

Hospital Crosswalk

Medicare Hospital Requirements to 2025 Joint Commission Hospital Standards & EPs

CFR Number §482.1		Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance
O -	TAG: A-0	008		,	
§482.1 Basis and scope.					
§482.1(a)	TAG: A-0	008			
(a) Statutory basis.					
§482.1(a)(1)	TAG: A-0	008			
(1) Section 1861(e) of the [Social	I Security]	Act provides that—			
§482.1(a)(1)(i)	TAG: A-0	008	LD.13.01.0	The hospital cor	nplies with law and regulation.
(i) Hospitals participating in Medic	care must	meet certain specified requirements; and	EP 1	and local laws, rules, and regu Note: For hospitals that use Jo Centers for Medicare & Medic	eatment, and services in accordance with licensure requirements and federal, state, plations. Dint Commission accreditation for deemed status purposes: The hospital meets the aid Services' (CMS) definition of a hospital in accordance with 42 CFR 482.1(a)(1) ecfr.gov/ for the language of this CMS requirement)
§482.1(a)(1)(ii)	TAG: A-0	008	LD.13.01.0	The hospital cor	nplies with law and regulation.
		quirements if they are found necessary in dividuals who are furnished services in	EP 1	and local laws, rules, and regu Note: For hospitals that use Jo Centers for Medicare & Medic	eatment, and services in accordance with licensure requirements and federal, state, plations. Dint Commission accreditation for deemed status purposes: The hospital meets the aid Services' (CMS) definition of a hospital in accordance with 42 CFR 482.1(a)(1) ecfr.gov/ for the language of this CMS requirement)
§482.1(b)	TAG: A-0	008	LD.13.01.0	The hospital cor	nplies with law and regulation.
of this part serve as the basis of s	survey acti	of part 488 of this chapter, the provisions vities for the purpose of determining greement under Medicare and Medicaid.	EP 1	and local laws, rules, and regu Note: For hospitals that use Jo Centers for Medicare & Medic	eatment, and services in accordance with licensure requirements and federal, state, plations. Dint Commission accreditation for deemed status purposes: The hospital meets the aid Services' (CMS) definition of a hospital in accordance with 42 CFR 482.1(a)(1) ecfr.gov/ for the language of this CMS requirement)
§482.11	TAG: A-0	020		'	
§482.11 Condition of Participation	n: Complia	nce with Federal, State and Local Laws			
§482.11(a)	TAG: A-0	021	LD.13.01.0	The hospital cor	nplies with law and regulation.
(a) The hospital must be in compl health and safety of patients.	liance with	applicable Federal laws related to the	EP 1	and local laws, rules, and regu Note: For hospitals that use Jo Centers for Medicare & Medic	eatment, and services in accordance with licensure requirements and federal, state, plations. bint Commission accreditation for deemed status purposes: The hospital meets the aid Services' (CMS) definition of a hospital in accordance with 42 CFR 482.1(a)(1) ecfr.gov/ for the language of this CMS requirement)

CFR Number §482.11(b)	Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	
U - (-)	TAG: A-0022]			
(b) The hospital must be					
§482.11(b)(1)	TAG: A-0022	LD.13.01.	.01 The hospital co	mplies with law and regulation.	
(1) Licensed; or		EP 2		proved as meeting the standards for licensing established by the state or responsible w and regulation to provide the care, treatment, or services for which the hospital is point Commission.	
§482.11(b)(2)	TAG: A-0022	LD.13.01.	.01 The hospital co	mplies with law and regulation.	
(2) Approved as meeting standards for licensing established by the agency of the State or locality responsible for licensing hospitals.		EP 2		proved as meeting the standards for licensing established by the state or responsible wand regulation to provide the care, treatment, or services for which the hospital is point Commission.	
§482.11(c)	TAG: A-0023	HR.11.01	.03 The hospital de	termines how staff function within the organization.	
(c) The hospital must assure that personnel are licensed or meet other applicable standards that are required by State or local laws.		EP 1	All staff who provide patient or registration, in accordance	care, treatment, and services are qualified and possess a current license, certification, with law and regulation.	
		MS.17.01		llects information regarding each physician's or other licensed practitioner's status, training, experience, competence, and ability to perform the requested	
		EP 3	feasible, or from a credentials	quires that the hospital verifies in writing and from the primary source whenever is verification organization (CVO), the following information for the applicant: time of initial granting, renewal, and revision of privileges and at the time of license	
		MS.17.02		The decision to grant or deny a privilege(s) and/or to renew an existing privilege(s) is an objective, evidence-based process.	
		EP 9		sed practitioners that provide care, treatment, and services possess a current tration, as required by law and regulation.	
§482.12 §482.12 Condition of Participation	TAG: A-0043 : Governing Body	LD.11.01.	services.	body is ultimately accountable for the safety and quality of care, treatment, and	
There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body.			hospital does not have an org	body that assumes full legal responsibility for the conduct of the hospital. If the ganized governing body, the persons legally responsible for the conduct of the is that pertain to the governing body.	
§482.12(a)	TAG: A-0044				
§482.12(a) Standard: Medical Stat	ff.	1			
The governing body must:					

CFR Number §482.12(a)(1)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.12(a)(1) TAG: A-0045 (1) Determine, in accordance with State law, which categories of practitioners are eligible candidates for appointment to the medical staff;		LD.11.01.01 The governing body is ultimately accountable for the safety and quality of care, treatment, and services. EP 2 The governing body does the following: Approves and is responsible for the effective operation of the grievance process Reviews and resolves grievances, unless it delegates responsibility in writing to a grievance committee Determines, in accordance with state law, which categories of practitioners are eligible candidates for appointment to the medical staff Appoints members of the medical staff after considering the recommendations of the existing members of the medical staff Makes certain that the medical staff has bylaws Approves medical staff bylaws and other medical staff rules and regulations Makes certain that the medical staff is accountable to the governing body for the quality of care provided to patients Makes certain that the criteria for selection to the medical staff are based on individual character, competence, training, experience, and judgment Makes certain that under no circumstances is the accordance of staff membership or professional privileges in the hospital dependent solely upon certification, fellowship, or membership in a specialty body or society Makes certain that the medical staff develops and implements written policies and procedures for appraisal of emergencies, initial treatment, and referral of patients at the locations without emergency services when emergency services are not provided at the hospital, or are provided at the hospital but not at one or more		
§482.12(a)(2) (2) Appoint members of the m the existing members of the m	TAG: A-0046 edical staff after considering the recommendations of nedical staff;	EP 2	services. The governing body does the	sible for the effective operation of the grievance process rievances, unless it delegates responsibility in writing to a grievance committee ace with state law, which categories of practitioners are eligible candidates for ical staff e medical staff after considering the recommendations of the existing members of

CFR Number §482.12(a)(3)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.12(a)(3) TAG (3) Assure that the medical staff has b	:: A-0047	LD.11.01.01	The governing be services.	pody is ultimately accountable for the safety and quality of care, treatment, and
(o) Assure that the medical stall has b	yiawo,	EP 2	 Reviews and resolves g Determines, in accordar appointment to the medical staff Makes certain that the medical staff Makes certain that the medical staff to the m	sible for the effective operation of the grievance process rievances, unless it delegates responsibility in writing to a grievance committee note with state law, which categories of practitioners are eligible candidates for ical staff e medical staff after considering the recommendations of the existing members of
o - (-)(-)	i: A-0048	LD.11.01.01	·	oody is ultimately accountable for the safety and quality of care, treatment, and
(4) Approve medical staff bylaws and	other medical staff rules and regulations;	EP 2	The governing body does the Approves and is respons Reviews and resolves g Determines, in accordar appointment to the medi Appoints members of the the medical staff Makes certain that the nedical staff the the nedica	sible for the effective operation of the grievance process rievances, unless it delegates responsibility in writing to a grievance committee note with state law, which categories of practitioners are eligible candidates for ical staff e medical staff after considering the recommendations of the existing members of

CFR Number §482.12(a)(5)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.12(a)(5) TAG: A-0049 (5) Ensure that the medical staff is accountable to the governing body for the quality of care provided to patients;		LD.11.01.01 The governing body is ultimately accountable for the safety and quality of care, treatment, and services. EP 2 The governing body does the following:		
§482.12(a)(6) (6) Ensure the criteria for selection experience, and judgment; and	tion are individual character, competence, training, d	EP 2	services. The governing body does the	sible for the effective operation of the grievance process rievances, unless it delegates responsibility in writing to a grievance committee nce with state law, which categories of practitioners are eligible candidates for ical staff e medical staff after considering the recommendations of the existing members of

CFR Number §482.12(a)(7)	Medicare Requirements		t Commission valent Number	Joint Commission Standards and Elements of Performance
§482.12(a)(7) TAG: 7		LD.11.01.01	The governing l services.	body is ultimately accountable for the safety and quality of care, treatment, and
(7) Ensure that under no circumstances is the accordance of staff membership or professional privileges in the hospital dependent solely upon certification, fellowship or membership in a specialty body or society.			 Reviews and resolves g Determines, in accordar appointment to the med Appoints members of the the medical staff Makes certain that the r Approves medical staff Makes certain that the r patients Makes certain that the competence, training, e Makes certain that under in the hospital depender Makes certain that the r of emergencies, initial tr 	sible for the effective operation of the grievance process grievances, unless it delegates responsibility in writing to a grievance committee ince with state law, which categories of practitioners are eligible candidates for lical staff after considering the recommendations of the existing members of
	ces are furnished to the hospital's patients	MS.20.01.01	services of the	ther licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging e originating site.
(8) Ensure that, when telemedicine services are furnished to the hospital's patients through an agreement with a distant-site hospital, the agreement is written and that it specifies that it is the responsibility of the governing body of the distant-site hospital to meet the requirements in paragraphs (a)(1) through (a)(7) of this section with regard to the distant-site hospital's physicians and practitioners providing telemedicine services. The governing body of the hospital whose patients are receiving the telemedicine services may, in accordance with §482.22(a)(3) of this part, grant privileges based on its medical staff recommendations that rely on information provided by the distant-site hospital.		hos cre dis inc	spital or telemedicine entity edentialing and privileging of stant-site physicians and otteludes all of the following present the distant site telemed. The distant-site telemed consistent with the hospital. The individual distant-site telemedicine entity provides a current list of telemedicine entity. The individual distant-site telemedicine entity. The individual distant-site telemedicine entity. The individual distant-site physicial hospital internally review and sends the distant-site practitioner. At a min services provided by the complaints the hospital of the process of the	are furnished to the hospital's patients through an agreement with a distant-site y, the governing body of the originating hospital may choose to rely upon the decisions made by the distant-site hospital or telemedicine entity for the individual her licensed practitioners providing such services if the hospital's governing body rovisions in its written agreement with the distant-site hospital or telemedicine entity: dicine entity provides services in accordance with contract service requirements dicine entity's medical staff credentialing and privileging process and standards is obital's process and standards, at a minimum. Il providing the telemedicine services is a Medicare-participating hospital. It the physician or other licensed practitioner is privileged at the distant-site hospital or riding the telemedicine services, and the distant-site hospital or telemedicine entity if the distant-site physician's or practitioner's privileges at the distant-site hospital or the physician or other licensed practitioner holds a license issued or recognized by the tall whose patients are receiving the telemedicine services is located. In so, or other licensed practitioners privileged by the originating hospital, the originating was services provided by the distant-site physician or other licensed practitioner in the periodic evaluation of nimum, this information includes adverse events that result from the telemedicine entity information for use in the periodic evaluation of nimum, this information includes adverse events that result from the telemedicine entity information for use in the periodic evaluation of nimum, this information includes adverse events that result from the telemedicine entity information for use in the periodic evaluation of nimum, this information includes adverse events that result from the telemedicine entity information for use in the periodic evaluation of nimum, this information includes adverse events that result from the telemedicine entity information for use in the periodic evaluation o

CFR Number §482.12(a)(9)		Medicare Requirements		nt Commission uivalent Number	Joint Commission Standards and Elements of Performance
§482.12(a)(9)	TAG: A		LD.13.03.03		and services provided through contractual agreement are provided safely and
(9) Ensure that when telemedicine services are furnished to the hospital's patients through an agreement with a distant-site telemedicine entity, the written agreement specifies that the distant-site telemedicine entity is a contractor of services to the hospital and as such, in accordance with §482.12(e), furnishes the contracted services in a manner that permits 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 patients 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.		For hospitals that use Joint Commission accreditation for deemed status purposes: When telemedicine services are furnished to the hospital's patients, the originating site has a written agreement with the distant site that specifies the following: • The distant site is a contractor of services to the hospital. • The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation. • The originating site makes certain through the written agreement that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A. If the originating site chooses to use the credentialing and privileging decision of the distant-site telemedicine provider, then the following requirements apply: • The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.17.01.01 through MS.17.04.01). • The governing body of the originating site grants privileges to a distant site physician or other licensed practitioner based on the originating site grants privileges to a distant site physician or other licensed practitioner based on the originating site's medical staff recommendations, which rely on information provided by the distant site. The written agreement includes that it is the responsibility of the governing body of the distant-site hospital to meet the requirements of this element of performance.			
§482.12(a)(10)	TAG: A	0053	LD.11.01.01		ody is ultimately accountable for the safety and quality of care, treatment, and
organization and conduct of a minimum, this direct consu- calendar year and include di care provided to patients of governing body, the single n directly with the individual re	the hospital's altation must of scussion of mathematics. From the hospital specified sponsible for	signed the responsibility for the medical staff, or his or her designee. At ccur periodically throughout the fiscal or atters related to the quality of medical or a multi-hospital system using a single estem governing body must consult the organized medical staff (or his or her in in addition to the other requirements of	5 f h	directly with the individual ass staff, or with the individual's di iscal or calendar year and inc nospital's patients. For a multi	ommission accreditation for deemed status purposes: The governing body consults igned the responsibility for the organization and conduct of the hospital's medical esignee. At a minimum, this direct consultation occurs periodically throughout the cludes a discussion of matters related to the quality of medical care provided to the in-hospital system using a single governing body, the single multihospital system city with the individual responsible for the organized medical staff (or the individual's thin its system.
§482.12(b)	TAG: A	0057	LD.11.01.01		ody is ultimately accountable for the safety and quality of care, treatment, and
§482.12(b) Standard: Chief The governing body must apmanaging the hospital.		cer executive officer who is responsible for	EP 6	services. The governing body appoints	the chief executive officer responsible for managing the hospital.
§482.12(c)	TAG: A	0063			
§482.12(c) Standard: Care of Patients In accordance with hospital policy, the governing body must ensure that the following requirements are met:					
§482.12(c)(1)	TAG: A	0064			
(1) Every Medicare patient is	s under the ca	re of:			
			l		

CFR Number §482.12(c)(1)(i)	Medicare Requirements		pint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
§482.12(c)(1)(i) TAG: A (i) A doctor of medicine or osteopathy. (The		LD.11.01.0 ⁴	The governing be services.	pody is ultimately accountable for the safety and quality of care, treatment, and
limit the authority of a doctor of medicine of		EP 7		ertain that patients are under the care of the appropriate licensed practitioners.
qualified health care personnel to the exte regulatory mechanism.);	ent recognized under State law or a State's	MS.16.01.0		nt and coordination of each patient's care, treatment, and services is the f a physician or other licensed practitioner with appropriate privileges.
		EP 4	under the care of at least one • A doctor of medicine or osteopathy to delegate the state's regulatory mechanisms. • A doctor of dental surge who is acting within the • A doctor of podiatric mestate to perform • A doctor of optometry who is lictle but only with respect to the demonstrated by x-ray the state of t	osteopathy (This requirement does not limit the authority of a doctor of medicine or tasks to other qualified health care staff to the extent recognized under state law or a anism.) by or dental medicine who is legally authorized to practice dentistry by the state and scope of their license dicine, but only with respect to functions which they are legally authorized by the who is legally authorized to practice optometry by the state in which they practice be ensed by the state or legally authorized to perform the services of a chiropractor, treatment by means of manual manipulation of the spine to correct a subluxation of exist sefined in 42 CFR 410.71, but only with respect to clinical psychologist services as 71 and only to the extent permitted by state
§482.12(c)(1)(ii) TAG: A	-0064 edicine who is legally authorized to practice	LD.11.01.0 ⁴	The governing be services.	oody is ultimately accountable for the safety and quality of care, treatment, and
dentistry by the State and who is acting w		EP 7	The governing body makes co	ertain that patients are under the care of the appropriate licensed practitioners.
		MS.16.01.0		nt and coordination of each patient's care, treatment, and services is the f a physician or other licensed practitioner with appropriate privileges.
		EP 4	under the care of at least one • A doctor of medicine or osteopathy to delegate the state's regulatory mechanisms. • A doctor of dental surge who is acting within the • A doctor of podiatric mestate to perform • A doctor of optometry who is lice but only with respect to demonstrated by x-ray the state of the sta	osteopathy (This requirement does not limit the authority of a doctor of medicine or tasks to other qualified health care staff to the extent recognized under state law or a anism.) bry or dental medicine who is legally authorized to practice dentistry by the state and scope of their license dicine, but only with respect to functions which they are legally authorized by the who is legally authorized to practice optometry by the state in which they practice be ensed by the state or legally authorized to perform the services of a chiropractor, treatment by means of manual manipulation of the spine to correct a subluxation of exist sefined in 42 CFR 410.71, but only with respect to clinical psychologist services as 71 and only to the extent permitted by state
§482.12(c)(1)(iii) TAG: A	-0064	LD.11.01.0	. 5	pody is ultimately accountable for the safety and quality of care, treatment, and
(iii) A doctor of podiatric medicine, but only is legally authorized by the State to perform	y with respect to functions which he or she m;	EP 7	services. The governing body makes co	ertain that patients are under the care of the appropriate licensed practitioners.

CFR Number §482.12(c)(1)(iii)	Medicare Requirements	I	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		MS.16.01.		nt and coordination of each patient's care, treatment, and services is the faphysician or other licensed practitioner with appropriate privileges.
		EP 4	under the care of at least one A doctor of medicine or osteopathy to delegate the state's regulatory mechanisms. A doctor of dental surge who is acting within the A doctor of podiatric mestate to perform A doctor of optometry who is lictly but only with respect to the demonstrated by x-ray the A clinical psychologist as	osteopathy (This requirement does not limit the authority of a doctor of medicine or casks to other qualified health care staff to the extent recognized under state law or a canism.) ry or dental medicine who is legally authorized to practice dentistry by the state and scope of their license dicine, but only with respect to functions which they are legally authorized by the ho is legally authorized to practice optometry by the state in which they practice ensed by the state or legally authorized to perform the services of a chiropractor, treatment by means of manual manipulation of the spine to correct a subluxation o exist s defined in 42 CFR 410.71, but only with respect to clinical psychologist services as 71 and only to the extent permitted by state
§482.12(c)(1)(iv) TAG: A-		LD.11.01.	01 The governing be services.	pody is ultimately accountable for the safety and quality of care, treatment, and
(iv) A doctor of optometry who is legally au State in which he or she practices;	unorized to practice optometry by the	EP 7		ertain that patients are under the care of the appropriate licensed practitioners.
		MS.16.01.		nt and coordination of each patient's care, treatment, and services is the f a physician or other licensed practitioner with appropriate privileges.
		EP 4	under the care of at least one A doctor of medicine or osteopathy to delegate the state's regulatory mechanisms. A doctor of dental surge who is acting within the A doctor of podiatric mestate to perform A doctor of optometry who is lictly but only with respect to the demonstrated by x-ray the A clinical psychologist as	osteopathy (This requirement does not limit the authority of a doctor of medicine or casks to other qualified health care staff to the extent recognized under state law or a canism.) ry or dental medicine who is legally authorized to practice dentistry by the state and scope of their license dicine, but only with respect to functions which they are legally authorized by the ho is legally authorized to practice optometry by the state in which they practice ensed by the state or legally authorized to perform the services of a chiropractor, treatment by means of manual manipulation of the spine to correct a subluxation of exist and only to the extent permitted by state

CFR Number §482.12(c)(1)(v)	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.12(c)(1)(v) TAG: A-(v) A chiropractor who is licensed by the S		LD.11.01.	01 The governing be services.	pody is ultimately accountable for the safety and quality of care, treatment, and
services of a chiropractor, but only with res	spect to treatment by means of manual	EP 7	The governing body makes co	ertain that patients are under the care of the appropriate licensed practitioners.
manipulation of the spine to correct a subluxation demonstrated by x-ray to exist; and		MS.16.01		nt and coordination of each patient's care, treatment, and services is the f a physician or other licensed practitioner with appropriate privileges.
		EP 4	under the care of at least one A doctor of medicine or osteopathy to delegate the state's regulatory mechanisms. A doctor of dental surge who is acting within the A doctor of podiatric mestate to perform A doctor of optometry who is lice but only with respect to demonstrated by x-ray the control of th	osteopathy (This requirement does not limit the authority of a doctor of medicine or tasks to other qualified health care staff to the extent recognized under state law or a anism.) ery or dental medicine who is legally authorized to practice dentistry by the state and scope of their license edicine, but only with respect to functions which they are legally authorized by the who is legally authorized to practice optometry by the state in which they practice ensed by the state or legally authorized to perform the services of a chiropractor, treatment by means of manual manipulation of the spine to correct a subluxation to exist as defined in 42 CFR 410.71, but only with respect to clinical psychologist services as 71 and only to the extent permitted by state
§482.12(c)(1)(vi) TAG: A-(vi) A clinical psychologist as defined in §4		LD.11.01.	01 The governing k services.	pody is ultimately accountable for the safety and quality of care, treatment, and
respect to clinical psychologist as defined in 34		EP 7	The governing body makes co	ertain that patients are under the care of the appropriate licensed practitioners.
only to the extent permitted by State law.		MS.16.01		nt and coordination of each patient's care, treatment, and services is the f a physician or other licensed practitioner with appropriate privileges.
		EP 4	under the care of at least one A doctor of medicine or osteopathy to delegate the state's regulatory mechanisms. A doctor of dental surge who is acting within the A doctor of podiatric mestate to perform A doctor of optometry who is lice but only with respect to demonstrated by x-ray the control of th	osteopathy (This requirement does not limit the authority of a doctor of medicine or tasks to other qualified health care staff to the extent recognized under state law or a anism.) ery or dental medicine who is legally authorized to practice dentistry by the state and scope of their license edicine, but only with respect to functions which they are legally authorized by the who is legally authorized to practice optometry by the state in which they practice ensed by the state or legally authorized to perform the services of a chiropractor, treatment by means of manual manipulation of the spine to correct a subluxation to exist as defined in 42 CFR 410.71, but only with respect to clinical psychologist services as 71 and only to the extent permitted by state

CFR Number §482.12(c)(2)	Medicare Requirements	1	oint Commission juivalent Number	Joint Commission Standards and Elements of Performance
- ',','	: A-0065, A-0066 all only on the recommendation of a licensed	LD.11.01.0 ⁴	The governi services.	g body is ultimately accountable for the safety and quality of care, treatment, and
	dmit patients to a hospital. If a Medicare	EP 7	The governing body make	s certain that patients are under the care of the appropriate licensed practitioners.
patient is admitted by a practitioner not specified in paragraph (c)(1) of this section, that patient is under the care of a doctor of medicine or osteopathy.		MS.16.01.0		nent and coordination of each patient's care, treatment, and services is the of a physician or other licensed practitioner with appropriate privileges.
		EP 1	to admit patients to a hos For hospitals that use Joi	e hospital only on the recommendation of a licensed practitioner permitted by the state ital. t Commission accreditation for deemed status purposes: If a Medicare patient is not specified in MS.16.01.03, EP 4, that patient is under the care of a doctor of medicine
§482.12(c)(3) TAG (3) A doctor of medicine or osteopathy	: A-0067	LD.11.01.01	The governi services.	g body is ultimately accountable for the safety and quality of care, treatment, and
(3) A doctor of medicine of osteopathy	is on duty of on can at an times.	EP 7	The governing body make	s certain that patients are under the care of the appropriate licensed practitioners.
		MS.16.01.0		nent and coordination of each patient's care, treatment, and services is the of a physician or other licensed practitioner with appropriate privileges.
		EP 2		reopathy is on duty or on call at all times.
0 · (·/(/	: A-0068 is responsible for the care of each Medicare	LD.11.01.0 ⁴	The governi services.	g body is ultimately accountable for the safety and quality of care, treatment, and
patient with respect to any medical or p		EP 7	The governing body make	s certain that patients are under the care of the appropriate licensed practitioners.
		MS.16.01.0		nent and coordination of each patient's care, treatment, and services is the of a physician or other licensed practitioner with appropriate privileges.
			medical or psychiatric pro specifically within the sco	teopathy is responsible for the care of each Medicare patient with respect to any olem that is present on admission or develops during hospitalization and is not e of practice, as defined by the medical staff and in accordance with state law, of a cental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 psychologist.
§482.12(c)(4)(i) TAG (i) Is present on admission or develops	: A-0068	LD.11.01.0 ⁴	The governi services.	g body is ultimately accountable for the safety and quality of care, treatment, and
(i) is present on damission of develope	daning noophanzalion, and	EP 7	The governing body make	s certain that patients are under the care of the appropriate licensed practitioners.
		MS.16.01.0		nent and coordination of each patient's care, treatment, and services is the v of a physician or other licensed practitioner with appropriate privileges.
		EP 3	A doctor of medicine or or medical or psychiatric pro specifically within the sco	teopathy is responsible for the care of each Medicare patient with respect to any solem that is present on admission or develops during hospitalization and is not e of practice, as defined by the medical staff and in accordance with state law, of a ental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42
	: A-0068 of practice of a doctor of dental surgery, dental	LD.11.01.0 ⁴	The governi services.	g body is ultimately accountable for the safety and quality of care, treatment, and
F	netry; a chiropractor; or clinical psychologist,	EP 7		s certain that patients are under the care of the appropriate licensed practitioners.
as that scope is		MS.16.01.0	The manage	nent and coordination of each patient's care, treatment, and services is the of a physician or other licensed practitioner with appropriate privileges.
		EP 3	medical or psychiatric pro specifically within the sco	reopathy is responsible for the care of each Medicare patient with respect to any elem that is present on admission or develops during hospitalization and is not e of practice, as defined by the medical staff and in accordance with state law, of a ental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 psychologist.

CFR Number §482.12(c)(4)(ii)(A)	Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.12(c)(4)(ii)(A) TAG: A	A-0068	LD.11.01.0	01 The gove services.	erning body is ultimately accountable for the safety and quality of care, treatment, and
() / Z simou z y mo mounour starr,		EP 7	The governing body m	nakes certain that patients are under the care of the appropriate licensed practitioners.
		MS.16.01.		agement and coordination of each patient's care, treatment, and services is the bility of a physician or other licensed practitioner with appropriate privileges.
		EP 3	medical or psychiatric specifically within the s doctor of dental surger CFR 12(c)(1)(v); or clir	or osteopathy is responsible for the care of each Medicare patient with respect to any problem that is present on admission or develops during hospitalization and is not scope of practice, as defined by the medical staff and in accordance with state law, of a ry, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 nical psychologist.
§482.12(c)(4)(ii)(B) TAG: A	A-0068	LD.11.01.0	01 The gove services.	erning body is ultimately accountable for the safety and quality of care, treatment, and
(2) 1 3		EP 7	The governing body m	nakes certain that patients are under the care of the appropriate licensed practitioners.
		MS.16.01.		agement and coordination of each patient's care, treatment, and services is the bility of a physician or other licensed practitioner with appropriate privileges.
		EP 3	medical or psychiatric specifically within the s	or osteopathy is responsible for the care of each Medicare patient with respect to any problem that is present on admission or develops during hospitalization and is not scope of practice, as defined by the medical staff and in accordance with state law, of a ry, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 nical psychologist.
§482.12(c)(4)(ii)(C) TAG: A	A-0068 this section, with respect to chiropractors.	LD.11.01.0	01 The gove services.	erning body is ultimately accountable for the safety and quality of care, treatment, and
(e)es, ander paragraph (e)(1)(v) er	and decision, man respect to a map accers.	EP 7	The governing body m	nakes certain that patients are under the care of the appropriate licensed practitioners.
		MS.16.01.		agement and coordination of each patient's care, treatment, and services is the bility of a physician or other licensed practitioner with appropriate privileges.
		EP 3	medical or psychiatric specifically within the s	or osteopathy is responsible for the care of each Medicare patient with respect to any problem that is present on admission or develops during hospitalization and is not scope of practice, as defined by the medical staff and in accordance with state law, of a ry, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 nical psychologist.
§482.12(d) TAG: A	A-0073			
§482.12(d) Standard: Institutional Plan ar	nd Budget	1		
The institution must have an overall instit conditions:	cutional plan that meets the following			
§482.12(d)(1) TAG: A	A-0073	LD.13.01.0	•	itals that use Joint Commission accreditation for deemed status purposes:
(1) The plan must include an annual oper generally accepted accounting principles.	rating budget that is prepared according to		The leade expenditu	ers develop an annual operating budget and, when needed, a long-term capital ure plan.
		EP 1	 institutional plan that m The plan included principles and the identify item by it 	Joint Commission accreditation for deemed status purposes: The hospital has an overall neets the following conditions: as an annual operating budget that is prepared according to generally accepted accounting at has all anticipated income and expenses. This provision does not require that the budget tem the components of each anticipated income or expense. So for capital expenditures for at least a 3-year period, including the year in which the tis applicable.

CFR Number §482.12(d)(2)	Medicare Requirements	Eq	int Commission uivalent Number	Joint Commission Standards and Elements of Performance
(2) The budget must include all an	§482.12(d)(2) TAG: A-0073 (2) The budget must include all anticipated income and expenses. This provision does not require that the budget identify item by item the components of each			at use Joint Commission accreditation for deemed status purposes: elop an annual operating budget and, when needed, a long-term capital n.
anticipated income or expense.		EP 1	 The plan that meets th The plan includes an an principles and that has a identify item by item the 	nual operating budget that is prepared according to generally accepted accounting all anticipated income and expenses. This provision does not require that the budget components of each anticipated income or expense. Ipital expenditures for at least a 3-year period, including the year in which the
(3) The plan must provide for capi	TAG: A-0073 tal expenditures for at least a 3-year period, erating budget specified in paragraph (d)(2) of this	LD.13.01.05		at use Joint Commission accreditation for deemed status purposes: elop an annual operating budget and, when needed, a long-term capital n.
section is applicable.		EP 1	 institutional plan that meets th The plan includes an an principles and that has a identify item by item the 	nual operating budget that is prepared according to generally accepted accounting all anticipated income and expenses. This provision does not require that the budget components of each anticipated income or expense. Ipital expenditures for at least a 3-year period, including the year in which the
(4) The plan must include and idea	TAG: A-0073 ntify in detail the objective of, and the anticipated cipated capital expenditure in excess of \$600,000	LD.13.01.05		at use Joint Commission accreditation for deemed status purposes: elop an annual operating budget and, when needed, a long-term capital n.
(or a lesser amount that is establis	shed, in accordance with section 1122(g)(1) of the bital is located) that relates to any of the following:		and identifies in detail the obje expenditure in excess of \$600 of the Social Security Act [42] any of the following: • Acquisition of land • Improvement of land, but	ommission accreditation for deemed status purposes: The institutional plan includes ective of, and the anticipated sources of financing for, each anticipated capital 0,000 (or a lesser amount that is established, in accordance with section 1122(g)(1) U.S.C. 1320a–1(g)(1)], by the state in which the hospital is located) that relates to utildings, and equipment ation, and expansion of buildings and equipment
§482.12(d)(4)(i) (i) Acquisition of land;	TAG: A-0073	LD.13.01.05		at use Joint Commission accreditation for deemed status purposes: elop an annual operating budget and, when needed, a long-term capital n.
			and identifies in detail the obje expenditure in excess of \$600 of the Social Security Act [42] any of the following: • Acquisition of land • Improvement of land, but	ommission accreditation for deemed status purposes: The institutional plan includes ective of, and the anticipated sources of financing for, each anticipated capital 0,000 (or a lesser amount that is established, in accordance with section 1122(g)(1) U.S.C. 1320a–1(g)(1)], by the state in which the hospital is located) that relates to uildings, and equipment ation, and expansion of buildings and equipment

CFR Number §482.12(d)(4)(ii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§482.12(d)(4)(ii) TAG: A (ii) Improvement of land, buildings, and e		LD.13.01.		hat use Joint Commission accreditation for deemed status purposes: velop an annual operating budget and, when needed, a long-term capital an.	
		For hospitals that use Joint Commission accreditation for deemed status purposes: The institutional plan in and identifies in detail the objective of, and the anticipated sources of financing for, each anticipated capita expenditure in excess of \$600,000 (or a lesser amount that is established, in accordance with section 1122 of the Social Security Act [42 U.S.C. 1320a–1(g)(1)], by the state in which the hospital is located) that relate any of the following: • Acquisition of land • Improvement of land, buildings, and equipment • Replacement, modernization, and expansion of buildings and equipment			
§482.12(d)(4)(iii) TAG: A		LD.13.01.05 For hospitals that use Joint Commission accreditation for deemed status pu The leaders develop an annual operating budget and, when needed, a long-to- expenditure plan.		velop an annual operating budget and, when needed, a long-term capital	
		For hospitals that use Joint Commission accreditation for deemed status purposes: The institutional plan i and identifies in detail the objective of, and the anticipated sources of financing for, each anticipated capits expenditure in excess of \$600,000 (or a lesser amount that is established, in accordance with section 112 of the Social Security Act [42 U.S.C. 1320a–1(g)(1)], by the state in which the hospital is located) that rela any of the following: • Acquisition of land • Improvement of land, buildings, and equipment • Replacement, modernization, and expansion of buildings and equipment			
§482.12(d)(5) TAG: A (5) The plan must be submitted for review accordance with section 1122(b) of the A		LD.13.01.		nat use Joint Commission accreditation for deemed status purposes: velop an annual operating budget and, when needed, a long-term capital an.	
the appropriate health planning agency is capital expenditure is not subject to secticare facility's patients who are expected expenditure is made are individuals enro (HMO) or competitive medical plan (CMF 1876(b) of the Act, and if the Department	on the State. (See part 100 of this title.) A on 1122 review if 75 percent of the health to use the service for which the capital lled in a health maintenance organization by that meets the requirements of section to determine that the capital expenditure is by the HMO or CMP in order to operate	EP 4	submitted for review to the p Act (42 U.S.C. 1320a–1(b)), the state. A capital expenditu patients who are expected to in a health maintenance orga section 1876(b) of the Social Services determines that the in order to operate efficiently because of one of the followi The facilities do not pro The facilities are not av Full and equal medical Arrangements with the	Commission accreditation for deemed status purposes: The institutional plan is lanning agency designated in accordance with section 1122(b) of the Social Security or if an agency is not designated, to the appropriate health planning agency in are is not subject to section 1122 review if 75 percent of the health care facility's use the service for which the capital expenditure is made are individuals enrolled anization (HMO) or competitive medical plan (CMP) that meets the requirements of Security Act (42 U.S.C. 1395mm(b)), and if the US Department of Health and Human capital expenditure is for services and facilities that are needed by the HMO or CMP and economically and that are not otherwise readily accessible to the HMO or CMP ng: evide common services at the same site. Valiable under a contract of reasonable duration. Staff privileges in the facilities are not available. See facilities are not administratively feasible.	

CFR Number §482.12(d)(5)(i)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.12(d)(5)(i) T (i) The facilities do not provide com	AG: A-0075 mon services at the same site;	LD.13.01.0		at use Joint Commission accreditation for deemed status purposes: elop an annual operating budget and, when needed, a long-term capital n.
		EP 4	submitted for review to the pla Act (42 U.S.C. 1320a–1(b)), of the state. A capital expenditur patients who are expected to in a health maintenance organ section 1876(b) of the Social se	vide common services at the same site. ailable under a contract of reasonable duration. staff privileges in the facilities are not available. e facilities are not administratively feasible. services is more costly than if the HMO or CMP provided the services directly.
6 - (**)(**)(*)	AG: A-0075 nder a contract of reasonable duration;	LD.13.01.0	· · · · · · · · · · · · · · · · · · ·	at use Joint Commission accreditation for deemed status purposes: elop an annual operating budget and, when needed, a long-term capital n.
		EP 4	submitted for review to the pla Act (42 U.S.C. 1320a–1(b)), of the state. A capital expenditur patients who are expected to in a health maintenance organ section 1876(b) of the Social Services determines that the in order to operate efficiently of because of one of the followin The facilities do not prov The facilities are not ava Full and equal medical of Arrangements with thes	commission accreditation for deemed status purposes: The institutional plan is anning agency designated in accordance with section 1122(b) of the Social Security or if an agency is not designated, to the appropriate health planning agency in the is not subject to section 1122 review if 75 percent of the health care facility's use the service for which the capital expenditure is made are individuals enrolled inization (HMO) or competitive medical plan (CMP) that meets the requirements of Security Act (42 U.S.C. 1395mm(b)), and if the US Department of Health and Human capital expenditure is for services and facilities that are needed by the HMO or CMP and economically and that are not otherwise readily accessible to the HMO or CMP and common services at the same site. Selailable under a contract of reasonable duration. Staff privileges in the facilities are not available. The effective is more costly than if the HMO or CMP provided the services directly.

CFR Number §482.12(d)(5)(iii)	Medicare Requirements	1	oint Commission uivalent Number	Joint Commission Standards and Elements of Performance
§482.12(d)(5)(iii) TAG: A (iii) Full and equal medical staff privileges		LD.13.01.05		at use Joint Commission accreditation for deemed status purposes: elop an annual operating budget and, when needed, a long-term capital n.
			submitted for review to the pla Act (42 U.S.C. 1320a–1(b)), of the state. A capital expenditur patients who are expected to in a health maintenance organ section 1876(b) of the Social Services determines that the in order to operate efficiently a because of one of the followin The facilities do not prov The facilities are not ava Full and equal medical s Arrangements with these The purchase of these s	vide common services at the same site. ailable under a contract of reasonable duration. staff privileges in the facilities are not available. e facilities are not administratively feasible. services is more costly than if the HMO or CMP provided the services directly.
§482.12(d)(5)(iv) TAG: A (iv) Arrangements with these facilities are		LD.13.01.05		at use Joint Commission accreditation for deemed status purposes: elop an annual operating budget and, when needed, a long-term capital n.
			submitted for review to the pla Act (42 U.S.C. 1320a–1(b)), of the state. A capital expenditur patients who are expected to in a health maintenance organ section 1876(b) of the Social Services determines that the in order to operate efficiently of because of one of the followin The facilities do not prov The facilities are not ava Full and equal medical of Arrangements with thes	commission accreditation for deemed status purposes: The institutional plan is anning agency designated in accordance with section 1122(b) of the Social Security or if an agency is not designated, to the appropriate health planning agency in the is not subject to section 1122 review if 75 percent of the health care facility's use the service for which the capital expenditure is made are individuals enrolled inization (HMO) or competitive medical plan (CMP) that meets the requirements of Security Act (42 U.S.C. 1395mm(b)), and if the US Department of Health and Human capital expenditure is for services and facilities that are needed by the HMO or CMP and economically and that are not otherwise readily accessible to the HMO or CMP and common services at the same site. Selailable under a contract of reasonable duration. Staff privileges in the facilities are not available. The effective is more costly than if the HMO or CMP provided the services directly.

CFR Number §482.12(d)(5)(v)	Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	
§482.12(d)(5)(v) TAG: A-0075 (v) The purchase of these services is more costly than if the HMO or CMP provided the services directly.		LD.13.01.	LD.13.01.05 For hospitals that use Joint Commission accreditation for deemed status purposes The leaders develop an annual operating budget and, when needed, a long-term ca expenditure plan.		
		EP 4	submitted for review to the plant Act (42 U.S.C. 1320a–1(b)), of the state. A capital expenditure patients who are expected to in a health maintenance orga section 1876(b) of the Social Services determines that the in order to operate efficiently because of one of the following. The facilities do not prove the facilities are not available. Arrangements with thes	ommission accreditation for deemed status purposes: The institutional plan is anning agency designated in accordance with section 1122(b) of the Social Security or if an agency is not designated, to the appropriate health planning agency in re is not subject to section 1122 review if 75 percent of the health care facility's use the service for which the capital expenditure is made are individuals enrolled nization (HMO) or competitive medical plan (CMP) that meets the requirements of Security Act (42 U.S.C. 1395mm(b)), and if the US Department of Health and Human capital expenditure is for services and facilities that are needed by the HMO or CMP and economically and that are not otherwise readily accessible to the HMO or CMP ag: wide common services at the same site. allable under a contract of reasonable duration. staff privileges in the facilities are not available. services is more costly than if the HMO or CMP provided the services directly.	
§482.12(d)(6) TA	AG: A-0076	LD.13.01.	05 For hospitals th	at use Joint Commission accreditation for deemed status purposes:	
(6) The plan must be reviewed and to	updated annually	The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.			
		EP 3	prepared by representatives of	ommission accreditation for deemed status purposes: The institutional plan is of the hospital's governing body, the administrative staff, and the medical staff under body. The institutional plan is reviewed and updated annually.	
§482.12(d)(7)	AG: A-0077	1			
(7) The plan must be prepared]			
§482.12(d)(7)(i) TA	AG: A-0077	LD.13.01.	• • • • • • • • • • • • • • • • • • •	at use Joint Commission accreditation for deemed status purposes:	
(i) Under the direction of the governi	ng body; and		The leaders dev expenditure pla	relop an annual operating budget and, when needed, a long-term capital n.	
		EP 3	prepared by representatives of	ommission accreditation for deemed status purposes: The institutional plan is of the hospital's governing body, the administrative staff, and the medical staff under body. The institutional plan is reviewed and updated annually.	
§482.12(d)(7)(ii) TA	AG: A-0077	LD.13.01.		at use Joint Commission accreditation for deemed status purposes:	
(ii) By a committee consisting of repladministrative staff, and the medical	resentatives of the governing body, the staff of the institution.		The leaders dev expenditure pla	relop an annual operating budget and, when needed, a long-term capital n.	
		EP 3	prepared by representatives of	ommission accreditation for deemed status purposes: The institutional plan is of the hospital's governing body, the administrative staff, and the medical staff under body. The institutional plan is reviewed and updated annually.	

CFR Number §482.12(e)	Medicare Requirements	: I	Joint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
§482.12(e)	TAG: A-0083	LD.13.03.0	, ,	and services provided through contractual agreement are provided safely and	
§482.12(e) Standard: Contracted	Services		effectively.		
		EP 1	The hospital maintains a list o	f all contracted services, including the scope and nature of the services provided.	
The governing body must be responsible for services furnished in the hospital whether or not they are furnished under contracts. The governing body must ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the contracted services.		ensure res)	The governing body is responsible for all services provided in the hospital, including contracted services. The governing body assesses that services are provided in a safe and effective manner and takes action to addressues pertaining to quality and performance. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The governing body makes certain that a contractor of services (including one for shared services and joint ventures) provides set that permit the hospital to comply with applicable Centers for Medicare & Medicaid Services (CMS) Condition Participation and standards for contract services.		
§482.12(e)(1)	TAG: A-0084	LD.13.03.0	Care, treatment,	and services provided through contractual agreement are provided safely and	
(1) The governing body must ensure that the services performed under a contract		ract	effectively.		
are provided in a safe and effective manner.		EP 2	governing body assesses that issues pertaining to quality an Note: For hospitals that use Jumakes certain that a contractor	oint Commission accreditation for deemed status purposes: The governing body or of services (including one for shared services and joint ventures) provides services apply with applicable Centers for Medicare & Medicaid Services (CMS) Conditions of	
§482.12(e)(2)	TAG: A-0085	LD.13.03.0	Care, treatment,	nt, and services provided through contractual agreement are provided safely and	
(2) The hospital must maintain a	st of all contracted services, including the so	cope	effectively.		
and nature of the services provid	d.	EP 1	The hospital maintains a list o	of all contracted services, including the scope and nature of the services provided.	
§482.12(f)	TAG: A-0091				
§482.12(f) Standard: Emergency	Services				
§482.12(f)(1)	TAG: A-0092	LD.13.03.0	The hospital pro	ovides services that meet patient needs.	
(1) If emergency services are prothe requirements of §482.55.	vided at the hospital, the hospital must comp	ly with EP 8		ommission accreditation for deemed status purposes: If emergency services are ospital complies with the requirements of 42 CFR 482.55.	

