for newborns and beds in ient units (for eligibility of hospitals with distinct parts electing the method, see §413.24(d)(5) of this chapter).	 skilled nursing care. 	
§482.58(a)(2)	TAG: A-1501		ed by CMS at the time the hospital seeks approval to provide post-hospital
	d in a rural area. This includes all areas not delineated as Census Bureau, based on the most recent census.	 skilled nursing care. 	
§482.58(a)(3)	TAG: A-1501		ed by CMS at the time the hospital seeks approval to provide post-hospital
(3) The hospital does not §488.54(c) of this chapte	t have in effect a 24-hour nursing waiver granted under r.	 skilled nursing care. 	
§482.58(a)(4)	TAG: A-1501		ed by CMS at the time the hospital seeks approval to provide post-hospital
(4) The hospital has not h previous to application.	had a swing-bed approval terminated within the two years	 skilled nursing care. 	
§482.58(b)	TAG: A-1505		
	v services. The facility is substantially in compliance with the facility requirements contained in subpart B of part 483 of this		
§482.58(b)(1)	TAG: A-1505	IM.02.01.01 The	e hospital protects the privacy of health information.
(1) Resident rights (§483 (I), and (m)).	5.10 (b)(3), (b)(4), (b)(5), (b)(6), (d), (e), (h), (i), (j)(1)(vii), (j)(1)(viii),	EP 1 The hospital h 7)	has a written policy addressing the privacy of health information. (See also RI.01.01.01, EP
			uses health information only for purposes permitted by law and regulation or as further policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)
			liscloses health information only as authorized by the patient or as otherwise consistent egulation. (See also RI.01.01.01, EP 7)

CFR Number §482.58(b)(1)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		LD.04.0	2.03 Ethic	al principles guide the hospital's business practices.
		EP 13	Each resident w when the reside - The items and - Those items a	at use Joint Commission accreditation for deemed status purposes and have swing beds: ho is entitled to Medicaid benefits is informed in writing, either at the time of admission or nt becomes eligible for Medicaid, of the following: services included in the state plan for which the resident may not be charged nd services that the facility offers and for which the resident may be charged, and the ges for those services
		EP 14		at use Joint Commission accreditation for deemed status purposes and have swing beds: formed when changes are made to the services that are specified in LD.04.02.03, EP 13.
		EP 16	Residents are in	at use Joint Commission accreditation for deemed status purposes and have swing beds: formed before or at the time of admission, and periodically during the resident's stay, of le in the facility and of charges for those services not covered under Medicare or by the n rate.
		RI.01.01	1.01 The ł	nospital respects, protects, and promotes patient rights.
		EP 1	Note: For hospit written policies a	s written policies on patient rights. als that use Joint Commission accreditation for deemed status purposes: The hospital's address procedures regarding patient visitation rights, including any clinically necessary estrictions or limitations.
		EP 2	Note 1: For hosp informs the patie include the right domestic partne included is the r Note 2: For hosp makes sure that	prims the patient of his or her rights. (See also RI.01.01.03, EPs 1-3) bitals that use Joint Commission accreditation for deemed status purposes: The hospital ent (or support person, where appropriate) of his or her visitation rights. Visitation rights to receive the visitors designated by the patient, including, but not limited to, a spouse, a ir (including a same-sex domestic partner), another family member, or a friend. Also ight to withdraw or deny such consent at any time. bitals that use Joint Commission accreditation for deemed status purposes: The hospital e each patient, or his or her family, is informed of the patient's rights in advance of continuing patient care whenever possible.
		EP 5	The hospital res EP 1)	pects the patient's right to and need for effective communication. (See also RI.01.01.03,
		EP 7	Note 1: This ele the privacy of a Note 2: For hos swing beds: The	pects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5) ment of performance (EP) addresses a patient's personal privacy. For EPs addressing patient's health information, please refer to Standard IM.02.01.01. oitals that use Joint Commission accreditation for deemed status purposes and have e resident's right to privacy includes privacy and confidentiality of his or her personal ten communications, including the right to send and receive mail promptly.
		RI.01.01		nospital respects the patient's right to receive information in a manner he or she rstands.
		EP 1		vides information in a manner tailored to the patient's age, language, and ability to e also PC.02.01.21, EP 2; PC.04.01.05, EP 8; RI.01.01.01, EPs 2 and 5)
		EP 3		vides information to the patient who has vision, speech, hearing, or cognitive a manner that meets the patient's needs. (See also PC.02.01.21, EP 2; RI.01.01.01, EPs

CFR Number §482.58(b)(1)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		RI.01.02	care Note purp	hospital respects the patient's right to participate in decisions about his or her , treatment, and services. E: For hospitals that use Joint Commission accreditation for deemed status poses: This right is not to be construed as a mechanism to demand the provision of tement or services deemed medically unnecessary or inappropriate.
		EP 1		volves the patient in making decisions about his or her care, treatment, and services, ght to have his or her family and physician promptly notified of his or her admission to the
		EP 2	The hospital pr services.	ovides the patient with written information about the right to refuse care, treatment, and
		EP 3	The hospital re and regulation.	spects the patient's right to refuse care, treatment, and services, in accordance with law
		EP 6		is unable to make decisions about his or her care, treatment, and services, the hospital ogate decision-maker in making these decisions. (See also RI.01.03.01, EP 6)
		EP 20		ovides the patient or surrogate decision-maker with the information about the outcomes of a, and services that the patient needs in order to participate in current and future health
		RI.01.03	3.01 The	hospital honors the patient's right to give or withhold informed consent.
		EP 7	The informed of services.	onsent process includes a discussion about the patient's proposed care, treatment, and
		EP 9	the patient's pr	onsent process includes a discussion about potential benefits, risks, and side effects of oposed care, treatment, and services; the likelihood of the patient achieving his or her potential problems that might occur during recuperation.
		EP 11	proposed care,	onsent process includes a discussion about reasonable alternatives to the patient's treatment, and services. The discussion encompasses risks, benefits, and side effects lternatives and the risks related to not receiving the proposed care, treatment, and
		RI.01.03		hospital protects the patient and respects his or her rights during research, stigation, and clinical trials.
		EP 3	discontinuing p	forms the patient that refusing to participate in research, investigation, or clinical trials or articipation at any time will not jeopardize his or her access to care, treatment, and ted to the research.
		RI.01.05		hospital addresses patient decisions about care, treatment, and services received e end of life.
		EP 6		ovides patients with written information about advance directives, forgoing or withdrawing reatment, and withholding resuscitative services.

CFR Number §482.58(b)(1)	Medicare Requirements		Commission alent Numbe	Joint Commission Standards and Elements of Performance
		RI.01.06		e patient has the right to an environment that preserves dignity and contributes to a itive self-image.
		EP 4		llows the patient to keep and use personal clothing and possessions, unless this infringes ts or is medically or therapeutically contraindicated, based on the setting or service.
		EP 8	The hospital p	hat use Joint Commission accreditation for deemed status purposes and have swing beds: rovides accommodations for residents with significant others living in the same facility ividuals consent to the arrangement.
		EP 14		hat use Joint Commission accreditation for deemed status purposes and have swing beds: as the right to have access to stationery, postage, and writing implements at the resident's
		EP 15	The hospital of	ffers patients telephone and mail service, based on the setting and population.
		EP 16		rovides access to telephones for patients who desire private telephone conversations in a based on the setting and population.
		RI.01.00	ha	hospitals that use Joint Commission accreditation for deemed status purposes and re swing beds: The resident has the right to choose his or her medical, dental, and er licensed independent practitioner care providers.
		EP 1		hat use Joint Commission accreditation for deemed status purposes and have swing beds: upports the resident's right to choose an attending physician, dentist, and other licensed ractitioner.
		EP 2	The hospital s	hat use Joint Commission accreditation for deemed status purposes and have swing beds: upports the resident's right to request a different licensed independent practitioner upon I throughout the course of care.
		EP 3	The hospital r	hat use Joint Commission accreditation for deemed status purposes and have swing beds: nakes reasonable attempts to respond to requests from residents to choose a different rendent practitioner upon admission and throughout the course of care.
		RI.01.07		hospitals that use Joint Commission accreditation for deemed status purposes and e swing beds: The resident has the right to receive and restrict visitors.
		EP 1		hat use Joint Commission accreditation for deemed status purposes and have swing beds: stablishes liberal visiting hours that are limited only by the resident's personal preferences.
		EP 3		hat use Joint Commission accreditation for deemed status purposes and have swing beds: rovides space for the resident to receive visitors in comfort and privacy.
		EP 5		hat use Joint Commission accreditation for deemed status purposes and have swing beds: upports the resident's right to choose with whom he or she communicates.
		EP 6	The hospital of	hat use Joint Commission accreditation for deemed status purposes and have swing beds: omplies with law and regulation regarding individuals who are exempted from visiting hour order to gain immediate access to the resident.

CFR Number §482.58(b)(1)	Medicare Requirements		Commissio alent Numb		Joint Commission Standards and Elements of Performance
		RI.01.0	fc h	or ho ave s	ychiatric hospital settings that provide longer term care (more than 30 days) and spitals that use Joint Commission accreditation for deemed status purposes and wing beds: The hospital protects the rights of patients and residents who work on behalf of the hospital.
		EP 1	use Joint Co	mmi	ospital settings that provide longer term care (more than 30 days) and for hospitals that ssion accreditation for deemed status purposes and have swing beds: The hospital has at addresses situations in which patients and residents work for or on behalf of the
		EP 2	use Joint Co	mmi	ospital settings that provide longer term care (more than 30 days) and for hospitals that ssion accreditation for deemed status purposes and have swing beds: The hospital plicy regarding patients and residents who work for or on behalf of the hospital.
		EP 3	use Joint Co patients and Note: For ho	mmi resio spita	ospital settings that provide longer term care (more than 30 days) and for hospitals that ssion accreditation for deemed status purposes and have swing beds: Wages paid to dents who work for or on behalf of the hospital are in accordance with law and regulation. Is that use Joint Commission accreditation for deemed status purposes and have swing care specifies whether the work performed is voluntary or paid.
		EP 4	use Joint Co	mmi	ospital settings that provide longer term care (more than 30 days) and for hospitals that ssion accreditation for deemed status purposes and have swing beds: The hospital c performed by the patient or resident for or on behalf of the hospital into the plan of
		EP 5	use Joint Co	mmi	ospital settings that provide longer term care (more than 30 days) and for hospitals that ssion accreditation for deemed status purposes and have swing beds: Patients and e right to refuse to work for or on behalf of the hospital.
§482.58(b)(2)	TAG: A-1505	LD.04.0)2.03 E	thica	I principles guide the hospital's business practices.
(2) Admission, transfer, (a)(6), and (a)(7)).	, and discharge rights (§483.12 (a)(1), (a)(2), (a)(3), (a)(4), (a)(5),	EP 15	When a resi	dent	use Joint Commission accreditation for deemed status purposes and have swing beds: becomes eligible for Medicaid after admission to the hospital, the hospital charges the Medicaid-allowable charge.
		PC.02.0			ospital provides care, treatment, and services as ordered or prescribed, and in lance with law and regulation.
		EP 1	care, treatm independent and regulation Note: Outpa he or she m - Responsib - Licensed to Veterans Ac - Acting with - Authorized governing bo	ent, a prac on; h tient eets le for o pra minis in his in his ody te For la	use Joint Commission accreditation for deemed status purposes: Prior to providing and services, the hospital obtains or renews orders (verbal or written) from a licensed titioner or other practitioner in accordance with professional standards of practice; law ospital policies; and medical staff bylaws, rules, and regulations. * services may be ordered by a practitioner not appointed to the medical staff as long as the following: the care of the patient ctice in the state where he or she provides care to the patient or in accordance with stration and Department of Defense licensure requirements or her scope of practice under state law cordance with state law and policies adopted by the medical staff and approved by the o order the applicable outpatient services w and regulation guidance pertaining to those responsible for the care of the patient, 82.12(c).

CFR Number §482.58(b)(2)	Medicare Requirements	Joint Commission Equivalent Number Joint Commission Standards and Elements of Performance
		EP 7 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s).
		PC.04.01.03 The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.
		 EP 3 The patient, the patient's family, licensed independent practitioners, physicians, clinical psychologists, and staff involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer. Note 1: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary). Note 2: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Social service staff responsibilities include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the hospital. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move in writing. The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and orderly.
		EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Except when specified in the CoP from 42 CFR 483.12(a)(5)(ii), the written notice of transfer or discharge required under paragraph 42 CFR 483.12(a)(4) must be made by the hospital at least 30 days before the resident is transferred or discharged. Note: Notice may be made as soon as is practical before transfer or discharge when the safety of the individuals in the facility would be endangered; the resident's health improves sufficiently to allow a more immediate transfer or discharge, and immediate transfer or discharge is required by the resident's urgent medical needs; or a resident has not resided in the facility for 30 days.
		 EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The written notice before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes the following: The reason for transfer or discharge The effective date of transfer or discharge The location to which the resident is transferred or discharged A statement that the resident has the right to appeal the action to the state The name, address, and telephone number of the state's long term care ombudsman For a resident who is developmentally disabled, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act For a resident who is mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under the Protection and Advocacy for Mentally III Individuals Act
		PC.04.01.05 Before the hospital discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, and services.
		EP 1 When the hospital determines the patient's discharge or transfer needs, it promptly shares this information with the patient, and also with the patient's family when it is involved in decision making or ongoing care.

CFR Number §482.58(b)(2)	Medicare Requirements		Commissio Valent Numb		Joint Commission Standards and Elements of Performance
		EP 2		decis	nt is discharged, the hospital informs the patient, and also the patient's family when it is ion making or ongoing care, of the kinds of continuing care, treatment, and services the .
		EP 3			nt is discharged or transferred, the hospital provides the patient with information about being discharged or transferred.
		EP 5	Before the to the trans	•	nt is transferred, the hospital provides the patient with information about any alternatives
		PC.04.	ł	nave	ospitals that use Joint Commission accreditation for deemed status purposes and swing beds: Residents are not transferred or discharged from the hospital unless neet specific criteria, in accordance with law and regulation.
		EP 1	The hospita - The reside services. - The trans resident's r - The healtl - The healtl - The hospi transfer or - The hospi	al trar ent's fer or needs h or s h or s tal ha disch ital ce ent le	afety of the resident is endangered by remaining in the hospital. afety of individuals in the facility is endangered. as provided the resident, who has not paid for his or her stay, with reasonable notice of arge, as defined by the hospital and in accordance with law and regulation. bases operation. aves against medical advice and signs a form stating that his or her action runs contrary
		RC.01.		The h batie	ospital maintains complete and accurate medical records for each individual nt.
		EP 5	The medica	al rec	ord contains the information needed to support the patient's diagnosis and condition.
		EP 6	The medica	al rec	ord contains the information needed to justify the patient's care, treatment, and services.
		EP 7	The medicative treatment, a		ord contains information that documents the course and result of the patient's care, ervices.
		EP 8	continuity o Note: For h	of care	ord contains information about the patient's care, treatment, or services that promotes e among providers. als that elect The Joint Commission Primary Care Medical Home option: This rs to care provided by both internal and external providers.
		RC.02.04.01 The hospital documents the patient's discharge information.		ospital documents the patient's discharge information.	
		EP 1	Documenta the receivin physician w improving a the hospita	ation i ng org /hen i and ne l's sw t is be	It use Joint Commission accreditation for deemed status purposes and have swing beds: In the medical record includes discharge information provided to the resident and/or to panization. There is documentation in the resident's medical record by the resident's the resident is transferred or discharged, either when the transfer is due to the resident o longer needing long term care services or when the resident's needs cannot be met in ring bed. There is documentation in the resident's medical record by a physician when eing transferred or discharged because the safety of other residents would otherwise be

CFR Number §482.58(b)(2)	Medicare Requirements		mmission nt Number	Joint Commission Standards and Elements of Performance	
		Th - T - F of an - N pro - Ir an - N - A	e resident's c "he reason for "reatment pro Referrals prov the licensed i d treatment, i Medical finding ogress reache nformation ab d potential for Nursing inform Any advance c	at use Joint Commission accreditation for deemed status purposes and have swing beds: lischarge information includes the following: 'transfer, discharge, or referral vided, diet, medication orders, and orders for the resident's immediate care ided to the resident, the referring licensed independent practitioner's name, and the name ndependent practitioner who has agreed to be responsible for the resident's medical care f this person is someone other than the referring licensed independent practitioner gs and diagnoses; a summary of the care, treatment, and services provided; and ed toward goals out the resident's behavior, ambulation, nutrition, physical status, psychosocial status, r rehabilitation liation that is useful in the resident's care directives ven to the resident before discharge	
		RI.01.01.01	The I	nospital respects, protects, and promotes patient rights.	
			e hospital res 1)	spects the patient's right to and need for effective communication. (See also RI.01.01.03,	
		RI.01.01.03		nospital respects the patient's right to receive information in a manner he or she rstands.	
				ovides information in a manner tailored to the patient's age, language, and ability to be also PC.02.01.21, EP 2; PC.04.01.05, EP 8; RI.01.01.01, EPs 2 and 5)	
§482.58(b)(3)	TAG: A-1505	HR.01.02.01	I The I	nospital defines staff qualifications.	
(3) Resident behavior an	d facility practices (§483.13).	Th	e facility does glecting, or m	at use Joint Commission accreditation for deemed status purposes and have swing beds: s not employ individuals who have been found guilty by a court of law of abusing, istreating residents or who have had a finding entered into the state nurse aide registry se, neglect, or mistreatment of residents or of misappropriation of their property.	
		PC.01.02.09) The l	The hospital assesses the patient who may be a victim of possible abuse and neglect.	
				ports cases of possible abuse and neglect to external agencies, in accordance with law (See also RI.01.06.03, EP 3)	
		Th	ie hospital rep tions taken by	at use Joint Commission accreditation for deemed status purposes and have swing beds: ports to the state nurse aide registry or licensing authorities any knowledge it has of any a court of law against an employee that would indicate unfitness for service as a nurse cility staff. (See also RI.01.06.03, EP 3)	
		PC.03.05.01	The I	nospitals that use Joint Commission accreditation for deemed status purposes: nospital uses restraint or seclusion only when it can be clinically justified or when anted by patient behavior that threatens the physical safety of the patient, staff, or 's.	
				at use Joint Commission accreditation for deemed status purposes: The hospital uses usion only to protect the immediate physical safety of the patient, staff, or others.	
				at use Joint Commission accreditation for deemed status purposes: The hospital does tor seclusion as a means of coercion, discipline, convenience, or staff retaliation.	

CFR Number §482.58(b)(3)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance				
		EP 3		at use Joint Commission accreditation for deemed status purposes: The hospital uses usion only when less restrictive interventions are ineffective.				
		RI.01.06	•	patient has the right to be free from neglect; exploitation; and verbal, mental, ical, and sexual abuse.				
		EP 1	occur while the Note: For hospit	ermines how it will protect the patient from neglect, exploitation, and abuse that could patient is receiving care, treatment, and services. als that use Joint Commission accreditation for deemed status purposes and have swing tal also determines how it will protect residents from corporal punishment and involuntary				
		EP 2		aluates all allegations, observations, and suspected cases of neglect, exploitation, and r within the hospital. (See also PC.01.02.09, EP 1)				
		EP 3	to appropriate a also PC.01.02.0 Note: For hospit beds: Alleged vi	orts allegations, observations, and suspected cases of neglect, exploitation, and abuse uthorities based on its evaluation of the suspected events, or as required by law. (See 9, EPs 6 and 7) als that use Joint Commission accreditation for deemed status purposes and have swing olations of mistreatment, neglect, or abuse and misappropriation of resident property are iately to the administrator of the hospital.				
				at use Joint Commission accreditation for deemed status purposes and have swing beds: velops and implements written policies and procedures that prohibit mistreatment, use of residents and misappropriation of resident property.				
		EP 5	EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing The hospital has evidence that all alleged violations are thoroughly investigated and that it prevents further abuse while the investigation is in progress. The results of all investigations are reported to ta administrator or his or her designated representative within five working days of the incident.					
§482.58(b)(4)	TAG: A-1505	HR.01.0	2.01 The ł	nospital defines staff qualifications.				
(4) Patient activities (§483.	.15(f)).	EP 12	The activities pr - Is a qualified th if applicable, by recreation speci 1, 1990 - Has two years which was full tii - Is a qualified o	at use Joint Commission accreditation for deemed status purposes and have swing beds: ogram is directed by a professional who meets one of the following criteria: nerapeutic recreation specialist or an activities professional who is licensed or registered, the state in which he or she practices and is eligible for certification as a therapeutic alist or as an activities professional by a recognized accrediting body on or after October of experience in a social or recreational program within the last five years, one year of me in a patient activities program in a health care setting ccupational therapist or occupational therapy assistant d a training course approved by the state				
		PC.02.0	PC.02.02.01 The hospital coordinates the patient's care, treatment, and services based or patient's needs.					
		EP 8	EP 8 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing be The hospital provides activity services directly or through referral for ambulatory and nonambulatory residents at various functional levels.					
		Da na 200 a		© 2010 The Joint Commission				

CFR Number §482.58(b)(4)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		PC.02.0	have	hospitals that use Joint Commission accreditation for deemed status purposes and e swing beds: Residents participate in social and recreational activities according neir abilities and interests.
		EP 1	For hospitals th The hospital of interests.	hat use Joint Commission accreditation for deemed status purposes and have swing beds: ifers residents a variety of social and recreational activities according to their abilities and
		EP 3		hat use Joint Commission accreditation for deemed status purposes and have swing beds: elps residents to participate in social and recreational activities according to their abilities
§482.58(b)(5)	TAG: A-1505	HR.01.0	02.01 The	hospital defines staff qualifications.
(5) Social services (§483	.15(g)).	EP 1	and RI.01.01.0 Note 1: Qualific and/or certifica Note 2: Qualific Amendments of §493.1495. A of Note 3: For hos physical therap assistants, spe therapy, occup provided by the acceptable sta requirements. Note 4: Qualific assessment, e supported by the	efines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 (3, EP 2) cations for infection control may be met through ongoing education, training, experience, tion (such as that offered by the Certification Board for Infection Control). cations for laboratory personnel are described in the Clinical Laboratory Improvement of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351- complete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. spitals that use Joint Commission accreditation for deemed status purposes: Qualified bists, physical therapist assistants, occupational therapists, occupational therapy eech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical vational therapy, speech-language pathology, or audiology services, if these services are e hospital. The provision of care and staff qualifications are in accordance with national ndards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 cations for language interpreters and translators may be met through language proficiency ducation, training, and experience. The use of qualified interpreters and translators is he Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title Rights Act of 1964.
		HR.01.0	02.05 The	hospital verifies staff qualifications.
		EP 3	The hospital ve job responsibili	erifies and documents that the applicant has the education and experience required by the tites.
		EP 17	A qualified soc degree in a hui counseling, or	hat use Joint Commission accreditation for deemed status purposes and have swing beds: ial worker is an individual who has a bachelor's degree in social work or a bachelor's man services field including but not limited to sociology, special education, rehabilitation psychology and has one year of supervised social work experience in a health care setting y with individuals.
		HR.01.0	02.07 The	hospital determines how staff function within the organization.
		EP 2		ide patient care, treatment, and services practice within the scope of their license, registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)
		HR.01.0	06.01 Staf	f are competent to perform their responsibilities.
		EP 1		efines the competencies it requires of its staff who provide patient care, treatment, or also NPSG.03.06.01, EP 3)

CFR Number §482.58(b)(5)	Medicare Requirements		ommission ent Number	Joint Commission Standards and Elements of Performance
		LD.03.06.	01 Thos	e who work in the hospital are focused on improving safety and quality.
		EP 1 l	_eaders design	work processes to focus individuals on safety and quality issues.
		i I	and services. (e for a sufficient number and mix of individuals to support safe, quality care, treatment, See also IC.01.01.01, EP 3) Ser and mix of individuals is appropriate to the scope and complexity of the services
		EP 4	Those who wor	c in the hospital are competent to complete their assigned responsibilities.
		LD.04.03.	01 The	nospital provides services that meet patient needs.
			hrough referral Note: For psych medical and su nas an agreem mmediately av	e population(s) served guide decisions about which services will be provided directly or , consultation, contractual arrangements, or other agreements. iatric hospitals that use Joint Commission accreditation for deemed status purposes: If rgical diagnostic and treatment services are not available within the hospital, the hospital ent with an outside source for these services to make sure that the services are ailable or an agreement needs to be established for transferring patients to a general rticipates in the Medicare program.
		PC.02.02.		nospital coordinates the patient's care, treatment, and services based on the nt's needs.
		- r t	The hospital pro nursing care, do Note: For hospi	at use Joint Commission accreditation for deemed status purposes and have swing beds: ovides services (directly or through referral) to facilitate family support, social work, ental care, rehabilitation, primary physician care, or discharge. tals that use Joint Commission accreditation for deemed status purposes and have swing ital promptly refers residents with lost or damaged dentures to a dentist.
§482.58(b)(6)	TAG: A-1505	PC.01.02.	01 The	nospital assesses and reassesses its patients.
(6) Discharge planning (§	483.20(e)).		nformation it co Note 1: In defin consider inform patient's other o Note 2: Assess	fines, in writing, the scope and content of screening, assessment, and reassessment ollects. (See also RC.02.01.01, EP 2) ing the scope and content of the information it collects, the organization may want to ation that it can obtain, with the patient's consent, from the patient's family and the care providers, as well as information conveyed on any medical jewelry. ment and reassessment information includes the patient's perception of the effectiveness e effects related to, his or her medication(s).
		6 	assessments a Note: Examples	fines, in writing, criteria that identify when additional, specialized, or more in-depth re performed. (See also PC.01.02.07, EP 1; PC.01.02.03 EPs 7 and 8) s of criteria could include those that identify when a nutritional, functional, or pain ould be performed for patients who are at risk.
§482.58(b)(7)	TAG: A-1505	LD.04.03.0	01 The	nospital provides services that meet patient needs.
(7) Specialized rehabilitati	ve services (§483.45).			
Madiaara Llaanital Daguirar	nanta ta 2016, laint	Dage 202 of 2	200	@ 2016 The Joint Commission

CFR Number §482.58(b)(7)	Medicare Requirements		mmission nt Number	Joint Commission Standards and Elements of Performance	
		th No m ha im	rough referral, ote: For psych edical and sur as an agreeme nmediately ava	e population(s) served guide decisions about which services will be provided directly or consultation, contractual arrangements, or other agreements. iatric hospitals that use Joint Commission accreditation for deemed status purposes: If gical diagnostic and treatment services are not available within the hospital, the hospital ent with an outside source for these services to make sure that the services are ailable or an agreement needs to be established for transferring patients to a general ticipates in the Medicare program.	
		PC.02.01.0	1 The I	nospital provides care, treatment, and services for each patient.	
			he hospital pro an of care.	vides the patient with care, treatment, and services according to his or her individualized	
		PC.02.01.0		nospital provides care, treatment, and services as ordered or prescribed, and in rdance with law and regulation.	
		ca in ar N he - f - l V c - / g G G G G G G G	are, treatment, dependent pra nd regulation; ote: Outpatien e or she meets Responsible foc Licensed to pr eterans Admir Acting within h Authorized in a overning body	at use Joint Commission accreditation for deemed status purposes: Prior to providing and services, the hospital obtains or renews orders (verbal or written) from a licensed actitioner or other practitioner in accordance with professional standards of practice; law hospital policies; and medical staff bylaws, rules, and regulations. * t services may be ordered by a practitioner not appointed to the medical staff as long as a the following: or the care of the patient actice in the state where he or she provides care to the patient or in accordance with istration and Department of Defense licensure requirements is or her scope of practice under state law accordance with state law and policies adopted by the medical staff and approved by the to order the applicable outpatient services law and regulation guidance pertaining to those responsible for the care of the patient, 482.12(c).	
				at use Joint Commission accreditation for deemed status purposes: The hospital reatment, and services using the most recent patient order(s).	
		PC.02.02.0		The hospital coordinates the patient's care, treatment, and services based on the patient's needs.	
		N		ordinates the patient's care, treatment, and services. ion involves resolving scheduling conflicts and duplication of care, treatment, and	
		Tł nu Ni	he hospital pro ursing care, de ote: For hospit	at use Joint Commission accreditation for deemed status purposes and have swing beds: wides services (directly or through referral) to facilitate family support, social work, ental care, rehabilitation, primary physician care, or discharge. tals that use Joint Commission accreditation for deemed status purposes and have swing ital promptly refers residents with lost or damaged dentures to a dentist.	
			/hen the hospi eatment, and s	tal uses external resources to meet the patient's needs, it coordinates the patient's care, services.	
§482.58(b)(8)	TAG: A-1505	PC.02.02.0		nospital coordinates the patient's care, treatment, and services based on the nt's needs.	
(8) Dental services (§483.55).					