CFR Number §482.12(f)(2)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
U - ()()	G: A-0093 ovided at the hospital, the governing body mus	LD.11.01.01	The governing be services.	body is ultimately accountable for the safety and quality of care, treatment, and
	ten policies and procedures for appraisal of		 Reviews and resolves g Determines, in accordar appointment to the med Appoints members of the the medical staff Makes certain that the notation and the patients Makes certain that the notation and the competence, training, expendent that the notation and the hospital dependent makes certain that the notation and the hospital dependent makes certain that the notation and the makes certain that the notation appears the series of th	sible for the effective operation of the grievance process grievances, unless it delegates responsibility in writing to a grievance committee ince with state law, which categories of practitioners are eligible candidates for lical staff after considering the recommendations of the existing members of
§482.12(f)(3) TA	G: A-0094	LD.11.01.01	The governing by services.	body is ultimately accountable for the safety and quality of care, treatment, and
or more off-campus departments of must assure that the medical staff has	ed at the hospital but are not provided at one he hospital, the governing body of the hospital as written policies and procedures in effect with at(s) for appraisal of emergencies and referral		 Reviews and resolves g Determines, in accordar appointment to the med Appoints members of the the medical staff Makes certain that the new approves medical staff Makes certain that the new apatients Makes certain that the competence, training, expendence in the hospital dependence and makes certain that the new approved in the hospital dependence and makes certain that the new approved in the makes certain that the new approved in the mergencies, initial transfer approved in the mergencies, initial transfer approved in the mergencies, initial transfer approved in the mergencies in the medical proved in the medical staff. 	sible for the effective operation of the grievance process grievances, unless it delegates responsibility in writing to a grievance committee ince with state law, which categories of practitioners are eligible candidates for lical staff after considering the recommendations of the existing members of
§482.13 TA	G: A-0115	RI.11.01.01	The hospital res	spects, protects, and promotes patient rights.
§482.13 Condition of Participation: F A hospital must protect and promote	-	EP 1	The hospital develops and im	plements written policies to protect and promote patient rights.
§482.13(a) T <i>F</i>	G: A-0116			
§482.13(a) Standard: Notice of Righ		-		

CFR Number §482.13(a)(1)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
§482.13(a)(1) TA	G: A-0117	RI.11.01.01	The hospital res	pects, protects, and promotes patient rights.	
(1) A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.		EP 2	The hospital informs each patient, or when appropriate, the patient's representative (as allowed, under state of the patient's rights in advance of providing or discontinuing patient care whenever possible.		
• (), (G: A-0118, A-0119, A-0120	LD.11.01.01	•	oody is ultimately accountable for the safety and quality of care, treatment, and	
[§482.13(a)(2) TAG: A-0118, A-0119, A-0120 (2) The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance. The hospital's governing body must approve and be responsible for the effective operation of the grievance process and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee. The grievance process must include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization. At a minimum:		EP 2 RI.14.01.01 EP 1	Reviews and resolves g Determines, in accordar appointment to the med Appoints members of the the medical staff Makes certain that the new approves medical staff in the Makes certain that the new apatients Makes certain that the new apatients Makes certain that the competence, training, exist in the hospital depender of the Makes certain that the new apatients Makes certain that the new apatients in the hospital depender in the hospital depender of emergencies, initial training emergency services are off-campus locations The patient and	sible for the effective operation of the grievance process rievances, unless it delegates responsibility in writing to a grievance committee ace with state law, which categories of practitioners are eligible candidates for ical staff e medical staff after considering the recommendations of the existing members of	
		EP 2	The hospital develops and im	Jtilization and Quality Control Quality Improvement Organization. plements policies and procedures for the prompt resolution of patient grievances. e procedure for patients to submit written or verbal grievances and specify and response to the grievance.	
§482.13(a)(2)(i) TA	G: A-0121	RI.14.01.01		their family have the right to have grievances reviewed by the hospital.	
(i) The hospital must establish a clear patient's written or verbal grievance to	rly explained procedure for the submission of a to the hospital.	EP 2		plements policies and procedures for the prompt resolution of patient grievances. e procedure for patients to submit written or verbal grievances and specify nd response to the grievance.	
§482.13(a)(2)(ii) TA	G: A-0122	RI.14.01.01	The patient and	their family have the right to have grievances reviewed by the hospital.	
(ii) The grievance process must spec the provision of a response.	cify time frames for review of the grievance and	EP 2		plements policies and procedures for the prompt resolution of patient grievances. e procedure for patients to submit written or verbal grievances and specify nd response to the grievance.	
§482.13(a)(2)(iii) TA	G: A-0123	RI.14.01.01	The patient and	their family have the right to have grievances reviewed by the hospital.	
written notice of its decision that cont	the hospital must provide the patient with tains the name of the hospital contact person, ent to investigate the grievance, the results of of completion.	EP 3	the hospital provides the patie Name of the hospital co	f the individual to investigate the grievances	

CFR Number §482.13(b)	Medicare Requirements		oint Commission juivalent Number	Joint Commission Standards and Elements of Performance
§482.13(b) TAG: A	A-0129			
§482.13(b) Standard: Exercise of Rights		1		
§482.13(b)(1) TAG: A	A-0130	PC.11.03.0	1 The hospital pla	ns the patient's care.
(1) The patient has the right to participate his or her plan of care.	e in the development and implementation of	EP 2	Note: For hospitals that use Jo	ent in the development and implementation of their plan of care. point Commission accreditation for deemed status purposes and have swing beds: the informed, in advance, of changes to their plan of care.
§482.13(b)(2) TAG: A	A-0131	RI.12.01.01		pects the patient's right to participate in decisions about their care, treatment,
(2) The patient or his or her representative	,			ote: This right is not to be construed as a mechanism to demand the provision services deemed medically unnecessary or inappropriate.
right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.		EP 1	The patient or their representate decisions regarding their care care planning and treatment, a	ative (as allowed, in accordance with state law) has the right to make informed. The patient's rights include being informed of their health status, being involved in and being able to request or refuse treatment. This does not mean the patient has ion of treatment or services deemed medically unnecessary or inappropriate.
§482.13(b)(3) TAG: A (3) The patient has the right to formulate staff and practitioners who provide care in	advance directives and to have hospital	RI.12.01.01	and services. No	pects the patient's right to participate in decisions about their care, treatment, ote: This right is not to be construed as a mechanism to demand the provision services deemed medically unnecessary or inappropriate.
staff and practitioners who provide care in the hospital comply with these directives, in accordance with §489.100 of this part (Definition), §489.102 of this part (Requirements for providers), and §489.104 of this part (Effective dates).		EP 5	formulate advance directives a Note: For hospitals that use Jo	s who provide care, treatment, or services in the hospital honor the patient's right to and comply with these directives, in accordance with law and regulation. Doint Commission accreditation for deemed status purposes: Law and regulation FR 489.100, 489.102, and 489.104.
§482.13(b)(4) TAG: A	A-0133	RI.12.01.01		pects the patient's right to participate in decisions about their care, treatment,
	mily member or representative of his or her ied promptly of his or her admission to the	and services. Note: This right is not to be construed as a mechanism to demand the pro of treatment or services deemed medically unnecessary or inappropriate.		
hospital.	choice and his or her own physician notified promptly of his or her admission to the nospital.		practitioner notified of their ad Note: For hospitals that use Jo prior to the notification occurri practitioner, primary care practice acute care service providers a permit notification of registration transfer from the emergency of	whether they want a family member, representative, or physician or other licensed mission to the hospital. The hospital promptly notifies the identified individual(s). Dint Commission accreditation for deemed status purposes: The patient is informed, ng, of any process to automatically notify the patient's established primary care stice group/entity, or other practitioner group/entity, as well as all applicable postand suppliers. The hospital has a process for documenting a patient's refusal to on to the emergency department, admission to an inpatient unit, or discharge or department or inpatient unit. Notifications with primary care practitioners and entities licable federal and state laws and regulations.
§482.13(c) TAG: A	A-0142		'	
§482.13(c) Standard: Privacy and Safety				
§482.13(c)(1) TAG: A	A-0143	RI.11.01.01	The hospital res	pects, protects, and promotes patient rights.
(1) The patient has the right to personal p	orivacy.	EP 5	of a patient's health information Note 2: For hospitals that use Personal privacy includes acc	ent's right to personal privacy. mance (EP) addresses a patient's personal privacy. For EPs addressing the privacy on, refer to Standard IM.12.01.01. Joint Commission accreditation for deemed status purposes and have swing beds: ommodations, medical treatment, written and telephone communications, personal amily and resident groups, but this does not require the facility to provide a private

CFR Number §482.13(c)(2)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance				
§482.13(c)(2) TAG: A-0144 (2) The patient has the right to receive care in a safe setting.		NPG.08.01.	NPG.08.01.01 The hospital reduces the risk for suicide. Note: EPs 2–7 apply to patients in psychiatric dis part units in hospitals or patients being evaluated or treated for behavioral health condition as their primary reason for care in hospitals. In addition, EPs 3–7 apply to all patients who express suicidal ideation during the course of care.					
		EP 1	assessment that identifies featakes necessary action to min can be used for hanging). For nonpsychiatric units in ho patients at high risk for suicide they can be removed without by visitors, and using safe translation. Nonpsychiatric units in routinely assess clinical areas possible, from the area aroun	psychiatric units in general hospitals: The hospital conducts an environmental risk latures in the physical environment that could be used to attempt suicide; the hospital limize the risk(s) (for example, removal of anchor points, door hinges, and hooks that spitals: The organization implements procedures to mitigate the risk of suicide for e, such as one-to-one monitoring, removing objects that pose a risk for self-harm if adversely affecting the patient's medical care, assessing objects brought into a room asportation procedures when moving patients to other parts of the hospital. hospitals do not need to be ligature resistant. Nevertheless, these facilities should to identify objects that could be used for self-harm and remove those objects, when d a patient who has been identified as high risk for suicide. This information can be unitor high-risk patients (for example, developing checklists to help staff remember emoved when possible).				
		EP 2	conditions as their primary rea	nts for suicidal ideation who are being evaluated or treated for behavioral health ason for care using a validated screening tool. res screening for suicidal ideation using a validated tool starting at age 12 and				
		EP 3	positive for suicidal ideation. harm behaviors, risk factors, a Note: EPs 2 and 3 can be sat	e-based process to conduct a suicide assessment of patients who have screened The assessment directly asks about suicidal ideation, plan, intent, suicidal or self- and protective factors. isfied through the use of a single process or instrument that simultaneously screens and assesses the severity of suicidal ideation.				
		EP 4	The hospital documents patie	nts' overall level of risk for suicide and the plan to mitigate the risk for suicide.				
		EP 5	At a minimum, these should in	ce assessment of staff who care for patients at risk for suicide ment				
		EP 7		entation and effectiveness of policies and procedures for screening, assessment, at risk for suicide and takes action as needed to improve compliance.				
		RI.11.01.01	The hospital res	pects, protects, and promotes patient rights.				
		EP 3	The patient has the right to re	ceive care in a safe setting.				
§482.13(c)(3) TAG:	A-0145 om all forms of abuse or harassment.	RI.13.01.01	The patient has physical, and se	the right to be free from harassment, neglect, exploitation, and verbal, mental, exual abuse.				
		EP 1	seclusion, and verbal, mental treatment, and services. For hospitals that use Joint Co	ent from harassment, neglect, exploitation, corporal punishment, involuntary, sexual, or physical abuse that could occur while the patient is receiving care, ommission accreditation for deemed status purposes and have swing beds: The dent from misappropriation of property.				
§482.13(d) TAG:	A-0146		<u> </u>					
§482.13(d) Standard: Confidentiality of F	Patient Records							

CFR Number §482.13(d)(1)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance			
§482.13(d)(1) TAG: A	-0147	IM.12.01.0	1 The hospital pro	otects the privacy and confidentiality of health information.			
(1) The patient has the right to the confide	entiality of his or her clinical records.	EP 1	information. Note: For hospitals that use J	plements policies and procedures addressing the privacy and confidentiality of health oint Commission accreditation for deemed status purposes and have swing beds: address the resident's personal records.			
§482.13(d)(2) TAG: A	-0148	RI.11.01.01	The hospital res	spects, protects, and promotes patient rights.			
(2) The patient has the right to access their medical records, including current medical records, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such medical records are maintained electronically); or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, and within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.		The hospital provides the patient, upon an oral or written request, with access to medical records, in and current records, in the form and format requested (including in electronic form or format when a electronic is unavailable, the medical record is provided in hard copy or another form agreed to by the and patient. The hospital does not impede the legitimate efforts of individuals to gain access to their records and fulfills these electronic or hard-copy requests within a reasonable time frame (that is, as recordkeeping system permits).		m and format requested (including in electronic form or format when available). If medical record is provided in hard copy or another form agreed to by the hospital is not impede the legitimate efforts of individuals to gain access to their own medical tronic or hard-copy requests within a reasonable time frame (that is, as quickly as its			
§482.13(e) TAG: A	-0154	PC.13.02.0		es restraint or seclusion only when it can be clinically justified or when			
§482.13(e) Standard: Restraint or seclusion	on.			warranted by patient behavior that threatens the physical safety of the patient, staff, or or Note: See Glossary for the definitions of restraint and seclusion.			
All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical		EP 1	staff retaliation. Restraint or s	eclusion of any form as a means of coercion, discipline, convenience, or eclusion is only used to protect the immediate physical safety of the patient, staff, or atterventions have been ineffective and is discontinued at the earliest possible time, he specified in the order.			
safety of the patient, a staff member, or of earliest possible time.	thers and must be discontinued at the	RI.13.01.01	The patient has physical, and se	the right to be free from harassment, neglect, exploitation, and verbal, mental, exual abuse.			
		EP 1	seclusion, and verbal, mental treatment, and services. For hospitals that use Joint C	ent from harassment, neglect, exploitation, corporal punishment, involuntary, sexual, or physical abuse that could occur while the patient is receiving care, ommission accreditation for deemed status purposes and have swing beds: The dent from misappropriation of property.			
§482.13(e)(1) TAG: A	-0159	1					
(1) Definitions.]					
§482.13(e)(1)(i) TAG: A	-0159	i					
(i) A restraint is—]					
§482.13(e)(1)(i)(A) TAG: A	-0159	PC.13.02.0		es restraint or seclusion only when it can be clinically justified or when			
	nanical device, material, or equipment that ient to move his or her arms, legs, body, or	1		atient behavior that threatens the physical safety of the patient, staff, or others. sary for the definitions of restraint and seclusion.			
head freely; or		EP 4	equipment that immobilizes o or when a drug or medication freedom of movement and is Note: A restraint does not incl bandages, protective helmets conducting routine physical ex	are followed when any manual method, physical or mechanical device, material, or reduces the ability of a patient to move his or her arms, legs, body, or head freely; is used as a restriction to manage the patient's behavior or restrict the patient's not a standard treatment or dosage for the patient's condition. Indeed devices, such as orthopedically prescribed devices, surgical dressings or so or other methods that involve the physical holding of a patient for the purpose of examinations or tests, or to protect the patient from falling out of bed, or to permit the lies without the risk of physical harm (this does not include a physical escort).			

CFR Number §482.13(e)(1)(i)(B)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
(B) A drug or medication when it is used a	§482.13(e)(1)(i)(B) TAG: A-0160 (B) A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard		warranted by pa	es restraint or seclusion only when it can be clinically justified or when tient behavior that threatens the physical safety of the patient, staff, or others. ary for the definitions of restraint and seclusion.
treatment or dosage for the patient's condition.		EP 4	The hospital restraint policies are followed when any manual method, physical or mechanical dequipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, but or when a drug or medication is used as a restriction to manage the patient's behavior or restrict freedom of movement and is not a standard treatment or dosage for the patient's condition. Note: A restraint does not include devices, such as orthopedically prescribed devices, surgical bandages, protective helmets, or other methods that involve the physical holding of a patient for conducting routine physical examinations or tests, or to protect the patient from falling out of be patient to participate in activities without the risk of physical harm (this does not include a physical patient to participate in activities without the risk of physical harm (this does not include a physical patient to participate in activities without the risk of physical harm (this does not include a physical patient to participate in activities without the risk of physical harm (this does not include a physical patient to participate in activities without the risk of physical patient to participate in activities without the risk of physical patient to pati	
	such as orthopedically prescribed devices,	PC.13.02.0	warranted by pa	es restraint or seclusion only when it can be clinically justified or when tient behavior that threatens the physical safety of the patient, staff, or others. ary for the definitions of restraint and seclusion.
surgical dressings or bandages, protective the physical holding of a patient for the pulexaminations or tests, or to protect the patient to participate in activities with cinclude a physical escort).	urpose of conducting routine physical	EP 4	The hospital restraint policies equipment that immobilizes or or when a drug or medication freedom of movement and is Note: A restraint does not include bandages, protective helmets conducting routine physical expensive process.	are followed when any manual method, physical or mechanical device, material, or reduces the ability of a patient to move his or her arms, legs, body, or head freely; is used as a restriction to manage the patient's behavior or restrict the patient's not a standard treatment or dosage for the patient's condition. ude devices, such as orthopedically prescribed devices, surgical dressings or or other methods that involve the physical holding of a patient for the purpose of caminations or tests, or to protect the patient from falling out of bed, or to permit the es without the risk of physical harm (this does not include a physical escort).
• (// // /	(ii) Seclusion is the involuntary confinement of a patient alone in a room or area from		warranted by pa	es restraint or seclusion only when it can be clinically justified or when tient behavior that threatens the physical safety of the patient, staff, or others. ary for the definitions of restraint and seclusion.
for the management of violent or self-des	, ,	EP 5	The hospital seclusion policies which the patient is physically	s are followed when a patient is involuntarily confined alone in a room or area from
§482.13(e)(2) TAG: A (2) Restraint or seclusion may only be use been determined to be ineffective to prote	ed when less restrictive interventions have	PC.13.02.0	warranted by pa	es restraint or seclusion only when it can be clinically justified or when tient behavior that threatens the physical safety of the patient, staff, or others. ary for the definitions of restraint and seclusion.
from harm.		EP 1	staff retaliation. Restraint or se	traint or seclusion of any form as a means of coercion, discipline, convenience, or eclusion is only used to protect the immediate physical safety of the patient, staff, or terventions have been ineffective and is discontinued at the earliest possible time, e specified in the order.
§482.13(e)(3) TAG: A (3) The type or technique of restraint or so intervention that will be effective to protect	eclusion used must be the least restrictive	PC.13.02.0	warranted by pa	es restraint or seclusion only when it can be clinically justified or when tient behavior that threatens the physical safety of the patient, staff, or others. ary for the definitions of restraint and seclusion.
from harm.		EP 2	The hospital uses the least restaff member, or others from h	strictive form of restraint or seclusion that will be effective to protect the patient, a narm.
§482.13(e)(4) TAG: A	-0166			
(4) The use of restraint or seclusion must	be			
§482.13(e)(4)(i) TAG: A	-0166	PC.13.02.0	The hospital use	es restraint or seclusion safely.
(i) in accordance with a written modification	on to the patient's plan of care.	EP 1	 In accordance with a writer 	or seclusion meets the following requirements: itten modification to the patient's plan of care. staff using safe techniques identified by the hospital's policies and procedures in d regulation

CFR Number §482.13(e)(4)(ii)	Medicare Requirements	· ·	loint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
§482.13(e)(4)(ii) TAG:	A-0167	PC.13.02.0	The hospital use	es restraint or seclusion safely.	
(ii) implemented in accordance with safe and appropriate restraint and seclusion techniques as determined by hospital policy in accordance with State law.		EP 1	 The hospital's use of restraint or seclusion meets the following requirements: In accordance with a written modification to the patient's plan of care. Implemented by trained staff using safe techniques identified by the hospital's policies and proce accordance with law and regulation 		
§482.13(e)(5) TAG:	A-0168	PC.13.02.0	The hospital init	iates restraint or seclusion based on an individual order.	
	st be in accordance with the order of a who is responsible for the care of the patient usion by hospital policy in accordance with	EP 1		seclusion as ordered by a physician or other authorized licensed practitioner are in accordance with hospital policy and state law and regulation.	
§482.13(e)(6) TAG:	A-0169	PC.13.02.0	The hospital init	iates restraint or seclusion based on an individual order.	
(6) Orders for the use of restraint or seclorder or on an as needed basis (PRN).	lusion must never be written as a standing	EP 2	The hospital does not use sta	nding orders or PRN (also known as "as needed") orders for restraint or seclusion.	
§482.13(e)(7) TAG:	A-0170	PC.13.02.0	The hospital init	iates restraint or seclusion based on an individual order.	
(7) The attending physician must be con physician did not order the restraint or so	sulted as soon as possible if the attending eclusion.	EP 3	the restraint or seclusion.	nsulted as soon as possible, in accordance with hospital policy, if they did not order cian" is the same as that used by the Centers for Medicare & Medicaid Services	
§482.13(e)(8) TAG:	A-0171				
(8) Unless superseded by State law that	t is more restrictive				
§482.13(e)(8)(i) TAG:	A-0171	PC.13.02.0	The hospital init	iates restraint or seclusion based on an individual order.	
destructive behavior that jeopardizes the	used for the management of violent or self- e immediate physical safety of the patient, a newed in accordance with the following limits	EP 4	or self-destructive behavior the renewed within the following to 4 hours for adults 18 years 2 hours for children and 1 hour for children unde	ars of age or older adolescents 9 to 17 years of age	
§482.13(e)(8)(i)(A) TAG:	A-0171	PC.13.02.0	75 The hospital init	iates restraint or seclusion based on an individual order.	
(A) 4 hours for adults 18 years of age or	older;	EP 4	or self-destructive behavior the renewed within the following to 4 hours for adults 18 years 2 hours for children and 1 hour for children unde	ars of age or older adolescents 9 to 17 years of age	
· (AAA)	A-0171	PC.13.02.0		iates restraint or seclusion based on an individual order.	
(B) 2 hours for children and adolescents	9 to 17 years of age; or	EP 4	or self-destructive behavior the renewed within the following to 4 hours for adults 18 years 2 hours for children and 1 hour for children unde	ars of age or older adolescents 9 to 17 years of age	

CFR Number §482.13(e)(8)(i)(C)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance
§482.13(e)(8)(i)(C) TAG: A-	0171	PC.13.02.05	The hospital init	tiates restraint or seclusion based on an individual order.
(C) 1 hour for children under 9 years of age; and			or self-destructive behavior the renewed within the following to 4 hours for adults 18 years 2 hours for children and 1 hour for children under Orders may be renewed according to the renewed accor	ars of age or older adolescents 9 to 17 years of age r 9 years of age ording to the time limits for a maximum of 24 consecutive hours.
§482.13(e)(8)(ii) TAG: A-	0172	PC.13.02.05	The hospital init	tiates restraint or seclusion based on an individual order.
(ii) After 24 hours, before writing a new ord the management of violent or self-destruct practitioner who is responsible for the care restraint or seclusion by hospital policy in a assess the patient.	ive behavior, a physician or other licensed of the patient and authorized to order		responsible for the patient's c seclusion used for the manag	rictive, every 24 hours, a physician or other authorized licensed practitioner are sees and evaluates the patient before writing a new order for restraint or ement of violent or self-destructive behavior that jeopardizes the immediate physical others, in accordance with hospital policy and law and regulation.
§482.13(e)(8)(iii) TAG: A-	0173	PC.13.02.05	The hospital init	tiates restraint or seclusion based on an individual order.
(iii) Each order for restraint used to ensure non-self-destructive patient may be renew			Orders for restraint used to pr in accordance with hospital po	rotect the physical safety of a nonviolent or non-self-destructive patient are renewed blicy.
§482.13(e)(9) TAG: A-	0174	PC.13.02.01		es restraint or seclusion only when it can be clinically justified or when
(9) Restraint or seclusion must be disconti regardless of the length of time identified in				atient behavior that threatens the physical safety of the patient, staff, or others. sary for the definitions of restraint and seclusion.
			staff retaliation. Restraint or s	etraint or seclusion of any form as a means of coercion, discipline, convenience, or eclusion is only used to protect the immediate physical safety of the patient, staff, or iterventions have been ineffective and is discontinued at the earliest possible time, he specified in the order.
§482.13(e)(10) TAG: A-	0175	PC.13.02.07	The hospital mo	nitors patients who are restrained or secluded.
(10) The condition of the patient who is res by a physician, other licensed practitioner training criteria specified in paragraph (f) o hospital policy.	or trained staff that have completed the	EP 1	Physicians, other licensed pra monitor the condition of patier	actitioners, or staff who have been trained in accordance with 42 CFR 482.13(f) nts in restraint or seclusion.
§482.13(e)(11) TAG: A-	0176	PC.13.02.09	The hospital has	s written policies and procedures that guide the use of restraint or seclusion.
(11) Physician and other licensed practitio be specified in hospital policy. At a minimular practitioners authorized to order restraint of accordance with State law must have a worked regarding the use of restraint or seclusion.	ım, physicians and other licensed or seclusion by hospital policy in orking knowledge of hospital policy	EP 1	 Definitions for restraint a Physician and other lice Staff training requirement Who has authority to ord Who has authority to district the use Circumstances under with the can initiate the use Requirement that restra Who can assess and median Time frames for assession 	der restraint or seclusion scontinue the use of restraint or seclusion of restraint or seclusion hich restraint or seclusion is discontinued int or seclusion is discontinued as soon as is safely possible conitor patients in restraint or seclusion ing and monitoring patients in restraint or seclusion
			•	d practitioners authorized to order restraint or seclusion (through hospital policy in lation) have a working knowledge of the hospital policy regarding the use of restraint

CFR Number §482.13(e)(12)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§482.13(e)(12) TAG	: A-0178			
destructive behavior that jeopardizes the	d for the management of violent or self- he immediate physical safety of the patient, a ust be seen face-to-face within 1 hour after the			
§482.13(e)(12)(i) TAG	: A-0178			
(i) By a				
§482.13(e)(12)(i)(A) TAG	: A-0178	PC.13.02.11	The hospital eva	aluates and reevaluates the patient who is restrained or secluded.
(A) Physician or other licensed practitioner; or			one hour of the initiation of resthat jeopardizes the physical sevaluation within one hour of trequirements in PC.13.02.17,	practitioner responsible for the patient's care evaluates the patient in person within straint or seclusion used for the management of violent or self-destructive behavior safety of the patient, staff, or others. A registered nurse may conduct the in-person the initiation of restraint or seclusion if they are trained in accordance with the EP 3. Is any state statute or regulation that may be more stringent than the requirements in
§482.13(e)(12)(i)(B) TAG	: A-0178	PC.13.02.11	The hospital eva	aluates and reevaluates the patient who is restrained or secluded.
(B) Registered nurse who has been trained in accordance with the requirements specified in paragraph (f) of this section.		EP 1	one hour of the initiation of resthat jeopardizes the physical sevaluation within one hour of requirements in PC.13.02.17,	practitioner responsible for the patient's care evaluates the patient in person within straint or seclusion used for the management of violent or self-destructive behavior safety of the patient, staff, or others. A registered nurse may conduct the in-person the initiation of restraint or seclusion if they are trained in accordance with the EP 3. Is any state statute or regulation that may be more stringent than the requirements in
§482.13(e)(12)(ii) TAG	: A-0179		<u> </u>	
(ii)To evaluate –				
§482.13(e)(12)(ii)(A) TAG	: A-0179	PC.13.02.11	The hospital eva	aluates and reevaluates the patient who is restrained or secluded.
(A) the patient's immediate situation;		EP 2	of violent or self-destructive be evaluation includes the followi An evaluation of the pati The patient's reaction to The patient's medical an	tent's immediate situation the intervention
§482.13(e)(12)(ii)(B) TAG	: A-0179	PC.13.02.11	The hospital eva	aluates and reevaluates the patient who is restrained or secluded.
(B) The patient's reaction to the interve	ention;	EP 2	of violent or self-destructive be evaluation includes the followi An evaluation of the pati The patient's reaction to The patient's medical an	tent's immediate situation the intervention

CFR Number §482.13(e)(12)(ii)(C)		Medicare Requirements	_	loint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.13(e)(12)(ii)(C) T	TAG: A-0	179	PC.13.02.1	11 The hospital eva	lluates and reevaluates the patient who is restrained or secluded.
(C) The patient's medical and behavioral condition; and		EP 2	of violent or self-destructive be evaluation includes the follow: • An evaluation of the pati • The patient's reaction to • The patient's medical ar	ent's immediate situation the intervention	
§482.13(e)(12)(ii)(D)	TAG: A-0	179	PC.13.02.1	11 The hospital eva	lluates and reevaluates the patient who is restrained or secluded.
(D)The need to continue or terminate the restraint or seclusion.		EP 2	of violent or self-destructive be evaluation includes the followi • An evaluation of the pati • The patient's reaction to • The patient's medical ar	ent's immediate situation the intervention	
§482.13(e)(13)	TAG: A-0	180	PC.13.02.1	11 The hospital eva	lluates and reevaluates the patient who is restrained or secluded.
(13) States are free to have require restrictive than those contained in p		v statute or regulation that are more n (e)(12)(i) of this section.	EP 1	one hour of the initiation of resthat jeopardizes the physical sevaluation within one hour of requirements in PC.13.02.17,	practitioner responsible for the patient's care evaluates the patient in person within straint or seclusion used for the management of violent or self-destructive behavior safety of the patient, staff, or others. A registered nurse may conduct the in-person the initiation of restraint or seclusion if they are trained in accordance with the EP 3. In a sany state statute or regulation that may be more stringent than the requirements in
0 · · · (·/(/	TAG: A-0		PC.13.02.1	11 The hospital eva	lluates and reevaluates the patient who is restrained or secluded.
conducted by a trained registered rethe attending physician or other lice	nurse, the ensed pra	n paragraph (e)(12) of this section is e trained registered nurse must consult actitioner who is responsible for the care completion of the 1 hour face-to-face	EP 3	trained registered nurse, they	n (performed within one hour of the initiation of restraint or seclusion) is done by a consult with the attending physician or other licensed practitioner responsible for the possible after the evaluation, as determined by hospital policy.
§482.13(e)(15)	TAG: A-0	183			
(15) All requirements specified und simultaneous use of restraint and suse is only permitted if the patient i	seclusion	Simultaneous restraint and seclusion			
§482.13(e)(15)(i) T	TAG: A-0	183	PC.13.02.1	13 The hospital cor	ntinually monitors patients who are simultaneously restrained and secluded.
(i) Face-to-face by an assigned, tra	ained staf	f member; or	EP 1	person or through the use of b	usly restrained and secluded is continually monitored by trained staff, either in both video and audio equipment that is in close proximity to the patient. mance, continually means ongoing without interruption.
§482.13(e)(15)(ii) T	TAG: A-0	183	PC.13.02.1	13 The hospital cor	ntinually monitors patients who are simultaneously restrained and secluded.
(ii) By trained staff using both video in close proximity to the patient.	o and aud	lio equipment. This monitoring must be	EP 1	person or through the use of b	usly restrained and secluded is continually monitored by trained staff, either in both video and audio equipment that is in close proximity to the patient. mance, continually means ongoing without interruption.

CFR Number §482.13(e)(16)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.13(e)(16) TAG: A	n-0184			
(16) When restraint or seclusion is used, patient's medical record of the following:	there must be documentation in the			
§482.13(e)(16)(i) TAG: A	n-0184	PC.13.02.1	5 The hospital do	cuments the use of restraint or seclusion.
(i) The 1-hour face-to-face medical and behavioral evaluation if restraint or seclusion is used to manage violent or self-destructive behavior;		EP 1	 The 1-hour face-to-face or self-destructive behave Description of the patier Alternatives or other lession Patient's condition or sy 	seclusion in the medical record includes the following: medical and behavioral evaluation if restraint or seclusion is used to manage violent vior nt's behavior and the intervention used s restrictive interventions attempted (as applicable) imptom(s) that warranted the use of the restraint or seclusion e intervention(s) used, including the rationale for continued use of the intervention
§482.13(e)(16)(ii) TAG: A	N-0185	PC.13.02.1	5 The hospital do	cuments the use of restraint or seclusion.
(ii) A description of the patient's behavior	and the intervention used.	EP 1	 The 1-hour face-to-face or self-destructive behave Description of the patier Alternatives or other lession Patient's condition or sy 	seclusion in the medical record includes the following: medical and behavioral evaluation if restraint or seclusion is used to manage violent vior nt's behavior and the intervention used s restrictive interventions attempted (as applicable) mptom(s) that warranted the use of the restraint or seclusion e intervention(s) used, including the rationale for continued use of the intervention
§482.13(e)(16)(iii) TAG: A	n-0186	PC.13.02.1	5 The hospital do	cuments the use of restraint or seclusion.
(iii) Alternatives or other less restrictive in	terventions attempted (as applicable).	EP 1	 The 1-hour face-to-face or self-destructive behave Description of the patier Alternatives or other lession Patient's condition or sy 	seclusion in the medical record includes the following: medical and behavioral evaluation if restraint or seclusion is used to manage violent vior nt's behavior and the intervention used s restrictive interventions attempted (as applicable) mptom(s) that warranted the use of the restraint or seclusion e intervention(s) used, including the rationale for continued use of the intervention
§482.13(e)(16)(iv) TAG: A	n-0187	PC.13.02.1	5 The hospital do	cuments the use of restraint or seclusion.
(iv) The patient's condition or symptom(s) seclusion.	that warranted the use of the restraint or	EP 1	 The 1-hour face-to-face or self-destructive behave Description of the patier Alternatives or other lession Patient's condition or sy 	seclusion in the medical record includes the following: medical and behavioral evaluation if restraint or seclusion is used to manage violent vior nt's behavior and the intervention used s restrictive interventions attempted (as applicable) rmptom(s) that warranted the use of the restraint or seclusion e intervention(s) used, including the rationale for continued use of the intervention
§482.13(e)(16)(v) TAG: A		PC.13.02.1	5 The hospital do	cuments the use of restraint or seclusion.
(v) The patient's response to the interven continued use of the intervention.	tion(s) used, including the rationale for	EP 1	 The 1-hour face-to-face or self-destructive behave Description of the patier Alternatives or other lession Patient's condition or sy 	seclusion in the medical record includes the following: medical and behavioral evaluation if restraint or seclusion is used to manage violent vior nt's behavior and the intervention used s restrictive interventions attempted (as applicable) rmptom(s) that warranted the use of the restraint or seclusion e intervention(s) used, including the rationale for continued use of the intervention

CFR Numb §482.13(f		Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.13(f)	TAG: A-	0194	PC.13.02.0	3 The hospital use	es restraint or seclusion safely.
§482.13(f) Standard: Restraint or seclusion: Staff training requirements. The patient has the right to safe implementation of restraint or seclusion by trained staff.		EP 1	 In accordance with a wri 	or seclusion meets the following requirements: tten modification to the patient's plan of care. staff using safe techniques identified by the hospital's policies and procedures in d regulation	
§482.13(f)(1)	TAG: A-	0196			
	ts, implementatio	and able to demonstrate competency in of seclusion, monitoring, assessment, or seclusion –			
§482.13(f)(1)(i)	TAG: A-	0196	PC.13.02.1	7 The hospital trai	ns staff to safely implement the use of restraint or seclusion.
(i) Before performing any	of the actions spe	ecified in this paragraph;	EP 1	intervals:At orientationBefore participating in the	e use of restraint and seclusion and assesses their competence at the following the use of restraint or seclusion the eafter, as determined by hospital policy
§482.13(f)(1)(ii)	TAG: A-	0196	PC.13.02.1	7 The hospital trai	ns staff to safely implement the use of restraint or seclusion.
(ii) As part of orientation; a	and		EP 1	intervals:At orientationBefore participating in the	e use of restraint and seclusion and assesses their competence at the following the use of restraint or seclusion the eafter, as determined by hospital policy
§482.13(f)(1)(iii)	TAG: A-	0196	PC.13.02.1	7 The hospital trai	ns staff to safely implement the use of restraint or seclusion.
(iii) Subsequently on a pe	riodic basis consi	stent with hospital policy.	EP 1	intervals:At orientationBefore participating in the	e use of restraint and seclusion and assesses their competence at the following the use of restraint or seclusion the eafter, as determined by hospital policy
§482.13(f)(2)	TAG: A-	0199			
	d knowledge bas	uire appropriate staff to have education, ed on the specific needs of the patient			

CFR Number §482.13(f)(2)(i)	Medicare Requirements		nt Commission ivalent Number	Joint Commission Standards and Elements of Performance	
§482.13(f)(2)(i) TA	AG: A-0199	PC.13.02.17	The hospital trai	ins staff to safely implement the use of restraint or seclusion.	
(i) Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion.		 EP 3 Based on the population served, staff education, training, and demonstrated knowledge focus on the following: Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion Use of nonphysical intervention skills Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the in-person evaluation conducted within one hour of initiation of restraint or seclusion Use of first aid techniques and certification in the use of cardiopulmonary resuscitation (CPR), including required periodic recertification 			
§482.13(f)(2)(ii)	AG: A-0200	PC.13.02.17	The hospital trai	ins staff to safely implement the use of restraint or seclusion.	
(ii) The use of nonphysical interventi	ion skills.	EP 3	 Techniques to identify striction Use of nonphysical inter Methods for choosing the behavioral status or con Safe application and use recognize and respond to the complete of the complete	ne least restrictive intervention based on an assessment of the patient's medical or addition e of all types of restraint or seclusion used in the hospital, including training in how to to signs of physical and psychological distress (for example, positional asphyxia) specific behavioral changes that indicate that restraint or seclusion is no longer and psychological well-being of the patient who is restrained or secluded, including atory and circulatory status, skin integrity, vital signs, and any special requirements licy associated with the in-person evaluation conducted within one hour of initiation of es and certification in the use of cardiopulmonary resuscitation (CPR), including	

CFR Number §482.13(f)(2)(iii)	Medicare Requirements		t Commission valent Number	Joint Commission Standards and Elements of Performance
§482.13(f)(2)(iii)	TAG: A-0201	PC.13.02.17	The hospital train	ins staff to safely implement the use of restraint or seclusion.
	intervention based on an individualized ical, or behavioral status or condition.	EP 3 B:	 Techniques to identify striction circumstances that requipage. Use of nonphysical interest Methods for choosing the behavioral status or cones Safe application and use recognize and respond to Clinical identification of structures. Monitoring the physical structure but not limited to respirate specified by hospital polar restraint or seclusion. 	the least restrictive intervention based on an assessment of the patient's medical or dition be of all types of restraint or seclusion used in the hospital, including training in how to signs of physical and psychological distress (for example, positional asphyxia) specific behavioral changes that indicate that restraint or seclusion is no longer and psychological well-being of the patient who is restrained or secluded, including story and circulatory status, skin integrity, vital signs, and any special requirements icy associated with the in-person evaluation conducted within one hour of initiation of estandard certification in the use of cardiopulmonary resuscitation (CPR), including
§482.13(f)(2)(iv)	TAG: A-0202	PC.13.02.17	The hospital trai	ins staff to safely implement the use of restraint or seclusion.
	of all types of restraint or seclusion used in the to recognize and respond to signs of physical and ole, positional asphyxia).	EP 3 Bi	 Techniques to identify striction interests. Use of nonphysical interests. Methods for choosing the behavioral status or cones. Safe application and use recognize and respond to the common interests. Clinical identification of structure in the physical and the phys	the least restrictive intervention based on an assessment of the patient's medical or dition be of all types of restraint or seclusion used in the hospital, including training in how to signs of physical and psychological distress (for example, positional asphyxia) specific behavioral changes that indicate that restraint or seclusion is no longer and psychological well-being of the patient who is restrained or secluded, including story and circulatory status, skin integrity, vital signs, and any special requirements icy associated with the in-person evaluation conducted within one hour of initiation of estimates and certification in the use of cardiopulmonary resuscitation (CPR), including

CFR Number §482.13(f)(2)(v)	Medicare Requirements	1	nt Commission uivalent Number	Joint Commission Standards and Elements of Performance	
§482.13(f)(2)(v)	TAG: A-0204	PC.13.02.17	The hospital tra	ins staff to safely implement the use of restraint or seclusion.	
(v) Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary.		Based on the population served, staff education, training, and demonstrated knowledge focus on the follor Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion Use of nonphysical intervention skills Methods for choosing the least restrictive intervention based on an assessment of the patient's med behavioral status or condition Safe application and use of all types of restraint or seclusion used in the hospital, including training in recognize and respond to signs of physical and psychological distress (for example, positional asphysical identification of specific behavioral changes that indicate that restraint or seclusion is no long necessary Monitoring the physical and psychological well-being of the patient who is restrained or secluded, incompute the properties of the patient who is restrained or secluded, incompute the properties of the patient who is restrained or secluded, incompute the properties of the patient who is restrained or secluded, incompute the properties of the patient who is restrained or secluded, incompute the properties of the patient who is restrained or secluded, incompute the properties of the patient who is restrained or secluded, incompute the properties of the patient who is restrained or secluded, incompute the properties of the patient who is restrained or secluded, incompute the properties of the patient who is restrained or secluded, incompute the properties of the patient who is restrained or secluded, incompute the properties of the patient who is restrained or secluded, incompute the properties of the patient who is restrained or secluded, incompute the properties of the patient who is restrained or secluded, incompute the properties of the patient who is restrained or secluded, incompute the properties of the patient who is restrained or secluded, incompute the properties of the patient who is restrained or secluded.			
§482.13(f)(2)(vi)	TAG: A-0205	PC.13.02.17	The hospital tra	ins staff to safely implement the use of restraint or seclusion.	
restrained or secluded, including	d psychological well-being of the patient who is ng but not limited to, respiratory and circulatory status, any special requirements specified by hospital policy e-to-face evaluation.		 Techniques to identify s circumstances that requ Use of nonphysical inter Methods for choosing the behavioral status or con Safe application and use recognize and responder Clinical identification of snecessary Monitoring the physical but not limited to respiral specified by hospital polar restraint or seclusion 	ne least restrictive intervention based on an assessment of the patient's medical or addition e of all types of restraint or seclusion used in the hospital, including training in how to to signs of physical and psychological distress (for example, positional asphyxia) specific behavioral changes that indicate that restraint or seclusion is no longer and psychological well-being of the patient who is restrained or secluded, including story and circulatory status, skin integrity, vital signs, and any special requirements licy associated with the in-person evaluation conducted within one hour of initiation of es and certification in the use of cardiopulmonary resuscitation (CPR), including	

CFR Number §482.13(f)(2)(vii)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.13(f)(2)(vii) TAG: A-	-0206	PC.13.02.1	7 The hospital trai	ns staff to safely implement the use of restraint or seclusion.
(vii) The use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification.		 EP 3 Based on the population served, staff education, training, and demonstrated knowledge focus on the following: Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion Use of nonphysical intervention skills Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the in-person evaluation conducted within one hour of initiation or restraint or seclusion Use of first aid techniques and certification in the use of cardiopulmonary resuscitation (CPR), including required periodic recertification 		
§482.13(f)(3) TAG: A-	-0207	PC.13.02.1	7 The hospital trai	ns staff to safely implement the use of restraint or seclusion.
(3) Trainer Requirements. Individuals provevidenced by education, training, and expatients' behaviors.		EP 4		ning in restraint or seclusion are qualified as evidenced by education, training, and used to address patient behaviors that necessitate the use of restraint or seclusion.
§482.13(f)(4) TAG: A-	-0208	PC.13.02.1	7 The hospital trai	ns staff to safely implement the use of restraint or seclusion.
(4) Training Documentation. The hospital records that the training and demonstratio completed.		EP 5	The hospital documents in sta demonstrated competence.	ff records that they have completed restraint and seclusion training and
§482.13(g) TAG: A- §482.13(g) Standard: Death Reporting Re		PC.13.02.1	•	at use Joint Commission accreditation for deemed status purposes: The deaths associated with the use of restraint or seclusion.
associated with the use of seclusion or res		For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital refollowing information to the Centers for Medicare & Medicaid Services regarding deaths related to seclusion: • Each death that occurs while a patient is in restraint or seclusion • Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion to seach death known to the hospital that occurs within one week after restraint or seclusion was it is reasonable to assume that the use of the restraint or seclusion contributed directly or indicated to the use of soft wrist restraints except soft wrist restraints. For more informated deaths related to the use of soft wrist restraints, refer to EP 3 in this standard. Note 2: In this element of performance "reasonable to assume" includes but is not limited to deaths restrictions of movement for prolonged periods of time or deaths related to chest compression, restrictions of assumement for prolonged periods of time or deaths related to chest compression, restrictions of movement for prolonged periods of time or deaths related to chest compression, restrictions of movement for prolonged periods of time or deaths related to chest compression, restrictions of movement for prolonged periods of time or deaths related to chest compression, restrictions of movement for prolonged periods of time or deaths related to chest compression, restrictions of movement for prolonged periods of time or deaths related to chest compression, restrictions of movement for prolonged periods of time or deaths related to chest compression, restrictions of movement for prolonged periods of time or deaths related to chest compression.		ommission accreditation for deemed status purposes: The hospital reports the enters for Medicare & Medicaid Services regarding deaths related to restraint or while a patient is in restraint or seclusion within 24 hours after the patient has been removed from restraint or seclusion e hospital that occurs within one week after restraint or seclusion was used when he that the use of the restraint or seclusion contributed directly or indirectly to the ment includes all restraints except soft wrist restraints. For more information on off wrist restraints, refer to EP 3 in this standard.
§482.13(g)(1) TAG: A-	-0213	PC.13.02.1	9 For hospitals that	at use Joint Commission accreditation for deemed status purposes: The
(1) With the exception of deaths described the hospital must report the following infor or electronically, as determined by CMS, r next business day following knowledge of	mation to CMS by telephone, facsimile, no later than the close of business on the	EP 2	For hospitals that use Joint Co PC.13.02.19, EP 1, are report electronically no later than the	deaths associated with the use of restraint or seclusion. In the deaths associated with the use of restraint or seclusion. In the deaths addressed in the death addressed in the Centers for Medicare & Medicaid Services by telephone, by facsimile, or close of the next business day following knowledge of the patient's death. The date of the was reported is documented in the patient's medical record.

CFR Number §482.13(g)(1)(i)	Medicare Requirements	1	nt Commission uivalent Number	Joint Commission Standards and Elements of Performance
§482.13(g)(1)(i) TAG: A		PC.13.02.19		at use Joint Commission accreditation for deemed status purposes: The deaths associated with the use of restraint or seclusion.
		f s	ollowing information to the Ceseclusion: • Each death that occurs • Each death that occurs • Each death known to the it is reasonable to assumpatient's death Note 1: This reporting required deaths related to the use of solute 2: In this element of perf	ommission accreditation for deemed status purposes: The hospital reports the enters for Medicare & Medicaid Services regarding deaths related to restraint or while a patient is in restraint or seclusion within 24 hours after the patient has been removed from restraint or seclusion e hospital that occurs within one week after restraint or seclusion was used when he that the use of the restraint or seclusion contributed directly or indirectly to the ment includes all restraints except soft wrist restraints. For more information on off wrist restraints, refer to EP 3 in this standard. Tormance "reasonable to assume" includes but is not limited to deaths related to rolonged periods of time or deaths related to chest compression, restriction of
§482.13(g)(1)(ii) TAG: A		PC.13.02.19		at use Joint Commission accreditation for deemed status purposes: The deaths associated with the use of restraint or seclusion.
restraint or seclusion.	ii) Each death that occurs within 24 hours after the patient has been removed from estraint or seclusion.		ollowing information to the Ceseclusion: • Each death that occurs • Each death that occurs • Each death known to the it is reasonable to assumpatient's death Note 1: This reporting required deaths related to the use of solute 2: In this element of perf	ommission accreditation for deemed status purposes: The hospital reports the enters for Medicare & Medicaid Services regarding deaths related to restraint or while a patient is in restraint or seclusion within 24 hours after the patient has been removed from restraint or seclusion e hospital that occurs within one week after restraint or seclusion was used when he that the use of the restraint or seclusion contributed directly or indirectly to the ment includes all restraints except soft wrist restraints. For more information on off wrist restraints, refer to EP 3 in this standard. Tormance "reasonable to assume" includes but is not limited to deaths related to rolonged periods of time or deaths related to chest compression, restriction of
§482.13(g)(1)(iii) TAG: A		PC.13.02.19		at use Joint Commission accreditation for deemed status purposes: The deaths associated with the use of restraint or seclusion.
seclusion where it is reasonable to assur seclusion contributed directly or indirectly type(s) of restraint used on the patient du	ne that use of restraint or placement in to a patient's death, regardless of the tring this time. "Reasonable to assume" in deaths related to restrictions of movement	f s	ollowing information to the Ceseclusion: • Each death that occurs in Each death that occurs in Each death known to the it is reasonable to assumpatient's death Note 1: This reporting required deaths related to the use of solute 2: In this element of perf	ommission accreditation for deemed status purposes: The hospital reports the enters for Medicare & Medicaid Services regarding deaths related to restraint or while a patient is in restraint or seclusion within 24 hours after the patient has been removed from restraint or seclusion e hospital that occurs within one week after restraint or seclusion was used when he that the use of the restraint or seclusion contributed directly or indirectly to the ment includes all restraints except soft wrist restraints. For more information on off wrist restraints, refer to EP 3 in this standard. Tormance "reasonable to assume" includes but is not limited to deaths related to rolonged periods of time or deaths related to chest compression, restriction of

CFR Number §482.13(g)(2)	Medicare Requirements		t Commission valent Number	Joint Commission Standards and Elements of Performance	
§482.13(g)(2) TAG: A- (2) When no seclusion has been used and the patient are those applied exclusively to composed solely of soft, non-rigid, cloth-lik in an internal log or other system, the follow	when the only restraints used on the patient's wrist(s), and which are e materials, the hospital staff must record				
§482.13(g)(2)(i) TAG: A-	0214	PC.13.02.19		at use Joint Commission accreditation for deemed status purposes: The	
(i) Any death that occurs while a patient is in such restraints.		For hospitals that use Joint Commission accreditation for deemed status purposes: When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, nonrigid, cloth-like material, the hospital does the following: Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient. Records in a log or other system any death that occurs within 24 hours after a patient has been removed from such restraints. The information is recorded within seven days of the date of death of the patient. Documents in the patient record the date and time that the death was recorded in the log or other system Documents in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed practitioner responsible for the patient's care, medical record number, and primary diagnosis(es) Makes the information in the log or other system available to the Centers for Medicare and Medicaid Services, either electronically or in writing, immediately upon request			
§482.13(g)(2)(ii) TAG: A-	0214	PC.13.02.19		at use Joint Commission accreditation for deemed status purposes: The	
(ii) Any death that occurs within 24 hours a such restraints.	fter a patient has been removed from	For hospitals that use Joint Commission accreditation for deemed status purposes: When no seclusion had used and when the only restraints used on the patient are wrist restraints composed solely of soft, nonriginal like material, the hospital does the following: Records in a log or other system any death that occurs while a patient is in restraint. The information recorded within seven days of the date of death of the patient. Records in a log or other system any death that occurs within 24 hours after a patient has been remediate from such restraints. The information is recorded within seven days of the date of death of the patient. Documents in the patient record the date and time that the death was recorded in the log or other system and time that the death was recorded in the log or other system and the patient's name, date of birth, date of death, name of attend physician or other licensed practitioner responsible for the patient's care, medical record number, and primary diagnosis(es) Makes the information in the log or other system available to the Centers for Medicare and Medicaid Services, either electronically or in writing, immediately upon request			
§482.13(g)(3) TAG: A-	0213, A-0214				
(3) The staff must document in the patient's death was:	s medical record the date and time the				
§482.13(g)(3)(i) TAG: A-	0213	PC.13.02.19		at use Joint Commission accreditation for deemed status purposes: The	
(i) Reported to CMS for deaths described i	n paragraph (g)(1) of this section; or	P el	or hospitals that use Joint Co C.13.02.19, EP 1, are report ectronically no later than the	deaths associated with the use of restraint or seclusion. Immission accreditation for deemed status purposes: The deaths addressed in ed to the Centers for Medicare & Medicaid Services by telephone, by facsimile, or e close of the next business day following knowledge of the patient's death. The date at has reported is documented in the patient's medical record.	