CFR Number §482.58(b)(8)	Medicare Requirements		: Commissio valent Numb	-	Joint Commission Standards and Elements of Performance
		EP 9	The hospita nursing car Note: For h	al prov re, dei iospita	t use Joint Commission accreditation for deemed status purposes and have swing beds: ides services (directly or through referral) to facilitate family support, social work, ital care, rehabilitation, primary physician care, or discharge. Is that use Joint Commission accreditation for deemed status purposes and have swing al promptly refers residents with lost or damaged dentures to a dentist.
		EP 10	When the h treatment,		al uses external resources to meet the patient's needs, it coordinates the patient's care, prvices.
		EP 12	The hospita external pro Note: For h	al prov ovider nospita hospit	t use Joint Commission accreditation for deemed status purposes and have swing beds ides 24-hour emergency dental services directly or through arrangement with an Is that use Joint Commission accreditation for deemed status purposes and have swing al may charge a Medicare resident an additional amount for routine and emergency
			I	have	ospitals that use Joint Commission accreditation for deemed status purposes and swing beds: The resident has the right to communicate with his or her medical, , and other licensed independent practitioner care providers.
		The hosp		or hospitals that use Joint Commission accreditation for deemed status purposes and he hospital helps the resident make and keep appointments with medical, dental, and or dependent practitioners.	
		RI.01.0	I	have	ospitals that use Joint Commission accreditation for deemed status purposes and swing beds: The resident has the right to transportation services, as appropriate or her care or service plan.
		The hosp		al arra	t use Joint Commission accreditation for deemed status purposes and have swing beds nges transportation for the resident to and from physician or dentist appointments and entified in the resident's care or service plan.
§483.10					
§483.10 Resident Rights.					
§483.10(b)					
(b) Notice of rights and service	S				
§483.10(b)(3)		RI.01.0	1.01	The h	ospital respects, protects, and promotes patient rights.
	o be fully informed in language that he or she can ealth status, including but not limited to, his or her medical	EP 1	Note: For h written poli	iospita cies a	written policies on patient rights. Is that use Joint Commission accreditation for deemed status purposes: The hospital's ddress procedures regarding patient visitation rights, including any clinically necessary strictions or limitations.
ledicare Hospital Requirements	- 1- 0040 Islat	Page 294	(© 2016 The Joint Commissio

CFR Number §483.10(b)(3)	Medicare Requirements		t Commissi valent Numl		Joint Commission Standards and Elements of Performance
		EP 2	Note 1: Fo informs the include the domestic p included is Note 2: Fo makes sur	r hosp e patie right oartnei the ri r hosp e that	rms the patient of his or her rights. (See also RI.01.01.03, EPs 1-3) itals that use Joint Commission accreditation for deemed status purposes: The hospital int (or support person, where appropriate) of his or her visitation rights. Visitation rights to receive the visitors designated by the patient, including, but not limited to, a spouse, a ' (including a same-sex domestic partner), another family member, or a friend. Also ght to withdraw or deny such consent at any time. itals that use Joint Commission accreditation for deemed status purposes: The hospital each patient, or his or her family, is informed of the patient's rights in advance of continuing patient care whenever possible.
		EP 5	The hospit EP 1)	al res	pects the patient's right to and need for effective communication. (See also RI.01.01.03,
					ospital respects the patient's right to receive information in a manner he or she stands.
					vides information in a manner tailored to the patient's age, language, and ability to e also PC.02.01.21, EP 2; PC.04.01.05, EP 8; RI.01.01.01, EPs 2 and 5)
					vides information to the patient who has vision, speech, hearing, or cognitive manner that meets the patient's needs. (See also PC.02.01.21, EP 2; RI.01.01.01, EPs
		ca No pu tre EP 1 The hospital		care, Note: purpo	ospital respects the patient's right to participate in decisions about his or her treatment, and services. For hospitals that use Joint Commission accreditation for deemed status ses: This right is not to be construed as a mechanism to demand the provision of ment or services deemed medically unnecessary or inappropriate.
					olves the patient in making decisions about his or her care, treatment, and services, It to have his or her family and physician promptly notified of his or her admission to the
	right to refuse treatment, to refuse to participate in experimental te an advance directive as specified in paragraph (8) of this	RI.01.0		care, Note: purpo	ospital respects the patient's right to participate in decisions about his or her treatment, and services. For hospitals that use Joint Commission accreditation for deemed status ses: This right is not to be construed as a mechanism to demand the provision of nent or services deemed medically unnecessary or inappropriate.
		EP 2	The hospit services.	al pro	vides the patient with written information about the right to refuse care, treatment, and
		EP 3	The hospit and regula		pects the patient's right to refuse care, treatment, and services, in accordance with law
		disco			ospital protects the patient and respects his or her rights during research, tigation, and clinical trials.
				ng pa	rms the patient that refusing to participate in research, investigation, or clinical trials or rticipation at any time will not jeopardize his or her access to care, treatment, and ad to the research.
			(

CFR Number §483.10(b)(4)	Medicare Requirements		Commissior alent Numbe	I IOINT COMMISSION Standards and Floments of Performance
		RI.01.0		The hospital addresses patient decisions about care, treatment, and services received at the end of life.
		EP 6		al provides patients with written information about advance directives, forgoing or withdrawing ing treatment, and withholding resuscitative services.
§483.10(b)(5)				
(5) The facility must—				
§483.10(b)(5)(i)				
(i) Inform each resident v admission to the nursing	who is entitled to Medicaid benefits, in writing, at the time of g facility or, when the resident becomes eligible for Medicaid of—			
§483.10(b)(5)(i)(A)		LD.04.0	2.03 Et	Ethical principles guide the hospital's business practices.
	tes that are included in nursing facility services under the State esident may not be charged;	EP 13	Each residen when the res - The items a - Those items	Is that use Joint Commission accreditation for deemed status purposes and have swing beds: ent who is entitled to Medicaid benefits is informed in writing, either at the time of admission or esident becomes eligible for Medicaid, of the following: and services included in the state plan for which the resident may not be charged ms and services that the facility offers and for which the resident may be charged, and the charges for those services
§483.10(b)(5)(i)(B)		LD.04.0	2.03 Et	Ethical principles guide the hospital's business practices.
	nd services that the facility offers and for which the resident may ount of charges for those services; and	EP 13	Each residen when the res - The items a - Those items	Is that use Joint Commission accreditation for deemed status purposes and have swing beds: ent who is entitled to Medicaid benefits is informed in writing, either at the time of admission or esident becomes eligible for Medicaid, of the following: and services included in the state plan for which the resident may not be charged ms and services that the facility offers and for which the resident may be charged, and the charges for those services
§483.10(b)(5)(ii)		LD.04.0	2.03 Et	Ethical principles guide the hospital's business practices.
(ii) Inform each resident paragraphs (5)(i) (A) and	when changes are made to the items and services specified in d (B) of this section.	EP 14		Is that use Joint Commission accreditation for deemed status purposes and have swing beds: are informed when changes are made to the services that are specified in LD.04.02.03, EP 13.
§483.10(b)(6)		LD.04.0	2.03 Et	Ethical principles guide the hospital's business practices.
periodically during the re	rm each resident before, or at the time of admission, and esident's stay, of services available in the facility and of charges ding any charges for services not covered under Medicare or by re.	EP 16	Residents an	Is that use Joint Commission accreditation for deemed status purposes and have swing beds: are informed before or at the time of admission, and periodically during the resident's stay, of railable in the facility and of charges for those services not covered under Medicare or by the r diem rate.
§483.10(d)				
(d) Free choice. The resi	ident has the right to-			
§483.10(d)(1)		RI.01.06		For hospitals that use Joint Commission accreditation for deemed status purposes and
(1) Choose a personal a	ttending physician;			nave swing beds: The resident has the right to choose his or her medical, dental, and other licensed independent practitioner care providers.

CFR Number §483.10(d)(1)	Medicare Requirements		Commissio alent Numb		Joint Commission Standards and Elements of Performance		
		EP 1		l supp	use Joint Commission accreditation for deemed status purposes and have swing beds: orts the resident's right to choose an attending physician, dentist, and other licensed itioner.		
		EP 2	The hospital	l supp	use Joint Commission accreditation for deemed status purposes and have swing beds: orts the resident's right to request a different licensed independent practitioner upon oughout the course of care.		
			 For hospitals that use Joint Commission accreditation for deemed status purposes and hav The hospital makes reasonable attempts to respond to requests from residents to choose a licensed independent practitioner upon admission and throughout the course of care. 				
	dvance about care and treatment and of any changes in that care fect the resident's well-being; and	RI.01.02	c: N p	are, ti ote: I urpos	spital respects the patient's right to participate in decisions about his or her eatment, and services. For hospitals that use Joint Commission accreditation for deemed status ses: This right is not to be construed as a mechanism to demand the provision of ent or services deemed medically unnecessary or inappropriate.		
		EP 1			ves the patient in making decisions about his or her care, treatment, and services, to have his or her family and physician promptly notified of his or her admission to the		
		EP 20		ent, a	des the patient or surrogate decision-maker with the information about the outcomes of nd services that the patient needs in order to participate in current and future health		
		RI.01.03.01 The			The hospital honors the patient's right to give or withhold informed consent.		
		EP 7	The informe services.	d con	sent process includes a discussion about the patient's proposed care, treatment, and		
		the patient		prop	sent process includes a discussion about potential benefits, risks, and side effects of osed care, treatment, and services; the likelihood of the patient achieving his or her tential problems that might occur during recuperation.		
		EP 11	proposed ca	are, tre	sent process includes a discussion about reasonable alternatives to the patient's eatment, and services. The discussion encompasses risks, benefits, and side effects rnatives and the risks related to not receiving the proposed care, treatment, and		
§483.10(d)(3)		RI.01.02.01		The hospital respects the patient's right to participate in decisions about			
	mpetent or otherwise found to be incapacitated under the laws of planning care and treatment or changes in care and treatment.		N p	ote: I urpos	eatment, and services. For hospitals that use Joint Commission accreditation for deemed status ses: This right is not to be construed as a mechanism to demand the provision of ent or services deemed medically unnecessary or inappropriate.		
		EP 1			ves the patient in making decisions about his or her care, treatment, and services, to have his or her family and physician promptly notified of his or her admission to the		
		EP 6			unable to make decisions about his or her care, treatment, and services, the hospital te decision-maker in making these decisions. (See also RI.01.03.01, EP 6)		

CFR Number §483.10(e)	Medicare Requirements		Commissio alent Numb		Joint Commission Standards and Elements of Performance
§483.10(e)		IM.02.01	1.01 [·]	The he	spital protects the privacy of health information.
	tiality. The resident has the right to personal privacy and er personal and clinical records.	EP 1	The hospita 7)	al has	a written policy addressing the privacy of health information. (See also RI.01.01.01, EP
		EP 3			health information only for purposes permitted by law and regulation or as further by on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)
		EP 4			oses health information only as authorized by the patient or as otherwise consistent lation. (See also RI.01.01.01, EP 7)
		RI.01.01	1.01	The he	ospital respects, protects, and promotes patient rights.
		EP 7	Note 1: Thi the privacy Note 2: For swing beds	s elen of a p hosp : The	ects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5) eent of performance (EP) addresses a patient's personal privacy. For EPs addressing atient's health information, please refer to Standard IM.02.01.01. tals that use Joint Commission accreditation for deemed status purposes and have resident's right to privacy includes privacy and confidentiality of his or her personal en communications, including the right to send and receive mail promptly.
		RI.01.06		The patient has the right to an environment that preserves dignity and contributes to a positive self-image.	
					ides access to telephones for patients who desire private telephone conversations in a sed on the setting and population.
§483.10(e)(1)		IM.02.01	1.01	The he	spital protects the privacy of health information.
communications, person	udes accommodations, medical treatment, written and telephone al care, visits, and meetings of family and resident groups, but	EP 1	The hospita 7)	al has	a written policy addressing the privacy of health information. (See also RI.01.01.01, EP
this does not require the	facility to provide a private room for each resident;	EP 3			health information only for purposes permitted by law and regulation or as further by on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)
		EP 4			oses health information only as authorized by the patient or as otherwise consistent lation. (See also RI.01.01.01, EP 7)
		RI.01.01	1.01	The he	spital respects, protects, and promotes patient rights.
		EP 7	Note 1: Thi the privacy Note 2: For swing beds	s elen of a p hosp : The	ects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5) eent of performance (EP) addresses a patient's personal privacy. For EPs addressing atient's health information, please refer to Standard IM.02.01.01. tals that use Joint Commission accreditation for deemed status purposes and have resident's right to privacy includes privacy and confidentiality of his or her personal en communications, including the right to send and receive mail promptly.
		RI.01.06			tient has the right to an environment that preserves dignity and contributes to a re self-image.
		EP 16			ides access to telephones for patients who desire private telephone conversations in a sed on the setting and population.

CFR Number §483.10(e)(1)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance
		RI.01.0		hospitals that use Joint Commission accreditation for deemed status purposes and re swing beds: The resident has the right to receive and restrict visitors.
		EP 3		hat use Joint Commission accreditation for deemed status purposes and have swing beds: rovides space for the resident to receive visitors in comfort and privacy.
§483.10(e)(2)		IM.02.0)1.01 The	hospital protects the privacy of health information.
	n paragraph (e)(3) of this section, the resident may approve or sonal and clinical records to any individual outside the facility;	EP 1	The hospital h 7)	as a written policy addressing the privacy of health information. (See also RI.01.01.01, EP
		EP 3		ses health information only for purposes permitted by law and regulation or as further policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)
		EP 4		iscloses health information only as authorized by the patient or as otherwise consistent egulation. (See also RI.01.01.01, EP 7)
		RI.01.0	1.01 The	hospital respects, protects, and promotes patient rights.
		EP 7	Note 1: This e the privacy of Note 2: For he swing beds: T	espects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5) lement of performance (EP) addresses a patient's personal privacy. For EPs addressing a patient's health information, please refer to Standard IM.02.01.01. spitals that use Joint Commission accreditation for deemed status purposes and have he resident's right to privacy includes privacy and confidentiality of his or her personal ritten communications, including the right to send and receive mail promptly.
§483.10(e)(3)				
(3) The resident's right to when—	o refuse release of personal and clinical records does not apply			
§483.10(e)(3)(i)		IM.02.0)1.01 The	hospital protects the privacy of health information.
(i) The resident is transfe	erred to another health care institution; or	EP 1	The hospital h 7)	as a written policy addressing the privacy of health information. (See also RI.01.01.01, EP
		EP 3	The hospital u limited by its p	ses health information only for purposes permitted by law and regulation or as further policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)
		EP 4	The hospital of with law and r	iscloses health information only as authorized by the patient or as otherwise consistent egulation. (See also RI.01.01.01, EP 7)
		RI.01.0	1.01 The	hospital respects, protects, and promotes patient rights.
		EP 7	Note 1: This e the privacy of Note 2: For he swing beds: T	espects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5) lement of performance (EP) addresses a patient's personal privacy. For EPs addressing a patient's health information, please refer to Standard IM.02.01.01. spitals that use Joint Commission accreditation for deemed status purposes and have he resident's right to privacy includes privacy and confidentiality of his or her personal ritten communications, including the right to send and receive mail promptly.