CFR Number §482.13(g)(3)(ii)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance			
§482.13(g)(3)(ii) TAG: A- (ii) Recorded in the internal log or other sy:		PC.13.02.1	PC.13.02.19 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports deaths associated with the use of restraint or seclusion.				
(g)(2) of this section.		 For hospitals that use Joint Commission accreditation for deemed status purposes: When no seclusion has bused and when the only restraints used on the patient are wrist restraints composed solely of soft, nonrigid, of like material, the hospital does the following: Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient. Records in a log or other system any death that occurs within 24 hours after a patient has been remove from such restraints. The information is recorded within seven days of the date of death of the patient. Documents in the patient record the date and time that the death was recorded in the log or other system. Documents in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed practitioner responsible for the patient's care, medical record number, and primary diagnosis(es) Makes the information in the log or other system available to the Centers for Medicare and Medicaid Services, either electronically or in writing, immediately upon request 					
§482.13(g)(4) TAG: A-]					
(4) For deaths described in paragraph (g)(g) log or other system must be documented a							
§482.13(g)(4)(i) TAG: A-	0214	PC.13.02.1	•	at use Joint Commission accreditation for deemed status purposes: The			
(i) Each entry must be made not later than	seven days after the date of death of the	EP 3		deaths associated with the use of restraint or seclusion. Ommission accreditation for deemed status purposes: When no seclusion has been			
patient.			used and when the only restra like material, the hospital does • Records in a log or othe recorded within seven do • Records in a log or othe from such restraints. The • Documents in the patien • Documents in the log or physician or other licens primary diagnosis(es) • Makes the information in	aints used on the patient are wrist restraints composed solely of soft, nonrigid, cloth-			
§482.13(g)(4)(ii) TAG: A-		PC.13.02.1	•	at use Joint Commission accreditation for deemed status purposes: The deaths associated with the use of restraint or seclusion.			
(ii) Each entry must document the patient's of attending physician or other licensed pra of the patient, medical record number, and	actitioner who is responsible for the care	EP 3	For hospitals that use Joint Coused and when the only restralike material, the hospital does Records in a log or othe recorded within seven deferom such restraints. The Documents in the patien Documents in the log or physician or other licens primary diagnosis(es) Makes the information in	ommission accreditation for deemed status purposes: When no seclusion has been aints used on the patient are wrist restraints composed solely of soft, nonrigid, cloth-			

CFR Number §482.13(g)(4)(iii)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance	
§482.13(g)(4)(iii) TAG: A		PC.13.02.19		at use Joint Commission accreditation for deemed status purposes: The deaths associated with the use of restraint or seclusion.	
CMS immediately upon request.		 For hospitals that use Joint Commission accreditation for deemed status purposes: When no seclus used and when the only restraints used on the patient are wrist restraints composed solely of soft, relike material, the hospital does the following: Records in a log or other system any death that occurs while a patient is in restraint. The information recorded within seven days of the date of death of the patient. Records in a log or other system any death that occurs within 24 hours after a patient has been from such restraints. The information is recorded within seven days of the date of death of the Documents in the patient record the date and time that the death was recorded in the log or of the date and time that the death was recorded in the log or of the patient in the log or other system the patient's name, date of birth, date of death, name of physician or other licensed practitioner responsible for the patient's care, medical record number primary diagnosis(es) Makes the information in the log or other system available to the Centers for Medicare and Medicare, either electronically or in writing, immediately upon request 			
§482.13(h) TAG: A	A-0215, A-0216, A-0217	RI.11.01.01	The hospital res	pects, protects, and promotes patient rights.	
§482.13(h) Standard: Patient visitation rig and procedures regarding the visitation rig forth any clinically necessary or reasonab may need to place on such rights and the limitation. A hospital must meet the follow	ghts of patients, including those setting ole restriction or limitation that the hospital ereasons for the clinical restriction or ving requirements:		the right to receive visitors de- (including a same-sex domes withdraw or deny consent for Note 1: For hospitals that use policies and procedures include to be placed on visitation right Note 2: For hospitals that use	plements policies and procedures for patient visitation rights. Visitation rights include signated by the patient, including but not limited to a spouse, a domestic partner tic partner), another family member, or a friend. The patient also has the right to visitors at any time. Joint Commission accreditation for deemed status purposes: The hospital's written de any restrictions or limitations that are clinically necessary or reasonable that need is and the reasons for the restriction or limitation. Joint Commission accreditation for deemed status purposes: The hospital informs, where appropriate) of the patient's visitation rights, including any clinical restriction	
§482.13(h)(1) TAG: A	N-0216	RI.11.01.01	The hospital res	pects, protects, and promotes patient rights.	
rights, including any clinical restriction or informed of his or her other rights under the			the right to receive visitors de- (including a same-sex domes withdraw or deny consent for Note 1: For hospitals that use policies and procedures include to be placed on visitation right Note 2: For hospitals that use	plements policies and procedures for patient visitation rights. Visitation rights include signated by the patient, including but not limited to a spouse, a domestic partner tic partner), another family member, or a friend. The patient also has the right to visitors at any time. Joint Commission accreditation for deemed status purposes: The hospital's written de any restrictions or limitations that are clinically necessary or reasonable that need is and the reasons for the restriction or limitation. Joint Commission accreditation for deemed status purposes: The hospital informs, where appropriate) of the patient's visitation rights, including any clinical restriction	
§482.13(h)(2) TAG: A		RI.11.01.01		pects, protects, and promotes patient rights.	
(2) Inform each patient (or support persor to his or her consent, to receive the visito but not limited to, a spouse, a domestic partner), another family member, or a frie such consent at any time.	rs whom he or she designates, including,		the right to receive visitors de- (including a same-sex domes withdraw or deny consent for Note 1: For hospitals that use policies and procedures include to be placed on visitation right Note 2: For hospitals that use	plements policies and procedures for patient visitation rights. Visitation rights include signated by the patient, including but not limited to a spouse, a domestic partner tic partner), another family member, or a friend. The patient also has the right to visitors at any time. Joint Commission accreditation for deemed status purposes: The hospital's written de any restrictions or limitations that are clinically necessary or reasonable that need is and the reasons for the restriction or limitation. Joint Commission accreditation for deemed status purposes: The hospital informs, where appropriate) of the patient's visitation rights, including any clinical restriction	

CFR Number §482.13(h)(Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.13(h)(3)	TAG: A-	0217	RI.11.01.0	The hospital res	pects, protects, and promotes patient rights.
		tation privileges on the basis of race, identity, sexual orientation, or disability.	EP 4	disability, socioeconomic state Note: This includes prohibiting	ination based on age, race, ethnicity, religion, culture, language, physical or mental us, sex, sexual orientation, and gender identity or expression. g discrimination through restricting, limiting, or otherwise denying visitation privileges. to have full and equal visitation privileges consistent with patient preferences.
§482.13(h)(4)	TAG: A-	0217	RI.11.01.0	The hospital res	pects, protects, and promotes patient rights.
(4) Ensure that all visitors of patient preferences.	enjoy full and eq	ual visitation privileges consistent with	EP 4	disability, socioeconomic state Note: This includes prohibiting	ination based on age, race, ethnicity, religion, culture, language, physical or mental us, sex, sexual orientation, and gender identity or expression. g discrimination through restricting, limiting, or otherwise denying visitation privileges. to have full and equal visitation privileges consistent with patient preferences.
§482.15	TAG: E-	0001	EM.09.01.0		s a comprehensive emergency management program that utilizes an all-
§482.15 Condition of Partic	cipation: Emerge	ency Preparedness		hazards approac	
preparedness requirement comprehensive emergency	s. The hospital r y preparedness all-hazards appr	le Federal, State, and local emergency must develop and maintain a program that meets the requirements roach. The emergency preparedness o, the following elements:	EP 1	The program includes, but is r Leadership structure and Hazard vulnerability and Mitigation and prepared	d program accountability alysis ness activities blan and policies and procedures
			EP 3	The hospital complies with all	applicable federal, state, and local emergency preparedness laws and regulations.
preparedness plan that mu	ıst be reviewed,	velop and maintain an emergency and updated at least every 2 years. The	EM.12.01.0	The hospital cor analysis when d	velops an emergency operations plan based on an all-hazards approach. Note: nsiders its prioritized hazards identified as part of its hazards vulnerability leveloping an emergency operations plan.
plan must do the following:	:		EP 1	that provides guidance to staf and policies and procedures i Mobilizing incident comm Communications plan Maintaining, expanding, Protecting critical system Conserving and/or supp Surge plans (such as flue Identifying alternate treat Sheltering in place	curtailing, or closing operations and infrastructure elementing resources or pandemic plans) etment areas or locations complete) or relocating services

CFR Number §482.15(a)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
		EM.17.01.0	The hospital eva continuity of op-	aluates its emergency management program, emergency operations plan, and erations plans.
			improvement to the following of Hazard vulnerability and Emergency managemer Emergency operations particles and Communications plan Continuity of operations Education and training particles are Testing program	nt program plan, policies, and procedures plan program
§482.15(a)(1) TAG: E-0		EM.11.01.0		nducts a hazard vulnerability analysis utilizing an all-hazards approach.
(1) Be based on and include a documented risk assessment, utilizing an all-hazards ap		EP 1	includes the following: • Hazards that are likely to • A community-based risk agencies) • Separate HVAs for its of the findings are documented. Note: A separate HVA is only different hazards or threats, o	required if the accredited facilities are in different geographic locations, experience r the patient population and services offered are unique to this facility.
			 Natural hazards (such a Human-caused hazards Technological hazards (Hazardous materials (such as a such as a	bility analysis includes the following: s flooding, wildfires) (such as bomb threats or cyber/information technology crimes) such as utility or information technology outages) uch as radiological, nuclear, chemical) eases (such as the Ebola, Zika, or SARS-CoV-2 viruses)
§482.15(a)(2) TAG: E-0	0006	EM.11.01.0	01 The hospital cor	nducts a hazard vulnerability analysis utilizing an all-hazards approach.
(2) Include strategies for addressing emergassessment.	gency events identified by the risk	EP 3	the highest likelihood of occur	ioritizes the findings of the hazard vulnerability analysis to determine what presents ring and the impacts those hazards will have on the operating status of the hospital ces. The findings are documented.
		EP 4		d hazards from the hazard vulnerability analysis to identify and implement mitigation ncrease the resilience of the hospital and helps reduce disruption of essential
§482.15(a)(3) TAG: E-	0007	EM.12.01.0		velops an emergency operations plan based on an all-hazards approach. Note:
(3) Address patient population, including, b				nsiders its prioritized hazards identified as part of its hazards vulnerability leveloping an emergency operations plan.
of services the hospital has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.			populations, and the types of Note: At-risk populations such may have additional needs to	erations plan identifies the patient population(s) that it will serve, including at-risk services it would have the ability to provide in an emergency or disaster event. In as the elderly, dialysis patients, or persons with physical or mental disabilities be addressed during an emergency or disaster incident, such as medical care, in, supervision, and maintaining independence.

CFR Number §482.15(a)(3)	Medicare Requirements	1	pint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
		EM.13.01.0		s a continuity of operations plan. Note: The hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing a continuity of
		EP 1	executive leaders, business a These key leaders identify and maintaining operations. Note: The COOP provides gu deliver essential or critical ser information technology, finance operations to support essential	tinuity of operations plan (COOP) that is developed with the participation of key and finance leaders, and other department leaders as determined by the hospital. It is prioritize the services and functions that are considered essential or critical for it is dance on how the hospital will continue to perform its essential business functions to vices. Essential business functions to consider include administrative/vital records, it is services, security systems, communications/telecommunications, and building all and critical services that cannot be deferred during an emergency; these activities say or resumed quickly following a disruption.
		EP 2	essential business functions v emergency or disaster incider Note: Example of options to c	erations plan identifies in writing how and where it will continue to provide its when the location of the essential or critical service has been compromised due to an lat. consider for providing essential services include use of off-site locations, space exation, existing facilities or space, telework (remote work), or telehealth.
		EP 3	er of succession plan that identifies who is authorized to assume a particular le when that person(s) is unable to fulfill their function or perform their duties.	
		EP 4	act on behalf of the hospital for Note: Delegations of authority sufficiently detailed to make of	egation of authority plan that provides the individual(s) with the legal authorization to or specified purposes and to carry out specific duties. are an essential part of an organization's continuity program and should be ertain the hospital can perform its essential functions. Delegations of authority will at an individual is authorized to perform and includes restrictions and limitations
§482.15(a)(4) TAG: E- (4) Include a process for cooperation and of State, and Federal emergency preparedne	collaboration with local, tribal, regional,	EM.12.01.0	The hospital cor	velops an emergency operations plan based on an all-hazards approach. Note: nsiders its prioritized hazards identified as part of its hazards vulnerability eveloping an emergency operations plan.
integrated response during a disaster or en		EP 6	care facilities; health care coa	erations plan includes a process for cooperating and collaborating with other health litions; and local, tribal, regional, state, and federal emergency preparedness pport and resources and to provide an integrated response during an emergency or
§482.15(b) TAG: E- (b) Policies and procedures. The hospital repreparedness policies and procedures, based on the procedures of the procedure of the procedures of the procedures of the procedure of the	must develop and implement emergency	EM.12.01.0	The hospital cor	velops an emergency operations plan based on an all-hazards approach. Note: nsiders its prioritized hazards identified as part of its hazards vulnerability eveloping an emergency operations plan.
paragraph (a) of this section, risk assessm and the communication plan at paragraph procedures must be reviewed and updated policies and procedures must address the	(c) of this section. The policies and d at least every 2 years. At a minimum, the	EP 1	that provides guidance to staf and policies and procedures in • Mobilizing incident comm • Communications plan • Maintaining, expanding, • Protecting critical system • Conserving and/or supp • Surge plans (such as fluther in the supplemental in t	curtailing, or closing operations ns and infrastructure lementing resources or pandemic plans) tment areas or locations implete) or relocating services

CFR Number §482.15(b)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
		EM.17.01.0	The hospital eva continuity of ope	aluates its emergency management program, emergency operations plan, and erations plans.
		EP 3	improvement to the following iHazard vulnerability anaEmergency managemer	nt program plan, policies, and procedures plan
§482.15(b)(1) TAG: E		ļ		
(1) The provision of subsistence needs for or shelter in place, include, but are not lim	r staff and patients, whether they evacuate ited to the following:			
§482.15(b)(1)(i) TAG: E- (i) Food, water, medical, and pharmaceuti		EM.12.01.0		velops an emergency operations plan based on an all-hazards approach. Note: nsiders its prioritized hazards identified as part of its hazards vulnerability
(i) 1 ood, water, medical, and pharmaceuti	cai supplies.			eveloping an emergency operations plan.
				supplies s
§482.15(b)(1)(ii) TAG: E	-0015			
(ii) Alternate sources of energy to maintain	n the following:]		
§482.15(b)(1)(ii)(A) TAG: E- (A) Temperatures to protect patient health storage of provisions.		EM.12.02.	disaster inciden	s a plan for managing essential or critical utilities during an emergency or t. Note: The hospital considers its prioritized hazards identified as part of its ility analysis when developing a plan for utilities management.
		EP 4	 Temperatures to protect Emergency lighting Fire detection, extinguish Sewage and waste disposite Note: It is important for hospit protects the health and safety 	

CFR Number §482.15(b)(1)(ii)(B)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance		
§482.15(b)(1)(ii)(B) TAG: E (B) Emergency lighting.	-0015	EM.12.02.1	I.12.02.11 The hospital has a plan for managing essential or critical utilities during an eme disaster incident. Note: The hospital considers its prioritized hazards identified hazard vulnerability analysis when developing a plan for utilities management.			
		 The hospital's plan for managing utilities includes alternate sources for maintaining energy to the Temperatures to protect patient health and safety and for the safe and sanitary storage of Emergency lighting Fire detection, extinguishing, and alarm systems Sewage and waste disposal Note: It is important for hospitals to consider alternative means for maintaining temperatures at protects the health and safety of all persons within the facility. For example, when safe temperatures at the maintained, the hospital considers partial or full evacuation or closure. 				
§482.15(b)(1)(ii)(C) TAG: E (C) Fire detection, extinguishing, and alarm		EM.12.02.1	disaster inciden	s a plan for managing essential or critical utilities during an emergency or t. Note: The hospital considers its prioritized hazards identified as part of its illity analysis when developing a plan for utilities management.		
		EP 4	The hospital's plan for manag	ing utilities includes alternate sources for maintaining energy to the following: patient health and safety and for the safe and sanitary storage of provisions hing, and alarm systems		
		PE.03.01.01 The hospital Code.		hospital designs and manages the physical environment to comply with the Life Safety e.		
		EP 4		ontrol plans that include provisions for prompt reporting of fires; extinguishing fires; and guests; evacuation; and cooperation with firefighting authorities.		
§482.15(b)(1)(ii)(D) TAG: E (D) Sewage and waste disposal.	-0015	EM.12.02.1	disaster inciden	s a plan for managing essential or critical utilities during an emergency or t. Note: The hospital considers its prioritized hazards identified as part of its illity analysis when developing a plan for utilities management.		
		EP 4	 Temperatures to protect Emergency lighting Fire detection, extinguis Sewage and waste disp Note: It is important for hospit protects the health and safety 	o. ,		
§482.15(b)(2) TAG: E (2) A system to track the location of on-du hospital's care during an emergency. If on	ity staff and sheltered patients in the	EM.12.02.0	disaster inciden	s a plan for safety and security measures to take during an emergency or t. Note: The hospital considers its prioritized hazards identified as part of its ility analysis when developing a plan for safety and security.		
relocated during the emergency, the hospital must document the specific name a location of the receiving facility or other location.	ital must document the specific name and	EP 2	and volunteers and patients wand patients are relocated dureceiving facility or evacuation	sed for tracking purposes include the use of established technology or tracking		

CFR Number §482.15(b)(3)	Medicare Requirements	_	Joint Commission quivalent Number	Joint Commission Standards and Elements of Performance		
§482.15(b)(3) TAG: E- (3) Safe evacuation from the hospital, which treatment needs of evacuees; staff respon	ch includes consideration of care and	EM.12.01.	EM.12.01.01 The hospital develops an emergency operations plan based on an all-hazards The hospital considers its prioritized hazards identified as part of its hazards analysis when developing an emergency operations plan.			
evacuation location(s); and primary and alternate means of communication with external sources of assistance.		EP 3	The hospital's emergency operations plan includes written procedures for when and how it we evacuate (partial or complete) its staff, volunteers, and patients. Note 1: Shelter-in-place plans may vary by department and facility and may vary based on the or situation. Note 2: Safe evacuation from the hospital includes consideration of care, treatment, and serve evacuees, staff responsibilities, and transportation.			
		EM.12.02.	communication	s a communications plan that addresses how it will initiate and maintain s during an emergency. Note: The hospital considers prioritized hazards rt of its hazard vulnerability analysis when developing an emergency response s plan.		
		 The hospital's communications plan identifies its primary and alternate means for communicating with relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff). includes procedures for the following: How and when alternate/backup communication methods are used Verifying that its communications systems are compatible with those of community partners and authorities the hospital plans to communicate with Testing the functionality of the hospital's alternate/backup communication systems or equipmen Note: Examples of alternate/backup communication systems include amateur radios, portable radios, notifications, cell and satellite phones, and reverse 911 notification systems. 				
§482.15(b)(4) TAG: E- (4) A means to shelter in place for patients facility.		EM.12.01.	The hospital co	velops an emergency operations plan based on an all-hazards approach. Note: nsiders its prioritized hazards identified as part of its hazards vulnerability developing an emergency operations plan.		
nacinty.		EP 3	The hospital's emergency op evacuate (partial or complete Note 1: Shelter-in-place plans or situation.	erations plan includes written procedures for when and how it will shelter in place or) its staff, volunteers, and patients. s may vary by department and facility and may vary based on the type of emergency the hospital includes consideration of care, treatment, and service needs of		
§482.15(b)(5) TAG: E-	0023	IM.11.01.0	1 The hospital pla	ans for continuity of its information management processes.		
(5) A system of medical documentation that confidentiality of patient information, and s records.		EP 1	information during emergence and availability of patient reco Note: These policies and pro-	plements policies and procedures regarding medical documentation and patient es and other interruptions to information management systems, including security ords to support continuity of care. Cedures are based on the emergency plan, risk assessment, and emergency reviewed and updated at least every 2 years.		
§482.15(b)(6) TAG: E-	0024	EM.12.02.	•	s a staffing plan for managing all staff and volunteers during an emergency or		
(6) The use of volunteers in an emergency including the process and role for integration				nt. Note: The hospital considers its prioritized hazards identified as part of its bility analysis when developing a staffing plan.		
health care professionals to address surge		EP 1	duration of an emergency or Methods for contacting Acquisition of staff from Use of volunteer staffing part of the disaster med	its other health care facilities g, such as staffing agencies, health care coalition support, and those deployed as		

CFR Number §482.15(b)(6)		Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
			EP 2	Reporting processesRoles and responsibilitie	es for essential functions gencies, volunteer staffing, or deployed medical assistance teams into assigned roles
		other hospitals and other providers to or cessation of operations to maintain the	EM.12.02	disaster incider	s a plan for providing patient care and clinical support during an emergency or nt. Note: The hospital considers its prioritized hazards identified as part of its pility analysis when developing a plan for patient care and clinical support.
continuity of services to hospit			EP 1	with other hospitals and provi	ing patient care and clinical support includes written procedures and arrangements iders for how it will share patient care information and medical documentation and other health care facilities to maintain continuity of care.
		declared by the Secretary, in accordance on of care and treatment at an alternate	EM.12.01	The hospital co	velops an emergency operations plan based on an all-hazards approach. Note: nsiders its prioritized hazards identified as part of its hazards vulnerability developing an emergency operations plan.
care site identified by emergency management officials.		EP 7	of the hospital under a waiver Act, in the provision of care a Note 1: This element of perfo Health Insurance Program re Note 2: For more information response/how-can-we-help/w	Indimplement emergency preparedness policies and procedures that address the role of declared by the Secretary, in accordance with section 1135 of the Social Security and treatment at an alternate care site identified by emergency management officials. In the section 1135 was alternated in the section 1135 was alternated and in the section of the Social Security and treatment at an alternate care site identified by emergency management officials. In the section of the Social Security and treatment of the section of the Social Security and treatment of the section of the Social Security and treatment of the Social Security and the Social Securit	
§482.15(c)	TAG: E-	0029 t develop and maintain an emergency	EM.09.01	1.01 The hospital ha hazards approa	s a comprehensive emergency management program that utilizes an all-
preparedness communication	plan that co	mplies with Federal, State, and local laws	EP 3		I applicable federal, state, and local emergency preparedness laws and regulations.
and must be reviewed and upo must include all of the following		at every 2 years. The communication plan	EM.12.01	The hospital co	velops an emergency operations plan based on an all-hazards approach. Note: nsiders its prioritized hazards identified as part of its hazards vulnerability developing an emergency operations plan.
			EP 1	that provides guidance to state and policies and procedures Mobilizing incident com Communications plan Maintaining, expanding Protecting critical system Conserving and/or supp Surge plans (such as flue Identifying alternate treaters)	, curtailing, or closing operations ms and infrastructure plementing resources u or pandemic plans) atment areas or locations omplete) or relocating services

CFR Number §482.15(c)	Medicare Requirements		ommission nt Number	Joint Commission Standards and Elements of Performance
		EM.17.01.01	The hospital eva	aluates its emergency management program, emergency operations plan, and erations plans.
		improvi • H • E • C • C • C	ement to the following lazard vulnerability and mergency managemen	nt program plan, policies, and procedures plan
§482.15(c)(1) TAG: E				
(1) Names and contact information for the	following:			
§482.15(c)(1)(i) TAG: E-	-0030	EM.12.02.01	communication identified as par communication	-
		The list	t of contacts includes the staff Physicians and other lice foliunteers Other health care organishtities providing servicupplies Relevant community particlevant authorities (fee other sources of assistate)	ensed practitioners izations es under arrangement, including suppliers of essential services, equipment, and rtners (such as fire, police, local incident command, public health departments) deral, state, tribal, regional, and local emergency preparedness staff) ance (such as health care coalitions) will determine what organizations/individuals need to be contacted to assist with the
§482.15(c)(1)(ii) TAG: E- (ii) Entities providing services under arran		EM.12.02.01	communication	s a communications plan that addresses how it will initiate and maintain s during an emergency. Note: The hospital considers prioritized hazards to fits hazard vulnerability analysis when developing an emergency response s plan.
		The list	t of contacts includes the taff Physicians and other lice folunteers Other health care organ intities providing servicupplies Relevant community particlevant authorities (fee other sources of assistations)	ensed practitioners izations es under arrangement, including suppliers of essential services, equipment, and rtners (such as fire, police, local incident command, public health departments) deral, state, tribal, regional, and local emergency preparedness staff) ance (such as health care coalitions) will determine what organizations/individuals need to be contacted to assist with the

CFR Number §482.15(c)(1)(i		Medicare Requirements	Joint Commi Equivalent No			Joint Commission Standards and Elements of Performance
§482.15(c)(1)(iii) (iii) Patients' physicians.	TAG: E-0030		EM.12.02		s a communications plan that addresses how it will initiate and maintain s during an emergency. Note: The hospital considers prioritized hazards rt of its hazard vulnerability analysis when developing an emergency response s plan.	
			EP 1	The list of Staff Phys Volu Othe Entit supp Rele Rele Othe Note: The	contacts includes the sicians and other licenteers are health care organies providing servicibles vant community parvant authorities (feer sources of assistate)	censed practitioners nizations ces under arrangement, including suppliers of essential services, equipment, and artners (such as fire, police, local incident command, public health departments) deral, state, tribal, regional, and local emergency preparedness staff) ance (such as health care coalitions) will determine what organizations/individuals need to be contacted to assist with the
§482.15(c)(1)(iv) (iv) Other hospitals and CAH	TAG: E-0030		EM.12.02	2.01	communication	s a communications plan that addresses how it will initiate and maintain s during an emergency. Note: The hospital considers prioritized hazards rt of its hazard vulnerability analysis when developing an emergency response s plan.
		EP 1	The list of Staff Phys Volu Othe Entit supp Rele Rele Othe Note: The	contacts includes the sicians and other licenteers are health care organies providing serviculies vant community parvant authorities (feer sources of assistates)	censed practitioners nizations ses under arrangement, including suppliers of essential services, equipment, and artners (such as fire, police, local incident command, public health departments) deral, state, tribal, regional, and local emergency preparedness staff) ance (such as health care coalitions) will determine what organizations/individuals need to be contacted to assist with the	

CFR Number §482.15(c)(1)(v)	Medicare Requirements		pint Commission Juivalent Number	Joint Commission Standards and Elements of Performance		
§482.15(c)(1)(v) TAG: E (v) Volunteers.	-0030	EM.12.02.0	communications identified as par	The hospital has a communications plan that addresses how it will initiate and maintain communications during an emergency. Note: The hospital considers prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency response communications plan.		
		The hospital maintains a contact list of individuals and entities that are to be notified in response to an emergency or disaster incident. EP 1 The hospital maintains a contact list of individuals and entities that are to be notified in response to an emergency or disaster incident. EP 1 The hospital maintains a contact list of individuals and entities that are to be notified in response to an emergency and emergency or disaster incident supplies entitles providing services practitioners Other health care organizations Entities providing services under arrangement, including suppliers of essential services, equipment, a supplies Relevant community partners (such as fire, police, local incident command, public health department entitles (federal, state, tribal, regional, and local emergency preparedness staff) Other sources of assistance (such as health care coalitions) Note: The type of emergency will determine what organizations/individuals need to be contacted to assist the emergency or disaster incident.				
§482.15(c)(2) TAG: E	-0031					
(2) Contact information for the following:						
§482.15(c)(2)(i) TAG: E (i) Federal, State, tribal, regional, and local	***	EM.12.02.0	communications	s a communications plan that addresses how it will initiate and maintain during an emergency. Note: The hospital considers prioritized hazards tof its hazard vulnerability analysis when developing an emergency response plan.		
			The list of contacts includes the Staff Physicians and other lice Volunteers Other health care organi Entities providing service supplies Relevant community par Relevant authorities (fed	ensed practitioners zations es under arrangement, including suppliers of essential services, equipment, and tners (such as fire, police, local incident command, public health departments) leral, state, tribal, regional, and local emergency preparedness staff) nce (such as health care coalitions) will determine what organizations/individuals need to be contacted to assist with the		

CFR Number §482.15(c)(2)(ii)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance			
§482.15(c)(2)(ii) TAG: E (ii) Other sources of assistance.	-0031	EM.12.02.01	EM.12.02.01 The hospital has a communications plan that addresses how it will initiate and maintain communications during an emergency. Note: The hospital considers prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency response communications plan.				
			The list of contacts includes the Staff Physicians and other lice Volunteers Other health care organ Entities providing service supplies Relevant community pare Relevant authorities (fector)	ensed practitioners izations es under arrangement, including suppliers of essential services, equipment, and rtners (such as fire, police, local incident command, public health departments) deral, state, tribal, regional, and local emergency preparedness staff) ance (such as health care coalitions) will determine what organizations/individuals need to be contacted to assist with the			
§482.15(c)(3) TAG: E	-0032						
(3) Primary and alternate means for comm	municating with the following:	7					
§482.15(c)(3)(i) TAG: E (i) Hospital's staff.	E-0032	communications during an emergence		s a communications plan that addresses how it will initiate and maintain s during an emergency. Note: The hospital considers prioritized hazards to fits hazard vulnerability analysis when developing an emergency response s plan.			
			relevant authorities (such as fincludes procedures for the fo How and when alternate Verifying that its commu authorities the hospital p Testing the functionality Note: Examples of alternate/b	is plan identifies its primary and alternate means for communicating with staff and rederal, state, tribal, regional, and local emergency preparedness staff). The plan ollowing: e/backup communication methods are used inications systems are compatible with those of community partners and relevant plans to communicate with of the hospital's alternate/backup communication systems or equipment packup communication systems include amateur radios, portable radios, text-based phones, and reverse 911 notification systems.			
§482.15(c)(3)(ii) TAG: E (ii) Federal, State, tribal, regional, and loc	***=	EM.12.02.01	communications	s a communications plan that addresses how it will initiate and maintain s during an emergency. Note: The hospital considers prioritized hazards rt of its hazard vulnerability analysis when developing an emergency response s plan.			
			relevant authorities (such as fincludes procedures for the fo How and when alternate Verifying that its commu authorities the hospital p Testing the functionality Note: Examples of alternate/b	is plan identifies its primary and alternate means for communicating with staff and rederal, state, tribal, regional, and local emergency preparedness staff). The plan illowing: be backup communication methods are used unications systems are compatible with those of community partners and relevant plans to communicate with of the hospital's alternate/backup communication systems or equipment backup communication systems include amateur radios, portable radios, text-based phones, and reverse 911 notification systems.			

CFR Number §482.15(c)(4)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance			
§482.15(c)(4) TAG: E- (4) A method for sharing information and not the hospital's care, as necessary, with other continuity of care.	nedical documentation for patients under	EM.12.02.0	EM.12.02.01 The hospital has a communications plan that addresses how it will initiate and maintain communications during an emergency. Note: The hospital considers prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency resp communications plan.				
		EP 4	and/or releasing location infor following individuals or entities Patient's family, represe Disaster relief organizati Other health care provid	or evacuation, the hospital's communications plan includes a method for sharing mation and medical documentation for patients under the hospital's care to the s, in accordance with law and regulation: ntative, or others involved in the care of the patient ons and relevant authorities ers f patient information is consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).			
		EM.12.02.0	disaster inciden	s a plan for providing patient care and clinical support during an emergency or t. Note: The hospital considers its prioritized hazards identified as part of its ility analysis when developing a plan for patient care and clinical support.			
		EP 1	with other hospitals and provide	ng patient care and clinical support includes written procedures and arrangements ders for how it will share patient care information and medical documentation and other health care facilities to maintain continuity of care.			
§482.15(c)(5) TAG: E- (5) A means, in the event of an evacuation permitted under 45 CFR 164.510(b)(1)(ii).		EM.12.02.0	communications	s a communications plan that addresses how it will initiate and maintain a during an emergency. Note: The hospital considers prioritized hazards t of its hazard vulnerability analysis when developing an emergency response s plan.			
		EP 4	and/or releasing location infor following individuals or entities Patient's family, represe Disaster relief organizati Other health care provid	or evacuation, the hospital's communications plan includes a method for sharing mation and medical documentation for patients under the hospital's care to the s, in accordance with law and regulation: ntative, or others involved in the care of the patient ons and relevant authorities ers f patient information is consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).			
§482.15(c)(6) TAG: E- (6) A means of providing information abou patients under the facility's care as permitt	t the general condition and location of	EM.12.02.0	communications	s a communications plan that addresses how it will initiate and maintain s during an emergency. Note: The hospital considers prioritized hazards t of its hazard vulnerability analysis when developing an emergency response s plan.			
		EP 4	and/or releasing location infor following individuals or entities Patient's family, represe Disaster relief organizati Other health care provid	or evacuation, the hospital's communications plan includes a method for sharing mation and medical documentation for patients under the hospital's care to the s, in accordance with law and regulation: ntative, or others involved in the care of the patient ons and relevant authorities ers f patient information is consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).			
§482.15(c)(7) TAG: E-	0034	EM.12.02.0		a communications plan that addresses how it will initiate and maintain			
(7) A means of providing information abou its ability to provide assistance, to the auth Command Center, or designee.				s during an emergency. Note: The hospital considers prioritized hazards t of its hazard vulnerability analysis when developing an emergency response s plan.			
		EP 3	its organizational needs, avail Note: Examples of hospital ne	plan describes how the hospital will communicate with and report information about able occupancy, and ability to provide assistance to relevant authorities. leds include shortages in personal protective equipment, staffing shortages, nts, and temporary loss of part or all organization function.			

CFR Numl §482.15(e Requirements	I	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
\$482.15(d) TAG: E-0036 (d) Training and testing. The hospital must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan		EM.15.01.0	hospital consid	ss an emergency management education and training program. Note: The lers its prioritized hazards identified as part of its hazard vulnerability analysis ng education and training.	
set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years.		EP 1	hospital's prioritized risks ide communications plan, and po Note: If the hospital has deve	ducation and training program in emergency management that is based on the entified as part of its hazard vulnerability analysis, emergency operations plan, policies and procedures. Beloped multiple hazard vulnerability analyses based on the location of other services and procedures are specific to their needs.	
			EM.16.01.0	procedures. No	ans and conducts exercises to test its emergency operations plan and response ote: The hospital considers its prioritized hazards identified as part of its hazard nalysis when developing emergency exercises.
			EP 1	operations plan (EOP). The p • Likely emergencies or o • EOP and policies and p • After-action reports (AA • Six critical areas (command assets, utilities) Note 1: The planned exercise how prepared the hospital monospital mono	
			EM.17.01.0		valuates its emergency management program, emergency operations plan, and perations plans.
			EP 3	improvement to the followingHazard vulnerability anEmergency manageme	ent program plan, policies, and procedures s plan
§482.15(d)(1)	TAG: E-0037			· ·	
(1) Training program. The	hospital must do all of the follow	ing:	7		

CFR Number §482.15(d)(1)(i)	Medicare Requirements		oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
(i) Initial training in emergency prepare	: E-0037 dness policies and procedures to all new and vices under arrangement, and volunteers,	EM.15.01.0	hospital conside	s an emergency management education and training program. Note: The ers its prioritized hazards identified as part of its hazard vulnerability analysis g education and training.
consistent with their expected role.		EP 2	individuals providing services responsibilities in an emerger	ducation and training in emergency management to all new and existing staff, under arrangement, and volunteers that are consistent with their roles and ncy. The initial education and training include the following: ion of the emergency operations plan blicies and procedures lace, lockdown, and surge procedures n resources and supplies for emergencies (such as procedure manuals or
§482.15(d)(1)(ii) TAG (ii) Provide emergency preparedness t	: E-0037 raining at least every 2 years.	EM.15.01.0	hospital conside	s an emergency management education and training program. Note: The ers its prioritized hazards identified as part of its hazard vulnerability analysis g education and training.
			and volunteers that are consist occur at the following times: • At least every two years • When roles or responsible • When there are significale • When procedural change education and training Documentation is required. Note 1: Staff demonstrate knowled as post-training tests, paramethods determined and doc Note 2: Hospitals are not required.	continuous change and revisions to the emergency operations plan, policies, and/or procedures are made during an emergency or disaster incident requiring just-in-time continuous continuous procedures through participation in drills and exercises, as retricipation in instructor-led feedback (for example, questions and answers), or other
§482.15(d)(1)(iii) TAG (iii) Maintain documentation of the train	: E-0037 ning.	EM.15.01.0	hospital conside	s an emergency management education and training program. Note: The ers its prioritized hazards identified as part of its hazard vulnerability analysis g education and training.
		EP 2	individuals providing services responsibilities in an emerger	ducation and training in emergency management to all new and existing staff, under arrangement, and volunteers that are consistent with their roles and ncy. The initial education and training include the following: ion of the emergency operations plan plicies and procedures lace, lockdown, and surge procedures n resources and supplies for emergencies (such as procedure manuals or

CFR Number §482.15(d)(1)(iii)	Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 3	and volunteers that are consist occur at the following times: • At least every two years • When roles or responsith • When there are significated when procedural changed education and training Documentation is required. Note 1: Staff demonstrate knowell as post-training tests, paramethods determined and documentation are not required.	bilities change ant revisions to the emergency operations plan, policies, and/or procedures es are made during an emergency or disaster incident requiring just-in-time by
§482.15(d)(1)(iv) TAG: E- (iv) Demonstrate staff knowledge of emerg	***	EM.15.01	hospital conside	s an emergency management education and training program. Note: The ers its prioritized hazards identified as part of its hazard vulnerability analysis g education and training.
			individuals providing services responsibilities in an emerger	ducation and training in emergency management to all new and existing staff, under arrangement, and volunteers that are consistent with their roles and acy. The initial education and training include the following: ion of the emergency operations plan blicies and procedures lace, lockdown, and surge procedures in resources and supplies for emergencies (such as procedure manuals or
		EP 3	and volunteers that are consist occur at the following times: • At least every two years • When roles or responsible • When there are significale • When procedural change education and training Documentation is required. Note 1: Staff demonstrate knowled as post-training tests, paramethods determined and documentation is required.	bilities change ant revisions to the emergency operations plan, policies, and/or procedures es are made during an emergency or disaster incident requiring just-in-time by

CFR Number §482.15(d)(1)(v)	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance		
§482.15(d)(1)(v) TAG: E-0037 (v) If the emergency preparedness policies and procedures are significantly updated, the hospital must conduct training on the updated policies and procedures.		EM.15.01.01 The hospital has an emergency management education and training program. Note hospital considers its prioritized hazards identified as part of its hazard vulnerability when developing education and training.				
		EP 3	and volunteers that are consi- occur at the following times: • At least every two years • When roles or responsil • When there are significa • When procedural changeducation and training Documentation is required. Note 1: Staff demonstrate knowll as post-training tests, pare methods determined and doc Note 2: Hospitals are not required.	bilities change ant revisions to the emergency operations plan, policies, and/or procedures ges are made during an emergency or disaster incident requiring just-in-time owledge of emergency procedures through participation in drills and exercises, as articipation in instructor-led feedback (for example, questions and answers), or other		
G = -(-)/(-)	: E-0039	EM.16.01.		ans and conducts exercises to test its emergency operations plan and response te: The hospital considers its prioritized hazards identified as part of its hazard		
(2) Testing. The hospital must conduct twice per year. The hospital must do al	exercises to test the emergency plan at least I of the following:			alysis when developing emergency exercises.		
		EP 2	One of the annual exerce Full-scale, commu Functional, facility The other annual exerce follows: Full-scale, commu Functional, facility Mock disaster drill Tabletop, seminar narrated, clinically or prepared quest exercises and actual emerge Note 1: The hospital would be an actual emergency or disast exemption only applies if the			

CFR Number §482.15(d)(2)(i)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
3	TAG: E-0039 n annual full-scale exercise that is community-based; or			ns and conducts exercises to test its emergency operations plan and response e: The hospital considers its prioritized hazards identified as part of its hazard
(i) Farticipate in an annual fun-scale exer	cise that is community-baseu, or	EP 2 T	alysis when developing emergency exercises. Induct two exercises per year to test the emergency operations plan.	
		E N a e	One of the annual exerce Full-scale, commu Functional, facility The other annual exercifollows: Full-scale, commu Functional, facility Mock disaster drill Tabletop, seminar narrated, clinically or prepared questifications and actual emergency or disaster disastering the left of the le	hises must consist of an operations-based exercise as follows: nity-based exercise; or based exercise when a community-based exercise is not possible se must consist of either an operations-based or discussion-based exercise as nity-based exercise; or based exercise; or
§482.15(d)(2)(i)(A) TAG: E (A) When a community-based exercise is		EM.16.01.01	procedures. Not	ns and conducts exercises to test its emergency operations plan and response e: The hospital considers its prioritized hazards identified as part of its hazard
individual, facility-based functional exerci-	se; or.	E N a e	The hospital is required to cor One of the annual exerce Full-scale, commu Functional, facility The other annual exercifollows: Full-scale, commu Functional, facility Mock disaster drill Tabletop, seminar narrated, clinically or prepared questifoxercises and actual emergenent actual emergenent on the light symmetry or disaster properties.	

CFR Number §482.15(d)(2)(i)(B)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance	
§482.15(d)(2)(i)(B) TAG: E- (B) If the hospital experiences an actual nating uites activation of the emergency plan.	atural or man-made emergency that	EM.16.01.01 The hospital plans and conducts exercises to test its emergency operations plan an procedures. Note: The hospital considers its prioritized hazards identified as part of vulnerability analysis when developing emergency exercises.			
requires activation of the emergency plan, the hospital is exempt from engaging in its next required fullscale community-based exercise or individual, facility-based functional exercise following the onset of the emergency event.		The hospital is required to conduct two exercises per year to test the emergency operations plan. • One of the annual exercises must consist of an operations-based exercise as follows: • Full-scale, community-based exercise; or • Functional, facility-based exercise when a community-based or discussion-based exercise as follows: • Full-scale, community-based exercise; or • Functional, facility-based exercise; or • Functional, facility-based exercise; or • Mock disaster drill; or • Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated, clinically relevant emergency scenarios and a set of problem statements, directed messages or prepared questions designed to challenge an emergency plan. Exercises and actual emergency or disaster incidents are documented (after-action reports). Note 1: The hospital would be exempt from conducting its next annual operations-based exercise if it experiences an actual emergency or disaster incident (discussion-based exercises are excluded from exemption). An exemption only applies if the hospital provides documentation that it activated its emergency operations plan. Note 2: See the Glossary for the definitions of operations-based and discussion-based exercises.			
§482.15(d)(2)(ii) TAG: E-	0039				
(ii) Conduct an additional exercise that magnifollowing:	y include, but is not limited to the				
§482.15(d)(2)(ii)(A) TAG: E-	0039	EM.16.01.01		ns and conducts exercises to test its emergency operations plan and response	
(A) A second full-scale exercise that is conbased functional exercise; or	nmunity-based or an individual, facility-		procedures. Not vulnerability and	te: The hospital considers its prioritized hazards identified as part of its hazard alysis when developing emergency exercises.	
			One of the annual exerce Full-scale, commu Functional, facility The other annual exercifollows: Full-scale, commu Functional, facility Mock disaster drill Tabletop, seminar narrated, clinically or prepared questifor prepared questiform and actual emergency or disastexemption only applies if the least actual emergency or disastexemption only applies if the least actual emergency or disastexemption only applies if the least actual emergency or disastexemption only applies if the least actual emergency or disastexemption only applies if the least actual emergency or disastexemption only applies if the least actual emergency or disastexemption only applies if the least actual emergency or disastexemption only applies if the least actual emergency or disastexemption only applies if the least actual emergency or disastexemption only applies if the least actual emergency or disastexemption only applies if the least actual emergency or disastexemption only applies if the least actual emergency or disastexemption only applies if the least actual emergency or disastexemption only applies if the least actual emergency or disastexemption only applies if the least actual emergency or disastexemption only applies if the least actual emergency or disastexemption only actual emergency or disastexemption only actual emergency or disastexemption emergency or disastexemption only actual emergency or disastexemption emergency		

CFR Number §482.15(d)(2)(ii)(B)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance		
§482.15(d)(2)(ii)(B) (B) A mock disaster drill; or		EM.16.01.01	EM.16.01.01 The hospital plans and conducts exercises to test its emergency operations pla procedures. Note: The hospital considers its prioritized hazards identified as pa vulnerability analysis when developing emergency exercises.			
		 The hospital is required to conduct two exercises per year to test the emergency operations plan. One of the annual exercises must consist of an operations-based exercise as follows: Full-scale, community-based exercise; or Functional, facility-based exercise when a community-based exercise is not possible The other annual exercise must consist of either an operations-based or discussion-based exercise a follows: Full-scale, community-based exercise; or Functional, facility-based exercise; or Mock disaster drill; or Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated, clinically relevant emergency scenarios and a set of problem statements, directed me or prepared questions designed to challenge an emergency plan. Exercises and actual emergency or disaster incidents are documented (after-action reports). Note 1: The hospital would be exempt from conducting its next annual operations-based exercise if it expe an actual emergency or disaster incident (discussion-based exercises are excluded from exemption). An exemption only applies if the hospital provides documentation that it activated its emergency operations plantations. 				
§482.15(d)(2)(ii)(C) TAG: E- (C) A tabletop exercise or workshop that in facilitator, using a narrated, clinically-relev	ncludes a group discussion led by a	EM.16.01.01	procedures. Not	ns and conducts exercises to test its emergency operations plan and response te: The hospital considers its prioritized hazards identified as part of its hazard alysis when developing emergency exercises.		
of problem statements, directed message: challenge an emergency plan.		E) No ar ex	One of the annual exerce Full-scale, commu Functional, facility The other annual exercifollows: Full-scale, commu Functional, facility Mock disaster drill Tabletop, seminar narrated, clinically or prepared questivercises and actual emergence of 1: The hospital would be actual emergency or disastemption only applies if the legal communication of the legal communica			

CFR Number §482.15(d)(2)(iii)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance			
§482.15(d)(2)(iii) TAG: E-0039 (iii) Analyze the hospital's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the hospital's emergency plan, as needed.		EM.17.01.01 The hospital evaluates its emergency management program, emergency operations plans.					
		The multidisciplinary committee that oversees the emergency management program reviews and evaluates all exercises and actual emergency or disaster incidents. The committee reviews after-action reports (AARs) identifies opportunities for improvement, and recommends actions to take to improve the emergency manage program. The AARs and improvement plans are documented. Note 1: The review and evaluation addresses the effectiveness of its emergency response procedure, contin of operations plans (if activated), training and exercise programs, evacuation procedures, surge response procedures, and activities related to communications, resources and assets, security, staff, utilities, and patie Note 2: An AAR provides a detailed critical summary or analysis of a planned exercise or an actual emergen or disaster incident. The report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement.					
		EP 3	improvement to the followingHazard vulnerability andEmergency management	nt program plan, policies, and procedures plan			
	TAG: E-0041 ver systems. The hospital must implement systems based on the emergency plan set forth in	EM.12.02.1	disaster incider	s a plan for managing essential or critical utilities during an emergency or nt. Note: The hospital considers its prioritized hazards identified as part of its pility analysis when developing a plan for utilities management.			
paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1)(i) and (ii) of this section.			critical to provide care, treatm Note: Essential or critical utilit vertical and horizontal transpo	ging utilities describes in writing the utility systems that it considers as essential or lent, and services. ties to consider may include systems for electrical distribution; emergency power; ort; heating, ventilation, and air conditioning; plumbing and steam boilers; medical lip; and network or communication systems.			
				ging utilities describes in writing how it will continue to maintain essential or critical are impacted during an emergency or disaster incident.			
		EP 3		ging utilities describes in writing alternative means for providing essential or critical , emergency power supply systems, fuel storage tanks, and emergency generators.			