CFR Number §483.10(e)(3)(ii)	Medicare Requirements		Commissi alent Numl	-	Joint Commission Standards and Elements of Performance		
§483.10(e)(3)(ii)		IM.02.0	1.01	The h	ospital protects the privacy of health information.		
(ii) Record release is require	ed by law.	EP 1	The hospit 7)	al has	a written policy addressing the privacy of health information. (See also RI.01.01.01, EP		
		EP 3			s health information only for purposes permitted by law and regulation or as further cy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)		
		EP 4			loses health information only as authorized by the patient or as otherwise consistent lation. (See also RI.01.01.01, EP 7)		
		RI.01.0	1.01	The h	ospital respects, protects, and promotes patient rights.		
		EP 7					
§483.10(h)							
(h) Work. The resident has	the right to—						
§483.10(h)(1)		RI.01.0		For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and			
(1) Refuse to perform servic	I) Refuse to perform services for the facility;			have swing beds: The hospital protects the rights of patients and residents who work for or on behalf of the hospital.			
		EP 5	use Joint Comm		ospital settings that provide longer term care (more than 30 days) and for hospitals that ssion accreditation for deemed status purposes and have swing beds: Patients and he right to refuse to work for or on behalf of the hospital.		
§483.10(h)(2)							
(2) Perform services for the	facility, if he or she chooses, when						
§483.10(h)(2)(i)		RI.01.0			sychiatric hospital settings that provide longer term care (more than 30 days) and		
(i) The facility has documen	ted the need or desire for work in the plan of care;			have	spitals that use Joint Commission accreditation for deemed status purposes and swing beds: The hospital protects the rights of patients and residents who work on behalf of the hospital.		
	E		use Joint C		ospital settings that provide longer term care (more than 30 days) and for hospitals that ssion accreditation for deemed status purposes and have swing beds: The hospital has hat addresses situations in which patients and residents work for or on behalf of the		
		EP 2	EP 2 For psychiatric hospital settings that provide longer term care (more than 30 days) and for hos use Joint Commission accreditation for deemed status purposes and have swing beds: The h implements its policy regarding patients and residents who work for or on behalf of the hospital settings and residents who work for or on behalf of the hospital settings.				

CFR Number §483.10(h)(2)(i)	Medicare Requirements		Commission	I lount Commission Standards and Elements of Dortormance		
		EP 4	use Joint Co	c hospital settings that provide longer term care (more than 30 days) and for hospitals that nmission accreditation for deemed status purposes and have swing beds: The hospital work performed by the patient or resident for or on behalf of the hospital into the plan of		
§483.10(h)(2)(ii)(ii) The plan specifies the nature of the services performed and whether the services are voluntary or paid;		RI.01.0	fo ha	r psychiatric hospital settings that provide longer term care (more than 30 days) and hospitals that use Joint Commission accreditation for deemed status purposes and ve swing beds: The hospital protects the rights of patients and residents who work or on behalf of the hospital.		
		EP 1	use Joint Co	c hospital settings that provide longer term care (more than 30 days) and for hospitals that nmission accreditation for deemed status purposes and have swing beds: The hospital has by that addresses situations in which patients and residents work for or on behalf of the		
		EP 2	use Joint Co	c hospital settings that provide longer term care (more than 30 days) and for hospitals that nmission accreditation for deemed status purposes and have swing beds: The hospital s policy regarding patients and residents who work for or on behalf of the hospital.		
		EP 4	EP 4 For psychiatric hospital settings that provide longer term care (more than 30 days) and for hos use Joint Commission accreditation for deemed status purposes and have swing beds: The h incorporates work performed by the patient or resident for or on behalf of the hospital into the care.			
§483.10(h)(2)(iii) (iii) Compensation for pair	d services is at or above prevailing rates; and	RI.01.07.07		For psychiatric hospital settings that provide longer term care (more than 30 days) and for hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital protects the rights of patients and residents who work for or on behalf of the hospital.		
		EP 1	For psychiati use Joint Co	c hospital settings that provide longer term care (more than 30 days) and for hospitals that nmission accreditation for deemed status purposes and have swing beds: The hospital has by that addresses situations in which patients and residents work for or on behalf of the		
		EP 2	use Joint Co	c hospital settings that provide longer term care (more than 30 days) and for hospitals that nmission accreditation for deemed status purposes and have swing beds: The hospital s policy regarding patients and residents who work for or on behalf of the hospital.		
		EP 3	use Joint Co patients and Note: For ho	c hospital settings that provide longer term care (more than 30 days) and for hospitals that nmission accreditation for deemed status purposes and have swing beds: Wages paid to residents who work for or on behalf of the hospital are in accordance with law and regulation pitals that use Joint Commission accreditation for deemed status purposes and have swing n of care specifies whether the work performed is voluntary or paid.		
§483.10(h)(2)(iv)		RI.01.0		r psychiatric hospital settings that provide longer term care (more than 30 days) and hospitals that use Joint Commission accreditation for deemed status purposes and		
(iv) The resident agrees to	o the work arrangement described in the plan of care.		ha	ve swing beds: The hospital protects the rights of patients and residents who work or on behalf of the hospital.		

CFR Number §483.10(h)(2)(iv)	Medicare Requirements		Commissio alent Numbe		Joint Commission Standards and Elements of Performance	
		EP 1	use Joint Co	ommi	espital settings that provide longer term care (more than 30 days) and for hospitals that ssion accreditation for deemed status purposes and have swing beds: The hospital has at addresses situations in which patients and residents work for or on behalf of the	
		EP 2	use Joint Co	ommi	espital settings that provide longer term care (more than 30 days) and for hospitals that ssion accreditation for deemed status purposes and have swing beds: The hospital licy regarding patients and residents who work for or on behalf of the hospital.	
		EP 4	use Joint Co	ommi	espital settings that provide longer term care (more than 30 days) and for hospitals that assion accreditation for deemed status purposes and have swing beds: The hospital performed by the patient or resident for or on behalf of the hospital into the plan of	
		EP 5	use Joint Co	ommi	espital settings that provide longer term care (more than 30 days) and for hospitals that assion accreditation for deemed status purposes and have swing beds: Patients and e right to refuse to work for or on behalf of the hospital.	
§483.10(i)		RI.01.01	I.01 T	he ho	spital respects, protects, and promotes patient rights.	
(i) Mail. The resident has to—	the right to privacy in written communications, including the right	EP 7 The hospital respects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5) Note 1: This element of performance (EP) addresses a patient's personal privacy. For EPs a the privacy of a patient's health information, please refer to Standard IM.02.01.01. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes a swing beds: The resident's right to privacy includes privacy and confidentiality of his or her p records and written communications, including the right to send and receive mail promptly.			ent of performance (EP) addresses a patient's personal privacy. For EPs addressing atient's health information, please refer to Standard IM.02.01.01. tals that use Joint Commission accreditation for deemed status purposes and have resident's right to privacy includes privacy and confidentiality of his or her personal	
		RI.01.06.05		The patient has the right to an environment that preserves dignity and contributes to a positive self-image.		
		EP 15	The hospita	spital offers patients telephone and mail service, based on the setting and population.		
§483.10(i)(1)		RI.01.01	I.01 T	he ho	spital respects, protects, and promotes patient rights.	
(1) Send and promptly re-	ceive mail that is unopened; and	Note 1: ¹ the priva Note 2: 1 swing be		elen of a p hospi The	ects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5) ent of performance (EP) addresses a patient's personal privacy. For EPs addressing atient's health information, please refer to Standard IM.02.01.01. tals that use Joint Commission accreditation for deemed status purposes and have resident's right to privacy includes privacy and confidentiality of his or her personal en communications, including the right to send and receive mail promptly.	
					tient has the right to an environment that preserves dignity and contributes to a e self-image.	
		EP 15 The hos		offei	s patients telephone and mail service, based on the setting and population.	
§483.10(i)(2)		RI.01.06			tient has the right to an environment that preserves dignity and contributes to a re self-image.	
(2) Have access to station expense.	nery, postage, and writing implements at the resident's own	EP 14 For hospita		t has	use Joint Commission accreditation for deemed status purposes and have swing beds: the right to have access to stationery, postage, and writing implements at the resident's	

CFR Number §483.10(j)	Medicare Requirements		Commissio alent Numb		Joint Commission Standards and Elements of Performance
§483.10(j)					
(j) Access and visitation r	ights.				
§483.10(j)(1)		-			
(1) The resident has the resident by the following:	right and the facility must provide immediate access to any				
§483.10(j)(1)(vii)		RI.01.0			spitals that use Joint Commission accreditation for deemed status purposes and wing beds: The resident has the right to receive and restrict visitors.
(vii) Subject to the reside family or other relatives of	nt's right to deny or withdraw consent at any time, immediate f the resident; and	EP 1	For hospita	ls that	use Joint Commission accreditation for deemed status purposes and have swing beds: blishes liberal visiting hours that are limited only by the resident's personal preferences.
		EP 5			use Joint Commission accreditation for deemed status purposes and have swing beds: orts the resident's right to choose with whom he or she communicates.
		EP 6	The hospita	al comp	use Joint Commission accreditation for deemed status purposes and have swing beds: blies with law and regulation regarding individuals who are exempted from visiting hour er to gain immediate access to the resident.
§483.10(j)(1)(viii)		RI.01.0			spitals that use Joint Commission accreditation for deemed status purposes and wing beds: The resident has the right to receive and restrict visitors.
	le restrictions and the resident's right to deny or withdraw consent are visiting with the consent of the resident.	EP 1			use Joint Commission accreditation for deemed status purposes and have swing beds: plishes liberal visiting hours that are limited only by the resident's personal preferences.
		EP 5			use Joint Commission accreditation for deemed status purposes and have swing beds: orts the resident's right to choose with whom he or she communicates.
		EP 6	The hospita	al comp	use Joint Commission accreditation for deemed status purposes and have swing beds: blies with law and regulation regarding individuals who are exempted from visiting hour er to gain immediate access to the resident.
§483.10(I)		RI.01.0			tient has the right to an environment that preserves dignity and contributes to a e self-image.
including some furnishing	e resident has the right to retain and use personal possessions, gs, and appropriate clothing, as space permits, unless to do so ghts or health and safety of other residents.	EP 4			s the patient to keep and use personal clothing and possessions, unless this infringes r is medically or therapeutically contraindicated, based on the setting or service.
§483.10(m)		RI.01.0			tient has the right to an environment that preserves dignity and contributes to a e self-image.
	resident has the right to share a room with his or her spouse ive in the same facility and both spouses consent to the	EP 8	For hospita The hospita	ls that al provi	use Joint Commission accreditation for deemed status purposes and have swing beds: des accommodations for residents with significant others living in the same facility uals consent to the arrangement.
§483.12]			
§483.12 Admission, tran	nsfer and discharge rights.				

CFR Number §483.12(a)	Medicare Requirements		Commissi alent Numl	-	Joint Commission Standards and Elements of Performance
§483.12(a)					
(a) Transfer and discharg	e—				
§483.12(a)(1)					
the certified facility wheth	nd discharge includes movement of a resident to a bed outside of er that bed is in the same physical plant or not. Transfer and to movement of a resident to a bed within the same certified				
§483.12(a)(2)					
	e requirements. The facility must permit each resident to remain sfer or discharge the resident from the facility unless—				
§483.12(a)(2)(i)	rge is necessary for the resident's welfare and the resident's	PC.04.0		have s	ospitals that use Joint Commission accreditation for deemed status purposes and swing beds: Residents are not transferred or discharged from the hospital unless neet specific criteria, in accordance with law and regulation.
			services. - The trans resident's r - The healt - The healt - The hosp transfer or - The hosp	fer or d needs. h or sai h or sai ital has dischar ital cea ent leav	ealth has improved to the point where he or she no longer needs the hospital's ischarge is necessary for the resident's benefit or if the hospital cannot meet the fety of the resident is endangered by remaining in the hospital. fety of individuals in the facility is endangered. provided the resident, who has not paid for his or her stay, with reasonable notice of ge, as defined by the hospital and in accordance with law and regulation. ses operation.
	rge is appropriate because the resident's health has improved	PC.04.0		have s	spitals that use Joint Commission accreditation for deemed status purposes and wing beds: Residents are not transferred or discharged from the hospital unless eet specific criteria, in accordance with law and regulation.
sufficiently so the residen	It no longer needs the services provided by the facility;	EP 1	The hospit - The resid services. - The trans resident's n - The healt - The healt - The hosp transfer or - The hosp	al trans ent's he fer or d needs. h or sai h or sai ital has dischai ital cea ent leav	use Joint Commission accreditation for deemed status purposes and have swing beds fers or discharges residents only when at least one of the following conditions is met: ealth has improved to the point where he or she no longer needs the hospital's ischarge is necessary for the resident's benefit or if the hospital cannot meet the fety of the resident is endangered by remaining in the hospital. fety of individuals in the facility is endangered. provided the resident, who has not paid for his or her stay, with reasonable notice of rge, as defined by the hospital and in accordance with law and regulation. ses operation. ves against medical advice and signs a form stating that his or her action runs contrary

CFR Number §483.12(a)(2)(iii)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance				
§483.12(a)(2)(iii) (iii) The safety of individuals in	§483.12(a)(2)(iii) (iii) The safety of individuals in the facility is endangered;		PC.04.01.07 For hospitals that use Joint Commission accreditation for deemed statu have swing beds: Residents are not transferred or discharged from the they meet specific criteria, in accordance with law and regulation.					
		EP 1	The hospital ti - The resident services. - The transfer resident's nee - The health o - The health o - The hospital transfer or dis - The hospital	r safety of the resident is endangered by remaining in the hospital. r safety of individuals in the facility is endangered. has provided the resident, who has not paid for his or her stay, with reasonable notice of charge, as defined by the hospital and in accordance with law and regulation. ceases operation. leaves against medical advice and signs a form stating that his or her action runs contrary				
§483.12(a)(2)(iv)	n the facility would otherwise be endangered;	PC.04.0	hav	hospitals that use Joint Commission accreditation for deemed status purposes and ve swing beds: Residents are not transferred or discharged from the hospital unless y meet specific criteria, in accordance with law and regulation.				
		 EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have The hospital transfers or discharges residents only when at least one of the following condition. The resident's health has improved to the point where he or she no longer needs the hospital services. The transfer or discharge is necessary for the resident's benefit or if the hospital cannot me resident's needs. The health or safety of the resident is endangered by remaining in the hospital. The health or safety of individuals in the facility is endangered. The hospital has provided the resident, who has not paid for his or her stay, with reasonable transfer or discharge, as defined by the hospital and in accordance with law and regulation. The hospital ceases operation. The resident leaves against medical advice and signs a form stating that his or her action retorned. 						
§483.12(a)(2)(v)		LD.04.0	2.03 Eth	ical principles guide the hospital's business practices.				
paid under Medicare or Medic	ter reasonable and appropriate notice, to pay for (or to have caid) a stay at the facility. For a resident who becomes nission to a facility, the facility may charge a resident only licaid; or	EP 15	When a reside	that use Joint Commission accreditation for deemed status purposes and have swing beds: ent becomes eligible for Medicaid after admission to the hospital, the hospital charges the he Medicaid-allowable charge.				
Aedicare Hospital Requirement	te to 2016 Joint	Page 305 c	vf 229	© 2016 The Joint Commission				