CFR Number §482.15(e)(1)		Medicare Requirements		oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
§482.15(e)(1)	TAG: E-0041		PE.03.01.01	The hospital des	signs and manages the physical environment to comply with the Life Safety
(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.		The hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 and Tentative Interin Amendments [TIA] 12-1, 12-2, 12-3, and 12-4). Note 1: Outpatient surgical departments meet the provisions applicable to ambulatory health care occupant regardless of the number of patients served. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The provisions Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid Services (CMS) finds to fire and safety code imposed by state law adequately protects patients in hospitals. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: In consideration a recommendation by the state survey agency or accrediting organization or at the discretion of the Secreta for the US Department of Health & Human Services, CMS may waive, for periods deemed appropriate, spe provisions of the Life Safety Code, which would result in unreasonable hardship upon a hospital, but only if waiver will not adversely affect the health and safety of the patients. Note 4: All inspecting activities are documented with the name of the activity; date of the activity; inventory devices, equipment, or other items; required frequency; name and contact information of person who performs the activity; NFPA standard(s) referenced for the activity; and results of the activity.			
			PE.04.01.01	The hospital add	dresses building safety and facility management.
				(NFPA 99-2012 and Tentative Note 1: Chapters 7, 8, 12, and Note 2: If application of the Ho Centers for Medicare & Medic only if the waiver does not ad Note 3: All inspecting activitie devices, equipment, or other in	cable provisions and proceeds in accordance with the Health Care Facilities Code to Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). It is a fixed the Health Care Facilities Code do not apply. It is a fixed the Health Care Facilities Code would result in unreasonable hardship for the hospital, the caid Services may waive specific provisions of the Health Care Facilities Code, but liversely affect the health and safety of patients. It is are documented with the name of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed by referenced for the activity; and results of the activity.
			PE.04.01.03	The hospital ma	anages utility systems.
					gency power system and generator requirements found in NFPA 99-2012 Health 10-2010 Standard for Emergency and Standby Power Systems, and NFPA 101-2013 is.
§482.15(e)(2)	TAG: E-0041		PE.04.01.03	The hospital ma	anages utility systems.
	pection, testing, a	g. The hospital must implement the and maintenance requirements found and Life Safety Code.	EP 3		gency power system and generator requirements found in NFPA 99-2012 Health 10-2010 Standard for Emergency and Standby Power Systems, and NFPA 101-2012 ts.

CFR Number §482.15(e)(3)	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.15(e)(3) TAG: E (3) Emergency generator fuel. Hospitals t emergency generators must have a plant	hat maintain an onsite fuel source to power	EM.12.02	incident. Note:	s a plan for managing resources and assets during an emergency or disaster The hospital considers its prioritized hazards identified as part of its hazard alysis when developing a plan for resources and assets.
systems operational during the emergence	y, unless it evacuates.	EP 1	and locate the following resour disaster incident: • Medications and related to Medical/surgical supplie • Medical gases, including to Potable or bottled water • Non-potable water • Laboratory equipment at the Personal protective equipment and protective equipment and nonmedications.	nd supplies
		EP 2	replenish, and conserve its refollowing: • If part of a health care s • Coordinating with local; • Coordinating with local, • Coordinating with region • Managing donations (su	state, or federal agencies for additional resources hal health care coalitions for additional resources hich as food, water, equipment, materials) given to resources that are known to deplete quickly and are extremely competitive h as fuel, oxygen, personal protective equipment, ventilators, intravenous fluids,
		EM.12.02	disaster inciden	s a plan for managing essential or critical utilities during an emergency or it. Note: The hospital considers its prioritized hazards identified as part of its pility analysis when developing a plan for utilities management.
		EP 2		ing utilities describes in writing how it will continue to maintain essential or critical are impacted during an emergency or disaster incident.
		EP 3		ing utilities describes in writing alternative means for providing essential or critical , emergency power supply systems, fuel storage tanks, and emergency generators.
§482.15(f) TAG: E				
(f) Integrated healthcare systems. If a hose consisting of multiple separately certified unified and integrated emergency prepare to participate in the healthcare system's of program. If elected, the unified and integral must	healthcare facilities that elects to have a edness program, the hospital may choose oordinated emergency preparedness			

CFR Number §482.15(f)(1)	Medicare Requirements		nt Commission ivalent Number	Joint Commission Standards and Elements of Performance	
3	AG: E-0042	EM.09.01.01	The hospital ha hazards approa	as a comprehensive emergency management program that utilizes an all-	
(1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.		If the hospital is part of a health care system that has a unified and integrated emergency management and it chooses to participate in the program, the following must be demonstrated within the coordinated emergency management program: • Each separately certified hospital within the system actively participates in the development of the and integrated emergency management program • The program is developed and maintained in a manner that takes into account each separately ce hospital's unique circumstances, patient population, and services offered • Each separately certified hospital is capable of actively using the unified and integrated emergency management program and is in compliance with the program • Documented community-based risk assessment utilizing an all-hazards approach • Documented individual, facility-based risk assessment utilizing an all-hazards approach for each so certified hospital within the health care system • Unified and integrated emergency plan • Integrated policies and procedures • Coordinated communication plan • Training and testing program			
0 · · · (// /	AG: E-0042	EM.09.01.01	•	as a comprehensive emergency management program that utilizes an all-	
\	n a manner that takes into account each circumstances, patient populations, and services			ath. alth care system that has a unified and integrated emergency management program in the program, the following must be demonstrated within the coordinated	
onered.		I .	mergency management pro	ogram:	
			. ,	ed hospital within the system actively participates in the development of the unified ncy management program	
			 The program is develop hospital's unique circun Each separately certifie management program a 	ped and maintained in a manner that takes into account each separately certified instances, patient population, and services offered and hospital is capable of actively using the unified and integrated emergency and is in compliance with the program	
			 Documented individual, certified hospital within 	ty-based risk assessment utilizing an all-hazards approach , facility-based risk assessment utilizing an all-hazards approach for each separately the health care system	
			Unified and integrated eIntegrated policies andCoordinated communic	procedures	
	,		Training and testing pro		

CFR Number §482.15(f)(3)		Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.15(f)(3)	TAG: E-	0042 ied facility is capable of actively using the	EM.09.01.0	The hospital has hazards approach	s a comprehensive emergency management program that utilizes an all-
		led facility is capable of actively using the liness program and is in compliance with	EP 2	If the hospital is part of a heal and it chooses to participate in emergency management prog • Each separately certified and integrated emergen • The program is develop hospital's unique circum • Each separately certified management program a • Documented community	th care system that has a unified and integrated emergency management program in the program, the following must be demonstrated within the coordinated gram: It has been been been been been been been bee
§482.15(f)(4)	TAG: E-	0042	EM.09.01.	· · · · · · · · · · · · · · · · · · ·	s a comprehensive emergency management program that utilizes an all-
paragraphs (a)(2), (3), and (4) o	Rec.15(f)(4) TAG: E-0042 Include a unified and integrated emergency plan that meets the requirements of ragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency an must also be based on and include the following:		EP 2	and it chooses to participate in emergency management program is Each separately certified and integrated emergen The program is developed hospital's unique circum Each separately certified management program a Documented community	th care system that has a unified and integrated emergency management program in the program, the following must be demonstrated within the coordinated gram: It hospital within the system actively participates in the development of the unified crymanagement program It is a management program It is a manner that takes into account each separately certified instances, patient population, and services offered in the development of the unified instances, patient population, and services offered in the development of the unified instances, patient population, and services offered in the development of the unified in the unified
			EM.11.01.	<u> </u>	nducts a hazard vulnerability analysis utilizing an all-hazards approach.
			EP 3	the highest likelihood of occur	ioritizes the findings of the hazard vulnerability analysis to determine what presents ring and the impacts those hazards will have on the operating status of the hospital ces. The findings are documented.
			EP 4		d hazards from the hazard vulnerability analysis to identify and implement mitigation ncrease the resilience of the hospital and helps reduce disruption of essential

CFR Number §482.15(f)(4)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
		EM.12.01.0	The hospital cor	relops an emergency operations plan based on an all-hazards approach. Note: nsiders its prioritized hazards identified as part of its hazards vulnerability eveloping an emergency operations plan.
		EP 2	populations, and the types of Note: At-risk populations such may have additional needs to	erations plan identifies the patient population(s) that it will serve, including at-risk services it would have the ability to provide in an emergency or disaster event. as the elderly, dialysis patients, or persons with physical or mental disabilities be addressed during an emergency or disaster incident, such as medical care, supervision, and maintaining independence.
		EP 6	care facilities; health care coa	erations plan includes a process for cooperating and collaborating with other health litions; and local, tribal, regional, state, and federal emergency preparedness pport and resources and to provide an integrated response during an emergency or
		EM.13.01.0		a continuity of operations plan. Note: The hospital considers its prioritized as part of its hazard vulnerability analysis when developing a continuity of
		EP 1	executive leaders, business a These key leaders identify an maintaining operations. Note: The COOP provides gu deliver essential or critical ser information technology, financ operations to support essentia	tinuity of operations plan (COOP) that is developed with the participation of key and finance leaders, and other department leaders as determined by the hospital. It prioritize the services and functions that are considered essential or critical for dance on how the hospital will continue to perform its essential business functions to vices. Essential business functions to consider include administrative/vital records, ital services, security systems, communications/telecommunications, and building all and critical services that cannot be deferred during an emergency; these activities say or resumed quickly following a disruption.
		EP 2	essential business functions v emergency or disaster incider Note: Example of options to c	erations plan identifies in writing how and where it will continue to provide its then the location of the essential or critical service has been compromised due to an it. In providing essential services include use of off-site locations, space teation, existing facilities or space, telework (remote work), or telehealth.
		EP 3		er of succession plan that identifies who is authorized to assume a particular e when that person(s) is unable to fulfill their function or perform their duties.
		EP 4	act on behalf of the hospital for Note: Delegations of authority sufficiently detailed to make c	egation of authority plan that provides the individual(s) with the legal authorization to or specified purposes and to carry out specific duties. are an essential part of an organization's continuity program and should be ertain the hospital can perform its essential functions. Delegations of authority will at an individual is authorized to perform and includes restrictions and limitations

CFR Number §482.15(f)(4)(i)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance		
3	risk assessment utilizing an all-hazards	EM.09.01.01	The hospital ha	is a comprehensive emergency management program that utilizes an all-		
(i) A documented community-based risk assessment, utilizing an all-hazards approach.		and it	If the hospital is part of a health care system that has a unified and integrated emergency management and it chooses to participate in the program, the following must be demonstrated within the coordinated emergency management program: • Each separately certified hospital within the system actively participates in the development of the and integrated emergency management program • The program is developed and maintained in a manner that takes into account each separately certified hospital's unique circumstances, patient population, and services offered • Each separately certified hospital is capable of actively using the unified and integrated emergenc management program and is in compliance with the program • Documented community-based risk assessment utilizing an all-hazards approach • Documented individual, facility-based risk assessment utilizing an all-hazards approach for each sertified hospital within the health care system • Unified and integrated emergency plan • Integrated policies and procedures • Coordinated communication plan • Training and testing program			
0 · · · (// // /	G: E-0042	EM.09.01.01	The hospital ha	s a comprehensive emergency management program that utilizes an all-		
	pased risk assessment for each separately em, utilizing an all-hazards approach.	and it	hospital is part of a hear chooses to participate gency management pro Each separately certifies and integrated emerger. The program is develop hospital's unique circun Each separately certifies management program a Documented communit	alth care system that has a unified and integrated emergency management program in the program, the following must be demonstrated within the coordinated organ: ed hospital within the system actively participates in the development of the unified oncy management program or and maintained in a manner that takes into account each separately certified onstances, patient population, and services offered or and hospital is capable of actively using the unified and integrated emergency and is in compliance with the program sy-based risk assessment utilizing an all-hazards approach for each separately the health care system emergency plan procedures eation plan		

CFR Numb §482.15(f)(Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.15(f)(5) (5) Include integrated policy	TAG: E		EM.09.01	.01 The hospital has hazards approach	s a comprehensive emergency management program that utilizes an all- ch.
(5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.		EP 2	and it chooses to participate in emergency management progeness. Each separately certified and integrated emergen. The program is develop hospital's unique circum. Each separately certified management program a. Documented community	d hospital within the system actively participates in the development of the unified acy management program ed and maintained in a manner that takes into account each separately certified astances, patient population, and services offered d hospital is capable of actively using the unified and integrated emergency and is in compliance with the program y-based risk assessment utilizing an all-hazards approach facility-based risk assessment utilizing an all-hazards approach for each separately the health care system emergency plan procedures ation plan	
			EP 3		applicable federal, state, and local emergency preparedness laws and regulations.
			EM.12.01	.01 The hospital dev	velops an emergency operations plan based on an all-hazards approach. Note: nsiders its prioritized hazards identified as part of its hazards vulnerability developing an emergency operations plan.
		EP 1	that provides guidance to staf and policies and procedures in Mobilizing incident commoditions plan Communications plan Maintaining, expanding, Protecting critical system Conserving and/or supp Surge plans (such as fluble lidentifying alternate treaters)	curtailing, or closing operations ms and infrastructure elementing resources u or pandemic plans) etment areas or locations emplete) or relocating services	
			EM.15.01	hospital conside	s an emergency management education and training program. Note: The ers its prioritized hazards identified as part of its hazard vulnerability analysis g education and training.
			EP 1	hospital's prioritized risks ider communications plan, and po Note: If the hospital has devel	ucation and training program in emergency management that is based on the ntified as part of its hazard vulnerability analysis, emergency operations plan, licies and procedures. loped multiple hazard vulnerability analyses based on the location of other services ining for those facilities are specific to their needs.

CFR Number §482.15(f)(5)	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EM.16.01	procedures. Not	ns and conducts exercises to test its emergency operations plan and response e: The hospital considers its prioritized hazards identified as part of its hazard alysis when developing emergency exercises.
		EP 1	operations plan (EOP). The pl Likely emergencies or d EOP and policies and pl After-action reports (AAI Six critical areas (comm and assets, utilities) Note 1: The planned exercise how prepared the hospital ma Note 2: An AAR is a detailed oplanned and unplanned event	rocedures
		EM.17.01.01 The hospital evaluates its emergency management program, emergency operation continuity of operations plans.		
		EP 3	improvement to the following in the Hazard vulnerability anaEmergency management	nt program plan, policies, and procedures plan
§482.15(g) TAG: E-00 (g) Transplant hospitals. If a hospital has one defined in § 482.70)				
§482.15(g)(1) TAG: E-00 (1) A representative from each transplant pro		EM.09.01	.01 The hospital has hazards approach	s a comprehensive emergency management program that utilizes an all- ch.
development and maintenance of the hospita		EP 4	transplant programs (as define • A representative from each hospital's emergency properties. • The hospital must develoresponsibilities of the hospital must develore the hospital must develore the hospital must develo	op and maintain mutually agreed upon protocols that address the duties and spital, each transplant program, and the organ procurement organization (OPO) for a where the hospital is situated, unless the hospital has been granted a waiver to

CFR Numb §482.15(g)(Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.15(g)(2)	TAG: E	-0043	EM.09.01.0		s a comprehensive emergency management program that utilizes an all-
(2) The hospital must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the hospital, each transplant program, and the OPO for the DSA where the hospital is situated, unless the hospital has been granted a waiver to work with another OPO, during an emergency.		EP 4	For hospitals that use Joint Commission accreditation for deemed status purposes: If a hospital has one transplant programs (as defined in 42 CFR 482.70) the following must occur: • A representative from each transplant program must be included in the development and maintena hospital's emergency preparedness program • The hospital must develop and maintain mutually agreed upon protocols that address the duties ar responsibilities of the hospital, each transplant program, and the organ procurement organization (the donation service area where the hospital is situated, unless the hospital has been granted a way work with another OPO, during an emergency		
§482.15(h)	TAG: E	-0041]		
incorporation by reference accordance with 5 U.S.C. from the sources listed bel Resource Center, 7500 Se Archives and Records Adr of this material at NARA, of federal_register/code_of_f	by the Director 552(a) and 1 Clow. You may in ecurity Boulevar ministration (NA call 202–741–60 federal_regulation incorporated by	oce in this section are approved for of the Office of the Federal Register in FR part 51. You may obtain the material ispect a copy at the CMS Information d, Baltimore, MD or at the National RA). For information on the availability 130, or go to: http://www.archives.gov/ons/ibr_locations.html. If any changes in by reference, CMS will publish a document hanges.			
§482.15(h)(1)	TAG: E	-0041	ĺ		
(1) National Fire Protection www.nfpa.org, 1.617.770.3		Batterymarch Park, Quincy, MA 02169,			
§482.15(h)(1)(i)	TAG: E	-0041	PE.04.01.0	The hospital ad	dresses building safety and facility management.
(i) NFPA 99, Health Care I	Facilities Code,	2012 edition, issued August 11, 2011.	EP 1	(NFPA 99-2012 and Tentative Note 1: Chapters 7, 8, 12, and Note 2: If application of the H Centers for Medicare & Medic only if the waiver does not ad Note 3: All inspecting activitie devices, equipment, or other	able provisions and proceeds in accordance with the Health Care Facilities Code interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). In the Health Care Facilities Code do not apply. It is easily code would result in unreasonable hardship for the hospital, the caid Services may waive specific provisions of the Health Care Facilities Code, but versely affect the health and safety of patients. It is are documented with the name of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed of the activity; and results of the activity.
§482.15(h)(1)(ii)	TAG: E	****	PE.04.01.0	The hospital ad	dresses building safety and facility management.
(ii) Technical interim amen	ndment (TIA) 12	-2 to NFPA 99, issued August 11, 2011.	EP 1	(NFPA 99-2012 and Tentative Note 1: Chapters 7, 8, 12, and Note 2: If application of the H Centers for Medicare & Medic only if the waiver does not ad Note 3: All inspecting activitie devices, equipment, or other	able provisions and proceeds in accordance with the Health Care Facilities Code and Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). In the Health Care Facilities Code do not apply. It is a control of the Health Care Facilities Code would result in unreasonable hardship for the hospital, the caid Services may waive specific provisions of the Health Care Facilities Code, but versely affect the health and safety of patients. It is a redocumented with the name of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed performed of the activity; and results of the activity.

CFR Number §482.15(h)(1)(iii)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance
§482.15(h)(1)(iii)	AG: E-0041	PE.04.01.01	The hospital add	dresses building safety and facility management.
(iii) TIA 12-3 to NFPA 99, issued A	ugust 9, 2012.		(NFPA 99-2012 and Tentative Note 1: Chapters 7, 8, 12, and Note 2: If application of the He Centers for Medicare & Medic only if the waiver does not ad Note 3: All inspecting activities devices, equipment, or other it the activity; NFPA standard(s)	able provisions and proceeds in accordance with the Health Care Facilities Code a Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply, ealth Care Facilities Code would result in unreasonable hardship for the hospital, the raid Services may waive specific provisions of the Health Care Facilities Code, but wersely affect the health and safety of patients. It is a redocumented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed of perferenced for the activity; and results of the activity.
§482.15(h)(1)(iv) T	AG: E-0041	PE.04.01.01	The hospital add	dresses building safety and facility management.
(iv) TIA 12-4 to NFPA 99, issued M	arch 7, 2013.		(NFPA 99-2012 and Tentative Note 1: Chapters 7, 8, 12, and Note 2: If application of the He Centers for Medicare & Medic only if the waiver does not adv Note 3: All inspecting activities devices, equipment, or other i	able provisions and proceeds in accordance with the Health Care Facilities Code a Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply. If 13 of the Health Care Facilities Code would result in unreasonable hardship for the hospital, the reaid Services may waive specific provisions of the Health Care Facilities Code, but wersely affect the health and safety of patients. If 13 of the activity; inventory of tems; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity.
§482.15(h)(1)(v) T	AG: E-0041	PE.04.01.01	The hospital add	dresses building safety and facility management.
(v) TIA 12-5 to NFPA 99, issued Au	igust 1, 2013.		(NFPA 99-2012 and Tentative Note 1: Chapters 7, 8, 12, and Note 2: If application of the He Centers for Medicare & Medic only if the waiver does not adv Note 3: All inspecting activities devices, equipment, or other i	able provisions and proceeds in accordance with the Health Care Facilities Code a Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply. If 13 of the Health Care Facilities Code would result in unreasonable hardship for the hospital, the read Services may waive specific provisions of the Health Care Facilities Code, but wersely affect the health and safety of patients. If 13 are documented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity.
0 · · · (// // /	'AG: E-0041	PE.04.01.01		dresses building safety and facility management.
(vi) TIA 12-6 to NFPA 99, issued M	arch 3, 2014.		(NFPA 99-2012 and Tentative Note 1: Chapters 7, 8, 12, and Note 2: If application of the He Centers for Medicare & Medic only if the waiver does not ad Note 3: All inspecting activities devices, equipment, or other i	able provisions and proceeds in accordance with the Health Care Facilities Code a Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply. If 13 of the Health Care Facilities Code would result in unreasonable hardship for the hospital, the reaid Services may waive specific provisions of the Health Care Facilities Code, but wersely affect the health and safety of patients. If 13 of the activity; inventory of tems; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity.

CFR Number §482.15(h)(1)(vii)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance	
§482.15(h)(1)(vii) (vii) NEPA 101. Life Safety Code.	TAG: E-0041 2012 edition, issued August 11, 2011.	PE.03.01.01	The hospital de	signs and manages the physical environment to comply with the Life Safety	
	3	Ame Note rega Note Life fire a Note a red for th prov waiv Note devi	endments [TIA] 12-1, 12-2 e 1: Outpatient surgical de ardless of the number of p e 2: For hospitals that use Safety Code do not apply and safety code imposed e 3: For hospitals that use commendation by the star he US Department of Hea visions of the Life Safety Over will not adversely affect e 4: All inspecting activitie ces, equipment, or other	epartments meet the provisions applicable to ambulatory health care occupancies,	
§482.15(h)(1)(viii) (viii) TIA 12-1 to NFPA 101, issue	TAG: E-0041	PE.03.01.01	The hospital des	signs and manages the physical environment to comply with the Life Safety	
(VIII) TIA 12-1 (O INPPA TOT, ISSUE	a August 11, 2011.	Ame Note rega Note Life fire a Note for ti prov waiv Note devi	hospital meets the applice andments [TIA] 12-1, 12-2 at 1: Outpatient surgical deardless of the number of paralless of the paralless of the use commendation by the start of the use of the Life Safety Over will not adversely affect at All inspecting activitie ces, equipment, or other	epartments meet the provisions applicable to ambulatory health care occupancies,	

CFR Number §482.15(h)(1)(ix)	Medicare Requ	urements	Commission alent Number	Joint Commission Standards and Elements of Performance		
§482.15(h)(1)(ix) (ix) TIA 12-2 to NEPA 101, issued	TAG: E-0041 October 30, 2012.	PE.03.01.01	The hospital de	signs and manages the physical environment to comply with the Life Safety		
(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.		Am Not rega Not Life fire Not a re for t prov wai Not dev	The hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4). Note 1: Outpatient surgical departments meet the provisions applicable to ambulatory health care occupancies regardless of the number of patients served. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The provisions of t Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid Services (CMS) finds that fire and safety code imposed by state law adequately protects patients in hospitals. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: In consideration of a recommendation by the state survey agency or accrediting organization or at the discretion of the Secretary for the US Department of Health & Human Services, CMS may waive, for periods deemed appropriate, specifi provisions of the Life Safety Code, which would result in unreasonable hardship upon a hospital, but only if the waiver will not adversely affect the health and safety of the patients. Note 4: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.			
§482.15(h)(1)(x) (x) TIA 12-3 to NFPA 101, issued	TAG: E-0041	PE.03.01.01	The hospital de	signs and manages the physical environment to comply with the Life Safety		
(X) TIA 12-3 (O NI T A 101, ISSUED	October 22, 2013.	Am Not rega Not Life fire Not a re for t pro- wai Not dev	endments [TIA] 12-1, 12-2 e 1: Outpatient surgical de ardless of the number of p e 2: For hospitals that use Safety Code do not apply and safety code imposed e 3: For hospitals that use ecommendation by the sta- the US Department of Hea visions of the Life Safety C ver will not adversely affect e 4: All inspecting activitie ices, equipment, or other	epartments meet the provisions applicable to ambulatory health care occupancies,		

CFR Number §482.15(h)(1)(xi)	Medicare Requirements		pint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
§482.15(h)(1)(xi) TAG: E-		PE.03.01.0 ⁻	The hospital des	signs and manages the physical environment to comply with the Life Safety
(XI) TIX 12 4 IO NI T X TOT, ISSUED COLOSEI	22, 2010.	EP 3	Amendments [TIA] 12-1, 12-2 Note 1: Outpatient surgical de regardless of the number of pour Note 2: For hospitals that use Life Safety Code do not apply fire and safety code imposed Note 3: For hospitals that use a recommendation by the stat for the US Department of Heaprovisions of the Life Safety C waiver will not adversely affect Note 4: All inspecting activities devices, equipment, or other in	partments meet the provisions applicable to ambulatory health care occupancies,
§482.15(h)(1)(xii) TAG: E-	0041	PE.04.01.03	The hospital ma	nages utility systems.
(xii) NFPA 110, Standard for Emergency a including TIAs to chapter 7, issued August	and Standby Power Systems, 2010 edition, 6, 2009.	EP 3		ency power system and generator requirements found in NFPA 99-2012 Health 10-2010 Standard for Emergency and Standby Power Systems, and NFPA 101-2012 s.
§482.15(h)(2) TAG: E-	0041			
(2) [Reserved]				
	0308, A-0263 Assessment and Performance	LD.11.01.01	The governing b services.	ody is ultimately accountable for the safety and quality of care, treatment, and
§482.21 Condition of Participation: Quality Assessment and Performance Improvement Program The hospital must develop, implement, and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. The hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and		EP 8	of the hospital's organization a contract or arrangement; and reduction of medical errors. (F Note: For hospitals that do no	sible for making sure that performance improvement activities reflect the complexity and services; involve all departments and services including services provided under focuses on indicators related to improved health outcomes and the prevention and for more information on contracted services, see Standard LD.13.03.03) to use Joint Commission accreditation for deemed status purposes: If the hospital dy, it identifies the leadership structure that is responsible for these activities.
services (including those services furnishe focuses on indicators related to improved l	health outcomes and the prevention and	LD.12.01.01	Leaders establis Improvement" [F	th priorities for performance improvement. (Refer to the "Performance PI] chapter.)
reduction of medical errors. The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS.		EP 1	quality assessment and perfor Note: For hospitals that use Jo	nents, maintains, and documents an effective, ongoing, data-driven, hospitalwide mance improvement program. bint Commission accreditation for deemed status purposes: The hospital maintains fits QAPI program for review by CMS.
		PI.14.01.01	The hospital imp	proves performance.
		EP 1	The hospital acts on improven	nent priorities.
§482.21(a) TAG: A-	0273			
§482.21(a) Standard: Program Scope				

CFR Number §482.21(a)(1)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.21(a)(1) TAG:	A-0286	PI.11.01.01	The hospital has	s an ongoing quality assessment and performance improvement program.
	e limited to, an ongoing program that shows or which there is evidence that it will improve e medical errors.	EP 2	improvement for indicators that the identification and reduction care data and other relevant of Note: For hospitals that use Judata submitted to or received	quality assessment and performance improvement program that shows measurable at are selected based on evidence that they will improve health outcomes and aid in n of medical errors. The program incorporates quality indicator data, including patient data to achieve the goals of the program. oint Commission accreditation for deemed status purposes: Relevant data includes from Medicare quality reporting and quality performance programs including but not ital readmissions and hospital-acquired conditions.
§482.21(a)(2) TAG:	A-0286	PI.12.01.01	The hospital col	lects data.
(2) The hospital must measure, analyze adverse patient events, and other aspectare, hospital service and operations.	e, and track quality indicators, including cts of performance that assess processes of	EP 3		zes, and tracks quality indicators, including adverse patient events, and other assess processes of care, hospital service, and operations.
§482.21(b) TAG:	A-0273	ĺ		
§482.21(b) Standard: Program Data		1		
§482.21(b)(1) TAG:	A-0273	PI.11.01.01	The hospital has	s an ongoing quality assessment and performance improvement program.
and other relevant data such as data su	ty indicator data including patient care data, ibmitted to or received from Medicare quality rams, including but not limited to data related equired conditions.	EP 2	improvement for indicators that the identification and reduction care data and other relevant of Note: For hospitals that use Judata submitted to or received	quality assessment and performance improvement program that shows measurable at are selected based on evidence that they will improve health outcomes and aid in n of medical errors. The program incorporates quality indicator data, including patient data to achieve the goals of the program. oint Commission accreditation for deemed status purposes: Relevant data includes from Medicare quality reporting and quality performance programs including but not ital readmissions and hospital-acquired conditions.
§482.21(b)(2) TAG:	A-0273			
(2) The hospital must use the data colle	cted to]		
§482.21(b)(2)(i) TAG:	A-0273	PI.13.01.01	The hospital cor	mpiles, analyzes, and uses data.
(i) Monitor the effectiveness and safety	of services and quality of care; and	EP 1	following:	
§482.21(b)(2)(ii) TAG:	A-0283	PI.13.01.01	The hospital cor	mpiles, analyzes, and uses data.
(ii) Identify opportunities for improvement	nt and changes that will lead to improvement.	EP 1	following: • Monitor the effectivenes • Monitor the quality of ca	
• ()()	A-0273	LD.12.01.0 ⁻	1 Leaders establis Improvement" [I	sh priorities for performance improvement. (Refer to the "Performance
(3) The frequency and detail of data coll governing body.	lection must be specified by the hospital's	EP 2	As part of performance improvements of performance improvements of the second sec	vement, leaders (including the governing body) do the following: nance improvement activities related to health outcomes that are shown to be ient outcomes, patient safety, and quality of care ume, high-risk, or problem-prone processes for performance improvement activities nce, prevalence, and severity of problems in those areas and detail of data collection for performance improvement activities

CFR Number §482.21(c)	Medicare Requirements		: Commission valent Number	Joint Commission Standards and Elements of Performance		
§482.21(c) TAG: A- §482.21(c) Standard: Program Activities	0283					
§482.21(c)(1) TAG: A- (1) The hospital must set priorities for its p						
§482.21(c)(1)(i) TAG: A-		LD.12.01.01	Leaders establis	sh priorities for performance improvement. (Refer to the "Performance		
(i) Focus on high-risk, high-volume, or problem-prone areas;		EP 2 As part of performance improvement, leaders (including the governing body) do the following: Set priorities for performance improvement activities related to health outcomes that are shown predictive of desired patient outcomes, patient safety, and quality of care Give priority to high-volume, high-risk, or problem-prone processes for performance improvem and consider the incidence, prevalence, and severity of problems in those areas Identify the frequency and detail of data collection for performance improvement activities				
§482.21(c)(1)(ii) TAG: A-		LD.12.01.01	Leaders establis	sh priorities for performance improvement. (Refer to the "Performance		
(ii) Consider the incidence, prevalence, an	a seventy of problems in those dreas, and		part of performance impro Set priorities for perform predictive of desired pat Give priority to high-voluand consider the incider	verment, leaders (including the governing body) do the following: lance improvement activities related to health outcomes that are shown to be lient outcomes, patient safety, and quality of care lime, high-risk, or problem-prone processes for performance improvement activities line, prevalence, and severity of problems in those areas and detail of data collection for performance improvement activities		
§482.21(c)(1)(iii) TAG: A-	·-··	LD.12.01.01	Leaders establis	sh priorities for performance improvement. (Refer to the "Performance		
(iii) Affect health outcomes, patient safety,	and quality of care.		part of performance impro Set priorities for perform predictive of desired pat Give priority to high-volu and consider the incider	verment, leaders (including the governing body) do the following: lance improvement activities related to health outcomes that are shown to be ient outcomes, patient safety, and quality of care lime, high-risk, or problem-prone processes for performance improvement activities lince, prevalence, and severity of problems in those areas and detail of data collection for performance improvement activities		
§482.21(c)(2) TAG: A-	0286	PI.12.01.01	The hospital col	lects data.		
(2) Performance improvement activities mupatient events, analyze their causes, and impechanisms that include feedback and lead	mplement preventive actions and arming throughout the hospital.	act pat	ions and mechanisms that			
§482.21(c)(3) TAG: A-		PI.12.01.01	The hospital col			
(3) The hospital must take actions aimed a implementing those actions, the hospital m	nust measure its success, and track			nprove its performance. After implementing changes, the hospital measures its nee to ensure that improvements are sustained.		
performance to ensure that improvements	PI.14.01.01	The hospital imp	proves performance.			
		EP 1 The				

CFR Number §482.21(d)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.21(d) TAG:	A-0297	PI.11.01.01	The hospital has	s an ongoing quality assessment and performance improvement program.
§482.21(d) Standard: Performance Improvement Projects As part of its quality assessment and performance improvement program, the hospital must conduct performance improvement projects.		EP 3	improvement program. The nut to the scope and complexity of Note 1: For hospitals that use as one of its projects, develop patient safety and quality of comeasurable improvement in in Note 2: For hospitals that use required to participate in a quit to be of comparable effort.	nance improvement projects as part of its quality assessment and performance umber and scope of distinct improvement projects conducted annually is proportional of the hospital's services and operations. Joint Commission accreditation for deemed status purposes: The hospital may, and implement an information technology system explicitly designed to improve are. In the initial stage of development, this project does not need to demonstrate indicators related to health outcomes. Joint Commission accreditation for deemed status purposes: The hospital is not ality improvement organization cooperative project, but its own projects are required
	A-0297	PI.11.01.01		s an ongoing quality assessment and performance improvement program.
(1) The number and scope of distinct im must be proportional to the scope and coperations.		EP 3	improvement program. The not to the scope and complexity of Note 1: For hospitals that use as one of its projects, develop patient safety and quality of comeasurable improvement in ir Note 2: For hospitals that use	nance improvement projects as part of its quality assessment and performance umber and scope of distinct improvement projects conducted annually is proportional of the hospital's services and operations. Joint Commission accreditation for deemed status purposes: The hospital may, and implement an information technology system explicitly designed to improve are. In the initial stage of development, this project does not need to demonstrate indicators related to health outcomes. Joint Commission accreditation for deemed status purposes: The hospital is not ality improvement organization cooperative project, but its own projects are required
§482.21(d)(2) TAG:	A-0297	PI.11.01.01	The hospital has	s an ongoing quality assessment and performance improvement program.
technology system explicitly designed to	evelopment, does not need to demonstrate		improvement program. The note to the scope and complexity of Note 1: For hospitals that use as one of its projects, develop patient safety and quality of comeasurable improvement in ir Note 2: For hospitals that use	nance improvement projects as part of its quality assessment and performance umber and scope of distinct improvement projects conducted annually is proportional of the hospital's services and operations. Joint Commission accreditation for deemed status purposes: The hospital may, and implement an information technology system explicitly designed to improve are. In the initial stage of development, this project does not need to demonstrate indicators related to health outcomes. Joint Commission accreditation for deemed status purposes: The hospital is not ality improvement organization cooperative project, but its own projects are required
§482.21(d)(3) TAG:	A-0297	PI.12.01.01	The hospital col	lects data.
(3) The hospital must document what question conducted, the reasons for conducting the achieved on these projects.	lality improvement projects are being hese projects, and the measurable progress	EP 2		quality improvement projects it is conducting, the reasons for conducting these progress achieved on these projects.
§482.21(d)(4) TAG:	A-0297	PI.11.01.01	The hospital has	s an ongoing quality assessment and performance improvement program.
(4) A hospital is not required to participal projects are required to be of comparable	te in a QIO cooperative project, but its own le effort.		improvement program. The not to the scope and complexity of Note 1: For hospitals that use as one of its projects, develop patient safety and quality of comeasurable improvement in ir Note 2: For hospitals that use	nance improvement projects as part of its quality assessment and performance umber and scope of distinct improvement projects conducted annually is proportional of the hospital's services and operations. Joint Commission accreditation for deemed status purposes: The hospital may, and implement an information technology system explicitly designed to improve are. In the initial stage of development, this project does not need to demonstrate indicators related to health outcomes. Joint Commission accreditation for deemed status purposes: The hospital is not ality improvement organization cooperative project, but its own projects are required

CFR Number §482.21(d)(4)	Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		PI.14.01.0	1 The hospital imp	proves performance.
		EP 1	The hospital acts on improven	nent priorities.
§482.21(e) TAG: A	A-0309			
§482.21(e) Standard: Executive Respons	sibilities			
legal authority and responsibility for oper	zed group or individual who assumes full rations of the hospital), medical staff, and nd accountable for ensuring the following:			
§482.21(e)(1) TAG: A		LD.12.01.	01 Leaders establis Improvement" [F	h priorities for performance improvement. (Refer to the "Performance
the reduction of medical errors, is defined	mprovement and patient safety, including d, implemented, and maintained.	EP 3	for operations of the hospital), following: • An ongoing program for defined, implemented, a: • The hospitalwide quality quality of care and patie! • Clear expectations for sa: • Adequate resources are performance and reducir. • The determination of the	assessment and performance improvement efforts address priorities for improved interest safety, and all improvement actions are evaluated afety are established allocated for measuring, assessing, improving, and sustaining the hospital's angrisk to patients a number of distinct improvement projects is conducted annually proves performance.
§482.21(e)(2) TAG: A	A 0200	EP 1	The hospital acts on improven	
§482.21(e)(2) TAG: A (2) That the hospital-wide quality assess		LD. 12.01.	Improvement" [F	th priorities for performance improvement. (Refer to the "Performance PI] chapter.)
	ality of care and patient safety; and that all	EP 3	for operations of the hospital), following: • An ongoing program for defined, implemented, a: • The hospitalwide quality quality of care and patien: • Clear expectations for sa: • Adequate resources are performance and reducing	assessment and performance improvement efforts address priorities for improved nt safety, and all improvement actions are evaluated afety are established allocated for measuring, assessing, improving, and sustaining the hospital's

CFR Numb §482.21(e)(Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.21(e)(3) TAG: A-0286 (3) That clear expectations for safety are established.		LD.12.01.01	Leaders establis Improvement" [F	th priorities for performance improvement. (Refer to the "Performance PI] chapter.)	
				for operations of the hospital), following: • An ongoing program for defined, implemented, a • The hospitalwide quality quality of care and patie • Clear expectations for sa • Adequate resources are performance and reducing for sales.	assessment and performance improvement efforts address priorities for improved nt safety, and all improvement actions are evaluated afety are established allocated for measuring, assessing, improving, and sustaining the hospital's
§482.21(e)(4)	TAG: A-0315		LD.12.01.01		sh priorities for performance improvement. (Refer to the "Performance
	es are allocated for measuring, assurformance and reducing risk to pat			The hospital's governing body for operations of the hospital), following: • An ongoing program for defined, implemented, a • The hospitalwide quality quality of care and patie • Clear expectations for si • Adequate resources are performance and reduci	(or organized group or individual who assumes full legal authority and responsibility medical staff, and administrative officials are responsible and accountable for the quality improvement and patient safety, including the reduction of medical errors, is nd maintained assessment and performance improvement efforts address priorities for improved nt safety, and all improvement actions are evaluated afety are established allocated for measuring, assessing, improving, and sustaining the hospital's
§482.21(e)(5)	TAG: A-0309		LD.12.01.01	Leaders establis	sh priorities for performance improvement. (Refer to the "Performance
(5) That the determination conducted annually.	of the number of distinct improvem			The hospital's governing body for operations of the hospital), following: • An ongoing program for defined, implemented, a • The hospitalwide quality quality of care and patie • Clear expectations for si • Adequate resources are performance and reducing	(or organized group or individual who assumes full legal authority and responsibility medical staff, and administrative officials are responsible and accountable for the quality improvement and patient safety, including the reduction of medical errors, is nd maintained assessment and performance improvement efforts address priorities for improved nt safety, and all improvement actions are evaluated afety are established allocated for measuring, assessing, improving, and sustaining the hospital's

CFR Number §482.21(f)	Medicare Requirements		Commission Ilent Number	Joint Commission Standards and Elements of Performance		
3 (-)	A-0320 Pl program for multi-hospital systems. If	LD.11.01.01	The governing be services.	body is ultimately accountable for the safety and quality of care, treatment, and		
a hospital is part of a hospital system co hospitals using a system governing body of two or more hospitals, the system gov and integrated QAPI program for all of it that such a decision is in accordance wit system governing body is responsible ar its separately certified hospitals meets a	Standard: Unified and integrated QAPI program for multi-hospital systems. If hospital is part of a hospital system consisting of multiple separately certified ospitals using a system governing body that is legally responsible for the conduct two or more hospitals, the system governing body can elect to have a unified and integrated QAPI program for all of its member hospitals after determining at such a decision is in accordance with all applicable State and local laws. The extem governing body is responsible and accountable for ensuring that each of a separately certified hospitals meets all of the requirements of this section. Each exparately certified hospital subject to the system governing body must demonstrate at:		For hospitals that use Joint Commission accreditation for deemed status purposes: If a hospital consisting of multiple separately certified hospitals using a system governing body that is legally the conduct of two or more hospitals, the system governing body can elect to have a unified and assessment and performance improvement program for all of its member hospitals after determ decision is in accordance with all applicable state and local laws. Each separately certified hospital subject to the system governing body demonstrates that the unitegrated quality assessment and performance improvement program does the following: • Accounts for each member hospital's unique circumstances and any significant difference populations and services offered • Establishes and implements policies and procedures to make certain that the needs and of its separately certified hospitals, regardless of practice or location, are given due considered and integrated program has mechanisms in place to ensure that issues localized hospitals are duly considered and addressed Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The shody is responsible and accountable for making certain that each of its separately certified hospitaly requirements for quality assessment and performance improvement at 42 CFR 482.21.			
5 • ()()	A-0321	LD.11.01.01	The governing be services.	oody is ultimately accountable for the safety and quality of care, treatment, and		
into account each member hospital's uni differences in patient populations and se		cons the c asse decis Each integ • • Note body	sisting of multiple separate conduct of two or more he essment and performance sion is in accordance with a separately certified hosp trated quality assessment Accounts for each memi populations and service. Establishes and implem of its separately certified the unified and integrate hospitals are duly consider. For hospitals that use Justice is responsible and according to the control of the	nents policies and procedures to make certain that the needs and concerns of each dhospitals, regardless of practice or location, are given due consideration, and that ded program has mechanisms in place to ensure that issues localized to particular		

CFR Num §482.21(f)		Medicare Requirements	1	oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
§482.21(f)(2) (2) The unified and integr	TAG: A		LD.11.01.0	The governing l services.	body is ultimately accountable for the safety and quality of care, treatment, and
(2) The unified and integrated QAPI program establishes and implements policies and procedures to ensure that the needs and concerns of each of its separately certified hospitals, regardless of practice or location, are given due consideration, and that the unified and integrated QAPI program has mechanisms in place to ensure that issues localized to particular hospitals are duly considered and addressed.		For hospitals that use Joint Commission accreditation for deemed status purposes: If a hospital is part of a system consisting of multiple separately certified hospitals using a system governing body that is legally responsible for the conduct of two or more hospitals, the system governing body can elect to have a unified and integrated quality assessment and performance improvement program for all of its member hospitals after determining that such decision is in accordance with all applicable state and local laws. Each separately certified hospital subject to the system governing body demonstrates that the unified and integrated quality assessment and performance improvement program does the following: • Accounts for each member hospital's unique circumstances and any significant differences in patient populations and services offered • Establishes and implements policies and procedures to make certain that the needs and concerns of each of its separately certified hospitals, regardless of practice or location, are given due consideration, and that the unified and integrated program has mechanisms in place to ensure that issues localized to particular hospitals are duly considered and addressed Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The system governing body is responsible and accountable for making certain that each of its separately certified hospitals meets the requirements for quality assessment and performance improvement at 42 CFR 482.21.			
§482.22	TAG: A		MS.16.01.0		medical staff oversees the quality of patient care, treatment, and services
§482.22 Condition of Par	ticipation: Medica	al staff		process.	ysicians and other licensed practitioners privileged through the medical staff
	ng body, and whic	ical staff that operates under bylaws ch is responsible for the quality of medical	EP 1		d medical staff that operates under bylaws approved by the governing body and that of medical care provided by the hospital.
§482.22(a)	TAG: A	0339	MS.14.01.0	1 Medical staff by	vlaws address self-governance and accountability to the governing body.
The medical staff must b accordance with State la also include other categor	e composed of down, including scop	es for appointment to medical staff. octors of medicine or osteopathy. In e-of-practice laws, the medical staff may s (as listed at § 482.12(c)(1)) and non- d to be eligible for appointment by the	EP 2	Note 1: For hospitals that use composed of doctors of medi- the medical staff may also inc licensed practitioners who the	
§482.22(a)(1)	TAG: A	0340	MS.18.02.0		ssional practice evaluation information is factored into the decision to maintain
(1) The medical staff mus	st periodically cor	duct appraisals of its members.		existing privileg at the time of re	ge(s), to revise existing privilege(s), or to revoke an existing privilege prior to or enewal.
			EP 1	periodic evaluation of each pl	orofessional practice evaluation includes a clearly defined process that facilitates the hysician's or other licensed practitioner's professional practice. for a period not to exceed three years or for the period required by law and regulation

CFR Numb §482.22(a)		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.22(a)(2) TAG: A-0341 (2) The medical staff must examine the credentials of all eligible candidates for medical staff membership and make recommendations to the governing body on the appointment of these candidates in accordance with State law, including scope-of-practice laws, and the medical staff bylaws, rules, and regulations. A candidate who has been recommended by the medical staff and who has been appointed by the governing body is subject to all medical staff bylaws, rules, and regulations, in addition to the requirements contained in this section.		MS.17.01 EP 4	current license privilege. The medical staff examines to recommendations to the gove including scope-of-practice larecommended by the medical staff bylaws, rules, and regular Note: For hospitals that use a	ellects information regarding each physician's or other licensed practitioner's status, training, experience, competence, and ability to perform the requested the credentials of all candidates eligible for medical staff membership and makes erning body on the appointment of these candidates, in accordance with state law, aws, and the medical staff bylaws, rules, and regulations. A candidate who has been all staff and who has been appointed by the governing body is subject to all medical ations. Joint Commission accreditation for deemed status purposes: A candidate who has nedical staff and who has been appointed by the governing body is also subject to 42	
				CFR 482.22(a).	
` '	TAG: A-0342 3) When telemedicine services are furnished to the hospital's patients through a greement with a distant-site hospital, the governing body of the hospital		MS.20.01	services of the	other licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging se originating site.
requirements in paragraph staff rely upon the credent hospital when making rec physicians and practitione	ns (a)(1) and (a)(tialing and privile ommendations o ers providing such an agreement wit	cine services may choose, in lieu of the 2) of this section, to have its medical ging decisions made by the distant-site n privileges for the individual distant-site in services, if the hospital's governing body in the distant-site hospital, that all of the	EP 1	hospital or telemedicine entity credentialing and privileging distant-site physicians and of includes all of the following p The distant site telemed the following p The distant-site telemed consistent with the hospita The distant-site hospita The individual distant-sitelemedicine entity provious a current list of telemedicine entity. The individual distant-sitelemedicine entity. The individual distant-sitelemedicine entity provious active physicial hospital internally review and sends the distant-sitelemedicine. At a miservices provided by the complaints the hospital Note: For hospitals that use a telemedicine entity's medical	are furnished to the hospital's patients through an agreement with a distant-site y, the governing body of the originating hospital may choose to rely upon the decisions made by the distant-site hospital or telemedicine entity for the individual ther licensed practitioners providing such services if the hospital's governing body rovisions in its written agreement with the distant-site hospital or telemedicine entity: dicine entity provides services in accordance with contract service requirements dicine entity's medical staff credentialing and privileging process and standards is pital's process and standards, at a minimum. If providing the telemedicine services is a Medicare-participating hospital. It is physician or other licensed practitioner is privileged at the distant-site hospital or widing the telemedicine services, and the distant-site hospital or telemedicine entity of the distant-site physician's or practitioner's privileges at the distant-site hospital or lite physician or other licensed practitioner holds a license issued or recognized by the lital whose patients are receiving the telemedicine services is located. Ans or other licensed practitioners privileged by the originating hospital, the originating was services provided by the distant-site physician or other licensed practitioner in the periodic evaluation of inimum, this information includes adverse events that result from the telemedicine e distant-site physician or other licensed practitioner. Joint Commission accreditation for deemed status purposes: The distant-site staff credentialing and privileging process and standards at least meet the standards ligh (a)(7) and 482.22(a)(1) through (a)(2).