CFR Number §483.12(a)(2)(v)	Medicare Requirements		Commissio alent Numbe		Joint Commission Standards and Elements of Performance
		PC.04.0	h	ave s	espitals that use Joint Commission accreditation for deemed status purposes and wing beds: Residents are not transferred or discharged from the hospital unless neet specific criteria, in accordance with law and regulation.
		EP 1	The hospital - The resider services. - The transferresident's no - The health - The health - The hospital transfer or d - The hospital	trans er or o eeds. or sa or sa al has ischa al cea at lea	a use Joint Commission accreditation for deemed status purposes and have swing beds: sfers or discharges residents only when at least one of the following conditions is met: lealth has improved to the point where he or she no longer needs the hospital's discharge is necessary for the resident's benefit or if the hospital cannot meet the afety of the resident is endangered by remaining in the hospital. afety of individuals in the facility is endangered. Is provided the resident, who has not paid for his or her stay, with reasonable notice of ases operation. ases operation. wes against medical advice and signs a form stating that his or her action runs contrary as.
§483.12(a)(2)(vi) (vi) The facility ceases to o	perate.	PC.04.0	h	ave s	espitals that use Joint Commission accreditation for deemed status purposes and wing beds: Residents are not transferred or discharged from the hospital unless neet specific criteria, in accordance with law and regulation.
		EP 1	The hospital - The resider services. - The transferresident's no - The health - The health - The hospital transfer or d - The hospital	afety of the resident is endangered by remaining in the hospital. Afety of individuals in the facility is endangered. Is provided the resident, who has not paid for his or her stay, with reasonable notice of arge, as defined by the hospital and in accordance with law and regulation. Asses operation. Inves against medical advice and signs a form stating that his or her action runs contrary	
§483.12(a)(3)		RC.02.0	04.01 T	ne ho	ospital documents the patient's discharge information.
(3) Documentation. When t circumstances specified in	the facility transfers or discharges a resident under any of the paragraphs (a)(2)(i) through (v) of this section, the resident's umented. The documentation must be made by—	EP 1	Documentat the receiving physician wh improving ar the hospital'	ion ir i orga ien th id no s swi is be	use Joint Commission accreditation for deemed status purposes and have swing beds: a the medical record includes discharge information provided to the resident and/or to anization. There is documentation in the resident's medical record by the resident's ne resident is transferred or discharged, either when the transfer is due to the resident longer needing long term care services or when the resident's needs cannot be met in ng bed. There is documentation in the resident's medical record by a physician when ing transferred or discharged because the safety of other residents would otherwise be
Medicare Hospital Requirem	onts to 2016 Joint	Page 306 g	of 228		© 2016 The Joint Commission

FP 2 For heaptisis that use addression accession for deemed status purposes and have awing beds: The reason for transition includes the following:	CFR Number §483.12(a)(3)	Medicare Requirements		mmission nt Number	Joint Commission Standards and Elements of Performance
construction accordance with law and regulation. (i) The resident's physician when transfer or discharge is necessary under paragraph (a)(2)(ii) or paragraph (a)(2)(ii) of this section; and EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (vehal or writen) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as the or she meets the following: - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services. Footnote ': For law and regulation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s). EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s). EP 1 For hospital shat use Joint Commission accreditation for deemed status purposes: and have swing beds: Documentation in the medical record in duced stickarge information. EP 1 For hospital shat use Joint Commission accreditation for deemed status purposes and have swing beds: Docu			Th - 7 - 7 of ar - 1 - 1 ar - 1 - 1	he resident's c The reason for Treatment pro Referrals provi the licensed i nd treatment, i Medical finding ogress reache nformation ab nd potential for Nursing inform Any advance c	discharge information includes the following: r transfer, discharge, or referral vided, diet, medication orders, and orders for the resident's immediate care ided to the resident, the referring licensed independent practitioner's name, and the name independent practitioner who has agreed to be responsible for the resident's medical care if this person is someone other than the referring licensed independent practitioner gs and diagnoses; a summary of the care, treatment, and services provided; and ed toward goals oout the resident's behavior, ambulation, nutrition, physical status, psychosocial status, r rehabilitation hation that is useful in the resident's care directives
(a)(2)(i) or paragraph (a)(2)(ii) of this section; and EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a ticensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. * Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following; - Responsible for the care of the patient - Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within his or her scope of practice; law and projudices adopted by the medical staff and approved by the governing body to order the applicable outpatient services For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital brains of the care of the patient, refer to 42 CFR 482.12(c). EP 7 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: provides care, treatment, and services using the most recent patient order(s). RC.02.04.01 The hospital documents the patient's discharge information. EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Documentation in the resident's medical record by the resident and/or to the receiving organization. There is documentation in the resident's medical record by the resident improving and no longer m			PC.02.01.03		
RC.02.04.01 The hospital documents the patient's discharge information. EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Documentation in the medical record includes discharge information provided to the resident and/or to the receiving organization. There is documentation in the resident's medical record by the resident's physician when the resident is transferred or discharged, either when the transfer is due to the resident improving and no longer needing long term care services or when the resident's needs cannot be met in the hospital's swing bed. There is documentation in the resident's medical record by a physician when the resident is being transferred or discharged because the safety of other residents would otherwise be			 EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: care, treatment, and services, the hospital obtains or renews orders (verbal or writter independent practitioner or other practitioner in accordance with professional standa and regulation; hospital policies; and medical staff bylaws, rules, and regulations. * Note: Outpatient services may be ordered by a practitioner not appointed to the medical or she meets the following: Responsible for the care of the patient Licensed to practice in the state where he or she provides care to the patient or in a Veterans Administration and Department of Defense licensure requirements Acting within his or her scope of practice under state law Authorized in accordance with state law and policies adopted by the medical staff a governing body to order the applicable outpatient services Footnote *: For law and regulation guidance pertaining to those responsible for the care of the care of the applicable outpatient services footnote 42 CFR 482.12(c). 		and services, the hospital obtains or renews orders (verbal or written) from a licensed actitioner or other practitioner in accordance with professional standards of practice; law hospital policies; and medical staff bylaws, rules, and regulations. * it services may be ordered by a practitioner not appointed to the medical staff as long as s the following: or the care of the patient actice in the state where he or she provides care to the patient or in accordance with histration and Department of Defense licensure requirements his or her scope of practice under state law accordance with state law and policies adopted by the medical staff and approved by the to order the applicable outpatient services law and regulation guidance pertaining to those responsible for the care of the patient, 482.12(c).
EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Documentation in the medical record includes discharge information provided to the resident and/or to the receiving organization. There is documentation in the resident's medical record by the resident's physician when the resident is transferred or discharged, either when the transfer is due to the resident improving and no longer needing long term care services or when the resident's needs cannot be met in the hospital's swing bed. There is documentation in the resident's medical record by a physician when the resident is being transferred or discharged because the safety of other residents would otherwise be			•		
			EP 1 For Do th pr im th th	or hospitals the ocumentation e receiving org hysician when hproving and n e hospital's sy e resident is b	at use Joint Commission accreditation for deemed status purposes and have swing beds: in the medical record includes discharge information provided to the resident and/or to ganization. There is documentation in the resident's medical record by the resident's the resident is transferred or discharged, either when the transfer is due to the resident to longer needing long term care services or when the resident's needs cannot be met in wing bed. There is documentation in the resident's medical record by a physician when

CFR Number §483.12(a)(3)(i)	Medicare Requirements		Commission Ilent Number	Joint Commission Standards and Elements of Performance
		EP 2	The resident's - The reason for - Treatment pro- - Referrals pro- of the licensed and treatment, - Medical finding progress reach - Information a and potential for - Nursing inforn - Any advance	hat use Joint Commission accreditation for deemed status purposes and have swing beds: discharge information includes the following: or transfer, discharge, or referral ovided, diet, medication orders, and orders for the resident's immediate care vided to the resident, the referring licensed independent practitioner's name, and the name independent practitioner who has agreed to be responsible for the resident's medical care if this person is someone other than the referring licensed independent practitioner ngs and diagnoses; a summary of the care, treatment, and services provided; and hed toward goals bout the resident's behavior, ambulation, nutrition, physical status, psychosocial status, or rehabilitation mation that is useful in the resident's care directives jiven to the resident before discharge
§483.12(a)(3)(ii)		PC.02.0 ⁻		hospital provides care, treatment, and services as ordered or prescribed, and in ordance with law and regulation.
(ii) A physician when trai section.	nsfer or discharge is necessary under paragraph (a)(2)(iv) of this	EP 1	-	
		EP 7		hat use Joint Commission accreditation for deemed status purposes: The hospital treatment, and services using the most recent patient order(s).
		RC.02.04	4.01 The	hospital documents the patient's discharge information.
	EP 1		EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes Documentation in the medical record includes discharge information provided to th the receiving organization. There is documentation in the resident's medical record physician when the resident is transferred or discharged, either when the transfer is improving and no longer needing long term care services or when the resident's nee the hospital's swing bed. There is documentation in the resident's medical record b the resident is being transferred or discharged because the safety of other resident endangered.	
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CFR Number §483.12(a)(3)(ii)	Medicare Requirements		Commissio Ilent Numbe	I I I I I I I I I I I I I I I I I I I
		EP 2	The resident - The reason - Treatment - Referrals p of the licensy and treatmer - Medical find progress rea - Information and potentia - Nursing info - Any advance	s that use Joint Commission accreditation for deemed status purposes and have swing beds: 's discharge information includes the following: n for transfer, discharge, or referral provided, diet, medication orders, and orders for the resident's immediate care rovided to the resident, the referring licensed independent practitioner's name, and the name ed independent practitioner who has agreed to be responsible for the resident's medical care nt, if this person is someone other than the referring licensed independent practitioner dings and diagnoses; a summary of the care, treatment, and services provided; and uched toward goals n about the resident's behavior, ambulation, nutrition, physical status, psychosocial status, l for rehabilitation ormation that is useful in the resident's care ce directives s given to the resident before discharge
§483.12(a)(4)				
(4) Notice before transfe must—	er. Before a facility transfers or discharges a resident, the facility			
§483.12(a)(4)(i)		PC.04.0		he hospital discharges or transfers the patient based on his or her assessed needs nd the organization's ability to meet those needs.
(i) Notify the resident and resident of the transfer of language and manner th	d, if known, a family member or legal representative of the or discharge and the reasons for the move in writing and in a ney understand.	EP 3	and staff invo discharge or Note 1: The Services (CM Note 2: For p Social servic arranging for outside the h Note 3: For h swing beds: the resident sufficient pre	definition of "physician" is the same as that used by the Centers for Medicare & Medicaid MS) (refer to the Glossary). psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: the staff responsibilities include, but are not limited to, participating in discharge planning, r follow-up care, and developing mechanisms for exchange of information with sources
		RI.01.01	.01 Tł	he hospital respects, protects, and promotes patient rights.
		EP 5	The hospital EP 1)	respects the patient's right to and need for effective communication. (See also RI.01.01.03,
		RI.01.01		he hospital respects the patient's right to receive information in a manner he or she nderstands.
		EP 1		provides information in a manner tailored to the patient's age, language, and ability to (See also PC.02.01.21, EP 2; PC.04.01.05, EP 8; RI.01.01.01, EPs 2 and 5)
§483.12(a)(4)(ii)		RC.01.0 ⁻		he hospital maintains complete and accurate medical records for each individual atient.
(ii) Record the reasons in	n the resident's clinical record; and	EP 5	The medical	record contains the information needed to support the patient's diagnosis and condition.

CFR Number §483.12(a)(4)(ii)	Medicare Requirements		Commissio		Joint Commission Standards and Elements of Performance
		EP 6	The medica	al reco	rd contains the information needed to justify the patient's care, treatment, and services.
		EP 7	The medicative treatment,		ord contains information that documents the course and result of the patient's care, ervices.
		EP 8	continuity on Note: For h	of care ospita	and contains information about the patient's care, treatment, or services that promotes among providers. Is that elect The Joint Commission Primary Care Medical Home option: This is to care provided by both internal and external providers.
§483.12(a)(4)(iii)		PC.04.			ospital discharges or transfers the patient based on his or her assessed needs le organization's ability to meet those needs.
(iii) Include in the notice the	he items described in paragraph (a)(6) of this section.	EP 3	and staff in discharge of Note 1: The Services (C Note 2: For Social serv arranging fr outside the Note 3: For swing beds the residen sufficient p hospital is s	volved or tran e defir CMS) (psyci ice sta or follo hosp hosp t of th repara safe a	ition of "physician" is the same as that used by the Centers for Medicare & Medicaid refer to the Glossary). niatric hospitals that use Joint Commission accreditation for deemed status purposes: aff responsibilities include, but are not limited to, participating in discharge planning, w-up care, and developing mechanisms for exchange of information with sources tal. itals that use Joint Commission accreditation for deemed status purposes and have hospital notifies the resident and, if known, a family member or legal representative of e transfer or discharge and reasons for the move in writing. The hospital also provides tion and orientation to residents to make sure that transfer or discharge from the nd orderly. ospital maintains complete and accurate medical records for each individual
		EP 5			rd contains the information needed to support the patient's diagnosis and condition.
		EP 6	The medica	al reco	ord contains the information needed to justify the patient's care, treatment, and services.
		EP 7	The medica treatment,		ord contains information that documents the course and result of the patient's care, ervices.
		EP 8	continuity on Note: For h	of care ospita	ord contains information about the patient's care, treatment, or services that promotes among providers. Is that elect The Joint Commission Primary Care Medical Home option: This is to care provided by both internal and external providers.
		RI.01.0	1.01	The h	ospital respects, protects, and promotes patient rights.
		EP 5	The hospita EP 1)	al resp	ects the patient's right to and need for effective communication. (See also RI.01.01.03,
		RI.01.0			ospital respects the patient's right to receive information in a manner he or she stands.
		EP 1	The hospita	al prov . (See	ides information in a manner tailored to the patient's age, language, and ability to also PC.02.01.21, EP 2; PC.04.01.05, EP 8; RI.01.01.01, EPs 2 and 5)

CFR Number §483.12(a)(5)	Medicare Requirements		ommission ent Number	Joint Commission Standards and Elements of Performance	
§483.12(a)(5)					
(5) Timing of the notice.					
§483.12(a)(5)(i)		PC.04.01.		nospital discharges or transfers the patient based on his or her assessed needs	
transfer or discharge requ	paragraphs (a)(5)(ii) and (a)(8) of this section, the notice of uired under paragraph (a)(4) of this section must be made by the offore the resident is transferred or discharged.	E T T I I I I I I I I I I I I I I I I I	and the organization's ability to meet those needs. For hospitals that use Joint Commission accreditation for deemed status purposes and have s Except when specified in the CoP from 42 CFR 483.12(a)(5)(ii), the written notice of transfer or required under paragraph 42 CFR 483.12(a)(4) must be made by the hospital at least 30 days resident is transferred or discharged. Note: Notice may be made as soon as is practical before transfer or discharge when the safety individuals in the facility would be endangered; the health of the individuals in the facility would endangered; the resident's health improves sufficiently to allow a more immediate transfer or discharge is required by the resident's urgent medical needs; or a re- not resided in the facility for 30 days.		
§483.12(a)(5)(ii)					
(ii) Notice may be made a	as soon as practicable before transfer or discharge when—	-			
§483.12(a)(5)(ii)(A)		PC.04.01.		ospitals that use Joint Commission accreditation for deemed status purposes and	
(A) the safety of individua of this section;	Is in the facility would be endangered under paragraph (a)(2)(iii)	-		swing beds: Residents are not transferred or discharged from the hospital unless meet specific criteria, in accordance with law and regulation.	
			The hospital trai The resident's services. The transfer or esident's needs The health or s The health or s The hospital h- ransfer or disch The hospital co	safety of the resident is endangered by remaining in the hospital. safety of individuals in the facility is endangered. as provided the resident, who has not paid for his or her stay, with reasonable notice of harge, as defined by the hospital and in accordance with law and regulation. eases operation. eaves against medical advice and signs a form stating that his or her action runs contrary	
§483.12(a)(5)(ii)(B) (B) The health of individua (a)(2)(iv) of this section;	als in the facility would be endangered, under paragraph	PC.04.01.	have	ospitals that use Joint Commission accreditation for deemed status purposes and swing beds: Residents are not transferred or discharged from the hospital unless meet specific criteria, in accordance with law and regulation.	
	ments to 2016 Joint	Page 311 of 3		© 2016 The Joint Commission	

CFR Number §483.12(a)(5)(ii)(B)	Medicare Requirements	Joint Comm Equivalent N		Joint Commission Standards and Elements of Performance	
		The h - The servic - The reside - The - The transf - The - The - The - The	ospital tra resident's es. transfer o nt's needs health or health or hospital h er or disch	afety of the resident is endangered by remaining in the hospital. bafety of individuals in the facility is endangered. as provided the resident, who has not paid for his or her stay, with reasonable notice of arge, as defined by the hospital and in accordance with law and regulation. bases operation. baves against medical advice and signs a form stating that his or her action runs contrary	
	improves sufficiently to allow a more immediate transfer or	PC.04.01.07	have	ospitals that use Joint Commission accreditation for deemed status purposes and swing beds: Residents are not transferred or discharged from the hospital unless meet specific criteria, in accordance with law and regulation.	
discharge, under paragra	ph (a)(2)(ii) of this section;	 EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have The hospital transfers or discharges residents only when at least one of the following conditional of the resident's health has improved to the point where he or she no longer needs the hosp services. The transfer or discharge is necessary for the resident's benefit or if the hospital cannot more resident's needs. The health or safety of the resident is endangered by remaining in the hospital. The health or safety of individuals in the facility is endangered. The hospital has provided the resident, who has not paid for his or her stay, with reasonal transfer or discharge, as defined by the hospital and in accordance with law and regulation. The resident leaves against medical advice and signs a form stating that his or her action to medical advice. 			
§483.12(a)(5)(ii)(D)		PC.04.01.07		For hospitals that use Joint Commission accreditation for deemed status purposes an	
(D) An immediate transfe under paragraph (a)(2)(i)	r or discharge is required by the resident's urgent medical needs,			swing beds: Residents are not transferred or discharged from the hospital unless meet specific criteria, in accordance with law and regulation.	
		The h - The servic - The reside - The - The transf - The - The - The - The	ospital tra resident's es. transfer o nt's needs health or health or hospital h er or disch	afety of the resident is endangered by remaining in the hospital. afety of individuals in the facility is endangered. as provided the resident, who has not paid for his or her stay, with reasonable notice of arge, as defined by the hospital and in accordance with law and regulation. eases operation. waves against medical advice and signs a form stating that his or her action runs contrary	
§483.12(a)(5)(ii)(E)	sided in the facility for 20 days	PC.04.01.03		nospital discharges or transfers the patient based on his or her assessed needs he organization's ability to meet those needs.	
(E) A resident has not res	sided in the facility for 30 days.	age 312 of 328		© 2016 The Joint Commission	

CFR Number §483.12(a)(5)(ii)(E)	Medicare Requirements	Joint Con Equivalen		Joint Commission Standards and Elements of Performance
		Ex rec No ind en an	cept when sp quired under sident is trans te: Notice ma lividuals in th dangered; the d immediate	at use Joint Commission accreditation for deemed status purposes and have swing beds: becified in the CoP from 42 CFR 483.12(a)(5)(ii), the written notice of transfer or discharge paragraph 42 CFR 483.12(a)(4) must be made by the hospital at least 30 days before the sferred or discharged. Any be made as soon as is practical before transfer or discharge when the safety of the e facility would be endangered; the health of the individuals in the facility would be e resident's health improves sufficiently to allow a more immediate transfer or discharge, transfer or discharge is required by the resident's urgent medical needs; or a resident has he facility for 30 days.
§483.12(a)(6)				
(6) Contents of the notice must include the following	e. The written notice specified in paragraph (a)(4) of this section g:			
§483.12(a)(6)(i)		PC.04.01.03		hospital discharges or transfers the patient based on his or her assessed needs the organization's ability to meet those needs.
(i) The reason for transfe	er or discharge;	Th the - T - T - T - A - T - F ag Dis - F for	e written noti e following: he reason fo he effective of he location to statement th he name, ad or a resident ency respons sabilities Assi or a resident	at use Joint Commission accreditation for deemed status purposes and have swing beds: ce before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes r transfer or discharge date of transfer or discharge o which the resident is transferred or discharged hat the resident has the right to appeal the action to the state dress, and telephone number of the state's long term care ombudsman who is developmentally disabled, the mailing address and telephone number of the sible for the protection and advocacy, established under Part C of the Developmental istance and Bill of Rights Act who is mentally ill, the mailing address and telephone number of the agency responsible in and advocacy, established under the Protection and Advocacy for Mentally Ill
§483.12(a)(6)(ii)		PC.04.01.03		hospital discharges or transfers the patient based on his or her assessed needs the organization's ability to meet those needs.
(ii) The effective date of	transfer or discharge;	Th the - T - T - T - A - T - F ag Dis - F for	e written noti e following: he reason fo he effective of he location to statement th he name, ad or a resident ency respons sabilities Assi or a resident	at use Joint Commission accreditation for deemed status purposes and have swing beds: ce before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes r transfer or discharge date of transfer or discharge o which the resident is transferred or discharged hat the resident has the right to appeal the action to the state dress, and telephone number of the state's long term care ombudsman who is developmentally disabled, the mailing address and telephone number of the bible for the protection and advocacy, established under Part C of the Developmental istance and Bill of Rights Act who is mentally ill, the mailing address and telephone number of the agency responsible n and advocacy, established under the Protection and Advocacy for Mentally Ill

CFR Number §483.12(a)(6)(iii)	Medicare Requirements		mmission nt Number	Joint Commission Standards and Elements of Performance
§483.12(a)(6)(iii)		PC.04.01.03		ospital discharges or transfers the patient based on his or her assessed needs he organization's ability to meet those needs.
(iii) The location to which the r	esident is transferred or discharged;	Th th - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	ne written notic e following: The reason for The effective of The location to A statement th The name, ado For a resident gency respons sabilities Assis	at use Joint Commission accreditation for deemed status purposes and have swing beds: the before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes transfer or discharge ate of transfer or discharge which the resident is transferred or discharged at the resident has the right to appeal the action to the state lress, and telephone number of the state's long term care ombudsman who is developmentally disabled, the mailing address and telephone number of the ble for the protection and advocacy, established under Part C of the Developmental stance and Bill of Rights Act who is mentally ill, the mailing address and telephone number of the agency responsible in and advocacy, established under the Protection and Advocacy for Mentally Ill
§483.12(a)(6)(iv)		PC.04.01.03	3 The h and t	ospital discharges or transfers the patient based on his or her assessed needs he organization's ability to meet those needs.
(IV) A statement that the reside	ent has the right to appeal the action to the State;	Th th - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	ne written notic e following: The reason for The effective of The location to A statement th The name, ado For a resident gency respons sabilities Assi For a resident	at use Joint Commission accreditation for deemed status purposes and have swing beds: see before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes transfer or discharge ate of transfer or discharge which the resident is transferred or discharged at the resident has the right to appeal the action to the state lress, and telephone number of the state's long term care ombudsman who is developmentally disabled, the mailing address and telephone number of the ble for the protection and advocacy, established under Part C of the Developmental stance and Bill of Rights Act who is mentally ill, the mailing address and telephone number of the agency responsible n and advocacy, established under the Protection and Advocacy for Mentally Ill
§483.12(a)(6)(v)		PC.04.01.03		ospital discharges or transfers the patient based on his or her assessed needs he organization's ability to meet those needs.
(v) The name, address and tel	lephone number of the State long term care ombudsman;	Th th - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	or hospitals the ne written notice e following: The reason for The effective of The location to A statement th The name, add For a resident gency respons sabilities Assi For a resident	At use Joint Commission accreditation for deemed status purposes and have swing beds: the before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes transfer or discharge ate of transfer or discharge which the resident is transferred or discharged at the resident has the right to appeal the action to the state irress, and telephone number of the state's long term care ombudsman who is developmentally disabled, the mailing address and telephone number of the ble for the protection and advocacy, established under Part C of the Developmental stance and Bill of Rights Act who is mentally ill, the mailing address and telephone number of the agency responsible in and advocacy, established under the Protection and Advocacy for Mentally Ill

CFR Number §483.12(a)(6)(vi)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
§483.12(a)(6)(vi)		PC.04.0		hospital discharges or transfers the patient based on his or her assessed needs the organization's ability to meet those needs.
telephone number of the developmentally disable	esidents with developmental disabilities, the mailing address and a gency responsible for the protection and advocacy of d individuals established under Part C of the Developmental and Bill of Rights Act; and	EP 6	The written not the following: - The reason fo - The effective - The location t - A statement t - The name, ac - For a resident agency respons Disabilities Ass - For a resident	hat use Joint Commission accreditation for deemed status purposes and have swing beds: ice before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes or transfer or discharge date of transfer or discharge o which the resident is transferred or discharged hat the resident has the right to appeal the action to the state ldress, and telephone number of the state's long term care ombudsman who is developmentally disabled, the mailing address and telephone number of the sible for the protection and advocacy, established under Part C of the Developmental istance and Bill of Rights Act who is mentally ill, the mailing address and telephone number of the agency responsible on and advocacy, established under the Protection and Advocacy for Mentally Ill
§483.12(a)(6)(vii)		PC.04.0		hospital discharges or transfers the patient based on his or her assessed needs the organization's ability to meet those needs.
number of the agency re	esidents who are mentally ill, the mailing address and telephone esponsible for the protection and advocacy of mentally ill inder the Protection and Advocacy for Mentally III Individuals Act.	EP 6	The written not the following: - The reason fo - The effective - The location t - A statement t - The name, ac - For a resident agency respons Disabilities Ass - For a resident	at use Joint Commission accreditation for deemed status purposes and have swing beds: ice before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes or transfer or discharge date of transfer or discharge o which the resident is transferred or discharged hat the resident has the right to appeal the action to the state ldress, and telephone number of the state's long term care ombudsman who is developmentally disabled, the mailing address and telephone number of the sible for the protection and advocacy, established under Part C of the Developmental istance and Bill of Rights Act who is mentally ill, the mailing address and telephone number of the agency responsible on and advocacy, established under the Protection and Advocacy for Mentally Ill
§483.12(a)(7)		PC.04.0		hospital discharges or transfers the patient based on his or her assessed needs the organization's ability to meet those needs.
	er or discharge. A facility must provide sufficient preparation and o ensure safe and orderly transfer or discharge from the facility.	EP 3	The patient, the and staff involv discharge or tra Note 1: The de Services (CMS Note 2: For ps) Social services arranging for fo outside the hos Note 3: For hos swing beds: Th the resident of	e patient's family, licensed independent practitioners, physicians, clinical psychologists, ed in the patient's care, treatment, and services participate in planning the patient's ansfer. finition of "physician" is the same as that used by the Centers for Medicare & Medicaid) (refer to the Glossary). rchiatric hospitals that use Joint Commission accreditation for deemed status purposes: staff responsibilities include, but are not limited to, participating in discharge planning, llow-up care, and developing mechanisms for exchange of information with sources pital. spitals that use Joint Commission accreditation for deemed status purposes and have e hospital notifies the resident and, if known, a family member or legal representative of the transfer or discharge and reasons for the move in writing. The hospital also provides iration and orientation to residents to make sure that transfer or discharge from the

CFR Number §483.12(a)(7)	Medicare Requirements		Commissic alent Numb		Joint Commission Standards and Elements of Performance
		PC.04.0			e the hospital discharges or transfers a patient, it informs and educates the It about his or her follow-up care, treatment, and services.
		EP 1		with	al determines the patient's discharge or transfer needs, it promptly shares this the patient, and also with the patient's family when it is involved in decision making or
		EP 2		decis	It is discharged, the hospital informs the patient, and also the patient's family when it is ion making or ongoing care, of the kinds of continuing care, treatment, and services the
		EP 3			t is discharged or transferred, the hospital provides the patient with information about being discharged or transferred.
		EP 5	Before the to the trans		t is transferred, the hospital provides the patient with information about any alternatives
§483.13		_			
§483.13 Resident beha	vior and facility practices.				
	ent has the right to be free from any physical or chemical rposes of discipline or convenience, and not required to treat the	PC.03.0	ר v	For hospitals that use Joint Commission accreditation for deemed status pu The hospital uses restraint or seclusion only when it can be clinically justifie warranted by patient behavior that threatens the physical safety of the patier others.	
resident's medical sympt	oms.	EP 1			t use Joint Commission accreditation for deemed status purposes: The hospital uses sion only to protect the immediate physical safety of the patient, staff, or others.
		EP 2			t use Joint Commission accreditation for deemed status purposes: The hospital does or seclusion as a means of coercion, discipline, convenience, or staff retaliation.
		EP 3	EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: The restraint or seclusion only when less restrictive interventions are ineffective.		
§483.13(b)		RI.01.0			atient has the right to be free from neglect; exploitation; and verbal, mental, cal, and sexual abuse.
	nas the right to be free from verbal, sexual, physical, and mental ent, and involuntary seclusion.	EP 1	EP 1 The hospital de occur while the Note: For hospi		ermines how it will protect the patient from neglect, exploitation, and abuse that could atient is receiving care, treatment, and services. als that use Joint Commission accreditation for deemed status purposes and have swing al also determines how it will protect residents from corporal punishment and involuntary
§483.13(c)		RI.01.0			atient has the right to be free from neglect; exploitation; and verbal, mental, cal, and sexual abuse.
and procedures that proh	c) Staff treatment of residents. The facility must develop and implement written policies nd procedures that prohibit mistreatment, neglect, and abuse of residents and nisappropriation of resident property.		occur while the Note: For hospit		ermines how it will protect the patient from neglect, exploitation, and abuse that could atient is receiving care, treatment, and services. als that use Joint Commission accreditation for deemed status purposes and have swing al also determines how it will protect residents from corporal punishment and involuntary
Medicare Hospital Require	mente to 2016 Joint	Page 316	of 328		© 2016 The Joint Commission