CFR Number §482.22(a)(3)(Medicare Requirements		mmission nt Number	Joint Commission Standards and Elements of Performance		
§482.22(a)(3)(i) Section 1. Sect		MS.20.01.01 Physicians or other licensed practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site. EP 1 When telemedicine services are furnished to the hospital's patients through an agreement with a distant-site hospital or telemedicine entity, the governing body of the originating hospital may choose to rely upon the credentialing and privileging decisions made by the distant-site hospital or telemedicine entity for the individual distant-site physicians and other licensed practitioners providing such services if the hospital's governing body includes all of the following provisions in its written agreement with the distant-site hospital or telemedicine entity: • The distant-site telemedicine entity provides services in accordance with contract service requirements • The distant-site telemedicine entity's medical staff credentialing and privileging process and standards is consistent with the hospital's process and standards, at a minimum. • The distant-site hospital providing the telemedicine services is a Medicare-participating hospital. • The individual distant-site physician or other licensed practitioner is privileged at the distant-site hospital or telemedicine entity providing the telemedicine services. and the distant-site hospital or telemedicine entity					
			p te T si F h aa th si co Note: F telemee	 telemedicine entity providing the telemedicine services, and the distant-site hospital or telemedicine entity provides a current list of the distant-site physician's or practitioner's privileges at the distant-site hospital telemedicine entity. The individual distant-site physician or other licensed practitioner holds a license issued or recognized be state in which the hospital whose patients are receiving the telemedicine services is located. For distant-site physicians or other licensed practitioners privileged by the originating hospital, the origin hospital internally reviews services provided by the distant-site physician or other licensed practitioner and sends the distant-site hospital or telemedicine entity information for use in the periodic evaluation of the practitioner. At a minimum, this information includes adverse events that result from the telemedicine services provided by the distant-site physician or other licensed practitioner to the hospital's patients and complaints the hospital has received about the distant-site physician or other licensed practitioner. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The distant-site telemedicine entity's medical staff credentialing and privileging process and standards at least meet the standard at 42 CFR 482.12(a)(1) through (a)(7) and 482.22(a)(1) through (a)(2). 	If the distant-site physician's or practitioner's privileges at the distant-site hospital or the physician or other licensed practitioner holds a license issued or recognized by the tall whose patients are receiving the telemedicine services is located. In sor other licensed practitioners privileged by the originating hospital, the originating was services provided by the distant-site physician or other licensed practitioner in the hospital or telemedicine entity information for use in the periodic evaluation of nimum, this information includes adverse events that result from the telemedicine distant-site physician or other licensed practitioner to the hospital's patients and has received about the distant-site physician or other licensed practitioner. It is considered that the distant-site staff credentialing and privileging process and standards at least meet the standards gh (a)(7) and 482.22(a)(1) through (a)(2).		

CFR Number §482.22(a)(3)(ii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.22(a)(3)(ii) TA((ii) The individual distant-site physicial site hospital providing the telemedicing	an or practitioner is privileged at the distantee services, which provides a current list of the sprivileges at the distant-site hospital.	MS.20.01.01 EP 1 When te hospital credentia distant-s includes • Th • Th con • Th • Th tele pro tele • Th sta • Fo hos ann the see con Note: Fo telemedi	Physicians or or services of the processes of the processes of the processes of the lemedicine services a cor telemedicine entity alling and privileging of all of the following properties of the following process of the following proce	ther licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging e originating site. The furnished to the hospital's patients through an agreement with a distant-site or, the governing body of the originating hospital may choose to rely upon the decisions made by the distant-site hospital or telemedicine entity for the individual her licensed practitioners providing such services if the hospital's governing body rovisions in its written agreement with the distant-site hospital or telemedicine entity: licine entity provides services in accordance with contract service requirements dicine entity's medical staff credentialing and privileging process and standards is obtal's process and standards, at a minimum. In providing the telemedicine services is a Medicare-participating hospital. It is the physician or other licensed practitioner is privileged at the distant-site hospital or iding the telemedicine services, and the distant-site hospital or telemedicine entity if the distant-site physician's or practitioner's privileges at the distant-site hospital or telemedicine entity if the distant-site physician or other licensed practitioner by the telemedicine services is located. The providing the telemedicine services is privileged by the originating hospital, the originating was services provided by the distant-site physician or other licensed practitioner was services provided by the distant-site physician or other licensed practitioner of the hospital or telemedicine entity information for use in the periodic evaluation of nimum, this information includes adverse events that result from the telemedicine entity information for use in the periodic evaluation of the hospital or telemedicine entity information for use in the periodic evaluation of nimum, this information includes adverse events that result from the telemedicine entity information or other licensed practitioner.
			R 482.12(a)(1) throug o MS.14.01.01, EP 2)	gh (a)(7) and 482.22(a)(1) through (a)(2).)

CFR Number §482.22(a)(3)(iii)	Medicare Requirements		mmission nt Number	Joint Commission Standards and Elements of Performance
§482.22(a)(3)(iii) TA (iii) The individual distant-site physic	ian or practitioner holds a license issued or hospital whose patients are receiving the	MS.20.01.01 EP 1 When thospital credent distantinclude • TI continue • TI tell tell tell tell tell tell tell tel	Physicians or or services of the processes of the processes of the elemedicine services at or telemedicine entity its all of the following properties of the distant site telemedicine distant-site telemedicine distant-site telemedicine entity the hospital individual distant-site lemedicine entity ovides a current list of lemedicine entity. The individual distant-site in which the hospital internally reviewed sends the distant-site physicial or distant-site physicial or distant-site physicial or distant-site practitioner. At a minervices provided by the	ther licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging e originating site. The governing body of the originating hospital may choose to rely upon the decisions made by the distant-site hospital or telemedicine entity for the individual her licensed practitioners providing such services if the hospital's governing body rovisions in its written agreement with the distant-site hospital or telemedicine entity: dicine entity provides services in accordance with contract service requirements dicine entity's medical staff credentialing and privileging process and standards is bital's process and standards, at a minimum. It providing the telemedicine services is a Medicare-participating hospital. It physician or other licensed practitioner is privileged at the distant-site hospital or riding the telemedicine services, and the distant-site hospital or telemedicine entity if the distant-site physician's or practitioner's privileges at the distant-site hospital or telemedicine entity in the distant-site physician or other licensed practitioner holds a license issued or recognized by the tall whose patients are receiving the telemedicine services is located. In so or other licensed practitioners privileged by the originating hospital, the originating was services provided by the distant-site physician or other licensed practitioner to the physician or other licensed practitioner dite hospital or telemedicine entity information for use in the periodic evaluation of nimum, this information includes adverse events that result from the telemedicine of distant-site physician or other licensed practitioner.
		telemed at 42 C	dicine entity's medical	oint Commission accreditation for deemed status purposes: The distant-site staff credentialing and privileging process and standards at least meet the standards gh (a)(7) and 482.22(a)(1) through (a)(2).

CFR Number §482.22(a)(3)(iv)	Medicare Red	quirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
	TAG: A-0342 physician or practitioner, who ho atients are receiving the telementernal review of the distant-site per privileges and sends the distance in the periodic appraisal of imum, this information must includicine services provided by the spital's patients and all complain	olds current dicine services, physician's or nt-site hospital the distant-site ude all adverse distant-site	Equivalent MS.20.01.01 EP 1 When telest hospital of credential distant-site includes a end of the content of the telest provided end of the state. The state of the content of the state of the state of the content of the state of the state of the content of the con	Physicians or or services of the processes of the processes of the emedicine services are telemedicine entity ling and privileging of the physicians and off all of the following produstant site telemed distant-site telemed distant-site hospital of the individual distant-site medicine entity provides a current list of medicine entity. Individual distant-site in which the hospital individual distant-site in which the hospital distant-site in which the hospital internally review	ther licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging e originating site. The furnished to the hospital's patients through an agreement with a distant-site or the governing body of the originating hospital may choose to rely upon the decisions made by the distant-site hospital or telemedicine entity for the individual ner licensed practitioners providing such services if the hospital's governing body evisions in its written agreement with the distant-site hospital or telemedicine entity: licine entity provides services in accordance with contract service requirements licine entity's medical staff credentialing and privileging process and standards is sital's process and standards, at a minimum. The providing the telemedicine services is a Medicare-participating hospital. The physician or other licensed practitioner is privileged at the distant-site hospital or iding the telemedicine services, and the distant-site hospital or telemedicine entity if the distant-site physician's or practitioner's privileges at the distant-site hospital or telemedicine entity is the distant-site physician's or practitioner holds a license issued or recognized by the telemedicinesed practitioners privileged by the originating hospital, the originating was services provided by the distant-site physician or other licensed practitioner.
	the serv com Note: For telemedic at 42 CFF	practitioner. At a min vices provided by the aplaints the hospital hospitals that use J sine entity's medical	te hospital or telemedicine entity information for use in the periodic evaluation of nimum, this information includes adverse events that result from the telemedicine explication distant-site physician or other licensed practitioner to the hospital's patients and that received about the distant-site physician or other licensed practitioner. On the commission accreditation for deemed status purposes: The distant-site staff credentialing and privileging process and standards at least meet the standards gh (a)(7) and 482.22(a)(1) through (a)(2).		

CFR Number §482.22(a)(4)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
\$482.22(a)(4) TAG: A- 4) When telemedicine services are furnish an agreement with a distant-site telemedic hospital whose patients are receiving the tileu of the requirements in paragraphs (a)(medical staff rely upon the credentialing ar distant-site telemedicine entity when makir individual distant-site physicians and pract hospital's governing body ensures, through site telemedicine entity, that the distant-site that, in accordance with §482.12(e), permit conditions of participation for the contracted must also ensure, through its written agree entity, that all of the following provisions are	ed to the hospital's patients through ine entity, the governing body of the elemedicine services may choose, in 1) and (a)(2) of this section, to have its and privileging decisions made by the ang recommendations on privileges for the itioners providing such services, if the in its written agreement with the distante telemedicine entity furnishes services the hospital to comply with all applicable and services. The hospital's governing body the services with the distant-site telemedicine	hospita credent distant- include	services of the processes of the processes of the elemedicine services at lor telemedicine entity tailing and privileging of site physicians and otto at lor the following properties of the distant site telemedonsistent with the hospital the individual distant-site elemedicine entity provinces a current list of elemedicine entity in the individual distant-site in which the hospital or distant-site physicial procession of the practitioner. At a minervices provided by the omplaints the hospital for hospitals that use Judicine entity's medical	ther licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging e originating site. The governing body of the originating hospital may choose to rely upon the decisions made by the distant-site hospital or telemedicine entity for the individual her licensed practitioners providing such services if the hospital's governing body rovisions in its written agreement with the distant-site hospital or telemedicine entity: licine entity provides services in accordance with contract service requirements dicine entity's medical staff credentialing and privileging process and standards is obtal's process and standards, at a minimum. It providing the telemedicine services is a Medicare-participating hospital. It physician or other licensed practitioner is privileged at the distant-site hospital or iding the telemedicine services, and the distant-site hospital or telemedicine entity if the distant-site physician's or practitioner's privileges at the distant-site hospital or te physician or other licensed practitioner holds a license issued or recognized by the tall whose patients are receiving the telemedicine services is located. In so or other licensed practitioners privileged by the originating hospital, the originating was services provided by the distant-site physician or other licensed practitioner to the hospital or telemedicine entity information for use in the periodic evaluation of minum, this information includes adverse events that result from the telemedicine entity information for use in the periodic evaluation of has received about the distant-site physician or other licensed practitioner. Solution of the licensed practitioner to the hospital's patients and has received about the distant-site physician or other licensed practitioner. Solution of the license of practitioner of the hospital or the telemedicine entity information or other licensed practitioner.

CFR Number §482.22(a)(4)(i)		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
	meet the sta	dical staff credentialing and privileging andards at §482.12(a)(1) through (a)(7)	hospital credenti distant-s includes Trictory T	services of the processes of the elemedicine entity is all of the following processes and of the following processes of the following processes of the distant site telemedicine distant-site hospital her individual distant-site elemedicine entity provovides a current list of elemedicine entity, her individual distant-site in which the hospital processes of the distant-site physicial processes of the distant-site practitioner. At a minimal processes of the distant-site practitioner. At a minimal processes of the distant-site practitioner. At a minimal processes of the distant-site practitioner of the processes of the distant-site practitioner. At a minimal processes of the distant-site practitioner of the processes of the distant-site processes of the distant-site physicial physi	ther licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging e originating site. The governing body of the originating hospital may choose to rely upon the decisions made by the distant-site hospital or telemedicine entity for the individual her licensed practitioners providing such services if the hospital's governing body rovisions in its written agreement with the distant-site hospital or telemedicine entity: dicine entity provides services in accordance with contract service requirements dicine entity's medical staff credentialing and privileging process and standards is obtail's process and standards, at a minimum. It providing the telemedicine services is a Medicare-participating hospital. It physician or other licensed practitioner is privileged at the distant-site hospital or iding the telemedicine services, and the distant-site hospital or telemedicine entity if the distant-site physician's or practitioner's privileges at the distant-site hospital or te physician or other licensed practitioner holds a license issued or recognized by the tall whose patients are receiving the telemedicine services is located. The services provided by the distant-site physician or other licensed practitioner it the hospital or telemedicine entity information for use in the periodic evaluation of himum, this information includes adverse events that result from the telemedicine entity entities and the physician or other licensed practitioner to the hospital's patients and has received about the distant-site physician or other licensed practitioner. The distant-site physician or other licensed practitioner to the hospital's patients and has received about the distant-site physician or other licensed practitioner. The distant-site physician or other licensed practitioner.

CFR Number §482.22(a)(4)(ii		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
telemedicine entity providing	the telemedic nt-site physic	practitioner is privileged at the distant-site cine services, which provides the hospital ian's or practitioner's privileges at the	EP 1 When to hospital credent distant-includes The The Coccession of the properties	services of the processes of the process	ther licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging e originating site. are furnished to the hospital's patients through an agreement with a distant-site y, the governing body of the originating hospital may choose to rely upon the decisions made by the distant-site hospital or telemedicine entity for the individual her licensed practitioners providing such services if the hospital's governing body rovisions in its written agreement with the distant-site hospital or telemedicine entity: dicine entity provides services in accordance with contract service requirements dicine entity's medical staff credentialing and privileging process and standards is bital's process and standards, at a minimum. Il providing the telemedicine services is a Medicare-participating hospital. It is physician or other licensed practitioner is privileged at the distant-site hospital or riding the telemedicine services, and the distant-site hospital or telemedicine entity if the distant-site physician's or practitioner's privileges at the distant-site hospital or the physician or other licensed practitioner holds a license issued or recognized by the tall whose patients are receiving the telemedicine services is located. In sor other licensed practitioners privileged by the originating hospital, the originating was services provided by the distant-site physician or other licensed practitioner in the periodic evaluation of nimum, this information includes adverse events that result from the telemedicine entity information for use in the periodic evaluation of nimum, this information includes adverse events that result from the telemedicine entity information or other licensed practitioner. In lound the distant-site physician or other licensed practitioner. In lound the distant-site physician or other licensed practitioner. In lound the distant-site physician or other licensed practitioner. In lound the distant-site physician or other

CFR Number §482.22(a)(4)(iii)	Medicare Requirements		mmission nt Number	Joint Commission Standards and Elements of Performance
§482.22(a)(4)(iii) TAG	G: A-0343 In or practitioner holds a license issued or nospital whose patients are receiving such	MS.20.01.01 EP 1 When to hospital credent distant-sincludes • Th • Th	Physicians or o services of the processes of the processe	ther licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging e originating site. The governing body of the originating hospital may choose to rely upon the decisions made by the distant-site hospital or telemedicine entity for the individual ner licensed practitioners providing such services if the hospital's governing body ovisions in its written agreement with the distant-site hospital or telemedicine entity: licine entity provides services in accordance with contract service requirements licine entity's medical staff credentialing and privileging process and standards is obital's process and standards, at a minimum. The providing the telemedicine services is a Medicare-participating hospital. The physician or other licensed practitioner is privileged at the distant-site hospital or iding the telemedicine services, and the distant-site hospital or telemedicine entity if the distant-site physician's or practitioner's privileges at the distant-site hospital or telemedicine services is located. The physician or other licensed practitioner holds a license issued or recognized by the tall whose patients are receiving the telemedicine services is located. The physician or other licensed practitioner bounds a license issued or recognized by the tall whose patients are receiving the telemedicine services is located. The physician or other licensed practitioner to the lospital, the originating was services provided by the distant-site physician or other licensed practitioner to the hospital's patients and the periodic evaluation of the physician or other licensed practitioner to the hospital's patients and the received about the distant-site physician or other licensed practitioner.
		at 42 CI	•	staff credentialing and privileging process and standards at least meet the standards gh (a)(7) and 482.22(a)(1) through (a)(2).

CFR Number §482.22(a)(4)(iv)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.22(a)(4)(iv) TAG: A- (iv) With respect to a distant-site physician privileges at the hospital whose patients ar the hospital has evidence of an internal revor practitioner's performance of these privil telemedicine entity such performance infor the distant-site physician or practitioner. At all adverse events that result from the teler site physician or practitioner to the hospital has received about the distant-site physician	or practitioner, who holds current e receiving the telemedicine services, riew of the distant-site physician's eges and sends the distant-site mation for use in the periodic appraisal of a minimum, this information must include medicine services provided by the distant- 's patients, and all complaints the hospital	MS.20.01.0	services of the processes of the processes of the When telemedicine services a hospital or telemedicine entity credentialing and privileging distant-site physicians and other includes all of the following procession of the distant site telemed to the distant-site telemed consistent with the hosp the distant-site hospital	ther licensed practitioners who are responsible for the care, treatment, and catient via telemedicine link are subject to the credentialing and privileging to originating site. The governing body of the originating hospital may choose to rely upon the decisions made by the distant-site hospital or telemedicine entity for the individual her licensed practitioners providing such services if the hospital's governing body ovisions in its written agreement with the distant-site hospital or telemedicine entity: licine entity provides services in accordance with contract service requirements licine entity's medical staff credentialing and privileging process and standards is sital's process and standards, at a minimum. The providing the telemedicine services is a Medicare-participating hospital. The physician or other licensed practitioner is privileged at the distant-site hospital or
			telemedicine entity proviprovides a current list of telemedicine entity. The individual distant-sit state in which the hospit For distant-site physicial hospital internally review and sends the distant-sit the practitioner. At a mir services provided by the complaints the hospital Note: For hospitals that use Jutelemedicine entity's medical	iding the telemedicine services, and the distant-site hospital or telemedicine entity the distant-site physician's or practitioner's privileges at the distant-site hospital or the physician or other licensed practitioner holds a license issued or recognized by the tall whose patients are receiving the telemedicine services is located. In so or other licensed practitioners privileged by the originating hospital, the originating is services provided by the distant-site physician or other licensed practitioner to the hospital or telemedicine entity information for use in the periodic evaluation of nimum, this information includes adverse events that result from the telemedicine explaints and the distant-site physician or other licensed practitioner. So the hospital's patients and the received about the distant-site physician or other licensed practitioner. So the distant-site staff credentialing and privileging process and standards at least meet the standards (a) (7) and 482.22(a)(1) through (a)(2).
§482.22(b) TAG: A-	0347	LD.11.02.0	1 The hospital has	s an organized medical staff that is accountable to the governing body.
§482.22(b) Standard: Medical Staff Organi The medical staff must be well organized a the quality of the medical care provided to	and accountable to the governing body for	EP 1	The hospital has an organized provided to patients.	d medical staff that is accountable to the governing body for the quality of care
§482.22(b)(1) TAG: A-	0347	LD.11.02.0	1 The hospital has	s an organized medical staff that is accountable to the governing body.
(1) The medical staff must be organized in body.	a manner approved by the governing	EP 2	The governing body approves	the structure of the organized medical staff.
§482.22(b)(2) TAG: A-	0347	MS.15.01.0	1 There is a medic	cal staff executive committee.
(2) If the medical staff has an executive co- committee must be doctors of medicine or		EP 3	osteopathy actively practicing	anized medical staff, of any discipline or specialty, are eligible for membership on the
§482.22(b)(3) TAG: A-	0347			
(3) The responsibility for organization and assigned only to one of the following:	conduct of the medical staff must be			

CFR Number §482.22(b)(3)(i)	Medicare Requirements		pint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
§482.22(b)(3)(i) TAG: A-	-0347	LD.11.02.01	The hospital has	an organized medical staff that is accountable to the governing body.
(i) An individual doctor of medicine or osteopathy.		EP 3	osteopathy or, if permitted by	ommission accreditation for deemed status purposes: A doctor of medicine or state law, a doctor of dental surgery or dental medicine, or a doctor of podiatric e organization and conduct of the medical staff.
§482.22(b)(3)(ii) TAG: A-	-0347	LD.11.02.01	The hospital has	an organized medical staff that is accountable to the governing body.
(ii) A doctor of dental surgery or dental me State in which the hospital is located.	(ii) A doctor of dental surgery or dental medicine, when permitted by State law of the		osteopathy or, if permitted by	ommission accreditation for deemed status purposes: A doctor of medicine or state law, a doctor of dental surgery or dental medicine, or a doctor of podiatric e organization and conduct of the medical staff.
§482.22(b)(3)(iii) TAG: A-	-0347	LD.11.02.01	The hospital has	an organized medical staff that is accountable to the governing body.
(iii) A doctor of podiatric medicine, when potenthe hospital is located.	ermitted by State law of the State in which	EP 3	osteopathy or, if permitted by	ommission accreditation for deemed status purposes: A doctor of medicine or state law, a doctor of dental surgery or dental medicine, or a doctor of podiatric e organization and conduct of the medical staff.
§482.22(b)(4) TAG: A-	-0348			
(4) If a hospital is part of a hospital system hospitals and the system elects to have a member hospitals, after determining that s applicable State and local laws, each sepathat:	unified and integrated medical staff for its			
§482.22(b)(4)(i) TAG: A-	-0349	MS.14.03.0	MS.14.03.01 For hospitals that use Joint Commission accreditation for deemed state	
(i) The medical staff members of each sep		Multihospital systems can choose to establish a unified and integrated medical staff in accordance with state and local laws.		
(that is, all medical staff members who hold specific privileges to practice at that hospital) have voted by majority, in accordance with medical staff bylaws, either to accept a unified and integrated medical staff structure or to opt out of such a structure and to maintain a separate and distinct medical staff for their respective hospital;		EP 1	For hospitals that use Joint Co separately accredited hospital state and local laws, the follow elects to have a unified and in (that is, all medical staff members in accordance with medical staff	ommission accreditation for deemed status purposes: If a multihospital system with a chooses to establish a unified and integrated medical staff, in accordance with ving occurs: Each separately accredited hospital within a multihospital system that tegrated medical staff demonstrates that the medical staff members of each hospital pers who hold privileges to practice at that specific hospital) have voted by majority, aff bylaws, either to accept the unified and integrated medical staff structure or to optaintain a separate and distinct medical staff for their hospital.
[\	f has bylaws, rules, and requirements that	MS.14.03.0	Multihospital sy	at use Joint Commission accreditation for deemed status purposes: stems can choose to establish a unified and integrated medical staff in a state and local laws.
	olicies and due process rights guarantees, pers of the medical staff of each separately members who hold specific privileges to heir rights to opt out of the unified and najority vote by the members to maintain a	EP 4	For hospitals that use Joint Co system has a unified and integ A description of the process b medical staff members who he	ommission accreditation for deemed status purposes: When a multihospital grated medical staff, the medical staff bylaws include the following requirements: y which medical staff members at each separately accredited hospital (that is, all old privileges to practice at that specific hospital) are advised of their right to opt out nedical staff structure after a majority vote by the members to maintain a separate
§482.22(b)(4)(iii) TAG: A-	-0351	MS.14.03.0	•	at use Joint Commission accreditation for deemed status purposes:
(iii) The unified and integrated medical statinto account each member hospital's unique				stems can choose to establish a unified and integrated medical staff in state and local laws.
differences in patient populations and serv		EP 2	separately accredited hospital The unified and integrated me	ommission accreditation for deemed status purposes: If a multihospital system with s chooses to establish a unified and integrated medical staff, the following occurs: dical staff takes into account each member hospital's unique circumstances and any nt populations and services offered in each hospital.

CFR Number §482.22(b)(4)(iv)	Medicare Requirements	1	mmission nt Number	Joint Commission Standards and Elements of Performance
§482.22(b)(4)(iv) TAG: A-0352 (iv) The unified and integrated medical staff establishes and implements policies and procedures to ensure that the needs and concerns expressed by members of the medical staff, at each of its separately certified hospitals, regardless of practice or location, are given due consideration, and that the unified and integrated medical staff has mechanisms in place to ensure that issues localized to particular hospitals are duly considered and addressed.		For hospitals that use Joint C separately accredited hospital The unified and integrated make certain that the needs a		inat use Joint Commission accreditation for deemed status purposes: Instems can choose to establish a unified and integrated medical staff in the state and local laws. In st
§482.22(c) Standard: Medical Staff Byla	A-0353 ws ee bylaws to carry out its responsibilities.	accreu	ieu nospitais, regardie	ss of practice of location, are duly considered and addressed.
§482.22(c)(1) TAG:	A-0354	MS.14.01.01	Medical staff by	laws address self-governance and accountability to the governing body.
(1) Be approved by the governing body.		by the S C C C tt liv P C P P P Note: F and pra	governing body and in tatement of the duties escription of the orgar escription of the qualificandidate be appointed riteria for determining ecriteria to individuals ensed practitioners rocess for credentialins to fall the officer postrocess for adopting an olicies he qualifications and rothospitals that use Jactitioners requesting participations.	adopts and enforces bylaws to carry out its responsibilities. The bylaws are approved clude the following: and privileges of each category of medical staff (for example, active, courtesy) hization of the medical staff, including those members who are eligible to vote ications to be met by a candidate in order for the medical staff to recommend that the by the governing body the privileges to be granted to individual practitioners and a procedure for applying s requesting privileges, including the process for reprivileging physicians and other g and recredentialing physicians and other licensed practitioners itions for the medical staff rganized medical staff selects and/or elects and removes the medical staff officers and amending the medical staff bylaws, medical staff rules and regulations, and toles and responsibilities of the department chair, when applicable loint Commission accreditation for deemed status purposes: Distant-site physicians brivileges to provide telemedicine services under an agreement with the hospital are ints in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4).

CFR Number §482.22(c)(2)	Medicare Requirements		Commission ralent Number	Joint Commission Standards and Elements of Performance	
§482.22(c)(2)	TAG: A-0355	MS.14.01.01	Medical staff by	laws address self-governance and accountability to the governing body.	
§482.22(c)(2) TAG: A-0355 (2) Include a statement of the duties and privileges of each category of medical staff (e.g., active, courtesy, etc.)		No and			
§482.22(c)(3)	TAG: A-0356	MS.14.01.01	Medical staff by	laws address self-governance and accountability to the governing body.	
(3) Describe the organization of	he medical staff.	by No and	the governing body and inc Statement of the duties Description of the organ Description of the qualificandidate be appointed Criteria for determining the criteria to individuals licensed practitioners Process for credentialing List of all the officer pos Process by which the or Process for adopting an policies The qualifications and refer for hospitals that use Jet practitioners requesting p	and privileges of each category of medical staff (for example, active, courtesy) ization of the medical staff, including those members who are eligible to vote ications to be met by a candidate in order for the medical staff to recommend that the by the governing body the privileges to be granted to individual practitioners and a procedure for applying requesting privileges, including the process for reprivileging physicians and other gand recredentialing physicians and other licensed practitioners	

CFR Number §482.22(c)(4)	Medicare Requirements	Equ	nt Commission uivalent Number	Joint Commission Standards and Elements of Performance		
§482.22(c)(4) TA	G: A-0357	MS.14.01.01	Medical staff by	laws address self-governance and accountability to the governing body.		
(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.		 The organized medical staff adopts and enforces bylaws to carry out its responsibilities. The bylaws are approved by the governing body and include the following: Statement of the duties and privileges of each category of medical staff (for example, active, courtesy) Description of the organization of the medical staff, including those members who are eligible to vote Description of 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 Criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges, including the process for reprivileging physicians and other licensed practitioners Process for credentialing and recredentialing physicians and other licensed practitioners List of all the officer positions for the medical staff Process by which the organized medical staff selects and/or elects and removes the medical staff officers Process for adopting and amending the medical staff bylaws, medical staff rules and regulations, and policies The qualifications and roles and responsibilities of the department chair, when applicable Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Distant-site physicians and practitioners requesting privileges to provide telemedicine services under an agreement with the hospital are also subject to the requirements in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4). 				
§482.22(c)(5) TA	G: A-0358		<u> </u>			
(5) Include a requirement that						
• () () ()	G: A-0358	MS.14.01.01		laws address self-governance and accountability to the governing body.		
for each patient no more than 30 day registration, but prior to surgery or a except as provided under paragraph and physical examination must be of defined in section 1861(r) of the Act)	amination be completed and documented is before or 24 hours after admission or procedure requiring anesthesia services, and (c)(5)(iii) of this section. The medical history ompleted and documented by a physician (as , an oral and maxillofacial surgeon, or other dance with State law and hospital policy.	!	 Medical history and physical Updated patient examination. Assessments in lieu of n EP 4 Note: The medical history and n section 1861(r) of the Social 	Ide requirements for the following: sical examination for each patient as described in PC.11.02.01, EP 2 ations as described in PC.11.02.01, EP 3 nedical history and physical examinations for patients as described in PC.11.02.01, I physical examination are completed and documented by a physician (as defined all Security Act), an oral and maxillofacial surgeon, or other qualified licensed in state law and hospital policy.		
§482.22(c)(5)(ii) TA	G: A-0359	MS.14.01.01	Medical staff by	laws address self-governance and accountability to the governing body.		
condition, be completed and docume registration, but prior to surgery or a the medical history and physical exa admission or registration, and excep this section. The updated examination patient's condition, must be complete	atient, including any changes in the patient's ented within 24 hours after admission or procedure requiring anesthesia services, when mination are completed within 30 days before t as provided under paragraph (c)(5)(iii) of on of the patient, including any changes in the ed and documented by a physician (as defined and maxillofacial surgeon, or other qualified h State law and hospital policy.	!	 Medical history and physical Updated patient examination. Assessments in lieu of n EP 4 Note: The medical history and n section 1861(r) of the Social 	Ide requirements for the following: sical examination for each patient as described in PC.11.02.01, EP 2 ations as described in PC.11.02.01, EP 3 nedical history and physical examinations for patients as described in PC.11.02.01, I physical examination are completed and documented by a physician (as defined all Security Act), an oral and maxillofacial surgeon, or other qualified licensed in state law and hospital policy.		

CFR Number §482.22(c)(5)(iii)	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.22(c)(5)(iii) TAG: A-	0360	MS.14.01.	01 Medical staff by	aws address self-governance and accountability to the governing body.
(iii) An assessment of the patient (in lieu of the requirements of paragraphs (c) (5)(i) and (ii) of this section) be completed and documented after registration, but prior to surgery or a procedure requiring anesthesia services, when the patient is receiving specific outpatient surgical or procedural services and when the medical staff has chosen to develop and maintain a policy that identifies, in accordance with the requirements at paragraph (c)(5)(v) of this section, specific patients as not requiring a comprehensive medical history and physical examination, or any update to it, prior to specific outpatient surgical or procedural services. The assessment must be completed and documented by a physician (as defined in section 1861(r) of the Act), an oral and maxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.		EP 3	 The medical staff bylaws include requirements for the following: Medical history and physical examination for each patient as described in PC.11.02.01, EP: Updated patient examinations as described in PC.11.02.01, EP: Assessments in lieu of medical history and physical examinations for patients as described EP: Note: The medical history and physical examination are completed and documented by a physicial in section 1861(r) of the Social Security Act), an oral and maxillofacial surgeon, or other qualified practitioner in accordance with state law and hospital policy. 	
§482.22(c)(5)(iv) TAG: A-		MS.16.01.		nedical staff oversees the quality of patient care, treatment, and services
(iv) The medical staff develop and maintair for whom the assessment requirements of would apply. The provisions of paragraphs not apply to a medical staff that chooses to requirements of paragraphs of (c)(5)(i) and	paragraph (c)(5)(iii) of this section (c)(5)(iii), (iv), and (v) of this section do maintain a policy that adheres to the (ii) of this section for all patients.	EP 10	process. If the medical staff chooses to assessment requirements wor policy is based on the followin Patient age, diagnoses, comorbidities, and the le Nationally recognized guprior to specific outpatien Applicable state and locathe hospital demonstrates evalugical or procedural services. Note: For hospitals that use Joguidance pertaining to the mewww.ecfr.gov/.	the type and number of surgeries and procedures scheduled to be performed, evel of anesthesia required for the surgery or procedure sidelines and standards of practice for assessment of particular types of patients not surgeries and procedures all health and safety laws idence that the policy applies only to those patients receiving specific outpatient is. Doint Commission accreditation for deemed status purposes: For law and regulation dical history and physical examination at 42 CFR 482.22(c)(5)(iii), refer to https://
§482.22(c)(5)(v) TAG: A-		MS.16.01.		nedical staff oversees the quality of patient care, treatment, and services sicians and other licensed practitioners privileged through the medical staff
(v) The medical staff, if it chooses to devel- identification of specific patients to whom to (c)(5)(iii) of this section would apply, must applies only to those patients receiving specific services as well as evidence that the policy	ne assessment requirements in paragraph demonstrate evidence that the policy ecific outpatient surgical or procedural	EP 10	process. If the medical staff chooses to assessment requirements wor policy is based on the followin Patient age, diagnoses, comorbidities, and the le Nationally recognized gu prior to specific outpatier Applicable state and locathe the companies of the hospital demonstrates ev surgical or procedural services. Note: For hospitals that use Jo	develop and maintain a policy for the identification of specific patients to whom the uld apply in lieu of a comprehensive medical history and physical examination, the g: the type and number of surgeries and procedures scheduled to be performed, evel of anesthesia required for the surgery or procedure uidelines and standards of practice for assessment of particular types of patients are surgeries and procedures al health and safety laws idence that the policy applies only to those patients receiving specific outpatient

CFR Number §482.22(c)(5)(v)(A)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.22(c)(5)(v)(A) TAG: A-0362 (A) Patient age, diagnoses, the type and number of surgeries and procedures scheduled to be performed, comorbidities, and the level of anesthesia required for the surgery or procedure.		The organized medical staff oversees the quality of patient care, treatment, and services provided by physicians and other licensed practitioners privileged through the medical sprocess. EP 10 If the medical staff chooses to develop and maintain a policy for the identification of specific patients to who assessment requirements would apply in lieu of a comprehensive medical history and physical examination policy is based on the following: • Patient age, diagnoses, the type and number of surgeries and procedures scheduled to be performed comorbidities, and the level of anesthesia required for the surgery or procedure • Nationally recognized guidelines and standards of practice for assessment of particular types of patier prior to specific outpatient surgeries and procedures • Applicable state and local health and safety laws The hospital demonstrates evidence that the policy applies only to those patients receiving specific outpatie surgical or procedural services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: For law and regula guidance pertaining to the medical history and physical examination at 42 CFR 482.22(c)(5)(iii), refer to http www.ecfr.gov/.		
(B) Nationally recognized guidelines and s	§482.22(c)(5)(v)(B) TAG: A-0362 (B) Nationally recognized guidelines and standards of practice for assessment of specific types of patients prior to specific outpatient surgeries and procedures.		provided by phy process.	nedical staff oversees the quality of patient care, treatment, and services vsicians and other licensed practitioners privileged through the medical staff
			assessment requirements wo policy is based on the followin Patient age, diagnoses, comorbidities, and the le Nationally recognized g prior to specific outpatie Applicable state and loc The hospital demonstrates ev surgical or procedural service Note: For hospitals that use J	the type and number of surgeries and procedures scheduled to be performed, evel of anesthesia required for the surgery or procedure uidelines and standards of practice for assessment of particular types of patients int surgeries and procedures ial health and safety laws ridence that the policy applies only to those patients receiving specific outpatient
\[\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		MS.16.01.0		nedical staff oversees the quality of patient care, treatment, and services vicians and other licensed practitioners privileged through the medical staff
		EP 10	assessment requirements wo policy is based on the followin Patient age, diagnoses, comorbidities, and the le Nationally recognized g prior to specific outpatie Applicable state and loc The hospital demonstrates ev surgical or procedural service Note: For hospitals that use J	the type and number of surgeries and procedures scheduled to be performed, evel of anesthesia required for the surgery or procedure uidelines and standards of practice for assessment of particular types of patients int surgeries and procedures ial health and safety laws ridence that the policy applies only to those patients receiving specific outpatient

CFR Number §482.22(c)(6)	Medicare Requirements		Commission valent Number	Joint Commission Standards and Elements of Performance	
§482.22(c)(6) TAG	: A-0363	MS.14.01.01	Medical staff by	laws address self-governance and accountability to the governing body.	
(6) Include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges. For distant-site physicians and practitioners requesting privileges to furnish telemedicine services under an agreement with the hospital, the criteria for determining privileges and the procedure for applying the criteria are also subject to the requirements in §482.12(a)(8) and (a)(9), and §482.22(a)(3) and (a)(4).		The organized medical staff adopts and enforces bylaws to carry out its responsibilities. The bylaws are approved by the governing body and include the following: Statement of the duties and privileges of each category of medical staff (for example, active, courtesy) Description of the organization of the medical staff, including those members who are eligible to vote Description of 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 Criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges, including the process for reprivileging physicians and other licensed practitioners Process for credentialing and recredentialing physicians and other licensed practitioners List of all the officer positions for the medical staff Process by which the organized medical staff selects and/or elects and removes the medical staff officers Process for adopting and amending the medical staff bylaws, medical staff rules and regulations, and policies The qualifications and roles and responsibilities of the department chair, when applicable Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Distant-site physicians and practitioners requesting privileges to provide telemedicine services under an agreement with the hospital are also subject to the requirements in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4).			
§482.23 TAG	:: A-0385	LD.13.03.01	The hospital pro	ovides services that meet patient needs.	
	rsing Services nursing service that provides 24-hour nursing e furnished or supervised by a registered	res No	ponsibility for patient care, te: For hospitals that use J	d nursing service, with a plan of administrative authority and delineation of that provides 24-hour nursing services. oint Commission accreditation for deemed-status purposes: Rural hospitals with a ed under 42 CFR 488.54(c) are not required to have 24-hour nursing services.	
nurse.		NPG.12.02.01	The nurse execu	utive directs the implementation of a nurse staffing plan(s).	
		a d No imr No	lay, 7 days a week. The ho te 1: For hospitals that use mediately available for the te 2: For hospitals that use	ovides or supervises the nursing services provided by other staff to patients 24 hours spital has a licensed practical nurse or registered nurse on duty at all times. Joint Commission accreditation for deemed status purposes: A registered nurse is provision of care of any patient. Joint Commission accreditation for deemed-status purposes: Rural hospitals with a ad under 42 CFR 488.54(c) are not required to have 24-hour nursing services.	
• ()	:: A-0386	LD.13.03.01		ovides services that meet patient needs.	
authority and delineation of responsibi	ed service with a plan of administrative lities for patient care. The director of the	res No 24-	ponsibility for patient care, te: For hospitals that use J	d nursing service, with a plan of administrative authority and delineation of that provides 24-hour nursing services. oint Commission accreditation for deemed-status purposes: Rural hospitals with a ed under 42 CFR 488.54(c) are not required to have 24-hour nursing services.	
	sistered nurse. He or she is responsible for determining the types and numbers of nursing	NPG.12.02.01		utive directs the implementation of a nurse staffing plan(s).	
	de nursing care for all areas of the hospital.	inc	luding determining the followNursing policies and pro		

CFR Numb §482.23(b		Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.23(b)	TAG: A-	0392	NPG.12.02	.01 The nurse execu	utive directs the implementation of a nurse staffing plan(s).
§482.23(b) Standard: Staffing and Delivery of Care The nursing service must have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed. There must be supervisory and staff personnel for each department or nursing unit to ensure, when needed, the immediate availability of a registered nurse for the care of any patient.		EP 5	EP 5 There must be an adequate number of licensed registered nurses, licensed practical (vocational) nurses, other staff to provide nursing care to all patients, as needed. Note: There are supervisors and staff for each department or nursing unit to make certain a registered nu immediate availability for the care of any patient.		
§482.23(b)(1)	TAG: A-		LD.13.03.0	1 The hospital pro	ovides services that meet patient needs.
(1) The hospital must provide 24-hour nursing services furnished or supervised by a registered nurse, and have a licensed practical nurse or registered nurse on duty at all times, except for rural hospitals that have in effect a 24-hour nursing waiver granted under §488.54(c)of this chapter.		EP 2	responsibility for patient care, Note: For hospitals that use J 24-hour nursing waiver grante	d nursing service, with a plan of administrative authority and delineation of that provides 24-hour nursing services. oint Commission accreditation for deemed-status purposes: Rural hospitals with a ed under 42 CFR 488.54(c) are not required to have 24-hour nursing services.	
			EP 4		ovides or supervises the nursing services provided by other staff to patients 24 hours
				a day, 7 days a week. The ho Note 1: For hospitals that use immediately available for the Note 2: For hospitals that use 24-hour nursing waiver grante	spital has a licensed practical nurse or registered nurse on duty at all times. Joint Commission accreditation for deemed status purposes: A registered nurse is provision of care of any patient. Joint Commission accreditation for deemed-status purposes: Rural hospitals with a ed under 42 CFR 488.54(c) are not required to have 24-hour nursing services.
§482.23(b)(2)	TAG: A-	0394	HR.11.01.0	3 The hospital det	termines how staff function within the organization.
personnel for whom licens	sure is required h	dure to ensure that hospital nursing ave valid and current licensure.	EP 3	Credentials of staff using federal, state, or local law renewed. Credentials of staff (pringle by law and regulation. The state of the staff (pringle by law and regulation. The state of the s	ion (for example, a credentials verification organization [CVO]) may be used to verify O must meet the CVO guidelines identified in the Glossary. es the required qualifications for staff based on job responsibilities.
§482.23(b)(3)	TAG: A-		NR.11.01.0		utive directs the implementation of nursing policies and procedures, nursing a nurse staffing plan(s).
patient.	ist supervise and	evaluate the nursing care for each	EP 4		s and evaluates the nursing care for each patient.
§482.23(b)(4)	TAG: A-	0396	PC.11.03.0	1 The hospital pla	ns the patient's care.
nursing care plan for each	n patient that refle et the patient's n	ng staff develops, and keeps current, a ects the patient's goals and the nursing eeds. The nursing care plan may be part	EP 1	 Needs identified by the The patient's goals and Note 1: Nursing staff development of care, Note 2: The hospital evaluate 	s the patient's progress and revises the plan of care based on the patient's progress. als that use Joint Commission accreditation for deemed status purposes: The

CFR Number §482.23(b)(5)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§482.23(b)(5) TAG: A (5) A registered nurse must assign the nur personnel in accordance with the patient's and competence of the nursing staff availa	rsing care of each patient to other nursing needs and the specialized qualifications	NR.11.01.01 The nurse executive directs the implementation of nursing policies and procedures, nurse standards, and a nurse staffing plan(s). EP 1 A registered nurse assigns the nursing care for each patient to other nursing staff in accordance with the particle of the nursing staff available.			
§482.23(b)(6) TAG: A-0398 (6) All licensed nurses who provide services in the hospital must adhere to the policies and procedures of the hospital. The director of nursing service must provide for the adequate supervision and evaluation of the clinical activities of all nursing personnel which occur within the responsibility of the nursing services, regardless of the mechanism through which those personnel are providing services (that is, hospital employee, contract, lease, other agreement, or volunteer).		NR.11.01.0 EP 2	standards, and a	ative directs the implementation of nursing policies and procedures, nursing a nurse staffing plan(s). de services in the hospital adhere to its policies and procedures. ng staff providing services (that is, hospital employee, contract, lease, other	
		EP 3	accordance with nursing polic	for the supervision and evaluation of the clinical activities of all nursing staff in ies and procedures. In graph staff who are providing services (that is, hospital employee, contract, lease, other staff who are providing services).	
§482.23(b)(7) TAG: A (7) The hospital must have policies and proutpatient departments, if any, are not registered nurse present. The policies and	ocedures in place establishing which uired under hospital policy to have a	NPG.12.02	The hospital has policies and have a registered nurse prese • Establish criteria that su	ifing plans ector of nursing	
§482.23(b)(7)(i) TAG: A	-0399	NPG.12.02	.01 The nurse execu	tive directs the implementation of a nurse staffing plan(s).	
the types of services delivered, the general department, and the established standard	al level of acuity of patients served by the	EP 7	have a registered nurse prese • Establish criteria that su	fing plans ector of nursing	
§482.23(b)(7)(ii) TAG: A	-0399	NPG.12.02	.01 The nurse execu	tive directs the implementation of a nurse staffing plan(s).	
(ii) Establish alternative staffing plans;		EP 7	have a registered nurse prese • Establish criteria that su	fing plans ector of nursing	

CFR Numb §482.23(b)(7)		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.23(b)(7)(iii)	TAG: A	0399	NPG.12.0	2.01 The nurse execu	utive directs the implementation of a nurse staffing plan(s).
(iii) Be approved by the dir			EP 7	have a registered nurse prese Establish criteria that su delivered, the general le practice for the services Describe alternative stat Are approved by the dire Are reviewed at least on	ifing plans ector of nursing ace every three years
§482.23(b)(7)(iv)	TAG: A	0399	NPG.12.0	2.01 The nurse execu	ative directs the implementation of a nurse staffing plan(s).
(iv) Be reviewed at least or	nce every 3 yea	rs.	EP 7	have a registered nurse prese • Establish criteria that su	ifing plans ector of nursing
§482.23(c)	TAG: A	0405			
(c) Standard: Preparation a	and administrati	on of drugs.	1		
§482.23(c)(1)	TAG: A	0405	MM.16.01	.01 The hospital saf	ely administers medications.
	e orders of the	d and administered in accordance with practitioner or practitioners responsible for s of practice.	EP 1	licensed practitioner or practit For hospitals that use Joint Coprepared and administered as On the orders of other prin accordance with state rules, and regulations. On the orders contained	pared and administered in accordance with federal and state laws, the orders of the ioners responsible for the patient's care, and accepted standards of practice. ommission Accreditation for deemed status purposes: Drugs and biologicals may be follows: ractitioners not specified under 42 CFR 482.12(c) only if such practitioners are acting law, including scope-of-practice laws, hospital policies, and medical staff bylaws, within preprinted and electronic standing orders, order sets, and protocols for ch orders meet the requirements of 42 CFR 482.24(c)(3).
§482.23(c)(1)(i)	TAG: A	· · · · ·	MM.16.01		ely administers medications.
practitioners not specified	under §482.12(, including scop	and administered on the orders of other c) only if such practitioners are acting in e-of-practice laws, hospital policies, and s.	EP 1	licensed practitioner or practit For hospitals that use Joint Coprepared and administered as On the orders of other prin accordance with state rules, and regulations. On the orders contained	pared and administered in accordance with federal and state laws, the orders of the ioners responsible for the patient's care, and accepted standards of practice. ommission Accreditation for deemed status purposes: Drugs and biologicals may be stollows: ractitioners not specified under 42 CFR 482.12(c) only if such practitioners are acting alw, including scope-of-practice laws, hospital policies, and medical staff bylaws, within preprinted and electronic standing orders, order sets, and protocols for orders meet the requirements of 42 CFR 482.24(c)(3).