CFR Number §483.13(c)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 4	The hospital de	at use Joint Commission accreditation for deemed status purposes and have swing beds: velops and implements written policies and procedures that prohibit mistreatment, suse of residents and misappropriation of resident property.
§483.13(c)(1)				
(1) The facility must—		-		
§483.13(c)(1)(i)		RI.01.0		patient has the right to be free from neglect; exploitation; and verbal, mental,
(i) Not use verbal, menta seclusion;	Il, sexual, or physical abuse, corporal punishment, or involuntary	EP 1	The hospital de occur while the Note: For hosp	sical, and sexual abuse. Attermines how it will protect the patient from neglect, exploitation, and abuse that could patient is receiving care, treatment, and services. Itals that use Joint Commission accreditation for deemed status purposes and have swing ital also determines how it will protect residents from corporal punishment and involuntar
§483.13(c)(1)(ii)				
(ii) Not employ individual	s who have been—	-		
§483.13(c)(1)(ii)(A)		HR.01.	02.01 The	hospital defines staff qualifications.
	ng, neglecting, or mistreating residents by a court of law; or	EP 13	The facility doe neglecting, or r	hat use Joint Commission accreditation for deemed status purposes and have swing beds s not employ individuals who have been found guilty by a court of law of abusing, nistreating residents or who have had a finding entered into the state nurse aide registry ise, neglect, or mistreatment of residents or of misappropriation of their property.
§483.13(c)(1)(ii)(B)		HR.01.	02.01 The	hospital defines staff qualifications.
	ntered into the State nurse aide registry concerning abuse, residents or misappropriation of their property; and	EP 13	The facility doe neglecting, or r	at use Joint Commission accreditation for deemed status purposes and have swing beds s not employ individuals who have been found guilty by a court of law of abusing, nistreating residents or who have had a finding entered into the state nurse aide registry se, neglect, or mistreatment of residents or of misappropriation of their property.
§483.13(c)(1)(iii)		PC.01.0	02.09 The	hospital assesses the patient who may be a victim of possible abuse and neglect.
	e it has of actions by a court of law against an employee, which for service as a nurse aide or other facility staff to the State nurse authorities.	EP 8	The hospital re actions taken b	at use Joint Commission accreditation for deemed status purposes and have swing beds ports to the state nurse aide registry or licensing authorities any knowledge it has of any y a court of law against an employee that would indicate unfitness for service as a nurse cility staff. (See also RI.01.06.03, EP 3)
§483.13(c)(2)		PC.01.0	02.09 The	hospital assesses the patient who may be a victim of possible abuse and neglect.
abuse, including injuries reported immediately to	ure that all alleged violations involving mistreatment, neglect, or of unknown source, and misappropriation of resident property are the administrator of the facility and to other officials in accordance stablished procedures (including to the State survey and	EP 7		ports cases of possible abuse and neglect to external agencies, in accordance with law (See also RI.01.06.03, EP 3)
Aedicare Hospital Require	ements to 2016 Joint	Page 317	of 328	© 2016 The Joint Commissio

CFR Number §483.13(c)(2)	Medicare Requirements		Commission alent Numbe		Joint Commission Standards and Elements of Performance		
		RI.01.0			atient has the right to be free from neglect; exploitation; and verbal, mental, al, and sexual abuse.		
		EP 1	occur while the Note: For hose	ne p spita	rmines how it will protect the patient from neglect, exploitation, and abuse that could atient is receiving care, treatment, and services. Is that use Joint Commission accreditation for deemed status purposes and have swing al also determines how it will protect residents from corporal punishment and involuntary		
		EP 2			uates all allegations, observations, and suspected cases of neglect, exploitation, and within the hospital. (See also PC.01.02.09, EP 1)		
		EP 3	to appropriate also PC.01.0 Note: For hos beds: Alleged	e au 2.09 spita d vic	rts allegations, observations, and suspected cases of neglect, exploitation, and abuse thorities based on its evaluation of the suspected events, or as required by law. (See , EPs 6 and 7) Is that use Joint Commission accreditation for deemed status purposes and have swing lations of mistreatment, neglect, or abuse and misappropriation of resident property are ttely to the administrator of the hospital.		
§483.13(c)(3)		PC.01.0	02.09 Th	e h	ospital assesses the patient who may be a victim of possible abuse and neglect.		
	e evidence that all alleged violations are thoroughly investigated, r potential abuse while the investigation is in progress.	EP 7	EP 7 The hospital reports cases of possible abuse and neglect to external agencies, in accordance with law and regulation. (See also RI.01.06.03, EP 3)				
				The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.			
		EP 1	occur while th Note: For hos	ne p spita	rmines how it will protect the patient from neglect, exploitation, and abuse that could atient is receiving care, treatment, and services. Is that use Joint Commission accreditation for deemed status purposes and have swing al also determines how it will protect residents from corporal punishment and involuntary		
		EP 2	EP 2 The hospital evaluates all allegations, observations, and suspected cases of neglect, abuse that occur within the hospital. (See also PC.01.02.09, EP 1)				
		EP 3	to appropriate also PC.01.0 Note: For hos beds: Alleged	rts allegations, observations, and suspected cases of neglect, exploitation, and abuse thorities based on its evaluation of the suspected events, or as required by law. (See , EPs 6 and 7) Is that use Joint Commission accreditation for deemed status purposes and have swing lations of mistreatment, neglect, or abuse and misappropriation of resident property are ttely to the administrator of the hospital.			
		The hospital has further abuse w			spitals that use Joint Commission accreditation for deemed status purposes and have swing beds spital has evidence that all alleged violations are thoroughly investigated and that it prevents abuse while the investigation is in progress. The results of all investigations are reported to the strator or his or her designated representative within five working days of the incident.		
§483.13(c)(4)		PC.01.0	02.09 Th	e h	ospital assesses the patient who may be a victim of possible abuse and neglect.		
representative and to oth	estigations must be reported to the administrator or his designated her officials in accordance with State law (including to the State agency) within 5 working days of the incident, and if the alleged	EP 7 The hospital re			rts cases of possible abuse and neglect to external agencies, in accordance with law See also RI.01.06.03, EP 3)		
Medicare Hospital Require	ements to 2016 Joint	Page 318 (of 328		© 2016 The Joint Commission		

CFR Number §483.13(c)(4)	Medicare Requirements		t Commissio valent Numb		Joint Commission Standards and Elements of Performance
violation is verified appropriate corrective action must be taken.		RI.01.0		atient has the right to be free from neglect; exploitation; and verbal, mental, cal, and sexual abuse.	
		EP 1	occur while Note: For he	the pospita	ermines how it will protect the patient from neglect, exploitation, and abuse that could atient is receiving care, treatment, and services. als that use Joint Commission accreditation for deemed status purposes and have swing al also determines how it will protect residents from corporal punishment and involuntary
					luates all allegations, observations, and suspected cases of neglect, exploitation, and within the hospital. (See also PC.01.02.09, EP 1)
		EP 3	to appropria also PC.01. Note: For he beds: Allege	te au 02.09 ospita ed vid	orts allegations, observations, and suspected cases of neglect, exploitation, and abuse thorities based on its evaluation of the suspected events, or as required by law. (See 0, EPs 6 and 7) als that use Joint Commission accreditation for deemed status purposes and have swing plations of mistreatment, neglect, or abuse and misappropriation of resident property are ately to the administrator of the hospital.
		EP 5	The hospita further abus	l has e wh	t use Joint Commission accreditation for deemed status purposes and have swing beds: evidence that all alleged violations are thoroughly investigated and that it prevents ile the investigation is in progress. The results of all investigations are reported to the his or her designated representative within five working days of the incident.
§483.15					
§483.15 Quality of life.					
§483.15(f)					
(f) Activities.					
§483.15(f)(1)		PC.02.			ospital coordinates the patient's care, treatment, and services based on the tt's needs.
	le for an ongoing program of activities designed to meet, in rehensive assessment, the interests and the physical, mental, ng of each resident.	EP 8	The hospita	l prov	t use Joint Commission accreditation for deemed status purposes and have swing beds: vides activity services directly or through referral for ambulatory and nonambulatory sus functional levels.
		PC.02.	h	ave	ospitals that use Joint Commission accreditation for deemed status purposes and swing beds: Residents participate in social and recreational activities according ir abilities and interests.
		EP 1			t use Joint Commission accreditation for deemed status purposes and have swing beds: rs residents a variety of social and recreational activities according to their abilities and
			For hospital The hospita and interest	l help	t use Joint Commission accreditation for deemed status purposes and have swing beds: s residents to participate in social and recreational activities according to their abilities
§483.15(f)(2)					
(2) The activities program	must be directed by a qualified professional who				
Madiaara Llaapital Daguiram	vente to 2016 Joint	2000 210	-6.000		@ 2016 The Joint Commission

CFR Number §483.15(f)(2)(i)	Medicare Requirements		Commission alent Numbe	I Joint Commission Standards and Flements of Performance
§483.15(f)(2)(i)		HR.01.0)2.01 Th	he hospital defines staff qualifications.
(i) Is a qualified therapeu	tic recreation specialist or an activities professional who—	The activities program is directed by a professional who meets one of the following cri - Is a qualified therapeutic recreation specialist or an activities professional who is lice if applicable, by the state in which he or she practices and is eligible for certification as recreation specialist or as an activities professional by a recognized accrediting body of 1, 1990		ed therapeutic recreation specialist or an activities professional who is licensed or registered, , by the state in which he or she practices and is eligible for certification as a therapeutic pecialist or as an activities professional by a recognized accrediting body on or after October ears of experience in a social or recreational program within the last five years, one year of ull time in a patient activities program in a health care setting ed occupational therapist or occupational therapy assistant
§483.15(f)(2)(i)(A)		HR.01.0)2.01 Th	he hospital defines staff qualifications.
(A) Is licensed or register	red, if applicable, by the State in which practicing; and	EP 12	The activities - Is a qualifier if applicable, recreation sp 1, 1990 - Has two yea which was ful - Is a qualifier	s that use Joint Commission accreditation for deemed status purposes and have swing beds: s program is directed by a professional who meets one of the following criteria: ed therapeutic recreation specialist or an activities professional who is licensed or registered, by the state in which he or she practices and is eligible for certification as a therapeutic pecialist or as an activities professional by a recognized accrediting body on or after October ears of experience in a social or recreational program within the last five years, one year of ull time in a patient activities program in a health care setting ed occupational therapist or occupational therapy assistant eted a training course approved by the state
§483.15(f)(2)(i)(B)		HR.01.0)2.01 Th	he hospital defines staff qualifications.
	tion as a therapeutic recreation specialist or as an activities ized accrediting body on or after October 1, 1990; or	EP 12	The activities - Is a qualified if applicable, recreation sp 1, 1990 - Has two yea which was ful - Is a qualified	s that use Joint Commission accreditation for deemed status purposes and have swing beds: s program is directed by a professional who meets one of the following criteria: ed therapeutic recreation specialist or an activities professional who is licensed or registered, by the state in which he or she practices and is eligible for certification as a therapeutic pecialist or as an activities professional by a recognized accrediting body on or after October ears of experience in a social or recreational program within the last five years, one year of ull time in a patient activities program in a health care setting ed occupational therapist or occupational therapy assistant eted a training course approved by the state
§483.15(f)(2)(ii)		HR.01.0)2.01 Th	he hospital defines staff qualifications.
	ence in a social or recreational program within the last 5 years, 1 a patient activities program in a health care setting; or	EP 12	The activities - Is a qualifier if applicable, recreation sp 1, 1990 - Has two yea which was ful - Is a qualifier	s that use Joint Commission accreditation for deemed status purposes and have swing beds: s program is directed by a professional who meets one of the following criteria: ed therapeutic recreation specialist or an activities professional who is licensed or registered, by the state in which he or she practices and is eligible for certification as a therapeutic pecialist or as an activities professional by a recognized accrediting body on or after October ears of experience in a social or recreational program within the last five years, one year of ull time in a patient activities program in a health care setting ed occupational therapist or occupational therapy assistant eted a training course approved by the state

CFR Number §483.15(f)(2)(iii)	Medicare Requirements		Commission alent Numbe		Joint Commission Standards and Elements of Performance
§483.15(f)(2)(iii)		HR.01.0)2.01 Tł	ne h	ospital defines staff qualifications.
(iii) Is a qualified occupat	ional therapist or occupational therapy assistant; or	EP 12	The activities - Is a qualifie if applicable, recreation sp 1, 1990 - Has two ye which was fu - Is a qualifie	s pro ed the by t pecia ars o ill tin ed oc	a use Joint Commission accreditation for deemed status purposes and have swing beds: gram is directed by a professional who meets one of the following criteria: erapeutic recreation specialist or an activities professional who is licensed or registered, he state in which he or she practices and is eligible for certification as a therapeutic list or as an activities professional by a recognized accrediting body on or after October of experience in a social or recreational program within the last five years, one year of he in a patient activities program in a health care setting cupational therapist or occupational therapy assistant a training course approved by the state
§483.15(f)(2)(iv)		HR.01.0)2.01 Tł	ne h	ospital defines staff qualifications.
(iv) Has completed a train	ning course approved by the State.	EP 12	The activities - Is a qualifie if applicable, recreation sp 1, 1990 - Has two ye which was fu - Is a qualifie	s pro ed the by t pecia ars o ill tin ed oc	t use Joint Commission accreditation for deemed status purposes and have swing beds: gram is directed by a professional who meets one of the following criteria: erapeutic recreation specialist or an activities professional who is licensed or registered, he state in which he or she practices and is eligible for certification as a therapeutic list or as an activities professional by a recognized accrediting body on or after October of experience in a social or recreational program within the last five years, one year of he in a patient activities program in a health care setting cupational therapist or occupational therapy assistant a training course approved by the state
§483.15(g)		_			
(g) Social services					
§483.15(g)(1)		LD.04.0	3.01 TI	ne h	ospital provides services that meet patient needs.
	ide medically-related social services to attain or maintain the cal, mental, and psychosocial well-being of each resident.	EP 1	EP 1 The needs of through referration Note: For psycomedical and such as an agreem immediately as a such as an agreem and the such as a		population(s) served guide decisions about which services will be provided directly or consultation, contractual arrangements, or other agreements. atric hospitals that use Joint Commission accreditation for deemed status purposes: If ical diagnostic and treatment services are not available within the hospital, the hospital it with an outside source for these services to make sure that the services are lable or an agreement needs to be established for transferring patients to a general cipates in the Medicare program.
		PC.02.0			ospital coordinates the patient's care, treatment, and services based on the t's needs.
		EP 9	The hospital nursing care Note: For ho	prov , der spita	t use Joint Commission accreditation for deemed status purposes and have swing beds: ides services (directly or through referral) to facilitate family support, social work, ital care, rehabilitation, primary physician care, or discharge. Is that use Joint Commission accreditation for deemed status purposes and have swing al promptly refers residents with lost or damaged dentures to a dentist.
§483.15(g)(2)		HR.01.0	02.01 TI	ne h	ospital defines staff qualifications.
(2) A facility with more the basis.	an 120 beds must employ a qualified social worker on a full-time				
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CFR Number §483.15(g)(2)	Medicare Requirements		Commissic alent Numb		Joint Commission Standards and Elements of Performance
		EP 1	and RI.01.0 Note 1: Qua and/or certiil Note 2: Qua Amendmen §493.1495. Note 3: For physical the assistants, s therapy, occ provided by acceptable requirement Note 4: Qua assessmen supported b	1.03, I alificati ricatior alificati ts of 1 A com hospit rapists speech cupation the ho standa ts. alificati t, educ y the ho	es staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 EP 2) ons for infection control may be met through ongoing education, training, experience, n (such as that offered by the Certification Board for Infection Control). ons for laboratory personnel are described in the Clinical Laboratory Improvement 988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351- plete description of the requirement is located at http://wwwn.cdc.gov/clia/Regulatory. als that use Joint Commission accreditation for deemed status purposes: Qualified s, physical therapist assistants, occupational therapists, occupational therapy n-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical onal therapy, speech-language pathology, or audiology services, if these services are ospital. The provision of care and staff qualifications are in accordance with national ards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 ons for language interpreters and translators may be met through language proficiency ration, training, and experience. The use of qualified interpreters and translators is Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title hts Act of 1964.
		HR.01.0	02.05 T	he ho	spital verifies staff qualifications.
		EP 3	The hospita job respons		es and documents that the applicant has the education and experience required by the s.
		EP 17	A qualified s degree in a counseling,	social humai or psy	use Joint Commission accreditation for deemed status purposes and have swing beds: worker is an individual who has a bachelor's degree in social work or a bachelor's n services field including but not limited to sociology, special education, rehabilitation rchology and has one year of supervised social work experience in a health care setting ith individuals.
		HR.01.0	02.07 T	he ho	spital determines how staff function within the organization.
		EP 2			patient care, treatment, and services practice within the scope of their license, gistration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)
		HR.01.0	06.01 S	staff a	re competent to perform their responsibilities.
		EP 1			es the competencies it requires of its staff who provide patient care, treatment, or o NPSG.03.06.01, EP 3)
		LD.03.0	06.01 T	hose	who work in the hospital are focused on improving safety and quality.
		EP 1	Leaders des	sign w	ork processes to focus individuals on safety and quality issues.
		EP 3	and service	s. (See	or a sufficient number and mix of individuals to support safe, quality care, treatment, e also IC.01.01.01, EP 3) r and mix of individuals is appropriate to the scope and complexity of the services
		EP 4	Those who	work i	n the hospital are competent to complete their assigned responsibilities.

CFR Number §483.15(g)(3)	Medicare Requirements		Commission alent Numbe		Joint Commission Standards and Elements of Performance
§483.15(g)(3)					
(3) Qualifications of soc	ial worker. A qualified social worker is an individual with—				
§483.15(g)(3)(i)		HR.01.0	02.05 Tł	ne ho	ospital verifies staff qualifications.
	n social work or a bachelor's degree in a human services field to sociology, special education, rehabilitation counseling, and	EP 17	A qualified so degree in a h counseling, o	ocial numa or psy	use Joint Commission accreditation for deemed status purposes and have swing beds: worker is an individual who has a bachelor's degree in social work or a bachelor's n services field including but not limited to sociology, special education, rehabilitation ychology and has one year of supervised social work experience in a health care setting ith individuals.
§483.15(g)(3)(ii)		HR.01.0	02.05 Tł	ne ho	spital verifies staff qualifications.
(ii) One year of supervis with individuals.	ed social work experience in a health care setting working directly	EP 17	A qualified so degree in a h counseling, d	ocial numa or psy	use Joint Commission accreditation for deemed status purposes and have swing beds: worker is an individual who has a bachelor's degree in social work or a bachelor's n services field including but not limited to sociology, special education, rehabilitation /chology and has one year of supervised social work experience in a health care setting ith individuals.
§483.20					
§483.20 Resident asse	essment.				
§483.20(e)		PC.01.0			spital accepts the patient for care, treatment, and services based on its ability to he patient's needs.
and resident review prog	ity must coordinate assessments with the preadmission screening gram under Medicaid in part 483, subpart C to the maximum bid duplicative testing and effort.	EP 2	The hospital	has a	a written process for accepting a patient that includes the following: Criteria to ient's eligibility for care, treatment, and services.
		EP 7	The hospital also LD.01.0		ws its written process for accepting a patient for care, treatment, and services. (See EP 3)
		PC.01.0	02.01 Tł	ne ho	spital assesses and reassesses its patients.
		EP 1	information in Note 1: In de consider info patient's othe Note 2: Asse	t colle efining ermat er ca essmo	tes, in writing, the scope and content of screening, assessment, and reassessment acts. (See also RC.02.01.01, EP 2) g the scope and content of the information it collects, the organization may want to ion that it can obtain, with the patient's consent, from the patient's family and the re providers, as well as information conveyed on any medical jewelry. ent and reassessment information includes the patient's perception of the effectiveness iffects related to, his or her medication(s).
		EP 2	assessments Note: Examp	s are oles c	es, in writing, criteria that identify when additional, specialized, or more in-depth performed. (See also PC.01.02.07, EP 1; PC.01.02.03 EPs 7 and 8) of criteria could include those that identify when a nutritional, functional, or pain Id be performed for patients who are at risk.
				The hospital coordinates the patient's care, treatment, and services based on patient's needs.	
		EP 3			dinates the patient's care, treatment, and services. n involves resolving scheduling conflicts and duplication of care, treatment, and

CFR Number §483.45	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance		
§483.45						
§483.45 Specialized Ref	nabilitative Services					
§483.45(a)						
physical therapy, speech rehabilitative services for	. If specialized rehabilitative services such as but not limited to n-language pathology, occupational therapy, and mental health r mental illness and intellectual disability, are required in the re plan of care, the facility must—					
§483.45(a)(1)		LD.04.0	03.01 The	hospital provides services that meet patient needs.		
(1) Provide the required	services; or	EP 1	through referra Note: For psy medical and s has an agreer immediately a	he population(s) served guide decisions about which services will be provided directly or al, consultation, contractual arrangements, or other agreements. hiatric hospitals that use Joint Commission accreditation for deemed status purposes: If urgical diagnostic and treatment services are not available within the hospital, the hospital hent with an outside source for these services to make sure that the services are vailable or an agreement needs to be established for transferring patients to a general articipates in the Medicare program.		
		PC.02.0	01.01 The	The hospital provides care, treatment, and services for each patient.		
			The hospital p plan of care.	nospital provides the patient with care, treatment, and services according to his or her individualized of care.		
		PC.02.0		The hospital coordinates the patient's care, treatment, and services based on the patient's needs.		
		EP 3		pordinates the patient's care, treatment, and services. ation involves resolving scheduling conflicts and duplication of care, treatment, and		
			The hospital p nursing care, Note: For hos	hat use Joint Commission accreditation for deemed status purposes and have swing beds: rovides services (directly or through referral) to facilitate family support, social work, lental care, rehabilitation, primary physician care, or discharge. bitals that use Joint Commission accreditation for deemed status purposes and have swing pital promptly refers residents with lost or damaged dentures to a dentist.		
		EP 10	When the hos treatment, and	pital uses external resources to meet the patient's needs, it coordinates the patient's care, services.		
§483.45(a)(2)		LD.04.0	03.01 The	hospital provides services that meet patient needs.		
()	ervices from an outside resource (in accordance with §483.75(h) der of specialized rehabilitative services.	EP 1	through referra Note: For psy- medical and s has an agreer immediately a	he population(s) served guide decisions about which services will be provided directly or al, consultation, contractual arrangements, or other agreements. whatric hospitals that use Joint Commission accreditation for deemed status purposes: If urgical diagnostic and treatment services are not available within the hospital, the hospital nent with an outside source for these services to make sure that the services are vailable or an agreement needs to be established for transferring patients to a general articipates in the Medicare program.		
Medicare Hospital Require		Page 324 (. (000	© 2016 The Joint Commission		

CFR Number §483.45(a)(2)	Medicare Requirements		Commissic alent Numb		Joint Commission Standards and Elements of Performance		
					ospital provides care, treatment, and services for each patient.		
		EP 1 The hospital pr plan of care.		al provides the patient with care, treatment, and services according to his or her individualized e.			
		PC.02.02.01		The hospital coordinates the patient's care, treatment, and services based on the patient's needs.			
		EP 3	EP 3 The hospital coordinates the patient's care, treatment, and services. Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services.				
		EP 9	EP 9 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital promptly refers residents with lost or damaged dentures to a dentist.				
		EP 10 When the hospital uses external resources to meet the patient's needs, it coordinates the patient's care, treatment, and services.					
§483.45(b)		PC.02.0			ospital provides care, treatment, and services as ordered or prescribed, and in dance with law and regulation.		
(b) Qualifications. Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.		EP 1	 care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licen independent practitioner or other practitioner in accordance with professional standards of practice and regulation; hospital policies; and medical staff bylaws, rules, and regulations. * Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as lone or she meets the following: Responsible for the care of the patient Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements Acting within his or her scope of practice under state law Authorized in accordance with state law and policies adopted by the medical staff and approved governing body to order the applicable outpatient services 				
§483.55					eatment, and services using the most recent patient order(s).		
§483.55 Dental Services		. 0.02.0			t's needs.		
The facility must assist residents in obtaining routine and 24-hour emergency dental care.		EP 12	The hospita external pro Note: For h	I prov ovider ospita ospita	t use Joint Commission accreditation for deemed status purposes and have swing beds: rides 24-hour emergency dental services directly or through arrangement with an als that use Joint Commission accreditation for deemed status purposes and have swing al may charge a Medicare resident an additional amount for routine and emergency		

CFR Number §483.55(a)	Medicare Requirements		Commission alent Number	I lount Commission Standards and Elements of Pertormance	
§483.55(a)					
(a) Skilled nursing facilities	s. A facility				
§483.55(a)(1)				he hospital coordinates the patient's care, treatment, and services based on the	
(1) Must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident;		EP 9	The hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have beds: The hospital promptly refers residents with lost or damaged dentures to a dentist.		
§483.55(a)(2)				e hospital coordinates the patient's care, treatment, and services based on the ient's needs.	
(2) May charge a Medicare resident an additional amount for routine and emergency dental services;		 The hospital pro nursing care, de Note: For hospit beds: The hospi EP 12 For hospitals tha The hospital pro external provide Note: For hospit 		nospitals that use Joint Commission accreditation for deemed status purposes and have swing hospital may charge a Medicare resident an additional amount for routine and emergency	
§483.55(a)(3)					
(3) Must if necessary, ass	ist the resident—				
§483.55(a)(3)(i) (i) In making appointments	s; and	RI.01.0	hav	r hospitals that use Joint Commission accreditation for deemed status purposes and ve swing beds: The resident has the right to communicate with his or her medical, ntal, and other licensed independent practitioner care providers.	
		EP 3		that use Joint Commission accreditation for deemed status purposes and have swing beds: helps the resident make and keep appointments with medical, dental, and other licensed practitioners.	
§483.55(a)(3)(ii) (ii) By arranging for transp	portation to and from the dentist's office; and	RI.01.0	hav	r hospitals that use Joint Commission accreditation for deemed status purposes and ve swing beds: The resident has the right to transportation services, as appropriate his or her care or service plan.	

CFR Number §483.55(a)(3)(ii)	Medicare Requirements		Commissionalent Numb		Joint Commission Standards and Elements of Performance			
		EP 1	The hospita	al arra	t use Joint Commission accreditation for deemed status purposes and have swing beds: inges transportation for the resident to and from physician or dentist appointments and entified in the resident's care or service plan.			
§483.55(a)(4) (4) Promptly refer residents with lost or damaged dentures to a dentist.		PC.02.0	PC.02.02.01 The hospital coordinates the patient's care, treatment, and services based on t patient's needs.					
		EP 9	·					
		EP 10	EP 10 When the hospital uses external resources to meet the patient's needs, it coordinates the patreatment, and services.					
		RI.01.06.11		have	ospitals that use Joint Commission accreditation for deemed status purposes and swing beds: The resident has the right to communicate with his or her medical, I, and other licensed independent practitioner care providers.			
		EP 3	3 For hospitals that use Joint Commission accreditation for deemed status purposes and The hospital helps the resident make and keep appointments with medical, dental, and independent practitioners.					
			I	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to transportation services, as appropriate to his or her care or service plan.				
		EP 1	P1 For hospitals that use Joint Commission accreditation for deemed status purposes and h The hospital arranges transportation for the resident to and from physician or dentist app other activities identified in the resident's care or service plan.					
§483.55(b)								
(b) Nursing facilities. The facil	ity							
§483.55(b)(1)								
(1) Must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, the following dental services to meet the needs of each resident:								
§483.55(b)(1)(i)		PC.02.0			ospital coordinates the patient's care, treatment, and services based on the tt's needs.			
(i) Routine dental services (to) Routine dental services (to the extent covered under the State plan); and		P 9 For hospitals that use Joint Commission accreditation for deemed status purposes and ha The hospital provides services (directly or through referral) to facilitate family support, soc nursing care, dental care, rehabilitation, primary physician care, or discharge. Note: For hospitals that use Joint Commission accreditation for deemed status purposes a beds: The hospital promptly refers residents with lost or damaged dentures to a dentist.		vides services (directly or through referral) to facilitate family support, social work, ntal care, rehabilitation, primary physician care, or discharge. als that use Joint Commission accreditation for deemed status purposes and have swing			
§483.55(b)(1)(ii)		PC.02.02.01		The hospital coordinates the patient's care, treatment, and services based on patient's needs.				

CFR Number §483.55(b)(1)(ii)	Medicare Requirements		Commissic alent Numb		Joint Commission Standards and Elements of Performance	
		EP 12	The hospita external pro Note: For h	al provi ovider. lospital nospita	use Joint Commission accreditation for deemed status purposes and have swing beds: des 24-hour emergency dental services directly or through arrangement with an s that use Joint Commission accreditation for deemed status purposes and have swing I may charge a Medicare resident an additional amount for routine and emergency	
§483.55(b)(2)						
(2) Must, if necessary, as	ssist the resident—					
§483.55(b)(2)(i) (i) In making appointments; and		RI.01.0	h	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to communicate with his or her medical, dental, and other licensed independent practitioner care providers.		
	EP 3 Fo Th		For hospital The hospita	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital helps the resident make and keep appointments with medical, dental, and other licensed independent practitioners.		
§483.55(b)(2)(ii) (ii) By arranging for trans	sportation to and from the dentist's office; and	RI.01.0	h	have s	spitals that use Joint Commission accreditation for deemed status purposes and wing beds: The resident has the right to transportation services, as appropriate or her care or service plan.	
		EP 1	The hospita	al arran	use Joint Commission accreditation for deemed status purposes and have swing beds: ges transportation for the resident to and from physician or dentist appointments and ntified in the resident's care or service plan.	
§483.55(b)(3)		PC.02.			spital coordinates the patient's care, treatment, and services based on the 's needs.	
(3) Must promptly refer residents with lost or damaged dentures to a dentist.		EP 9	The hospital nursing care Note: For ho		use Joint Commission accreditation for deemed status purposes and have swing beds: des services (directly or through referral) to facilitate family support, social work, al care, rehabilitation, primary physician care, or discharge. s that use Joint Commission accreditation for deemed status purposes and have swing I promptly refers residents with lost or damaged dentures to a dentist.	
		RI.01.0	h	nave s	spitals that use Joint Commission accreditation for deemed status purposes and wing beds: The resident has the right to communicate with his or her medical, and other licensed independent practitioner care providers.	
		EP 3			use Joint Commission accreditation for deemed status purposes and have swing beds: the resident make and keep appointments with medical, dental, and other licensed itioners.	
		RI.01.0	ĥ	have s	spitals that use Joint Commission accreditation for deemed status purposes and wing beds: The resident has the right to transportation services, as appropriate or her care or service plan.	
		EP 1	The hospita	al arran	use Joint Commission accreditation for deemed status purposes and have swing beds: ges transportation for the resident to and from physician or dentist appointments and ntified in the resident's care or service plan.	