CFR Number §482.23(c)(1)(ii)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.23(c)(1)(ii) TAG:	A-0406	MM.16.01.	01 The hospital sa	fely administers medications.
(ii) Drugs and biologicals may be prepared and administered on the orders contained within pre-printed and electronic standing orders, order sets, and protocols for patient orders only if such orders meet the requirements of §482.24(c)(3).		EP 1	licensed practitioner or practit For hospitals that use Joint C prepared and administered at On the orders of other p in accordance with state rules, and regulations. On the orders contained patient orders only if su	oractitioners not specified under 42 CFR 482.12(c) only if such practitioners are acting e law, including scope-of-practice laws, hospital policies, and medical staff bylaws, d within preprinted and electronic standing orders, order sets, and protocols for ch orders meet the requirements of 42 CFR 482.24(c)(3).
§482.23(c)(2) TAG:	A-0405	MM.16.01.	01 The hospital sa	fely administers medications.
(2) All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.		EP 2		ministered by, or under supervision of, nursing or other staff in accordance with gulations, including applicable licensing requirements, and in accordance with the es and procedures.
§482.23(c)(3) TAG:	A-0406	MM.14.01.	01 Medication orde	ers are clear and accurate.
	ospital policy after an assessment of biologicals must be documented and signed ite orders in accordance with State law and	EP 1	in accordance with state law,	als are documented and signed by any practitioner who is authorized to write orders hospital policy, and medical staff bylaws, rules, and regulations. soccal vaccines may be administered per physician-approved hospital policy after an ons.
§482.23(c)(3)(i) TAG:	A-0407	MM.14.01.	01 Medication orde	ers are clear and accurate.
(i) If verbal orders are used, they are to be	be used infrequently.	EP 2	The hospital minimizes the us	se of verbal medication orders.
§482.23(c)(3)(ii) TAG:	A-0408	RC.12.02.0	Qualified staff r	eceive and record verbal orders.
	nust only be accepted by persons who are nd procedures consistent with Federal and	EP 1	Only staff authorized by hosp verbal orders.	ital policies and procedures consistent with federal and state law accept and record
§482.23(c)(3)(iii) TAG:	A-0409	MM.14.01.	01 Medication orde	ers are clear and accurate.
(iii) Orders for drugs and biologicals may practitioners only if such practitioners are including scope-of-practice laws, hospital and regulations.		EP 1	in accordance with state law,	als are documented and signed by any practitioner who is authorized to write orders hospital policy, and medical staff bylaws, rules, and regulations. soccal vaccines may be administered per physician-approved hospital policy after an ons.
§482.23(c)(4) TAG:	A-0410	PC.12.01.0	•	ovides care, treatment, and services as ordered or prescribed and in
(4) Blood transfusions and intravenous raccordance with State law and approved		EP 3	The hospital administers bloo	h law and regulation. d transfusions and intravenous medications in accordance with state law and
		<u> </u>	approved medical staff policie	. •
<u>σ (-, χ - , </u>	A-0411 for reporting transfusion reactions, adverse	MM.17.01.	-	sponds to actual or potential adverse drug events, significant adverse drug nedication errors.
drug reactions, and errors in administration		EP 1	reactions, and errors in admir	plements policies and procedures for reporting transfusion reactions, adverse drug nistration of drugs. nance is also applicable to sample medications.

CFR Number §482.23(c)(6)	Medicare Requirements	Ec	pint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.23(c)(6) TAG:	A-0412	MM.16.01.0)1 The hospital saf	ely administers medications.
appropriate) to self-administer both hosp	nis or her caregiver/support person where ital-issued medications and the patient's al, as defined and specified in the hospital's	EP 3	administration of medications Note 1: This applies to hospita	plements policies and procedures that guide the safe and accurate self- by the patient or their caregiver or support person, where appropriate. al-issued medications and the patient's own medications brought into the hospital. stered medication(s)" may refer to medications administered by a family member.
§482.23(c)(6)(i) TAG:	A-0412			
(i) If the hospital allows a patient to self- medications, then the hospital must have				
§482.23(c)(6)(i)(A) TAG:	A-0412	MM.16.01.0	The hospital saf	ely administers medications.
(A) Ensure that a practitioner responsible order, consistent with hospital policy, per	e for the care of the patient has issued an emitting self-administration.	EP 4	Making certain that an o is consistent with the ho Determining that the pat specified medication(s) Instructing the patient or accurate administration Addressing the security	to self-administer specific hospital-issued medications, the hospital has policies and less the following: order is issued by a licensed practitioner responsible for the patient's care and that it is spital's self-administration policy tient or the patient's caregiver or support person is capable of administering the or the patient's caregiver or support person, where appropriate, in the safe and of the specified medication(s) of the medications for each patient ered medication(s)" may refer to medications administered by a family member.
§482.23(c)(6)(i)(B) TAG:	A-0412	MM.16.01.0	The hospital saf	ely administers medications.
(B) Assess the capacity of the patient (o where appropriate) to self-administer the		EP 4	Making certain that an o is consistent with the ho Determining that the pat specified medication(s) Instructing the patient or accurate administration Addressing the security	to self-administer specific hospital-issued medications, the hospital has policies and less the following: order is issued by a licensed practitioner responsible for the patient's care and that it is spital's self-administration policy lient or the patient's caregiver or support person is capable of administering the or the patient's caregiver or support person, where appropriate, in the safe and of the specified medication(s) of the medications for each patient lered medication(s)" may refer to medications administered by a family member.
§482.23(c)(6)(i)(C) TAG:	A-0412	MM.16.01.0	The hospital saf	ely administers medications.
(C) Instruct the patient (or the patient's cin the safe and accurate administration c	aregiver/support person where appropriate) f the specified medication(s).	EP 4	Making certain that an o is consistent with the ho Determining that the pat specified medication(s) Instructing the patient or accurate administration Addressing the security	to self-administer specific hospital-issued medications, the hospital has policies and less the following: order is issued by a licensed practitioner responsible for the patient's care and that it is spital's self-administration policy lient or the patient's caregiver or support person is capable of administering the or the patient's caregiver or support person, where appropriate, in the safe and of the specified medication(s) of the medications for each patient lered medication(s)" may refer to medications administered by a family member.

CFR Number §482.23(c)(6)(i)(D)	Medicare Requirements		nt Commission iivalent Number	Joint Commission Standards and Elements of Performance
§482.23(c)(6)(i)(D) TAG: A	A-0412	MM.16.01.01	The hospital sat	fely administers medications.
(D) Address the security of the medication(s) for each patient.		p	to self-administer specific hospital-issued medications, the hospital has policies and ess the following: order is issued by a licensed practitioner responsible for the patient's care and that it espital's self-administration policy tient or the patient's caregiver or support person is capable of administering the r the patient's caregiver or support person, where appropriate, in the safe and of the specified medication(s) of the medications for each patient ered medication(s)" may refer to medications administered by a family member.	
§482.23(c)(6)(i)(E) TAG: A	A-0412 medication, as reported by the patient (or	RC.12.01.01	The medical rec	ord contains information that reflects the patient's care, treatment, and
the patient's caregiver/support person wherecord.	nere appropriate), in the patient's medical	N s e	Admitting diagnosis Any emergency care, tre Any allergies to food an Any findings of assessm Results of all consultative care of the patient Treatment goals, plan of Documentation of companesthesia All practitioners' orders Nursing notes, reports of monitor the patient's core Medication records, including and titration of a situations in which block chartexplanation of block charting, Administration of each support person where a Records of radiology and All care, treatment, and Patient's response to care Medical history and phy information Discharge plan and discended. Discharge summary with including any medication.	nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the f care, and revisions to the plan of care dications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to indition uding the strength, dose, route, date and time of administration, access site for on devices used, and rate of administration a medication is necessary, the hospital defines in policy the urgent/emergent ting would be an acceptable form of documentation. For the definition and a further refer to the Glossary. self-administered medication, as reported by the patient (or the patient's caregiver or ppropriate) and nuclear medicine services, including signed interpretation reports services provided to the patient are, treatment, and services sical examination, including any conclusions or impressions drawn from the
§482.23(c)(6)(ii) TAG: A				
(ii) If the hospital allows a patient to self-temedications brought into the hospital, the procedures in place to:	•			

CFR Number §482.23(c)(6)(ii)(A)	Medicare Requirements		nt Commission ivalent Number	Joint Commission Standards and Elements of Performance	
§482.23(c)(6)(ii)(A) TAG: A-	-0413	MM.16.01.01	The hospital saf	ely administers medications.	
(A) Ensure that a practitioner responsible for the care of the patient has issued an order, consistent with hospital policy, permitting self-administration of medications the patient brought into the hospital.		а	If the hospital allows a patient to self-administer medications not issued by the hospital, the hospital has policies and procedures in place that address the following: • Making certain that an order is issued by a practitioner responsible for the patient's care and that it is consistent with the hospital's self-administration policy • Determining that the patient or the patient's caregiver or support person is capable of administering the specified medication(s) • Instructing the patient or the patient's caregiver or support person, where appropriate, in the safe and accurate administration of the specified medication(s) • Addressing the security of the medications for each patient • Identifying the specified medication(s) and visually evaluating the medication(s) for integrity Note: The term "self-administered medication(s)" may refer to medications administered by a family member.		
§482.23(c)(6)(ii)(B) TAG: A-	-0413	MM.16.01.01	The hospital saf	ely administers medications.	
(B) Assess the capacity of the patient (or t where appropriate) to self-administer the s determine if the patient (or the patient's caneeds instruction in the safe and accurate medication(s).	specified medication(s), and also aregiver/support person where appropriate)	а	 nd procedures in place that a Making certain that an o consistent with the hosp Determining that the pat specified medication(s) Instructing the patient or accurate administration Addressing the security Identifying the specified 	to self-administer medications not issued by the hospital, the hospital has policies address the following: rder is issued by a practitioner responsible for the patient's care and that it is ital's self-administration policy ient or the patient's caregiver or support person is capable of administering the the patient's caregiver or support person, where appropriate, in the safe and of the specified medication(s) of the medications for each patient medication(s) and visually evaluating the medication(s) for integrity ered medication(s)" may refer to medications administered by a family member.	
§482.23(c)(6)(ii)(C) TAG: A-	-0413	MM.16.01.01	The hospital saf	ely administers medications.	
(C) Identify the specified medication(s) and integrity.	d visually evaluate the medication(s) for	a	 Making certain that an o consistent with the hosp Determining that the pat specified medication(s) Instructing the patient or accurate administration Addressing the security Identifying the specified 	to self-administer medications not issued by the hospital, the hospital has policies address the following: rder is issued by a practitioner responsible for the patient's care and that it is ital's self-administration policy ient or the patient's caregiver or support person is capable of administering the the patient's caregiver or support person, where appropriate, in the safe and of the specified medication(s) of the medications for each patient medication(s) and visually evaluating the medication(s) for integrity ered medication(s) may refer to medications administered by a family member.	
§482.23(c)(6)(ii)(D) TAG: A-	-0413	MM.16.01.01	The hospital saf	ely administers medications.	
(D) Address the security of the medication	n(s) for each patient.	a	 Making certain that an o consistent with the hosp Determining that the pat specified medication(s) Instructing the patient or accurate administration Addressing the security Identifying the specified 	to self-administer medications not issued by the hospital, the hospital has policies address the following: rder is issued by a practitioner responsible for the patient's care and that it is ital's self-administration policy ient or the patient's caregiver or support person is capable of administering the the patient's caregiver or support person, where appropriate, in the safe and of the specified medication(s) of the medications for each patient medication(s) and visually evaluating the medication(s) for integrity ered medication(s)" may refer to medications administered by a family member.	

CFR Number §482.23(c)(6)(ii)(E)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.23(c)(6)(ii)(E) TAG: A		RC.12.01.01 The medical re services.	cord contains information that reflects the patient's care, treatment, and
(E) Document the administration of each the patient's caregiver/support person wh record.		EP 2 The medical record contains	ments and reassessments ive evaluations of the patient and findings by clinical and other staff involved in the of care, and revisions to the plan of care plications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to ordition cluding the strength, dose, route, date and time of administration, access site for tion devices used, and rate of administration a medication is necessary, the hospital defines in policy the urgent/emergent rting would be an acceptable form of documentation. For the definition and a further is, refer to the Glossary.

CFR Number §482.24	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§482.24 TAG: A-	0431	LD.13.03.01	The hospital pro	ovides services that meet patient needs.
§482.24 Condition of Participation: Medical Record Services The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.		The hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: Outpatient Emergency Medical records Diagnostic and therapeutic radiology Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are provided, they are in accordance with nationally recognized acceptable standards of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services are consistent in quality with inpatient care in accordance with the complexity of services offered. As applicable, the services must be integrated with other departments of the hospital.		
		RC.11.01.01	<u> </u>	intains complete and accurate medical records for each individual patient.
				ical record for every inpatient and outpatient in the hospital.
§482.24(a) TAG: A-		LD.13.03.01		ovides services that meet patient needs.
§482.24(a) Standard: Organization and Sta The organization of the medical record ser- complexity of the services performed. The to ensure prompt completion, filing, and ref	vice must be appropriate to the scope and hospital must employ adequate personnel		agreements that meet the need complexity of services offered but are not limited to the follow Outpatient Emergency Medical records Diagnostic and therapeu Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are practice for the health care positional services of practice for the health care positions.	
		NPG.12.01.0		eadership team ensures that there is qualified ancillary staff required to meet population served and determines how staff function within the organization.
			The hospital has a medical re	cord service that has administrative responsibility for medical records. The hospital oport the prompt completion, filing, and retrieval of records.

CFR Number §482.24(b)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.24(b) TAG: A	n-0438	RC.11.01.0	1 The hospital ma	intains complete and accurate medical records for each individual patient.
§482.24(b) Standard: Form and Retention	n of Record	EP 1	The hospital maintains a med	ical record for every inpatient and outpatient in the hospital.
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 accessible. The begatish must use a system of author identification and		EP 4	and timed medical record enti- service provided. The medica	plements policies and procedures for accurate, legible, complete, signed, dated, ries that are authenticated by the person responsible for providing or evaluating the I records are promptly completed, properly filed and retained, and readily accessible. edical record are authenticated.
security of all record entries.		EP 2		f author identification and record maintenance that ensures the integrity of the security of all record entries.
§482.24(b)(1) TAG: A	n-0439	RC.11.03.0	1 The hospital ret	ains its medical records.
(1) Medical records must be retained in the period of at least 5 years.	neir original or legally reproduced form for a	EP 1	in accordance with law and re Note: For hospitals that use Jaretained in their original or leg	nal or legally reproduced medical record is determined by its use and hospital policy, egulation. oint Commission accreditation for deemed status purposes: Medical records are pally reproduced form for at least five years. This includes nuclear medicine reports; films, and scans; and other applicable image records.
§482.24(b)(2) TAG: A	n-0440	IM.13.01.03	The hospital ret	rieves, disseminates, and transmits health information in useful formats.
(2) The hospital must have a system of coding and indexing medical records. The system must allow for timely retrieval by diagnosis and procedure, in order to support medical care evaluation studies.		EP 1	needed for patient care, treatr Note: For hospitals that use J	r coding and indexing medical records to make health information accessible when ment, and services. oint Commission accreditation for deemed status purposes: The medical records eval of patient information by diagnosis and procedure.
§482.24(b)(3) TAG: A	N-0441	IM.12.01.01	The hospital pro	otects the privacy and confidentiality of health information.
records. Information from or copies of rec individuals, and the hospital must ensure access to or alter patient records. Origina	(3) The hospital must have a procedure for ensuring the confidentiality of patient records. Information from or copies of records may be released only to authorized individuals, and the hospital must ensure that unauthorized individuals cannot gain access to or alter patient records. Original medical records must be released by the hospital only in accordance with Federal or State laws, court orders, or subpoenas.		information. Note: For hospitals that use J Policies and procedures also	plements policies and procedures addressing the privacy and confidentiality of health oint Commission accreditation for deemed status purposes and have swing beds: address the resident's personal records. plements policies and procedures for the release of medical records. The policies
			Note: Information from or cop	ance with law and regulation, court orders, or subpoenas. ies of records may be released only to authorized individuals, and the hospital makes viduals cannot gain access to or alter patient records.
		IM.12.01.03	The hospital ma	intains the security and integrity of health information.
		EP 1	the following: • Access and use of healt • Integrity of health inform accidental destruction • Intentional destruction o • When and by whom the Note: Removal refers to those	nation against loss, damage, unauthorized alteration, unintentional change, and of health information removal of health information is permitted e actions that place health information outside the hospital's control.
§482.24(c) TAG: A	1-0449	RC.11.01.0	1 The hospital ma	intains complete and accurate medical records for each individual patient.
§482.24(c) Standard: Content of Record The medical record must contain informa hospitalization, support the diagnosis, an response to medications and services.		EP 2	 Information needed to s Information about the parand providers 	ustify the patient's admission and continued care, treatment, and services upport the patient's diagnosis and condition atient's care, treatment, and services that promotes continuity of care among staff Joint Commission's Primary Care Medical Home option: This requirement refers to

CFR Number §482.24(c)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
		RC.12.01.01	The medical rec services.	ord contains information that reflects the patient's care, treatment, and
			 Admitting diagnosis Any emergency care, tree Any allergies to food and Any findings of assessments Results of all consultative care of the patient Treatment goals, plan of Documentation of complianesthesia All practitioners' orders Nursing notes, reports of monitor the patient's core Medication records, inclumedication, administration Note: When rapid titration of a situations in which block chart explanation of block charting, Administration of each situations of radiology and All care, treatment, and Patient's response to cae Medical history and physinformation Discharge plan and discenting of the properties of the	nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the f care, and revisions to the plan of care lications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to ndition uding the strength, dose, route, date and time of administration, access site for on devices used, and rate of administration a medication is necessary, the hospital defines in policy the urgent/emergent ting would be an acceptable form of documentation. For the definition and a further refer to the Glossary. self-administered medication, as reported by the patient (or the patient's caregiver or ppropriate) d nuclear medicine services, including signed interpretation reports services provided to the patient are, treatment, and services sical examination, including any conclusions or impressions drawn from the
§482.24(c)(1) TAG:	A-0450	RC.11.01.01	The hospital ma	intains complete and accurate medical records for each individual patient.
authenticated in written or electronic for	ust be legible, complete, dated, timed, and m by the person responsible for providing or ent with hospital policies and procedures.		and timed medical record entr	plements policies and procedures for accurate, legible, complete, signed, dated, ries that are authenticated by the person responsible for providing or evaluating the I records are promptly completed, properly filed and retained, and readily accessible.
§482.24(c)(2) TAG:	A-0454	RC.11.02.01	Entries in the mo	edical record are authenticated.
(2) All orders, including verbal orders, n promptly by the ordering practitioner or the care of the patient only if such a pra	nust be dated, timed, and authenticated by another practitioner who is responsible for ictitioner is acting in accordance with State ospital policies, and medical staff bylaws,		practitioner who is responsible	ders, are dated, timed, and authenticated by the ordering physician or other licensed e for the patient's care and who is authorized to write orders, in accordance with ation, and medical staff bylaws, rules, and regulations.
§482.24(c)(3) TAG:	A-0457			
	electronic standing orders, order sets, and ospital:			

CFR Number §482.24(c)(3)(i)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance
σ - (-)(-)(-)	TAG: A-0457 d protocols have been reviewed and approved by	RC.12.01.01	The medical rec services.	ord contains information that reflects the patient's care, treatment, and
	s nursing and pharmacy leadership;		following occurs: Orders and protocols are pharmacy leadership. Orders and protocols are Orders and protocols are and pharmacy leadership. Orders and protocols are the ordering practitioner.	and electronic standing orders, order sets, and protocols for patient orders only if the e reviewed and approved by the medical staff and the hospital's nursing and e consistent with nationally recognized and evidence-based guidelines. The periodically and regularly reviewed by the medical staff and the hospital's nursing ip to determine the continuing usefulness and safety of the orders and protocols. The dated, timed, and authenticated promptly in the patient's medical record by the or by another practitioner responsible for the care of the patient only if such a accordance with state law, including scope-of-practice laws, hospital policies, and les, and regulations.
0 · (-/(-// /	TAG: A-0457 and protocols are consistent with nationally	RC.12.01.01	The medical rec services.	ord contains information that reflects the patient's care, treatment, and
recognized and evidence-based gu			following occurs: Orders and protocols are pharmacy leadership. Orders and protocols are Orders and protocols are and pharmacy leadership. Orders and protocols are the ordering practitioner.	and electronic standing orders, order sets, and protocols for patient orders only if the e reviewed and approved by the medical staff and the hospital's nursing and e consistent with nationally recognized and evidence-based guidelines. The periodically and regularly reviewed by the medical staff and the hospital's nursing ip to determine the continuing usefulness and safety of the orders and protocols. The dated, timed, and authenticated promptly in the patient's medical record by the order practitioner responsible for the care of the patient only if such a accordance with state law, including scope-of-practice laws, hospital policies, and les, and regulations.
• (// // /	TAG: A-0457	RC.12.01.01	The medical rec services.	ord contains information that reflects the patient's care, treatment, and
conducted by the medical staff and	regular review of such orders and protocols is d the hospital's nursing and pharmacy leadership ness and safety of the orders and protocols; and		The hospital uses preprinted a following occurs: Orders and protocols and pharmacy leadership. Orders and protocols are Orders and protocols are and pharmacy leadership. Orders and protocols are and pharmacy leadership.	and electronic standing orders, order sets, and protocols for patient orders only if the e reviewed and approved by the medical staff and the hospital's nursing and e consistent with nationally recognized and evidence-based guidelines. e periodically and regularly reviewed by the medical staff and the hospital's nursing ip to determine the continuing usefulness and safety of the orders and protocols. e dated, timed, and authenticated promptly in the patient's medical record by or or by another practitioner responsible for the care of the patient only if such a accordance with state law, including scope-of-practice laws, hospital policies, and les, and regulations.

CFR Number §482.24(c)(3)(iv)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.24(c)(3)(iv) TAG:	A-0457	RC.12.01.0		ord contains information that reflects the patient's care, treatment, and
practitioner responsible for the care of the	by the ordering practitioner or by another ne patient only if such a practitioner is acting scope-of-practice laws, hospital policies, and	EP 5	following occurs: Orders and protocols are pharmacy leadership. Orders and protocols are Orders and protocols are and pharmacy leadership. Orders and protocols are the ordering practitioner.	and electronic standing orders, order sets, and protocols for patient orders only if the e reviewed and approved by the medical staff and the hospital's nursing and e consistent with nationally recognized and evidence-based guidelines. e periodically and regularly reviewed by the medical staff and the hospital's nursing ip to determine the continuing usefulness and safety of the orders and protocols. e dated, timed, and authenticated promptly in the patient's medical record by or by another practitioner responsible for the care of the patient only if such a accordance with state law, including scope-of-practice laws, hospital policies, and es, and regulations.
§482.24(c)(4) TAG:	A-0458		'	
(4) All records must document the follow	ving, as appropriate:	1		
§482.24(c)(4)(i) TAG:	A-0458			
(i) Evidence of				
§482.24(c)(4)(i)(A) TAG:	A-0458	PC.11.02.0		sesses and reassesses the patient and the patient's condition according to
surgery or a procedure requiring anesthe paragraph (c)(4)(i)(C) of this section. The medical h	fter admission or registration, but prior to esia services, and except as provided under nistory and physical examination must be ithin 24 hours after admission or registration,	EP 2	24 hours after, registration or Note 1: For hospitals that use and physical examinations are outpatient surgical or procedu CFR 482.24(c)(4)(i)(C). Note 2: For law and regulation	Il examination is completed and documented no more than 30 days prior to, or within inpatient admission but prior to surgery or a procedure requiring anesthesia services. Joint Commission accreditation for deemed status purposes: Medical histories e performed as required in this element of performance, except prior to any specific ral services for which an assessment is performed instead as provided under 42 in guidance pertaining to the medical history and physical examination at 42 CFR (1)(iii), refer to https://www.ecfr.gov/.
		RC.12.01.0		ord contains information that reflects the patient's care, treatment, and
		EP 6		ical examination or updates to the medical history and physical examination are I record within 24 hours after admission or registration, but prior to surgery or a ia services.
0 · (·// // /	A-0461 ent, including any changes in the patient's	PC.11.02.0	The hospital ass defined time frame	sesses and reassesses the patient and the patient's condition according to mes.
condition, when the medical history and 30 days before admission or registration (c)(4)(i)(C) of this section. Documentation	physical examination are completed within n, and except as provided under paragraph on of the updated examination must be ithin 24 hours after admission or registration,	EP 3	admission, an update docume registration or inpatient admis Note 1: For hospitals that use and physical examinations are outpatient surgical or procedu CFR 482.24(c)(4)(i)(C). Note 2: For law and regulation	sical examination that was completed within 30 days prior to registration or inpatient enting any changes in the patient's condition is completed within 24 hours after sion, but prior to surgery or a procedure requiring anesthesia services. Joint Commission accreditation for deemed status purposes: Medical histories e performed as required in this element of performance, except prior to any specific ral services for which an assessment is performed instead as provided under 42 in guidance pertaining to the medical history and physical examination at 42 CFR p(1)(iii), refer to https://www.ecfr.gov/.

CFR Number §482.24(c)(4)(i)(B)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
		RC.12.01.01	The medical rec services.	ord contains information that reflects the patient's care, treatment, and
				ical examination or updates to the medical history and physical examination are all record within 24 hours after admission or registration, but prior to surgery or a ia services.
§482.24(c)(4)(i)(C) TAG: A		RC.12.01.01	The medical rec services.	ord contains information that reflects the patient's care, treatment, and
surgery or a procedure requiring anesthes specific outpatient surgical or procedural s chosen to develop and maintain a policy the	documented after registration, but prior to ia services, when the patient is receiving ervices and when the medical staff has nat identifies, in accordance with the patients as not requiring a comprehensive	1	An assessment of the patient 482.24(c)(4)(i)(A) and (B)) is or requiring anesthesia services • The patient is receiving • The medical staff has characteristic requirements at §482.22	(in lieu of a medical history and physical examination as described in 42 CFR completed and documented after registration, but prior to surgery or a procedure , when the following conditions are met: specific outpatient surgical or procedural services. hosen to develop and maintain a policy that identifies, in accordance with the $2(c)(5)(v)$, specific patients as not requiring a comprehensive medical history and r any update to it, prior to specific outpatient surgical or procedural services.
§482.24(c)(4)(ii) TAG: A-	0463	RC.12.01.01	The medical rec services.	ord contains information that reflects the patient's care, treatment, and
			 Admitting diagnosis Any emergency care, tree Any allergies to food and Any findings of assessment Results of all consultative care of the patient Treatment goals, plan of Documentation of companesthesia All practitioners' orders Nursing notes, reports of monitor the patient's core Medication records, inclimedication, administration Note: When rapid titration of assituations in which block charting, Administration of each sistuations of plock charting, Administration of each sistuations of all care, treatment, and Patient's response to care Medical history and physinformation Discharge plan and discentification of plocking any medication Any diagnoses or condition 	nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the of care, and revisions to the plan of care clications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to midition uding the strength, dose, route, date and time of administration, access site for on devices used, and rate of administration a medication is necessary, the hospital defines in policy the urgent/emergent ting would be an acceptable form of documentation. For the definition and a further refer to the Glossary. self-administered medication, as reported by the patient (or the patient's caregiver or ppropriate) Ind nuclear medicine services, including signed interpretation reports services provided to the patient are, treatment, and services sical examination, including any conclusions or impressions drawn from the

CFR Number §482.24(c)(4)(iii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.24(c)(4)(iii) TAG: A		RC.12.01.01		ord contains information that reflects the patient's care, treatment, and
(iii) Results of all consultative evaluations			services.	
clinical and other staff involved in the care	e of the patient.	A A A A A A A A A A A A A A A A A A A	Admitting diagnosis Any emergency care, tre Any allergies to food and Any findings of assessm Results of all consultative are of the patient Treatment goals, plan of Documentation of comp and presthesia All practitioners' orders Aursing notes, reports of Anonitor the patient's cor Medication records, inclinedication, administrative When rapid titration of a form in which block charting, Administration of each s accords of radiology an All care, treatment, and Patient's response to ca Medical history and physion Discharge plan and disc Discharge summary with Including any medication Any diagnoses or condition	nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the of care, and revisions to the plan of care oblications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to notition obligation luding the strength, dose, route, date and time of administration, access site for ion devices used, and rate of administration a medication is necessary, the hospital defines in policy the urgent/emergent ting would be an acceptable form of documentation. For the definition and a further refer to the Glossary.

CFR Number Medicare Requirements §482.24(c)(4)(iv)		Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§482.24(c)(4)(iv)	TAG: A	-0465 ital acquired infections, and unfavorable	RC.12.01.	The medical rec services.	ord contains information that reflects the patient's care, treatment, and
reactions to drugs and ane	sthesia.		RC.12.01.01 The medical record contains information that reflects the patient's care, treatmeservices. EP 2 The medical record contains the following clinical information: Admitting diagnosis Any emergency care, treatment, and services provided to the patient before their arrival Any allergies to food and medications Any findings of assessments and reassessments Results of all consultative evaluations of the patient and findings by clinical and other staff in care of the patient Treatment goals, plan of care, and revisions to the plan of care Documentation of complications, health care—acquired infections, and adverse reactions to anesthesia All practitioners' orders Nursing notes, reports of treatment, laboratory reports, vital signs, and other information nemonitor the patient's condition Medication records, including the strength, dose, route, date and time of administration, accumedication, administration devices used, and rate of administration. Note: When rapid titration of a medication is necessary, the hospital defines in policy the urgent/e situations in which block charting would be an acceptable form of documentation. For the definitic explanation of block charting, refer to the Glossary. Administration of each self-administered medication, as reported by the patient (or the paties support person where appropriate) Records of radiology and nuclear medicine services, including signed interpretation reports All care, treatment, and services provided to the patient Patient's response to care, treatment, and services Medical history and physical examination, including any conclusions or impressions drawn to information Discharge plan and discharge planning evaluation Discharge summary with outcome of hospitalization, disposition of case, and provisions for including any medications dispensed or prescribed on discharge, including final diagnosis.		eatment, and services provided to the patient before their arrival d medications lents and reassessments are evaluations of the patient and findings by clinical and other staff involved in the frace, and revisions to the plan of care lications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to addition uding the strength, dose, route, date and time of administration, access site for on devices used, and rate of administration and accessed, and rate of administration. For the definition and a further refer to the Glossary, the hospital defines in policy the urgent/emergent ting would be an acceptable form of documentation. For the definition and a further refer to the Glossary. The first administered medication, as reported by the patient (or the patient's caregiver or appropriate) deprivation of the patient are, treatment, and services, including signed interpretation reports services provided to the patient are, treatment, and services sical examination, including any conclusions or impressions drawn from the charge planning evaluation of case, and provisions for follow-up care, as dispensed or prescribed on discharge tions established during the patient's course of care, treatment, and services impleted within 30 days following discharge, including final diagnosis.
§482.24(c)(4)(v)	TAG: A		RC.12.01.		ord contains information that reflects the patient's care, treatment, and
(v) Properly executed informed consent forms for procedures and treatments specified by the medical staff, or by Federal or State law if applicable, to require written patient consent.		EP 3	regulation. Note: The properly executed i emergencies. A properly executed if and agreement for care, tree	any informed consent, when required by hospital policy or federal or state law or informed consent is placed in the patient's medical record prior to surgery, except in cuted informed consent contains documentation of a patient's mutual understanding patment, and services through written signature; electronic signature; or, when a signature, documentation of the verbal agreement by the patient or surrogate	

CFR Number §482.24(c)(4)(vi)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.24(c)(4)(vi) TAG: A	-0467			ord contains information that reflects the patient's care, treatment, and
	is, reports of treatment, medication records, all signs and other information necessary to	EP 2 The medical re Admittin Any eme Any alle Any find Results care of treatment All pract Nursing monitor Medicati medicati Note: When re situations in wexplanation of Administration All care, Patient's Medical informat Discharger including Any diag	ag diagnosis ergency care, tre- ergies to food and lings of assessm of all consultative the patient goals, plan of entation of complessia titioners' orders notes, reports of the patient's contion records, inclusion, administratic apid titration of a which block charting, stration of each seperson where ages of radiology and treatment, and ser response to call history and physicion ge plan and discege summary with gen any medication gnoses or conditions.	nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the f care, and revisions to the plan of care lications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to necessary to necessary to necessary to necessary, the strength, dose, route, date and time of administration, access site for on devices used, and rate of administration a medication is necessary, the hospital defines in policy the urgent/emergent ting would be an acceptable form of documentation. For the definition and a further refer to the Glossary.

CFR Number §482.24(c)(4)(vii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.24(c)(4)(vii) TAG: A			medical red	cord contains information that reflects the patient's care, treatment, and
provisions for follow-up care.		Admitting of Any emergence Any allerging Any finding Results of Care of the Treatment Documents anesthesia All practitic Nursing not monitor the Medication Mote: When raping situations in white explanation of blue Administrations and All care, the Patient's remarked Medical his information Dischargence Including and Any diagnote.	diagnosis gency care, tres to food and gency care, tres to food and gency care, tres to food and gency care and consultative patient goals, plan of ation of computer of the patient's control of the patient of the patient and care at ment, and care at ment, and care and phy of plan and discontrol of the patient of the pa	of treatment, laboratory reports, vital signs, and other information necessary to endition eluding the strength, dose, route, date and time of administration, access site for clion devices used, and rate of administration a medication is necessary, the hospital defines in policy the urgent/emergent riting would be an acceptable form of documentation. For the definition and a further , refer to the Glossary. self-administered medication, as reported by the patient (or the patient's caregiver or

CFR Number §482.24(c)(4)(viii)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance			
§482.24(c)(4)(viii) TAG: A (viii) Final diagnosis with completion of me		RC.12.01.0	The medical rec services.	ord contains information that reflects the patient's care, treatment, and			
discharge.	Salear records within 50 days following	EP 2	The medical record contains the following clinical information: Admitting diagnosis Any emergency care, treatment, and services provided to the patient before their arrival Any allergies to food and medications Any findings of assessments and reassessments Results of all consultative evaluations of the patient and findings by clinical and other staff involved in the care of the patient Treatment goals, plan of care, and revisions to the plan of care Documentation of complications, health care—acquired infections, and adverse reactions to drugs and anesthesia All practitioners' orders Nursing notes, reports of treatment, laboratory reports, vital signs, and other information necessary to monitor the patient's condition Medication records, including the strength, dose, route, date and time of administration, access site for medication, administration devices used, and rate of administration Note: When rapid titration of a medication is necessary, the hospital defines in policy the urgent/emergent situations in which block charting would be an acceptable form of documentation. For the definition and a furthe explanation of block charting, refer to the Glossary. Administration of each self-administered medication, as reported by the patient (or the patient's caregiver support person where appropriate) Records of radiology and nuclear medicine services, including signed interpretation reports All care, treatment, and services provided to the patient Patient's response to care, treatment, and services Medical history and physical examination, including any conclusions or impressions drawn from the information Discharge plan and discharge planning evaluation Discharge summary with outcome of hospitalization, disposition of case, and provisions for follow-up care including any medications dispensed or prescribed on discharge Any diagnoses or conditions established during the patient's course of care, treatment, and services				
§482.24(d) TAG: A §482.24(d) Standard: Electronic notification		4					
If the hospital utilizes an electronic notineard administrative system, which is conformar 45 CFR 170.205(d)(2), then the hospital n	al records system or other electronic nt with the content exchange standard at						
§482.24(d)(1) TAG: A	-0470	IM.13.01.05	• • • • • • • • • • • • • • • • • • •	at use Joint Commission accreditation for deemed status purposes: The			
(1) The system's notification capacity is fu accordance with all State and Federal sta hospital's exchange of patient health infor	tutes and regulations applicable to the		This standard or	equirements for the electronic exchange of patient health information. Note: nly applies to hospitals that utilize an electronic health records system or other nistrative system that conforms with the content exchange standard at 45 CFR			
		EP 1	that its electronic health recor	commission accreditation for deemed status purposes: The hospital demonstrates ds system's (or other electronic administrative system's) notification capacity is fully cordance with applicable state and federal laws and regulations for the exchange of			

CFR Num §482.24(d		Medicare Requirements	Joint Commission Equivalent Number			Joint Commission Standards and Elements of Performance
§482.24(d)(2) TAG: A-0470 (2) The system sends notifications that must include at least patient name, treating practitioner name, and sending institution name.		IM.13.01.0	This standard only applies to hospitals that utilize an electronic health rec		use Joint Commission accreditation for deemed status purposes: The quirements for the electronic exchange of patient health information. Note: y applies to hospitals that utilize an electronic health records system or other strative system that conforms with the content exchange standard at 45 CFR	
		EP 2	its electronic he	ealth records sys	nmission accreditation for deemed status purposes: The hospital demonstrates that stem (or other electronic administrative system) sends notifications that include, at a reating licensed practitioner's name, and sending institution's name.	
§482.24(d)(3) TAG: A-0470 (3) To the extent permissible under applicable federal and state law and regulations, and not inconsistent with the patient's expressed privacy preferences, the system sends notifications directly, or through an intermediary that facilitates exchange of health information, at the time of:		IM.13.01.0	ho Th ele	spital meets re is standard onl	use Joint Commission accreditation for deemed status purposes: The quirements for the electronic exchange of patient health information. Note: y applies to hospitals that utilize an electronic health records system or other strative system that conforms with the content exchange standard at 45 CFR	
			patient's expressed privacy preferences and applicable laws and rec		department registration	
§482.24(d)(3)(i) (i) The patient's registrati	TAG: A-04 ion in the hospital's	emergency department (if applicable).	IM.13.01.05		spital meets re is standard onl	use Joint Commission accreditation for deemed status purposes: The quirements for the electronic exchange of patient health information. Note: y applies to hospitals that utilize an electronic health records system or other strative system that conforms with the content exchange standard at 45 CFR
		EP 3	patient's expres records system that facilitates e • The patie	ssed privacy pre n (or other electro exchange of hea	nmission accreditation for deemed status purposes: In accordance with the ferences and applicable laws and regulations, the hospital's electronic health onic administrative system) sends notifications directly, or through an intermediary lth information, at the following times, when applicable: department registration mission	
§482.24(d)(3)(ii) (ii) The patient's admission	TAG: A-04 on to the hospital's i	npatient services (if applicable).	IM.13.01.0	ho Th ele	spital meets re is standard onl	use Joint Commission accreditation for deemed status purposes: The quirements for the electronic exchange of patient health information. Note: y applies to hospitals that utilize an electronic health records system or other strative system that conforms with the content exchange standard at 45 CFR
			EP 3	patient's expres records system that facilitates e • The patie	ssed privacy pre n (or other electro exchange of hea	nmission accreditation for deemed status purposes: In accordance with the ferences and applicable laws and regulations, the hospital's electronic health onic administrative system) sends notifications directly, or through an intermediary lth information, at the following times, when applicable: department registration mission

CFR Number §482.24(d)(4)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance		
(4) To the extent permissible under applicand not inconsistent with the patient's exp	(4) To the extent permissible under applicable federal and state law and regulations and not inconsistent with the patient's expressed privacy preferences, the system sends notifications directly, or through an intermediary that facilitates exchange of		IM.13.01.05 For hospitals that use Joint Commission accreditation for deemed status purposes: hospital meets requirements for the electronic exchange of patient health information. This standard only applies to hospitals that utilize an electronic health records syste electronic administrative system that conforms with the content exchange standard 170.205(d)(2).			
			patient's expressed privacy precords system (or other electhat facilitates exchange of he	ommission accreditation for deemed status purposes: In accordance with the references and applicable laws and regulations, the hospital's electronic health tronic administrative system) sends notifications directly, or through an intermediary ealth information, either immediately prior to or at the time of the patient's discharge emergency department or inpatient services.		
§482.24(d)(4)(i) TAG: A	-0470	IM.13.01.05		at use Joint Commission accreditation for deemed status purposes: The		
(i) The patient's discharge or transfer from the hospital's emergency department (if applicable).			This standard o	requirements for the electronic exchange of patient health information. Note: nly applies to hospitals that utilize an electronic health records system or other nistrative system that conforms with the content exchange standard at 45 CFR		
		patient's expressed privacy prefer records system (or other electroni that facilitates exchange of health		ommission accreditation for deemed status purposes: In accordance with the references and applicable laws and regulations, the hospital's electronic health tronic administrative system) sends notifications directly, or through an intermediary ealth information, either immediately prior to or at the time of the patient's discharge emergency department or inpatient services.		
§482.24(d)(4)(ii) TAG: A	-0470	IM.13.01.05		at use Joint Commission accreditation for deemed status purposes: The		
(ii) The patient's discharge or transfer fror applicable).	m the hospital's inpatient services (if		hospital meets requirements for the electronic exchange of patient health inform This standard only applies to hospitals that utilize an electronic health records selectronic administrative system that conforms with the content exchange standard 170.205(d)(2).			
			patient's expressed privacy precords system (or other electhat facilitates exchange of he	ommission accreditation for deemed status purposes: In accordance with the references and applicable laws and regulations, the hospital's electronic health tronic administrative system) sends notifications directly, or through an intermediary ealth information, either immediately prior to or at the time of the patient's discharge emergency department or inpatient services.		
§482.24(d)(5) TAG: A	-0471	IM.13.01.05	•	at use Joint Commission accreditation for deemed status purposes: The		
(5) The hospital has made a reasonable e the notifications to all applicable post-acu as well as to any of the following practition notification of the patient's status for treat	te care services providers and suppliers, ners and entities, which need to receive		This standard o	requirements for the electronic exchange of patient health information. Note: nly applies to hospitals that utilize an electronic health records system or other nistrative system that conforms with the content exchange standard at 45 CFR		
notification of the patient's status for treatment, care coordination, or quality mprovement purposes:			reasonable effort to confirm the sends the notifications to all a following who need to receive improvement purposes: Patient's established pri Patient's established pri Other licensed practition responsible for the patien Note: The term "reasonable eworking within the constraints intermediary) cannot identify a	offort" means that the hospital has a process to send patient event notifications while so fits technology infrastructure. There may be instances in which the hospital (or its an applicable recipient for a patient event notification despite establishing processes addition, some recipients may not be able to receive patient event notifications in a		

CFR Number §482.24(d)(5		Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance		
§482.24(d)(5)(i) TAG: A-0471 (i) The patient's established primary care practitioner;		IM.13.01.0	IM.13.01.05 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets requirements for the electronic exchange of patient health information. Note This standard only applies to hospitals that utilize an electronic health records system or conference electronic administrative system that conforms with the content exchange standard at 45 Conference and the content exchange standard at 45 Conference and the conference electronic administrative system that conforms with the content exchange standard at 45 Conference electronic administrative system that conforms with the content exchange standard at 45 Conference electronic electronic exchange of patient health information. Note that the conference electronic exchange of patient health information. Note that the conference electronic exchange of patient health information. Note that the conference electronic exchange of patient health information. Note that the conference electronic exchange of patient health information. Note that the conference electronic health records system or conference electronic e				
			EP 5	reasonable effort to confirm to sends the notifications to all a following who need to receive improvement purposes: Patient's established propared in the patient in the patie	effort" means that the hospital has a process to send patient event notifications while is of its technology infrastructure. There may be instances in which the hospital (or its an applicable recipient for a patient event notification despite establishing processes ddition, some recipients may not be able to receive patient event notifications in a		
§482.24(d)(5)(ii) (ii) The patient's establishe	TAG: A		IM.13.01.0	hospital meets This standard o	nat use Joint Commission accreditation for deemed status purposes: The requirements for the electronic exchange of patient health information. Note: only applies to hospitals that utilize an electronic health records system or other inistrative system that conforms with the content exchange standard at 45 CFR		
		EP 5					

CFR Number §482.24(d)(5)(iii)		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance		
§482.24(d)(5)(iii) TAG: A-0471 (iii) Other practitioner, or other practice group or entity, identified by the patient as the practitioner, or practice group or entity, primarily responsible for his or her care.		IM.13.01.05	IM.13.01.05 For hospitals that use Joint Commission accreditation for deemed status purpos hospital meets requirements for the electronic exchange of patient health inform This standard only applies to hospitals that utilize an electronic health records selectronic administrative system that conforms with the content exchange stand 170.205(d)(2).				
			EP 5	reasonable effort to confirm the sends the notifications to all a following who need to receive improvement purposes: • Patient's established pri • Patient's established pri • Other licensed practition responsible for the patient Note: The term "reasonable eworking within the constraints intermediary) cannot identify a	effort" means that the hospital has a process to send patient event notifications while s of its technology infrastructure. There may be instances in which the hospital (or its an applicable recipient for a patient event notification despite establishing processes ddition, some recipients may not be able to receive patient event notifications in a		
§482.25		0489, A-0490, A-0492	LD.13.01.0	<u>. </u>	s policies and procedures that guide and support patient care, treatment, and		
§482.25 Condition of Participatio	n: Pharma	ceutical Services	EP 5	services.	where the religion and according that wising including the state of		
The hospital must have pharmac	eutical se	vices that meet the needs of the patients.	EPS		uplements policies and procedures that minimizes drug errors. The medical staff procedures unless delegated to the pharmaceutical service.		
The institution must have a pharmacy directed by a registered pharmacist or a drug storage area under competent supervision. The medical staff is responsible for		NPG.12.01	.01 The hospital's le	eadership team ensures that there is qualified ancillary staff required to meet e population served and determines how staff function within the organization.			
developing policies and procedul delegated to the hospital's organ		nimize drug errors. This function may be naceutical service.	EP 10	it has a drug storage area und	that is directed by a registered pharmacist. If the hospital does not have a pharmacy, der competent supervision, as defined by the hospital. storage area is administered in accordance with accepted professional principles.		
§482.25(a)	TAG: A-	0491	MM.11.01.0	The hospital saf	fely manages pharmaceutical services.		
§482.25(a) Standard: Pharmacy The pharmacy or drug storage at accepted professional principles.	rea must b	ent and Administration e administered in accordance with	EP 1	and accepted standards of pro Note: The hospital stores med	ocured, stored, controlled, and distributed in accordance with federal and state laws ractice. dications, including sample medications, according to the manufacturers' bsence of such recommendations, according to a pharmacist's instructions.		
			MM.14.01.0	Medication orde	ers are clear and accurate.		
			EP 3	Specific types of medica Minimum required elem- medication dose, medic When indication for use Precautions for ordering Actions to take when me Required elements for n initial rate of infusion (dd decreased, how often th objective clinical measu Note 1: Examples of objective Richmond Agitation—Sedation Note 2: Drugs and biologicals	action orders that it deems acceptable for use lents of a complete medication order, which must include medication name, seation route, and medication frequency is required on a medication order genetication order genetication orders are incomplete, illegible, or unclear medication titration orders, including the medication name, medication route, ose/unit of time), incremental units to which the rate or dose can be increased or ne rate or dose can be changed, the maximum rate or dose of infusion, and the lare to be used to guide changes to be used to guide titration changes include blood pressure, a Scale (RASS), and the Confusion Assessment Method (CAM).		

CFR Number §482.25(a)(1)	Medicare Requirements	I	loint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.25(a)(1) TAG: A (1) A full-time, part-time, or consulting phadeveloping, supervising, and coordinating		NPG.12.0 ² EP 11	the needs of the	eadership team ensures that there is qualified ancillary staff required to meet e population served and determines how staff function within the organization. Part-time, or consulting pharmacist who is responsible for developing, supervising,
§482.25(a)(2) TAG: A	N-0493	NPG.12.01		eadership team ensures that there is qualified ancillary staff required to meet
(2) The pharmaceutical service must have an adequate number of personnel to ensure quality pharmaceutical services, including emergency services.		EP 1	Leaders provide for an adequand services. Note 1: The number and mix Services may include but are Rehabilitation services Emergency services Outpatient services Respiratory services Pharmaceutical services Diagnostic and theraper	s, including emergency pharmaceutical services
§482.25(a)(3) TAG: A	N-0494	MM.13.01.	01 The hospital sat	fely stores medications.
(3) Current and accurate records must be scheduled drugs.	e kept of the receipt and disposition of all	EP 1	The hospital maintains currer	nt and accurate records of the receipt and disposition of all scheduled drugs.
§482.25(b) TAG: A	A-0500	MM.11.01.	01 The hospital sat	fely manages pharmaceutical services.
§482.25(b) Standard: Delivery of Services In order to provide patient safety, drugs a distributed in accordance with applicable Federal and State law.	and biologicals must be controlled and	EP 1	and accepted standards of pr Note: The hospital stores med	cured, stored, controlled, and distributed in accordance with federal and state laws actice. dications, including sample medications, according to the manufacturers' bsence of such recommendations, according to a pharmacist's instructions.
§482.25(b)(1) TAG: A	N-0501	MM.15.01.	01 The hospital sat	fely prepares medications.
(1) All compounding, packaging, and dispunder the supervision of a pharmacist and Federal laws.		EP 1	situations in which a delay co	ompounding, packaging, and dispensing of drugs and biologicals except in urgent uld harm the patient or when the product's stability is short. All compounding, drugs and biologicals are performed in accordance with state and federal law and
		EP 2	nonhazardous and hazardous	plements policies and procedures for sterile medication compounding of s medications in accordance with state and federal law and regulation. ations are prepared in accordance with the orders of a physician or other licensed
		EP 3		etency of staff who conduct sterile medication compounding of nonhazardous and cordance with state and federal law and regulation and hospital policies.
		EP 4	proper environment in accord	medication compounding of nonhazardous and hazardous medications within a lance with federal law and regulation and hospital policies. vironment include but are not limited to air exchanges and pressures, ISO and cleaning/disinfecting.
		EP 5		compounded sterile preparations of nonhazardous and hazardous medications and dates in accordance with state and federal law and regulation and hospital policies.
		EP 6		assurance of compounded sterile preparations of nonhazardous and hazardous ith state and federal law and regulation and organization policy.

CFR Number §482.25(b)(1)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
		EP 7		ommission accreditation for deemed status purposes: An appropriately trained or of medicine or osteopathy performs or supervises in-house preparation of
§482.25(b)(2)(i) TAG:	A-0502	MM.13.01	.01 The hospital saf	ely stores medications.
(2)(i) All drugs and biologicals must be lappropriate.	kept in a secure area, and locked when	EP 2	area and locked when necess Note 1: Scheduled medication Prevention and Control Act of	rmance is also applicable to sample medications.
§482.25(b)(2)(ii) TAG:	A-0503	MM.13.01	.01 The hospital saf	ely stores medications.
Prevention and Control Act of 1970 mus		EP 2	area and locked when necess Note 1: Scheduled medication Prevention and Control Act of Note 2: This element of perfor Note 3: Only authorized staff I	mance is also applicable to sample medications. have access to locked areas.
§482.25(b)(2)(iii) TAG:	A-0504	MM.13.01	.01 The hospital saf	ely stores medications.
(iii) Only authorized personnel may have	e access to locked areas.	EP 2	area and locked when necess Note 1: Scheduled medication Prevention and Control Act of	rmance is also applicable to sample medications.
§482.25(b)(3) TAG:	A-0505	MM.13.01	.01 The hospital saf	ely stores medications.
(3) Outdated, mislabeled, or otherwise usuallable for patient use.	inusable drugs and biologicals must not be	EP 4	stores them separately from n	red, damaged, mislabeled, contaminated, or otherwise unusable medications and nedications available for patient use. ance is also applicable to sample medications.
§482.25(b)(4) TAG:	A-0506	MM.13.01	.01 The hospital saf	ely stores medications.
the pharmacy or storage area only by pe	drugs and biologicals must be removed from ersonnel designated in the policies of the e, in accordance with Federal and State law.	EP 5		ilable, only designated staff obtain drugs and biologicals from the pharmacy or ith policies and procedures of medical staff and pharmaceutical service, and w and regulation.

CFR Number §482.25(b)(5)		Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.25(b)(5)	TAG: A-0507	7	MM.14.01.	01 Medication orde	rs are clear and accurate.
(5) Drugs and biologicals not specifically prescribed as to time or number of doses must automatically be stopped after a reasonable time that is predetermined by the medical staff.		 The hospital develops and implements a written policy that defines the following: Specific types of medication orders that it deems acceptable for use Minimum required elements of a complete medication order, which must include medication name, medication dose, medication route, and medication frequency When indication for use is required on a medication order Precautions for ordering medications with look-alike or sound-alike names Actions to take when medication orders are incomplete, illegible, or unclear Required elements for medication titration orders, including the medication name, medication route, initial rate of infusion (dose/unit of time), incremental units to which the rate or dose can be increased or decreased, how often the rate or dose can be changed, the maximum rate or dose of infusion, and the objective clinical measure to be used to guide changes Note 1: Examples of objective clinical measures to be used to guide titration changes include blood pressure, Richmond Agitation—Sedation Scale (RASS), and the Confusion Assessment Method (CAM). Note 2: Drugs and biologicals not specifically prescribed as to time or number of doses are automatically stopped after a reasonable time that is predetermined by the medical staff. 			
§482.25(b)(6)	TAG: A-0508	3	MM.17.01.	•	ponds to actual or potential adverse drug events, significant adverse drug
		actions, and incompatibilities must be			nedication errors.
	immediately reported to the attending physician and, if appropriate, to the hospital quality assessment and performance improvement program.		EP 2	hospital, are immediately repo	ors, adverse drug reactions, and medication incompatibilities, as defined by the orted to the attending physician or other licensed practitioner and, as appropriate, to sment and performance improvement program.
			EP 3	by the hospital or studies on re effectiveness of its process for	uch as using established benchmarks for the size and scope of services provided eporting rates published in peer-reviewed journals) by which to measure the ridentifying and reporting medication errors and adverse drug reactions to the rmance improvement program.
§482.25(b)(7)	TAG: A-0509)	MM.13.01.	01 The hospital saf	ely stores medications.
(7) Abuses and losses of controlle with applicable Federal and State pharmaceutical service, and to the	laws, to the i		EP 3	regulation, to the individual researchive officer.	nd losses of controlled substances, in accordance with federal and state law and sponsible for the pharmacy department or service and, as appropriate, to the chief ance is also applicable to sample medications.
§482.25(b)(8)	TAG: A-0510)	MM.11.01.	03 The pharmacy is	s a resource for medication related information.
(8) Information relating to drug inteffects, toxicology, dosage, indical available to the professional staff.	ations for use,	l information of drug therapy, side and routes of administration must be	EP 1		teractions, drug therapy, side effects, toxicology, dosage, indications for use, and ilable to the professional staff.
3 (-) (-)	TAG: A-0511		MM.12.01.	01 The hospital sele	ects and procures medications.
(9) A formulary system must be espharmaceuticals at reasonable co		the medical staff to assure quality	EP 1	available to those involved in r Note 1: Sample medications a	ulary that includes medication strength and dosage. The formulary is readily medication management. Ire not required to be on the formulary. Ire medications available for use" is used instead of "formulary." The terms

CFR Number §482.26	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
§482.26 TAG:	A-0528	LD.13.03.0	The hospital pro	ovides services that meet patient needs.	
§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	The hospital provides services directly or through referral, consultation, contractual arrangemen agreements that meet the needs of the population(s) served, are organized appropriate to the s complexity of services offered, and are in accordance with accepted standards of practice. Serv but are not limited to the following: Outpatient Emergency Medical records Diagnostic and therapeutic radiology Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are provided, they are in accordance with nationally recognized acc of practice for the health care (including physical and behavioral health) of pregnant, birthing, ar patients. If outpatient obstetrical services are offered, the services are consistent in quality with in accordance with the complexity of services offered. As applicable, the services must be integ departments of the hospital.		
		NPG.12.01		eadership team ensures that there is qualified ancillary staff required to meet population served and determines how staff function within the organization.	
		EP 1	and services. Note 1: The number and mix of Services may include but are Rehabilitation services Emergency services Outpatient services Respiratory services Pharmaceutical services Diagnostic and therapeu	s, including emergency pharmaceutical services	

CFR Number §482.26(a)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance		
§482.26(a) TAG	: A-0529	LD.13.03.01	The hospital pro	vides services that meet patient needs.		
§482.26(a) Standard: Radiologic Services The hospital must maintain, or have available, radiologic services according to the needs of the patients.		EP 1 The hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: Outpatient Emergency Medical records Diagnostic and therapeutic radiology Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are provided, they are in accordance with nationally recognized acceptable standard of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services are consistent in quality with inpatient care in accordance with the complexity of services offered. As applicable, the services must be integrated with other departments of the hospital.				
		NPG.12.01.0	the needs of the	eadership team ensures that there is qualified ancillary staff required to meet population served and determines how staff function within the organization. ate number and mix of qualified individuals to support safe, quality care, treatment,		
			and services. Note 1: The number and mix of Services may include but are Rehabilitation services Emergency services Outpatient services Respiratory services Pharmaceutical services Diagnostic and therapeu	of individuals is appropriate to the scope and complexity of the services offered. not limited to the following: s, including emergency pharmaceutical services		
§482.26(b) TAG	: A-0535	PE.02.01.01	The hospital ma	nages risks related to hazardous materials and waste.		
§482.26(b) Standard: Safety for Patien The radiologic services, particularly ior hazards for patients and personnel.	its and Personnel nizing radiology procedures, must be free from	1 6	 Minimizing risk when sel hazardous chemicals, an Disposal of hazardous n Minimizing risk when sel Periodic inspection of ra Precautions to follow an waste spills or exposure Note 1: Hazardous energy is pand nonionizing equipment (followed) Note 2: Hazardous gases and generated by glutaraldehyde; 	lecting and using hazardous energy sources, including the use of proper shielding diology equipment and prompt correction of hazards found during inspection d personal protective equipment to wear in response to hazardous material and		

CFR Number §482.26(b)(1)	Medicare Requirements	1	oint Commission uivalent Number	Joint Commission Standards and Elements of Performance
§482.26(b)(1) TAG: A-	0536	PE.02.01.01	The hospital ma	nages risks related to hazardous materials and waste.
(1) Proper safety precautions must be maintained against radiation hazards. This includes adequate shielding for patients, personnel, and facilities, as well as appropriate storage, use and disposal of radioactive materials.			hazardous materials. The poli Minimizing risk when sel hazardous chemicals, at Disposal of hazardous m Minimizing risk when sel Periodic inspection of ra Precautions to follow an waste spills or exposure Note 1: Hazardous energy is p and nonionizing equipment (for Note 2: Hazardous gases and generated by glutaraldehyde; laboratory rooftop exhaust. (F	lecting and using hazardous energy sources, including the use of proper shielding diology equipment and prompt correction of hazards found during inspection d personal protective equipment to wear in response to hazardous material and produced by both ionizing equipment (for example, radiation and x-ray equipment)
§482.26(b)(2) TAG: A-	0537	PE.02.01.01	The hospital ma	nages risks related to hazardous materials and waste.
(2) Periodic inspection of equipment must promptly corrected.	be made and hazards identified must be		hazardous materials. The poli Minimizing risk when sel hazardous chemicals, an Disposal of hazardous m Minimizing risk when sel Periodic inspection of ra Precautions to follow an waste spills or exposure Note 1: Hazardous energy is p and nonionizing equipment (fo Note 2: Hazardous gases and generated by glutaraldehyde;	lecting and using hazardous energy sources, including the use of proper shielding diology equipment and prompt correction of hazards found during inspection d personal protective equipment to wear in response to hazardous material and produced by both ionizing equipment (for example, radiation and x-ray equipment)
§482.26(b)(3) TAG: A-	0538	PE.02.01.01	The hospital ma	nages risks related to hazardous materials and waste.
(3) Radiation workers must be checked pe or badge tests, for amount of radiation exp		EP 5		d periodically, using exposure meters or badge tests, for the amount of radiation
§482.26(b)(4) TAG: A- (4) Radiologic services must be provided of	only on the order of practitioners with	PC.12.01.01	accordance with	vides care, treatment, and services as ordered or prescribed and in law and regulation.
clinical privileges or, consistent with State the medical staff and the governing body to			physician or other licensed pro- hospital policies; and medical Note 1: This includes but is no medicine services, and dieteti Note 2: For hospitals that use therapeutic diets, are ordered or by a qualified dietitian or qu	ent, and services, the hospital obtains or renews orders (verbal or written) from a actitioner in accordance with professional standards of practice; law and regulation; staff bylaws, rules, and regulations. of limited to respiratory services, radiology services, rehabilitation services, nuclear c services, if provided. Joint Commission accreditation for deemed status purposes: Patient diets, including by the physician or other licensed practitioner responsible for the patient's care lalified nutrition professional who is authorized by the medical staff and acting in verning dietitians and nutrition professionals.
§482.26(c) TAG: A-	0546			
§482.26(c) Standard: Personnel		<u> </u>		

CFR Number §482.26(c)(1)	Medicare Requirements		oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance	
§482.26(c)(1) 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.		MS.17.01.03 The hospital collects information regarding each physician's or other licensed practiticurrent license status, training, experience, competence, and ability to perform the receptivilege. EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes: A full-time, part-time, consulting radiologist, who is a doctor of medicine or osteopathy qualified by education and experience in radiology, supervises ionizing radiology services and interprets radiologic tests that the medical staff determined in require a radiologist's specialized knowledge.			
§482.26(c)(2) TAG: (2) Only personnel designated as qualification and administer production of the pro		MS.16.01.0	provided by phy process.	medical staff oversees the quality of patient care, treatment, and services ysicians and other licensed practitioners privileged through the medical staff	
radiologio equipment una administra procedures.			the qualifications of the radiol	commission accreditation for deemed status purposes: The medical staff determines logy staff who use equipment and administer procedures. Form diagnostic computed tomography exams will, at a minimum, meet the G.13.01.01, EP 1.	
§482.26(d) TAG:	A-0553	RC.12.01.0	The medical red services.	cord contains information that reflects the patient's care, treatment, and	
§482.26(d) Standard: Records Records of radiologic services must be i	maintained.		The medical record contains Admitting diagnosis Any emergency care, tr Any allergies to food an Any findings of assesses Results of all consultative care of the patient Treatment goals, plan of an expension of companesthesia All practitioners' orders Nursing notes, reports of monitor the patient's conductation, administrative medication, administrative when rapid titration of a situations in which block charting, and explanation of block charting, and administration of each a support person where a Records of radiology and all care, treatment, and a Patient's response to canduct the medication of block charting. Medical history and phy information Discharge plan and disconding any medication any diagnoses or condition.	nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the of care, and revisions to the plan of care oblications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to notition luding the strength, dose, route, date and time of administration, access site for ion devices used, and rate of administration a medication is necessary, the hospital defines in policy the urgent/emergent tring would be an acceptable form of documentation. For the definition and a further refer to the Glossary.	

CFR Number §482.26(d)(1)		Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.26(d)(1)	TAG: A-	0553 o performs radiology services must sign	RC.12.01.	01 The medical red services.	cord contains information that reflects the patient's care, treatment, and
reports of his or her interpretation		o periorina radiology services must sign	EP 2	Admitting diagnosis Any emergency care, tre Any allergies to food an Any findings of assessme Results of all consultative care of the patient Treatment goals, plan of Documentation of companesthesia All practitioners' orders Nursing notes, reports of monitor the patient's color Medication records, included medication, administrative Note: When rapid titration of a situations in which block chart explanation of block charting, Administration of each is support person where a Records of radiology an All care, treatment, and Patient's response to can Medical history and phy information Discharge plan and discending any medication Any diagnoses or conditation.	nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the of care, and revisions to the plan of care olications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to indition uding the strength, dose, route, date and time of administration, access site for ion devices used, and rate of administration in medication is necessary, the hospital defines in policy the urgent/emergent ting would be an acceptable form of documentation. For the definition and a further refer to the Glossary. self-administered medication, as reported by the patient (or the patient's caregiver or impropriate) and nuclear medicine services, including signed interpretation reports services provided to the patient are, treatment, and services reical examination, including any conclusions or impressions drawn from the
§482.26(d)(2)	TAG: A-	0553	RC.11.03.	<u> </u>	ains its medical records.
(2) The hospital must maintain	the followin	g for at least 5 years:	EP 1	in accordance with law and re Note: For hospitals that use J retained in their original or leg	inal or legally reproduced medical record is determined by its use and hospital policy, egulation. Joint Commission accreditation for deemed status purposes: Medical records are gally reproduced form for at least five years. This includes nuclear medicine reports; films, and scans; and other applicable image records.
§482.26(d)(2)(i)	TAG: A-	0553	RC.11.03.		ains its medical records.
(i) Copies of reports and printou	uts		EP 1	in accordance with law and re Note: For hospitals that use J retained in their original or leg	inal or legally reproduced medical record is determined by its use and hospital policy, egulation. Joint Commission accreditation for deemed status purposes: Medical records are gally reproduced form for at least five years. This includes nuclear medicine reports; films, and scans; and other applicable image records.

CFR Number §482.26(d)(2)(ii)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
§482.26(d)(2)(ii) TAG: A	-0553	RC.11.03.0	1 The hospital ret	ains its medical records.	
(ii) Films, scans, and other image records, as appropriate.			 The retention time of the original or legally reproduced medical record is determined by its use and hospital prin accordance with law and regulation. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Medical records are retained in their original or legally reproduced form for at least five years. This includes nuclear medicine reportadiological reports, printouts, films, and scans; and other applicable image records. 		
§482.27 TAG: A		LD.13.03.0 ⁴		ovides services that meet patient needs.	
§482.27 Condition of Participation: Laboratory Services The hospital must maintain, or have available, adequate laboratory services to meet the needs of its patients. The hospital must ensure that all laboratory services provided to its patients are performed in a facility certified in accordance with Part 493 of this chapter.		The hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may into but are not limited to the following: Outpatient Emergency Medical records Diagnostic and therapeutic radiology Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are provided, they are in accordance with nationally recognized acceptable start of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postparture patients. If outpatient obstetrical services are offered, the services are consistent in quality with inpatient care in accordance with the complexity of services offered. As applicable, the services must be integrated with order partments of the hospital.		eds of the population(s) served, are organized appropriate to the scope and d, and are in accordance with accepted standards of practice. Services may include wing: utic radiology re provided, they are in accordance with nationally recognized acceptable standards (including physical and behavioral health) of pregnant, birthing, and postpartum cal services are offered, the services are consistent in quality with inpatient care	
		EP 12	Laboratory Improvement Ame	endments (CLIA)-certified laboratory that meets the requirements of 42 CFR 493.	
§482.27(a) TAG: A		LD.13.03.0 ⁴		ovides services that meet patient needs.	
§482.27(a) Standard: Adequacy of Labora The hospital must have laboratory service contractual agreement with a certified laboratory of this chapter.	es available, either directly or through a	EP 1	agreements that meet the need complexity of services offered but are not limited to the follow Outpatient Emergency Medical records Diagnostic and therapeted Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are of practice for the health care patients. If outpatient obstetric		

CFR Number Medicare Requ		Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
			EP 12		services available, either directly or through a contractual agreement with a Clinical nendments (CLIA)—certified laboratory that meets the requirements of 42 CFR 493.
§482.27(a)(1)	TAG: A	-0583	LD.13.03.	01 The hospital p	rovides services that meet patient needs.
(1) Emergency laboratory	services must b	e available 24 hours a day.	EP 13	Emergency laboratory service	ces are available 24 hours a day, 7 days a week.
§482.27(a)(2)	TAG: A	-0584	LD.13.03.	01 The hospital p	rovides services that meet patient needs.
(2) A written description o	f services provid	ded must be available to the medical staff.	EP 14	The hospital maintains a wri medical staff.	tten description of the scope of laboratory services provided that is available to the
§482.27(a)(3)	TAG: A	-0585	PC.13.01.		has written policies and procedures for the handling of tissue specimens
(3) The laboratory must m	nake provision fo	or proper receipt and reporting of tissue	•	removed durin	g a surgical procedure.
specimens.			EP 1		d implements written policies and procedures for collecting, preserving, transporting, mination results for tissue specimens.
§482.27(a)(4) (4) The medical staff and	TAG: A	-0586 ust determine which tissue specimens	PC.13.01.		has written policies and procedures for the handling of tissue specimens g a surgical procedure.
	oss) examinatio	n and which require both macroscopic and	EP 2		d implements a written policy, approved by the medical staff and a pathologist, a specimens require only a macroscopic examination and which require both a ic examination.
§482.27(b)	TAG: A	-0592	ĺ		
§482.27(b) Standard: Pote	entially Infectiou	s Blood and Blood Components	1		
§482.27(b)(1)	TAG: A	-0592	1		
	HIV infectious blo	virus (HIV) infectious blood and blood blood and blood components are prior			
§482.27(b)(1)(i)	TAG: A	-0592	PC.15.01.	.01 The hospital sa	afely provides blood and blood components.
		ation but tests reactive for evidence of HIV	EP 1	implements written policies a potentially infectious blood a requirements at 42 CFR 482 Note 1: The procedures for requirements for the confide	Commission accreditation for deemed status purposes: The hospital develops and and procedures, including documentation and notification procedures, addressing and blood components, consistent with Centers for Medicare & Medicaid Services 2.27. notification and documentation conform to federal, state, and local laws, including intiality of medical records and other patient information.
§482.27(b)(1)(ii)	TAG: A	-0592	PC.15.01.	.01 The hospital sa	afely provides blood and blood components.
(ii) Who tests positive on t follow-up testing required		al (additional, more specific) test or other	EP 1	implements written policies a potentially infectious blood a requirements at 42 CFR 482 Note 1: The procedures for requirements for the confide	Commission accreditation for deemed status purposes: The hospital develops and and procedures, including documentation and notification procedures, addressing and blood components, consistent with Centers for Medicare & Medicaid Services 2.27. notification and documentation conform to federal, state, and local laws, including intiality of medical records and other patient information.

CFR Numbe §482.27(b)(1)(iii)	Medicare Requirements	Eq	pint Commission uivalent Number	Joint Commission Standards and Elements of Performance
§482.27(b)(1)(iii) (iii) For whom the timing of	TAG: A-	ocannot be precisely estimated.		For hospitals that use Joint Complements written policies are potentially infectious blood an requirements at 42 CFR 482.2 Note 1: The procedures for no requirements for the confident	composed and blood components. commission accreditation for deemed status purposes: The hospital develops and and procedures, including documentation and notification procedures, addressing diblood components, consistent with Centers for Medicare & Medicaid Services 27. contification and documentation conform to federal, state, and local laws, including tiality of medical records and other patient information. definition of potentially infectious blood and blood components.
§482.27(b)(2)	TAG: A	0592	PC.15.01.01	The hospital saf	ely provides blood and blood components.
	olood and blood	ctious blood and blood components. It components are the blood and blood	EP 1	implements written policies ar potentially infectious blood an requirements at 42 CFR 482.2 Note 1: The procedures for no requirements for the confiden	ommission accreditation for deemed status purposes: The hospital develops and procedures, including documentation and notification procedures, addressing d blood components, consistent with Centers for Medicare & Medicaid Services 27. otification and documentation conform to federal, state, and local laws, including tiality of medical records and other patient information. definition of potentially infectious blood and blood components.
§482.27(b)(3)	TAG: A	0592	LD.13.03.03	•	and services provided through contractual agreement are provided safely and
(3) Services furnished by an outside blood collecting establishment. If a hospital regularly uses the services of an outside blood collecting establishment, it must have an agreement with the blood collecting establishment that governs the procurement, transfer, and availability of blood and blood components. The agreement must require that the blood collecting establishment notify the hospital		EP 5	with the blood collecting establood components. The agree specified timeframes under th • Within 3 calendar days is collected from a donor wimmunodeficiency virus be at increased risk for the within 45 days of the tear or other follow-up testing • Within 3 calendar days as	ne services of an outside blood collecting establishment, it must have an agreement blishment that governs the procurement, transfer, and availability of blood and imment includes that the blood collecting establishment notify the hospital within the e following circumstances: If the blood collecting establishment supplied blood and blood components who tested negative at the time of donation but tests reactive for evidence of human (HIV) or hepatitis C virus (HCV) infection on a later donation or who is determined to ransmitting HIV or HCV infection st for the results of the supplemental (additional, more specific) test for HIV or HCV grequired by the US Food and Drug Administration after the blood collecting establishment supplied blood and blood components bus donor, whenever records are available	
§482.27(b)(3)(i) (i) Within 3 calendar days if	TAG: A-	0592 ecting establishment supplied blood	LD.13.03.03	Care, treatment, effectively.	and services provided through contractual agreement are provided safely and
donation but tests reactive f	or evidence of	onor who tested negative at the time of HIV or HCV infection on a later donation on the transmitting HIV or HCV infection;	EP 5	with the blood collecting establood components. The agree specified timeframes under th • Within 3 calendar days is collected from a donor wimmunodeficiency virus be at increased risk for the within 45 days of the tear or other follow-up testing • Within 3 calendar days a	The services of an outside blood collecting establishment, it must have an agreement blishment that governs the procurement, transfer, and availability of blood and sment includes that the blood collecting establishment notify the hospital within the efollowing circumstances: If the blood collecting establishment supplied blood and blood components who tested negative at the time of donation but tests reactive for evidence of human (HIV) or hepatitis C virus (HCV) infection on a later donation or who is determined to transmitting HIV or HCV infection of the results of the supplemental (additional, more specific) test for HIV or HCV or required by the US Food and Drug Administration after the blood collecting establishment supplied blood and blood components out donor, whenever records are available

CFR Number §482.27(b)(3)(ii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.27(b)(3)(ii) TAG: A		LD.13.03.0	Care, treatment effectively.	and services provided through contractual agreement are provided safely and
	or other follow-up testing required by FDA;	EP 5	with the blood collecting estal blood components. The agree specified timeframes under the Within 3 calendar days collected from a donor vimmunodeficiency virus be at increased risk for Within 45 days of the te or other follow-up testine Within 3 calendar days	the services of an outside blood collecting establishment, it must have an agreement colishment that governs the procurement, transfer, and availability of blood and sement includes that the blood collecting establishment notify the hospital within the see following circumstances: If the blood collecting establishment supplied blood and blood components who tested negative at the time of donation but tests reactive for evidence of human (HIV) or hepatitis C virus (HCV) infection on a later donation or who is determined to transmitting HIV or HCV infection st for the results of the supplemental (additional, more specific) test for HIV or HCV grequired by the US Food and Drug Administration after the blood collecting establishment supplied blood and blood components ous donor, whenever records are available
§482.27(b)(3)(iii) TAG: A		LD.13.03.03	Care, treatment effectively.	, and services provided through contractual agreement are provided safely and
and blood components collected from an available.	infectious donor, whenever records are	EP 5	with the blood collecting estal blood components. The agree specified timeframes under the Within 3 calendar days collected from a donor vimmunodeficiency virus be at increased risk for Within 45 days of the te or other follow-up testine Within 3 calendar days	the services of an outside blood collecting establishment, it must have an agreement collishment that governs the procurement, transfer, and availability of blood and ement includes that the blood collecting establishment notify the hospital within the see following circumstances: If the blood collecting establishment supplied blood and blood components who tested negative at the time of donation but tests reactive for evidence of human (HIV) or hepatitis C virus (HCV) infection on a later donation or who is determined to transmitting HIV or HCV infection st for the results of the supplemental (additional, more specific) test for HIV or HCV grequired by the US Food and Drug Administration after the blood collecting establishment supplied blood and blood components ous donor, whenever records are available
§482.27(b)(4) TAG: A	n-0592	PC.15.01.0	1 The hospital sat	fely provides blood and blood components.
(4) Quarantine of blood and blood compothe blood collecting establishment (either the hospital of the reactive HIV or HCV so determine the disposition of the blood or land blood components from previous don	internal or under an agreement) notifies creening test results, the hospital must blood component and quarantine all blood	EP 2	notification of blood that is reascreening test, the hospital de	ommission accreditation for deemed status purposes: If the hospital receives active to the human immunodeficiency virus (HIV) or hepatitis C virus (HCV) etermines the disposition of the blood or blood components and quarantines all blood components in inventory.
§482.27(b)(4)(i) TAG: A	n-0592	PC.15.01.0	1 The hospital sat	ely provides blood and blood components.
(i) If the blood collecting establishment no supplemental (additional, more specific) t FDA is negative, absent other informative blood and blood components from quarar	est or other follow-up testing required by etest results, the hospital may release the	EP 3	notification that the result of the or blood components or other	ommission accreditation for deemed status purposes: If the hospital receives ne supplemental (additional, more specific) test for potentially infectious blood follow-up testing required by the US Food and Drug Administration is negative ative test results, the hospital may release the blood and blood components from
§482.27(b)(4)(ii) TAG: A	N-0592			
(ii) If the blood collecting establishment no supplemental (additional, more specific) to FDA is positive, the hospital must –	•			

CFR Number §482.27(b)(4)(ii)(A)	Medicare Requirements	Eq	int Commission uivalent Number	Joint Commission Standards and Elements of Performance		
§482.27(b)(4)(ii)(A) TAG: A		PC.15.01.01		ely provides blood and blood components.		
(A) Dispose of the blood and blood components; and			For hospitals that use Joint Commission accreditation for deemed status purposes: If the hospital receives notification that the result of the supplemental (additional, more specific) test for potentially infectious blood or blood components or other follow-up testing required by the US Food and Drug Administration is positive, the hospital does the following: • Disposes of the blood and blood components • Notifies the transfusion recipients as set forth in 42 CFR 482.27(b)(6)			
§482.27(b)(4)(ii)(B) TAG: A	-0592	PC.15.01.01	The hospital saf	ely provides blood and blood components.		
(B) Notify the transfusion recipients as set forth in paragraph (b)(6) of this section.		For hospitals that use Joint Commission accreditation for deemed status purposes: If the hospital receives notification that the result of the supplemental (additional, more specific) test for potentially infectious blood or blood components or other follow-up testing required by the US Food and Drug Administration is positive, the hospital does the following: • Disposes of the blood and blood components • Notifies the transfusion recipients as set forth in 42 CFR 482.27(b)(6)				
§482.27(b)(4)(iii) TAG: A	-0592	PC.15.01.01	The hospital saf	ely provides blood and blood components.		
(iii) If the blood collecting establishment no supplemental (additional, more specific) to FDA is indeterminate, the hospital must do or blood components held in quarantine as 610.47(b)(2).	est or other follow-up testing required by estroy or label prior collections of blood		notification that the result of the or blood components or other indeterminate, the hospital de	ommission accreditation for deemed status purposes: If the hospital receives the supplemental (additional, more specific) test for potentially infectious blood follow-up testing required by the US Food and Drug Administration (FDA) is stroys or labels prior collections of blood or blood components held in quarantine, ents 21 CFR 610.46(b)(2) and 610.47(b)(2).		
§482.27(b)(5) TAG: A	-0592					
(5) Recordkeeping by the hospital. The ho	ospital must maintain					
§482.27(b)(5)(i) TAG: A	-0592	LD.13.01.01	The hospital cor	nplies with law and regulation.		
(i) Records of the source and disposition of for at least 10 years from the date of disporetrieval; and	of all units of blood and blood components osition in a manner that permits prompt	EP 7	the date of disposition in	nd disposition of all units of blood and blood components for at least 10 years from a manner that permits prompt retrieval unsfer these records to another hospital or other entity if the hospital ceases		
§482.27(b)(5)(ii) TAG: A	-0592	LD.13.01.01	The hospital cor	nplies with law and regulation.		
(ii) A fully funded plan to transfer these red such hospital ceases operation for any rea		EP 7	the date of disposition in	nd disposition of all units of blood and blood components for at least 10 years from a manner that permits prompt retrieval unsfer these records to another hospital or other entity if the hospital ceases		
§482.27(b)(6) TAG: A-	-0592	1				
	ner directly through its own blood collecting released such blood or blood components					

CFR Number §482.27(b)(6)(i)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance
§482.27(b)(6)(i) TAG: A-	0592	PC.15.01.01	The hospital saf	ely provides blood and blood components.
(i) Make reasonable attempts to notify the patient, or to notify the attending physician or the physician who ordered the blood or blood component and ask the physician to notify the patient, or other individual as permitted under paragraph (b)(10) of this section, that potentially HIV or HCV infectious blood or blood components were transfused to the patient and that there may be a need for HIV or HCV testing and counseling.			immunodeficiency virus (HIV) (either directly through the hos another entity or individual, the • Makes reasonable attem physician or other licens to notify the patient, or o infectious blood or blood HCV testing and counse • Attempts to notify to the make the notification	ommission accreditation for deemed status purposes: When potentially human or hepatitis C virus (HCV) infectious blood or blood components are administered spital's own blood collecting establishment or under an agreement) or released to e hospital takes the following actions: note to notify the patient, the attending physician or other licensed practitioner, or the led practitioner who ordered the blood or blood component and ask the practitioner of their individuals as permitted under 42 CFR 482.27, that potentially HIV or HCV domponents were transfused to the patient and that there may be a need for HIV or selling patient, legal guardian, or relative if the practitioner is unavailable or declines to this medical record the notification or attempts to give the required notification
§482.27(b)(6)(ii) TAG: A-	0592	PC.15.01.01	The hospital saf	ely provides blood and blood components.
(ii) If the physician is unavailable or decline reasonable attempts to give this notification. §482.27(b)(6)(iii) TAG: A- (iii) Document in the patient's medical recovered notification.	n to the patient, legal guardian or relative.	PC.15.01.01 EP 6	immunodeficiency virus (HIV) (either directly through the hos another entity or individual, the Makes reasonable attem physician or other licens to notify the patient, or o infectious blood or blood HCV testing and counse Attempts to notify to the make the notification Documents in the patient The hospital safe For hospitals that use Joint Communodeficiency virus (HIV) (either directly through the hos another entity or individual, the Makes reasonable attem physician or other licens to notify the patient, or o infectious blood or blood HCV testing and counse	patient, legal guardian, or relative if the practitioner is unavailable or declines to at's medical record the notification or attempts to give the required notification bely provides blood and blood components. Improvides blood and blood components. Improvides blood and blood components. Improvides blood and blood components are administered or hepatitis C virus (HCV) infectious blood or blood components are administered spital's own blood collecting establishment or under an agreement) or released to be hospital takes the following actions: Inprovides blood or blood component and ask the practitioner of the individuals as permitted under 42 CFR 482.27, that potentially HIV or HCV accomponents were transfused to the patient and that there may be a need for HIV or
			make the notification	t'a modical record the notification or attempts to give the required notification
§482.27(b)(7) TAG: A-	0592	PC.15.01.01		t's medical record the notification or attempts to give the required notification ely provides blood and blood components.
(7) Timeframe for notification— For donors For notifications resulting from donors test forth at 21 CFR 610.46 and 21 CFR 610.4 blood collecting establishment notifies the HCV infectious blood and blood componer attempts to give notification over a period	s tested on or after February 20, 2008. ed on or after February 20, 2008 as set 7 the notification effort begins when the hospital that it received potentially HIV or hts. The hospital must make reasonable	EP 7	If the hospital receives notificate virus (HCV) infectious blood a over a period of 12 weeks unleterment of the patient is located and the hospital is unable to circumstances beyond the Note: For notifications resultinand 610.47, the notification effectives.	ation that it received potentially human immunodeficiency virus (HIV) or hepatitis C and blood components, the hospital makes reasonable attempts to give notification ess one of the following occurs:

CFR Number §482.27(b)(7)(i)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.27(b)(7)(i) TAG	6: A-0592	PC.15.01.0	1 The hospital saf	ely provides blood and blood components.
(i) The patient is located and notified;			virus (HCV) infectious blood a over a period of 12 weeks unle • The patient is located an • The hospital is unable to circumstances beyond the Note: For notifications resulting and 610.47, the notification efficeeived potentially HIV or HC	o locate the patient and documents in the patient's medical record the extenuating the hospital's control that caused the notification timeframe to exceed 12 weeks. In grown donors tested on or after February 20, 2008 as set forth at 21 CFR 610.46 fort begins when the blood collecting establishment notifies the hospital that it by infectious blood and blood components.
§482.27(b)(7)(ii) TAG	6: A-0592	PC.15.01.0 ⁴	The hospital safe	ely provides blood and blood components.
	patient and documents in the patient's istances beyond the hospital's control that exceed 12 weeks.		virus (HCV) infectious blood a over a period of 12 weeks unle • The patient is located ar • The hospital is unable to circumstances beyond the Note: For notifications resultinand 610.47, the notification eff	nd blood components, the hospital makes reasonable attempts to give notification ess one of the following occurs: and notified. blocate the patient and documents in the patient's medical record the extenuating the hospital's control that caused the notification timeframe to exceed 12 weeks. If grown donors tested on or after February 20, 2008 as set forth at 21 CFR 610.46 fort begins when the blood collecting establishment notifies the hospital that it
§482.27(b)(8) TAG	6: A-0592	ĺ		
(8) Content of notification. The notification	tion must include the following information:			
0 · (·/(·/(/	6: A-0592	PC.15.01.0 ⁴	<u></u>	ely provides blood and blood components.
(i) A basic explanation of the need for	HIV or HCV testing and counseling.	EP 8	 (HCV) infectious blood or bloo Oral or written information make an informed decision A list of programs or place 	have received potentially human immune deficiency virus (HIV) or hepatitis C virus of components, the notification includes the following: on explaining the need for HIV or HCV testing and counseling, so that the patient can it is about whether to obtain HIV or HCV testing and counseling ces where the person can obtain HIV or HCV testing and counseling, including any ons the program may impose
§482.27(b)(8)(ii) TAG	6: A-0592	PC.15.01.0	1 The hospital safe	ely provides blood and blood components.
(ii) Enough oral or written information about whether to obtain HIV or HCV to	so that an informed decision can be made esting and counseling.	EP 8	 (HCV) infectious blood or bloo Oral or written information make an informed decision A list of programs or place 	have received potentially human immune deficiency virus (HIV) or hepatitis C virus of components, the notification includes the following: on explaining the need for HIV or HCV testing and counseling, so that the patient can it is about whether to obtain HIV or HCV testing and counseling ces where the person can obtain HIV or HCV testing and counseling, including any ons the program may impose
§482.27(b)(8)(iii) TAG	6: A-0592	PC.15.01.0 ⁻	1 The hospital safe	ely provides blood and blood components.
1, ,	the person can obtain HIV or HCV testing and s or restrictions the program may impose.	EP 8	 (HCV) infectious blood or bloo Oral or written information make an informed decision A list of programs or place 	have received potentially human immune deficiency virus (HIV) or hepatitis C virus od components, the notification includes the following: on explaining the need for HIV or HCV testing and counseling, so that the patient can ion about whether to obtain HIV or HCV testing and counseling ces where the person can obtain HIV or HCV testing and counseling, including any ons the program may impose

CFR Number §482.27(b)(9)		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.27(b)(9)	TAG: A-0	592	PC.15.01.0	1 The hospital saf	ely provides blood and blood components.
for notification and document including requirements for the information.	tation that confo e confidentiality	ust establish policies and procedures orm to Federal, State, and local laws, of medical records and other patient	EP 1	implements written policies ar potentially infectious blood an requirements at 42 CFR 482.2 Note 1: The procedures for no requirements for the confident Note 2: See Glossary for the of	otification and documentation conform to federal, state, and local laws, including tiality of medical records and other patient information. definition of potentially infectious blood and blood components.
§482.27(b)(10)	TAG: A-0	**=	PC.15.01.0		ely provides blood and blood components.
incompetent by a State court representative designated in but State law permits a legal the patient's behalf, the physilegal representative or relative that are deceased, the physical legal representative or relative must be notified. §482.27(c) §482.27(c) Standard: General For lookback activities only respectively.	t, the physician accordance wirepresentative ician or hospitative. For possible cian or hospitative. If the patient TAG: A-0 all blood safety it elated to new b	th State law. If the patient is competent, or relative to receive the information on all must notify the patient or his or her HIV infectious transfusion recipients must inform the deceased patient's t is a minor, the parents or legal guardian	EP 9	 under the following circumstar A legal representative do by a state court The patient or his or her legal representative or reference in the patient's legal representative infectious transfusi 	esignated in accordance with state law if the patient has been adjudged incompetent legal representative or relative if the patient is competent but state law permits a elative to receive the information on the patient's behalf esentative or relative if the beneficiary of the potentially human immunodeficiency
blood safety issues in the foll		, , , , , , , , , , , , , , , , , , , ,			
§482.27(c)(1)	TAG: A-0	593	PC.15.01.0	1 The hospital saf	ely provides blood and blood components.
(1) Appropriate testing and qu	uarantining of i	nfectious blood and blood components.	EP 10	following areas:	Food and Drug Administration regulations pertaining to blood safety issues in the quarantining of infectious blood and blood components ing of potential recipients of infectious blood and blood components activities only related to new blood safety issues that are identified after August 24,
§482.27(c)(2)	TAG: A-0	593	PC.15.01.0	1 The hospital saf	ely provides blood and blood components.
(2) Notification and counselin and blood components.	ng of recipients	that may have received infectious blood	EP 10	following areas:Appropriate testing andNotification and counsel	Food and Drug Administration regulations pertaining to blood safety issues in the quarantining of infectious blood and blood components ing of potential recipients of infectious blood and blood components activities only related to new blood safety issues that are identified after August 24,

CFR Number §482.28	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	
§482.28 TAG: A	-0618	LD.13.03.	01 The hospital pro	ovides services that meet patient needs.	
§482.28 Condition of Participation: Food and Dietetic Services The hospital must have organized dietary services that are directed and staffed by adequate qualified personnel. However, a hospital that has a contract with an outside food management company may be found to meet this Condition of Participation if the company has a dietician who serves the hospital on a full-time, part-time, or consultant basis, and if the company maintains at least the minimum standards specified in this section and provides for constant liaison with the hospital medical staff for recommendations on dietetic policies affecting patient treatment.		The hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: Outpatient Emergency Medical records Diagnostic and therapeutic radiology Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are provided, they are in accordance with nationally recognized acceptable standards of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services are consistent in quality with inpatient care in accordance with the complexity of services offered. As applicable, the services must be integrated with other departments of the hospital. NPG.12.01.01 The hospital's leadership team ensures that there is qualified ancillary staff required to meet the needs of the population served and determines how staff function within the organization.			
		EP 7	Note: For hospitals that provid dietician who serves the hosp	ices that are directed and adequately staffed by qualified personnel. de dietetic services through contracted services, the contracted service has a sital full-time, part-time, or on a consultant basis and acts as a liaison to hospital ations on dietetic policies that affect patient care, treatment, and services.	
§482.28(a) TAG: A	-0619				
§482.28(a) Standard: Organization					
§482.28(a)(1) TAG: A	-0620				
(1) The hospital must have a full-time emp	oloyee who-]			
§482.28(a)(1)(i) TAG: A	-0620	NPG.12.0		eadership team ensures that there is qualified ancillary staff required to meet	
(i) Serves as director of the food and diete	tic services;	EP 8	The hospital has a full-time er	e population served and determines how staff function within the organization. Imployee, qualified through education, training, or experience, who serves as director nent of food and dietetic services.	
§482.28(a)(1)(ii) TAG: A	- -0620	NPG.12.0		eadership team ensures that there is qualified ancillary staff required to meet	
(ii) Is responsible for daily management of				population served and determines how staff function within the organization.	
		EP 8		mployee, qualified through education, training, or experience, who serves as director nent of food and dietetic services.	
§482.28(a)(1)(iii) TAG: A	-0620	NPG.12.0		eadership team ensures that there is qualified ancillary staff required to meet	
(iii) Is qualified by experience or training.		EP 8	The hospital has a full-time er	e population served and determines how staff function within the organization. Imployee, qualified through education, training, or experience, who serves as director nent of food and dietetic services.	

CFR Number §482.28(a)(2)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance			
§482.28(a)(2) TAG: A-(2) There must be a qualified dietitian, full-			NPG.12.01.01 The hospital's leadership team ensures that there is qualified ancillary staff required to meet the needs of the population served and determines how staff function within the organization.				
		EP 9	_,	ietitian on a full-time, part-time, or consultative basis.			
§482.28(a)(3) TAG: A		HR.11.01.0		s the necessary staff to support the care, treatment, and services it provides.			
(3) There must be administrative and tech respective duties.	nical personnel competent in their	EP 1	The hospital's food and dietet responsibilities.	ic services administrative and technical staff are competent to perform their			
§482.28(b) TAG: A	-0629	PC.12.01.0	9 The hospital ma	kes food and nutrition products available to its patients.			
§482.28(b) Standard: Diets Menus must meet the needs of the patient	ts.	EP 1	The nutritional needs of the in recognized dietary practices. Note: Diet menus meet the ne	dividual patient are met in accordance with clinical practice guidelines and eds of the patients.			
§482.28(b)(1) TAG: A-	-0629	PC.12.01.0	9 The hospital ma	kes food and nutrition products available to its patients.			
(1) Individual patient nutritional needs musdietary practices.	st be met in accordance with recognized	EP 1	The nutritional needs of the in recognized dietary practices. Note: Diet menus meet the ne	dividual patient are met in accordance with clinical practice guidelines and eds of the patients.			
§482.28(b)(2) TAG: A	-0630	PC.12.01.0	• • • • • • • • • • • • • • • • • • •	ovides care, treatment, and services as ordered or prescribed and in a law and regulation.			
responsible for the care of the patient, or be professional as authorized by the medical governing dietitians and nutrition profession	staff and in accordance with State law	EP 1	physician or other licensed pro- hospital policies; and medical Note 1: This includes but is no medicine services, and dieteti Note 2: For hospitals that use therapeutic diets, are ordered or by a qualified dietitian or qu	ent, and services, the hospital obtains or renews orders (verbal or written) from a actitioner in accordance with professional standards of practice; law and regulation; staff bylaws, rules, and regulations. of limited to respiratory services, radiology services, rehabilitation services, nuclear c services, if provided. Joint Commission accreditation for deemed status purposes: Patient diets, including by the physician or other licensed practitioner responsible for the patient's care ualified nutrition professional who is authorized by the medical staff and acting in verning dietitians and nutrition professionals.			
§482.28(b)(3) TAG: A	-0631	PC.12.01.0	9 The hospital ma	kes food and nutrition products available to its patients.			
(3) A current therapeutic diet manual appr must be readily available to all medical, nu		EP 2	approve a therapeutic diet ma	ommission accreditation for deemed status purposes: The dietitian and medical staff inual that is current and available to all medical, nursing, and food service staff. element of performance, current is defined as having a publication or revision date			
§482.30 TAG: A- §482.30 Condition of Participation: Utilizat		LD.13.01.0	•	at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.			
The hospital must have in effect a utilization	on review (UR) plan that provides for ion and by members of the medical staff to	EP 1	For hospitals that use Joint Coreview plan that provides for renefits under the Medicare a Note: The hospital does not note (QIO) has assumed binding redetermined that the utilization Act are superior to the procedure.	ommission accreditation for deemed status purposes: The hospital has a utilization eview of services provided by the hospital and the medical staff to patients entitled to			
§482.30(a) TAG: A	-0653	†	1 12 2	, and the second			
§482.30(a) Standard: Applicability		1					
The provisions of this section apply excep	t in either of the following circumstances:						

CFR Number §482.30(a)(1)		Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.30(a)(1)	TAG: A		LD.13.01.0		at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
(1) A Utilization and Quality Control Quality Improvement Organization (QIO) has assumed binding review for the hospital.		EP 1			
§482.30(a)(2)	TAG: A		LD.13.01.0	•	nat use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
title XIX of the Act are superior	to the proc	edures established by the State under edures required in this section, and has the UR plan requirements under §§456.50	EP 1	For hospitals that use Joint C review plan that provides for benefits under the Medicare a Note: The hospital does not r (QIO) has assumed binding r determined that the utilization Act are superior to the process.	commission accreditation for deemed status purposes: The hospital has a utilization review of services provided by the hospital and the medical staff to patients entitled to
§482.30(b) §482.30(b) Standard: Composi	TAG: A		LD.13.01.0		nat use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
A UR committee consisting of t function. At least two of the me	wo or more	practitioners must carry out the UR e committee must be doctors of medicine any of the other types of practitioners	EP 4	For hospitals that use Joint C review committee consists of are doctors of medicine or os in 42 CFR 482.12(c)(1). Note: The committee or group	commission accreditation for deemed status purposes: The hospital's utilization two or more licensed practitioners, and at least two of the members of the committee teopathy. The other members may be any of the other types of practitioners specified p's reviews are not conducted by any individual who has a direct financial interest interest) in that hospital or who was professionally involved in the care of the patient d.
§482.30(b)(1)	TAG: A	0654			
(1) Except as specified in paragonal committee must be one of the f		2) and (3) of this section, the UR			
§482.30(b)(1)(i) (i) A staff committee of the insti	TAG: A	0654	LD.13.01.0		nat use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
TO THE HIGH			EP 3	review committee that is either society and some or all the homeological Services. Note: If, because of the small	commission accreditation for deemed status purposes: The hospital has a utilization er a staff committee or a group outside the hospital established by the local medical ospitals in the locality or in a manner approved by the Centers for Medicare & size of the hospital, it is impracticable to have a properly functioning staff committee, ee is established by a group outside the hospital, as specified in 42 CFR 482.30(b)(1)

CFR Number §482.30(b)(1)(ii)	Medicare Requirements		loint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.30(b)(1)(ii) TAG: A (ii) A group outside the institution	-0654	LD.13.01.0		at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
		EP 3	review committee that is eithe society and some or all the homeological Services. Note: If, because of the small	ommission accreditation for deemed status purposes: The hospital has a utilization or a staff committee or a group outside the hospital established by the local medical ospitals in the locality or in a manner approved by the Centers for Medicare & size of the hospital, it is impracticable to have a properly functioning staff committee, ee is established by a group outside the hospital, as specified in 42 CFR 482.30(b)(1)
§482.30(b)(1)(ii)(A) TAG: A (A) Established by the local medical socie		LD.13.01.0		at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
locality; or		EP 3	review committee that is either society and some or all the homeological Services. Note: If, because of the small	ommission accreditation for deemed status purposes: The hospital has a utilization or a staff committee or a group outside the hospital established by the local medical ospitals in the locality or in a manner approved by the Centers for Medicare & size of the hospital, it is impracticable to have a properly functioning staff committee, ee is established by a group outside the hospital, as specified in 42 CFR 482.30(b)(1)
§482.30(b)(1)(ii)(B) TAG: A (B) Established in a manner approved by		LD.13.01.0	· · · · · · · · · · · · · · · · · · ·	at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
		EP 3	review committee that is either society and some or all the homeological Services. Note: If, because of the small	ommission accreditation for deemed status purposes: The hospital has a utilization or a staff committee or a group outside the hospital established by the local medical ospitals in the locality or in a manner approved by the Centers for Medicare & size of the hospital, it is impracticable to have a properly functioning staff committee, ee is established by a group outside the hospital, as specified in 42 CFR 482.30(b)(1)
§482.30(b)(2) TAG: A (2) If, because of the small size of the ins		LD.13.01.0		at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
properly functioning staff committee, the Uspecified in paragraph (b)(1)(ii) of this sec	JR committee must be established as	EP 3	review committee that is eithe society and some or all the homeological Services. Note: If, because of the small	ommission accreditation for deemed status purposes: The hospital has a utilization er a staff committee or a group outside the hospital established by the local medical ospitals in the locality or in a manner approved by the Centers for Medicare & size of the hospital, it is impracticable to have a properly functioning staff committee, ee is established by a group outside the hospital, as specified in 42 CFR 482.30(b)(1)
§482.30(b)(3) TAG: A (3) The committee or group's reviews ma		LD.13.01.0	• • • • • • • • • • • • • • • • • • •	at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
(c,s commune of group o fortione ma	, 23 constants by any mandadi will	EP 4	review committee consists of are doctors of medicine or os in 42 CFR 482.12(c)(1). Note: The committee or group	

CFR Number §482.30(b)(3)(i)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.30(b)(3)(i) TAG: A (i) Has a direct financial interest (for exam	-0654 uple, an ownership interest) in that hospital;	LD.13.01.0		at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
or		EP 4	review committee consists of are doctors of medicine or ost in 42 CFR 482.12(c)(1). Note: The committee or group (for example, an ownership in whose case is being reviewed (See also MS.16.01.03, EP 5)	
§482.30(b)(3)(ii) TAG: A (ii) Was professionally involved in the care	• • • • • • • • • • • • • • • • • • • •	LD.13.01.0		at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
reviewed.	s of the patient whose ease is being	EP 4	review committee consists of are doctors of medicine or ost in 42 CFR 482.12(c)(1). Note: The committee or group	
§482.30(c) TAG: A	-0655			
§482.30(c) Standard: Scope and Frequen	cy of Review	1		
§482.30(c)(1) TAG: A (1) The UR plan must provide for review f		LD.13.01.0		at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
respect to the medical necessity of		EP 2	review plan provides for the refollowing: • Admissions to the hospi • Duration of stays • Professional services pr Note 1: The hospital may perf	ommission accreditation for deemed status purposes: The hospital's utilization eview of Medicare and Medicaid patients with respect to the medical necessity of the tal ovided, including drugs and biologicals orm reviews of admissions before, during, or after hospital admission. orm reviews on a sample basis, except for reviews of extended stay cases.
§482.30(c)(1)(i) TAG: A	-0655	LD.13.01.0		at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
(i) Admissions to the institution;		EP 2	For hospitals that use Joint Coreview plan provides for the refollowing: • Admissions to the hospi • Duration of stays • Professional services properties of the hospital may perform the professional may perform the professional may perform the professional services professional may perform the professional services professional	ommission accreditation for deemed status purposes: The hospital's utilization eview of Medicare and Medicaid patients with respect to the medical necessity of the

CFR Number §482.30(c)(1)(ii)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.30(c)(1)(ii) TAG: A-	0655	LD.13.01.0	•	at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
		EP 2	For hospitals that use Joint C review plan provides for the refollowing: • Admissions to the hosp • Duration of stays • Professional services pound in the hospital may per Note 2: The hospital may per Note 2: The hospital may per note professional may per note 2: The hospital	ommission accreditation for deemed status purposes: The hospital's utilization eview of Medicare and Medicaid patients with respect to the medical necessity of the ital rovided, including drugs and biologicals form reviews of admissions before, during, or after hospital admission. form reviews on a sample basis, except for reviews of extended stay cases.
§482.30(c)(1)(iii) TAG: A-		LD.13.01.0	•	at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
(iii) Professional services furnished including	ng drugs and biologicals.	EP 2	For hospitals that use Joint C review plan provides for the refollowing: • Admissions to the hosp • Duration of stays • Professional services pounds in the hospital may per the results of the professional services pounds.	ommission accreditation for deemed status purposes: The hospital's utilization eview of Medicare and Medicaid patients with respect to the medical necessity of the
§482.30(c)(2) TAG: A-	0655	LD.13.01.0		at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
(2) Review of admissions may be performed	ed before, at, or after nospital admission.	EP 2	review plan provides for the refollowing: • Admissions to the hosp • Duration of stays • Professional services pounds Note 1: The hospital may per	ommission accreditation for deemed status purposes: The hospital's utilization eview of Medicare and Medicaid patients with respect to the medical necessity of the ital rovided, including drugs and biologicals form reviews of admissions before, during, or after hospital admission. form reviews on a sample basis, except for reviews of extended stay cases.
§482.30(c)(3) TAG: A-	0655	LD.13.01.0	3 For hospitals th	at use Joint Commission accreditation for deemed status purposes: The
(3) Except as specified in paragraph (e) of on a sample basis.	this section, reviews may be conducted	EP 2	For hospitals that use Joint C review plan provides for the refollowing: • Admissions to the hosp • Duration of stays • Professional services pounds in the hospital may per the services provided in the services provided	ommission accreditation for deemed status purposes: The hospital's utilization eview of Medicare and Medicaid patients with respect to the medical necessity of the stal rovided, including drugs and biologicals form reviews of admissions before, during, or after hospital admission. form reviews on a sample basis, except for reviews of extended stay cases.
§482.30(c)(4) TAG: A-	0655	LD.13.01.0		at use Joint Commission accreditation for deemed status purposes: The
(4) Hospitals that are paid for inpatient hos payment system set forth in Part 412 of thi of stays and review of professional service	is chapter must conduct review of duration	EP 7	For hospitals that use Joint C inpatient hospital services unreview of duration of stays an For duration of stays, the extended length of stay For professional services	ommission accreditation for deemed status purposes: If the hospital is paid for der the prospective payment system set forth in 42 CFR Part 412, it conducts a d a review of professional services as follows: e hospital reviews only cases that it determines to be outlier cases based on as described in 42 CFR 412.80(a)(1)(i). es, the hospital reviews only cases that it determines to be outlier cases based on its, as described in 42 CFR 412.80(a)(1)(ii).

CFR Number §482.30(c)(4)(i)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.30(c)(4)(i) TAC (i) For duration of stays, these hospita	S: A-0655	LD.13.01.03		at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
	s based on extended length of stay, as	EP 7	inpatient hospital services undereview of duration of stays and For duration of stays, the extended length of stay For professional services	ommission accreditation for deemed status purposes: If the hospital is paid for der the prospective payment system set forth in 42 CFR Part 412, it conducts a d a review of professional services as follows: the hospital reviews only cases that it determines to be outlier cases based on as described in 42 CFR 412.80(a)(1)(i). The hospital reviews only cases that it determines to be outlier cases based on tes, as described in 42 CFR 412.80(a)(1)(ii).
0(-)()()	9: A-0655	LD.13.01.0		at use Joint Commission accreditation for deemed status purposes: The
	espitals need review only cases that they is based on extraordinarily high costs, as napter.	EP 7	For hospitals that use Joint C inpatient hospital services unreview of duration of stays an For duration of stays, the extended length of stay For professional services	ommission accreditation for deemed status purposes: If the hospital is paid for der the prospective payment system set forth in 42 CFR Part 412, it conducts a d a review of professional services as follows: he hospital reviews only cases that it determines to be outlier cases based on as described in 42 CFR 412.80(a)(1)(i). The set of the hospital reviews only cases that it determines to be outlier cases based on the set of
§482.30(d) TAC	6: A-0656			
§482.30(d) Standard: Determination F	Regarding Admissions or Continued Stays	\neg		
§482.30(d)(1) TAG	6: A-0656			
(1) The determination that an admission necessary-	on or continued stay is not medically			
6 1 1 () () ()	G: A-0656	LD.13.01.03		at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
	e UR committee if the practitioner or of the patient, as specified of §482.12(c), o present their views when afforded the	EP 6	For hospitals that use Joint C and implements a process to determination is made by one • One member of the utilicare, as specified in 42 afforded the opportunity • At least two members of Note: Before determining that committee consults the license.	ommission accreditation for deemed status purposes: The hospital develops determine if an admission or continued stay is not medically necessary. This e of the following: zation review committee if the licensed practitioner(s) responsible for the patient's CFR 482.12(c), concurs with the determination or fails to present their views when
0 · · · · · · · · · · · · · · · · · · ·	6: A-0656	LD.13.01.03		at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
(II) Must be made by at least two mem	bers of the UR committee in all other cases.	EP 6	For hospitals that use Joint C and implements a process to determination is made by one • One member of the utilicare, as specified in 42 afforded the opportunity • At least two members of Note: Before determining that committee consults the license.	ommission accreditation for deemed status purposes: The hospital develops determine if an admission or continued stay is not medically necessary. This of the following: zation review committee if the licensed practitioner(s) responsible for the patient's CFR 482.12(c), concurs with the determination or fails to present their views when

CFR Number §482.30(d)(2)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
	A-0656	LD.13.01.0	• • • • • • • • • • • • • • • • • • •	at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.	
(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 6	 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital develop and implements a process to determine if an admission or continued stay is not medically necessary. This determination is made by one of the following: One member of the utilization review committee if the licensed practitioner(s) responsible for the pacare, as specified in 42 CFR 482.12(c), concurs with the determination or fails to present their view afforded the opportunity At least two members of the utilization review committee in all other cases Note: Before determining that an admission or continued stay is not medically necessary, the utilization recommittee consults the licensed practitioner(s) responsible for the patient's care, as specified in 42 CFR 482.12(c), and affords the practitioner(s) the opportunity to present their views. 		
3.0=00(0)(0)	A-0656	LD.13.01.0		at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.	
medically necessary, written notification	sion to or continued stay in the hospital is not must be given, no later than 2 days after atient, and the practitioner or practitioners s specified in §482.12(c);	EP 10	For hospitals that use Joint Co committee determines that ad committee gives written notific	ommission accreditation for deemed status purposes: If the utilization review mission to or continued stay in the hospital is not medically necessary, the cation to the hospital, the patient, and the licensed practitioner(s) responsible for the 42 CFR 482.12(c), no later than 2 days after the determination.	
§482.30(e) TAG:	A-0657				
§482.30(e) Standard: Extended Stay Re	eview				
3.13-13.5(5)(1)	A-0657 he prospective payment system, the UR	LD.13.01.0		at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.	
committee must make a periodic review	, as specified in the UR plan, or each ces during a continuous period of extended	EP 8	under the prospective paymer in the UR plan, each current in periodic reviews may be the s	ommission accreditation for deemed status purposes: In hospitals that are not paid not system, the utilization review (UR) committee periodically reviews, as specified expatient during a continuous period of extended duration. The scheduling of the same for all cases or differ for different classes of cases. ducts its review no later than 7 days after the day required in the UR plan.	
0 · · · · · · / / / /	A-0657	LD.13.01.0		at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.	
(i) Be the same for all cases; or		EP 8	For hospitals that use Joint Counder the prospective paymer in the UR plan, each current in periodic reviews may be the s	ommission accreditation for deemed status purposes: In hospitals that are not paid not system, the utilization review (UR) committee periodically reviews, as specified apatient during a continuous period of extended duration. The scheduling of the name for all cases or differ for different classes of cases. ducts its review no later than 7 days after the day required in the UR plan.	
0 1 11(1)()()	A-0657	LD.13.01.0	-	at use Joint Commission accreditation for deemed status purposes: The	
(ii) Differ for different classes of cases.		EP 8	For hospitals that use Joint Co under the prospective paymer in the UR plan, each current in periodic reviews may be the s	ommission accreditation for deemed status purposes: In hospitals that are not paid not system, the utilization review (UR) committee periodically reviews, as specified not not paid not system, the utilization review (UR) committee periodically reviews, as specified not not not not paid not system, the utilization review (UR) committee periodically reviews, as specified not not not not paid not not not paid not not not paid not not paid not not paid not not paid not p	

CFR Number §482.30(e)(2)	Medicare Requirements	I	int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§482.30(e)(2) TAG: A-(2) In hospitals paid under the prospective		LD.13.01.03	•	at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
review all cases reasonably assumed by the hospital to be outlier cases because the extended length of stay exceeds the threshold criteria for the diagnosis, as described in §412.80(a)(1)(i). The hospital is not required to review an extended stay that does not exceed the outlier threshold for the diagnosis.			prospective payment system, stay exceeds the threshold cri required to review an extende	ommission accreditation for deemed status purposes: In hospitals paid under the the utilization review (UR) committee reviews all cases where the extended length of iteria for the diagnosis, as described in 42 CFR 412.80 (a)(1)(i). The hospital is not a stay that does not exceed the outlier threshold for the diagnosis. ducts its review no later than 7 days after the day required in the UR plan.
§482.30(e)(3) TAG: A-		LD.13.01.03	•	at use Joint Commission accreditation for deemed status purposes: The services for medical necessity.
day required in the UR plan.	(3) The UR committee must make the periodic review no later than 7 days after the day required in the UR plan.		For hospitals that use Joint Co prospective payment system, stay exceeds the threshold cri required to review an extende	commission accreditation for deemed status purposes: In hospitals paid under the the utilization review (UR) committee reviews all cases where the extended length of iteria for the diagnosis, as described in 42 CFR 412.80 (a)(1)(i). The hospital is not a stay that does not exceed the outlier threshold for the diagnosis. ducts its review no later than 7 days after the day required in the UR plan.
§482.30(f) TAG: A-		LD.13.01.03	•	at use Joint Commission accreditation for deemed status purposes: The
§482.30(f) Standard: Review of Profession	nal Services	EP 5		s services for medical necessity. ommission accreditation for deemed status purposes: The hospital's utilization
The committee must review professional s necessity and to promote the most efficien services.		review committee reviews professional services provided to determine medical necessity a efficient use of available health facilities and services.		fessional services provided to determine medical necessity and to promote the most
§482.41 TAG: A-	0700	PE.01.01.01	The hospital has	s a safe and adequate physical environment.
§482.41 Condition of Participation: Physical Environment The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.			well-being of patients. Note 1: Diagnostic and therap Note 2: When planning for ne- current Guidelines for Design state rules and regulations or	structed, arranged, and maintained to allow safe access and to protect the safety and beutic facilities are located in areas appropriate for the services provided. w, altered, or renovated space, the hospital uses state rules and regulations or the and Construction of Hospitals published by the Facility Guidelines Institute. If the the Guidelines do not address the design needs of the hospital, then it uses other elines that provide equivalent design criteria.
			treatment of patients and for a	ace and facilities for the services it provides, including facilities for the diagnosis and any special services offered to meet the needs of the community served. kity of facilities is determined by the services offered.
§482.41(a) TAG: A-	0701	PE.01.01.01	The hospital has	s a safe and adequate physical environment.
§482.41(a) Standard: Buildings The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.			well-being of patients. Note 1: Diagnostic and therap Note 2: When planning for ne- current Guidelines for Design state rules and regulations or	structed, arranged, and maintained to allow safe access and to protect the safety and beutic facilities are located in areas appropriate for the services provided. We, altered, or renovated space, the hospital uses state rules and regulations or the and Construction of Hospitals published by the Facility Guidelines Institute. If the the Guidelines do not address the design needs of the hospital, then it uses other elines that provide equivalent design criteria.
			treatment of patients and for a	ace and facilities for the services it provides, including facilities for the diagnosis and any special services offered to meet the needs of the community served. xity of facilities is determined by the services offered.
				lean and orderly. ns an uncluttered physical environment where patients and staff can function. This toring equipment and supplies in their proper spaces, attending to spills, and keeping

CFR Numbe §482.41(a)(1	Medicare Reduirements		ommission ent Number	Joint Commission Standards and Elements of Performance
§482.41(a)(1)	TAG: A-0702	PE.04.01.03	The hospital ma	anages utility systems.
intensive care, and emerger	y power and lighting in at least the operating, recovery cy rooms, and stairwells. In all other areas not serviced urce, battery lamps and flashlights must be available.	• (• ! • ! • !	Operating rooms Recovery rooms Intensive care Intensive care Intensive care Intensive care Intensive care Intensive care	power and lighting in the following areas, at a minimum: are available in all other areas not serviced by the emergency power supply source
§482.41(a)(2)	TAG: A-0703	PE.04.01.03	The hospital ma	anages utility systems.
(2) There must be facilities f	or emergency gas and water supply.	Note 1 emerg Note 2	: The system includes ency sources of water a d: Emergency gas include	provide emergency gas and water supply. making arrangements with local utility companies and others for the provision of and gas. des fuels such as propane, natural gas, fuel oil, or liquefied natural gas, as well as n the care of patients, such as oxygen, nitrogen, or nitrous oxide.
§482.41(b)	TAG: A-0709	PE.03.01.01	•	signs and manages the physical environment to comply with the Life Safety
§482.41(b) Standard: Life S	fety from Fire		Code.	
The hospital must ensure th	It the life safety from fire requirements are met.	Ameno Note 1 regard Note 2 Life Sa fire an Note 3 a reco for the provis waived Note 4 device	dments [TIA] 12-1, 12-2 : Outpatient surgical de- less of the number of p : For hospitals that use afety Code do not apply d safety code imposed For hospitals that use mmendation by the sta US Department of Hea ons of the Life Safety C will not adversely affect All inspecting activitie s, equipment, or other	epartments meet the provisions applicable to ambulatory health care occupancies,
§482.41(b)(1)	TAG: A-0710			
(1) Except as otherwise prov	ided in this section—			

CFR Number Medicare Requirements §482.41(b)(1)(i)		Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§482.41(b)(1)(i)	TAG: A-0710	od in	PE.03.01.01	The hospital des	signs and manages the physical environment to comply with the Life Safety
(i) The hospital must meet the applicable provisions and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12–1, TIA 12–2, TIA 12–3, and TIA 12–4.) Outpatient surgical departments must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served.		The hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4). Note 1: Outpatient surgical departments meet the provisions applicable to ambulatory health care occupance regardless of the number of patients served. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The provisions of Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid Services (CMS) finds the fire and safety code imposed by state law adequately protects patients in hospitals. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: In consideration a recommendation by the state survey agency or accrediting organization or at the discretion of the Secreta for the US Department of Health & Human Services, CMS may waive, for periods deemed appropriate, spec provisions of the Life Safety Code, which would result in unreasonable hardship upon a hospital, but only if the waiver will not adversely affect the health and safety of the patients. Note 4: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performs the activity; NFPA standard(s) referenced for the activity; and results of the activity.			
§482.41(b)(1)(ii)	TAG: A-0710		PE.03.01.01	The hospital des	signs and manages the physical environment to comply with the Life Safety
(ii) Notwithstanding paragraph (b)(1)(i) of this section, corridor doors and doors to rooms containing flammable or combustible materials must be provided with positive latching hardware. Roller latches are prohibited on such doors.				For hospitals that use Joint Coof the Life Safety Code, corrid	ommission accreditation for deemed status purposes: Regardless of the provisions dor doors and doors to rooms containing flammable or combustible materials have oller latches are prohibited on these doors.
§482.41(b)(2)	TAG: A-0710 commendation by the State survey agenc	v or Approditing	PE.03.01.01	The hospital des	signs and manages the physical environment to comply with the Life Safety
Organization or at the disc appropriate, specific provis	retion of the Secretary, may waive, for per sions of the Life Safety Code, which would on a hospital, but only if the waiver will not	riods deemed I result in		Amendments [TIA] 12-1, 12-2 Note 1: Outpatient surgical de regardless of the number of p Note 2: For hospitals that use Life Safety Code do not apply fire and safety code imposed note 3: For hospitals that use a recommendation by the stat for the US Department of Heaprovisions of the Life Safety C waiver will not adversely affect Note 4: All inspecting activitie devices, equipment, or other integration of the safety C note 4: All inspecting activitie devices, equipment, or other integrations are safety C note 1: All inspecting activities devices, equipment, or other integrations are safety C note 1: All inspecting activities devices, equipment, or other integrations are safety C note 1: All inspecting activities devices, equipment, or other integrations are safety C note 1: All inspecting activities devices, equipment, or other integrations are safety C note 1: All inspecting activities devices, equipment, or other integrations are safety C note 1: All inspecting activities are safety C note 1: Al	epartments meet the provisions applicable to ambulatory health care occupancies,

CFR Number §482.41(b)(3)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.41(b)(3) TAG: A-(3) The provisions of the Life Safety Code		PE.03.01.0	The hospita Code.	I designs and manages the physical environment to comply with the Life Safety
that a fire and safety code imposed by Sta hospitals.		EP 3	Amendments [TIA] 12-1, Note 1: Outpatient surgica regardless of the number Note 2: For hospitals that Life Safety Code do not a fire and safety code impo Note 3: For hospitals that a recommendation by the for the US Department of provisions of the Life Safe waiver will not adversely a Note 4: All inspecting acti devices, equipment, or ot	al departments meet the provisions applicable to ambulatory health care occupancies,
§482.41(b)(4) TAG: A-	0713	PE.02.01.0	1 The hospita	l manages risks related to hazardous materials and waste.
(4) The hospital must have procedures for disposal of trash.	the proper routine storage and prompt	EP 6	The hospital has procedu waste.	res for the proper routine storage and prompt disposal of trash and regulated medical
§482.41(b)(5) TAG: A-	0714	PE.03.01.0	· · · · · · · · · · · · · · · · · · ·	I designs and manages the physical environment to comply with the Life Safety
(5) The hospital must have written fire con prompt reporting of fires; extinguishing fire guests; evacuation; and cooperation with f	s; protection of patients, personnel and	EP 4		ire control plans that include provisions for prompt reporting of fires; extinguishing fires; ff, and guests; evacuation; and cooperation with firefighting authorities.
§482.41(b)(6) TAG: A-		PE.03.01.0		I designs and manages the physical environment to comply with the Life Safety
(6) The hospital must maintain written evid by State or local fire control agencies.	lence of regular inspection and approval	EP 5	Code. The hospital maintains wi	ritten evidence of regular inspection and approval by state or local fire control agencies.
§482.41(b)(7) TAG: A-		PE.03.01.0	1 The hospita Code.	I designs and manages the physical environment to comply with the Life Safety
(7) A hospital may install alcohol-based had dispensers are installed in a manner that a access;		EP 7		s alcohol-based hand rub dispensers, it installs the dispensers in a manner that protects ess.
§482.41(b)(8) TAG: A-	0717			
(8) When a sprinkler system is shut down	for more than 10 hours, the hospital must:			
§482.41(b)(8)(i) TAG: A-		PE.03.01.0	1 The hospita Code.	I designs and manages the physical environment to comply with the Life Safety
(i) Evacuate the building or portion of the buntil the system is back in service, or	onioning anected by the system outage	EP 8	When a sprinkler system	is shut down for more than 10 hours, the hospital either evacuates the building or portion y the system outage until the system is back in service, or the hospital establishes a fire back in service.
§482.41(b)(8)(ii) TAG: A-		PE.03.01.0	•	I designs and manages the physical environment to comply with the Life Safety
(ii) Establish a fire watch until the system is	s back in service.	EP 8		is shut down for more than 10 hours, the hospital either evacuates the building or portion the system outage until the system is back in service, or the hospital establishes a fire back in service.

CFR Number §482.41(b)(9)		Medicare Requirements		pint Commission quivalent Number	Joint Commission Standards and Elements of Performance
5 - (-)(-)	AG: A-		PE.03.01.0		signs and manages the physical environment to comply with the Life Safety
(9) Buildings must have an outside window or outside door in every sleeping room, and for any building constructed after July 5, 2016 the sill height must not exceed 36 inches above the floor. Windows in atrium walls are considered outside windows for the purposes of this requirement.		5, 2016, the sill height does n Note 1: Windows in atrium wa Note 2: The sill height require less than 24 hours.		idow or outside door in every sleeping room. For any building constructed after July of exceed 36 inches above the floor. Ills are considered outside windows for the purposes of this requirement. In ment does not apply to newborn nurseries and rooms intended for occupancy for italian nursing care areas of new occupancies does not exceed 60 inches.	
§482.41(b)(9)(i) T	AG: A-0	718	PE.03.01.0	• • • • • • • • • • • • • • • • • • •	signs and manages the physical environment to comply with the Life Safety
(i) The sill height requirement does intended for occupancy for less that			EP 9	5, 2016, the sill height does not note 1: Windows in atrium wa Note 2: The sill height require less than 24 hours.	Idow or outside door in every sleeping room. For any building constructed after July of exceed 36 inches above the floor. Ills are considered outside windows for the purposes of this requirement. In ment does not apply to newborn nurseries and rooms intended for occupancy for ital nursing care areas of new occupancies does not exceed 60 inches.
0 · (·/(·/(/	AG: A-0		PE.03.01.0	1 The hospital des Code.	signs and manages the physical environment to comply with the Life Safety
60 inches	cale al	eas of new occupancies must not exceed	EP 9	5, 2016, the sill height does no Note 1: Windows in atrium wa Note 2: The sill height require less than 24 hours.	dow or outside door in every sleeping room. For any building constructed after July ot exceed 36 inches above the floor. alls are considered outside windows for the purposes of this requirement. ment does not apply to newborn nurseries and rooms intended for occupancy for italian nursing care areas of new occupancies does not exceed 60 inches.
§482.41(c) T.	AG: A-0	720	PE.04.01.0	1 The hospital add	dresses building safety and facility management.
· ·	cordance nendme	n, the hospital must meet the applicable with the Health Care Facilities Code hts TIA 12–2, TIA 12–	EP 1	(NFPA 99-2012 and Tentative Note 1: Chapters 7, 8, 12, and Note 2: If application of the He Centers for Medicare & Medic only if the waiver does not ad Note 3: All inspecting activities devices, equipment, or other i	able provisions and proceeds in accordance with the Health Care Facilities Code a Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply. The ealth Care Facilities Code would result in unreasonable hardship for the hospital, the eaith Services may waive specific provisions of the Health Care Facilities Code, but eversely affect the health and safety of patients. The activity and the activity; inventory of tems; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity.
0 · (·/(/	AG: A-0		PE.04.01.0		dresses building safety and facility management.
(1) Chapters 7, 8, 12, and 13 of the not apply to a hospital.	e adopte	d Health Care Facilities Code do	EP 1	(NFPA 99-2012 and Tentative Note 1: Chapters 7, 8, 12, and Note 2: If application of the He Centers for Medicare & Medic only if the waiver does not ad Note 3: All inspecting activities devices, equipment, or other i	able provisions and proceeds in accordance with the Health Care Facilities Code enterim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). In the Health Care Facilities Code do not apply. It is easily code would result in unreasonable hardship for the hospital, the easily Services may waive specific provisions of the Health Care Facilities Code, but wersely affect the health and safety of patients. It is a redocumented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed of the referenced for the activity; and results of the activity.

CFR Number §482.41(c)(2)	Medicare Requirements	-	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.41(c)(2)	TAG: A-0720	PE.04.01.0	1 The hospital add	dresses building safety and facility management.
this section would result in unre	Care Facilities Code required under paragraph (c) of easonable hardship for the hospital, CMS may waive h Care Facilities Code, but only if the waiver does not I safety of	EP 1	(NFPA 99-2012 and Tentative Note 1: Chapters 7, 8, 12, and Note 2: If application of the He Centers for Medicare & Medic only if the waiver does not ad Note 3: All inspecting activities devices, equipment, or other i	able provisions and proceeds in accordance with the Health Care Facilities Code a Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply. The ealth Care Facilities Code would result in unreasonable hardship for the hospital, the eaid Services may waive specific provisions of the Health Care Facilities Code, but wersely affect the health and safety of patients. If a commented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity.
§482.41(d)	TAG: A-0722	PE.01.01.0	1 The hospital has	s a safe and adequate physical environment.
§482.41(d) Standard: Facilities The hospital must maintain add		EP 1	well-being of patients. Note 1: Diagnostic and therap Note 2: When planning for necurrent Guidelines for Design state rules and regulations or reputable standards and guide	structed, arranged, and maintained to allow safe access and to protect the safety and reutic facilities are located in areas appropriate for the services provided. w, altered, or renovated space, the hospital uses state rules and regulations or the and Construction of Hospitals published by the Facility Guidelines Institute. If the the Guidelines do not address the design needs of the hospital, then it uses other elines that provide equivalent design criteria.
		EP 2	treatment of patients and for a	ace and facilities for the services it provides, including facilities for the diagnosis and any special services offered to meet the needs of the community served. Active of facilities is determined by the services offered.
§482.41(d)(1)	TAG: A-0723	PE.01.01.0	1 The hospital has	s a safe and adequate physical environment.
(1) Diagnostic and therapeutic	facilities must be located for the safety of patients.	EP 1	well-being of patients. Note 1: Diagnostic and therap Note 2: When planning for necurrent Guidelines for Design state rules and regulations or	structed, arranged, and maintained to allow safe access and to protect the safety and reutic facilities are located in areas appropriate for the services provided. w, altered, or renovated space, the hospital uses state rules and regulations or the and Construction of Hospitals published by the Facility Guidelines Institute. If the the Guidelines do not address the design needs of the hospital, then it uses other elines that provide equivalent design criteria.
§482.41(d)(2)	TAG: A-0724	PE.04.01.0	1 The hospital add	dresses building safety and facility management.
	uipment must be maintained to ensure an acceptable	EP 2	The hospital maintains essent	tial equipment in safe operating condition.
level of safety and quality.		EP 5		es to ensure an acceptable level of safety and quality. manner to ensure the safety of the stored supplies and to not violate fire codes or
		PE.04.01.0	• • • • • • • • • • • • • • • • • • •	s a water management program that addresses Legionella and other nogens. Note: The water management program is in accordance with law and
		EP 1		am has an individual or a team responsible for the oversight and implementation of timited to development, management, and maintenance activities.

CFR Number §482.41(d)(2)	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
	,	EP 2	A basic diagram that ma and end-use points Note: An example would be a so forth. A water risk manageme chemical conditions of e conditions may occur (th Note: Refer to the Centers for (WICRA) for Healthcare Settin A plan for addressing th period of time (for exam An evaluation of the pat Monitoring protocols and Note: Hospitals should consider programs that include monitoring.)	sible for the water management program develops the following: aps all water supply sources, treatment systems, processing steps, control measures, flow chart with symbols showing sinks, showers, water fountains, ice machines, and ant plan based on the diagram that includes an evaluation of the physical and each step of the water flow diagram to identify any areas where potentially hazardous nese conditions are most likely to occur in areas with slow or stagnant water). Disease Control and Prevention's "Water Infection Control Risk Assessment ngs" tool as an example for conducting a water-related risk assessment. e use of water in areas of buildings where water may have been stagnant for a ple, unoccupied or temporarily closed areas) ient populations served to identify patients who are immunocompromised diacceptable ranges for control measures ler incorporating basic practices for water monitoring within their water management ring of water temperature, residual disinfectant, and pH. In addition, protocols should parameters measured, locations where measurements are made, and appropriate a parameters are out of range.
		EP 3	 Documenting results of Corrective actions and p when a probable or cont Documenting corrective 	isible for the water management program manages the following: all monitoring activities procedures to follow if a test result outside of acceptable limits is obtained, including firmed waterborne pathogen(s) indicates action is necessary actions taken when control limits are not maintained for the process of monitoring, reporting, and investigating utility system issues.
		EP 4	the following occurs: Changes have been ma New equipment or an at source for Legionella. The Note 1: Joint Commission and Legionella or other waterborn by law or regulation. Note 2: Refer to ASHRAE Stathe Centers for Disease Control Legionella Growth and Spread	de to the water system that would add additional risk. Frisk water system(s) has been added that could generate aerosols or be a potential his includes the commissioning of a new wing or building. The Centers for Medicare & Medicaid Services (CMS) do not require culturing for e pathogens. Testing protocols are at the discretion of the hospital unless required andard 188-2018 "Legionellosis: Risk Management for Building Water Systems" and rol and Prevention Toolkit "Developing a Water Management Program to Reduce d in Buildings" for guidance on creating a water management plan. For additional RAE Guideline 12-2020 "Managing the Risk of Legionellosis Associated with Building
§482.41(d)(3)	TAG: A-0725	PE.01.0	1.01 The hospital has	s a safe and adequate physical environment.
(3) The extent and complexity o offered.	f facilities must be determined by the services	EP 2	treatment of patients and for a Note: The extent and complex	ace and facilities for the services it provides, including facilities for the diagnosis and any special services offered to meet the needs of the community served. kity of facilities is determined by the services offered.
§482.41(d)(4)	TAG: A-0726	PE.04.0	1.01 The hospital add	dresses building safety and facility management.
(4) There must be proper ventile pharmaceutical, food preparation	ation, light, and temperature controls in n, and other appropriate areas.	EP 3	The hospital has proper ventil preparation areas.	ation, lighting, and temperature control in all pharmaceutical, patient care, and food

CFR Number §482.41(e)		Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.41(e)	TAG: A-07	730			
accordance with 5 U.S.C.552(a) a the CMS Information Resource C or at the National Archives and R on the availability of this material www.archives.gov/federal_registe	e Director of and 1 CFR Center, 7500 Records Adr I at NARA, c er/code_of_ he Code are	the Office of the Federal Register in part 51. You may inspect a copy at 0 Security Boulevard, Baltimore, MD ninistration (NARA). For information call 202–741–6030, or go to: http://federal_regulations/ibr_locations.html.			
§482.41(e)(1)	TAG: A-07	730			
(1) National Fire Protection Assoc www.nfpa.org, 1.617.770.3000.	ciation, 1 B	atterymarch Park, Quincy, MA 02169,			
§482.41(e)(1)(i)	TAG: A-07	730	PE.04.01	.01 The hospital add	dresses building safety and facility management.
(i) NFPA 99, Standards for Health Protection Association 99, 2012 €			EP 1	(NFPA 99-2012 and Tentative Note 1: Chapters 7, 8, 12, and Note 2: If application of the He Centers for Medicare & Medic only if the waiver does not ad Note 3: All inspecting activitie devices, equipment, or other i	able provisions and proceeds in accordance with the Health Care Facilities Code interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). In 3 of the Health Care Facilities Code do not apply. In a sealth Care Facilities Code would result in unreasonable hardship for the hospital, the seald Services may waive specific provisions of the Health Care Facilities Code, but wersely affect the health and safety of patients. In a sea a sea a sea documented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed of the referenced for the activity; and results of the activity.
§482.41(e)(1)(ii)	TAG: A-07	730	PE.04.01	.01 The hospital add	dresses building safety and facility management.
(ii) TIA 12–2 to NFPA 99, issued	August 11,	2011.	EP 1	(NFPA 99-2012 and Tentative Note 1: Chapters 7, 8, 12, and Note 2: If application of the He Centers for Medicare & Medic only if the waiver does not ad Note 3: All inspecting activitie devices, equipment, or other i	able provisions and proceeds in accordance with the Health Care Facilities Code a Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). d 13 of the Health Care Facilities Code do not apply. ealth Care Facilities Code would result in unreasonable hardship for the hospital, the caid Services may waive specific provisions of the Health Care Facilities Code, but versely affect the health and safety of patients. Is are documented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed perferenced for the activity; and results of the activity.
§482.41(e)(1)(iii)	TAG: A-07	730	PE.04.01	.01 The hospital add	dresses building safety and facility management.
(iii) TIA 12–3 to NFPA 99, issued	d August 9, 2	2012.	EP 1	(NFPA 99-2012 and Tentative Note 1: Chapters 7, 8, 12, and Note 2: If application of the He Centers for Medicare & Medic only if the waiver does not ad Note 3: All inspecting activities devices, equipment, or other i	able provisions and proceeds in accordance with the Health Care Facilities Code a Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply, and the Health Care Facilities Code would result in unreasonable hardship for the hospital, the said Services may waive specific provisions of the Health Care Facilities Code, but wersely affect the health and safety of patients. If a sare documented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed of the activity; and results of the activity.

CFR Number §482.41(e)(1)(iv)	Medicare Requirements		t Commission valent Number	Joint Commission Standards and Elements of Performance
§482.41(e)(1)(iv) TAG:	A-0730	PE.04.01.01	The hospital add	dresses building safety and facility management.
(iv) TIA 12–4 to NFPA 99, issued March	(NI No No Ce on No de the	FPA 99-2012 and Tentative of the 1: Chapters 7, 8, 12, and the 2: If application of the Hearters for Medicare & Medicare if the waiver does not adopte 3: All inspecting activities vices, equipment, or other if a activity; NFPA standard(s)	able provisions and proceeds in accordance with the Health Care Facilities Code interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply. If 13 of the Health Care Facilities Code would result in unreasonable hardship for the hospital, the read Services may waive specific provisions of the Health Care Facilities Code, but wersely affect the health and safety of patients. If 13 of the activity; inventory of tems; required frequency; name and contact information of person who performed to referenced for the activity; and results of the activity.	
§482.41(e)(1)(v) TAG:	A-0730	PE.04.01.01	The hospital add	dresses building safety and facility management.
(v) TIA 12–5 to NFPA 99, issued Augus	t 1, 2013.	(NI No No Ce on No de	FPA 99-2012 and Tentative of the 1: Chapters 7, 8, 12, and of the 2: If application of the Hearters for Medicare & Medically if the waiver does not adote 3: All inspecting activities vices, equipment, or other in	able provisions and proceeds in accordance with the Health Care Facilities Code a Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply. If 13 of the Health Care Facilities Code would result in unreasonable hardship for the hospital, the read Services may waive specific provisions of the Health Care Facilities Code, but wersely affect the health and safety of patients. If 13 of the activity; inventory of tems; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity.
§482.41(e)(1)(vi) TAG:	A-0730	PE.04.01.01	The hospital add	dresses building safety and facility management.
(vi) TIA 12-6 to NFPA 99, issued March	3, 2014.	(NI No No Ce on No de	FPA 99-2012 and Tentative of the 1: Chapters 7, 8, 12, and of the 2: If application of the Heaters for Medicare & Medically if the waiver does not adopte 3: All inspecting activities vices, equipment, or other in	able provisions and proceeds in accordance with the Health Care Facilities Code interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply. If 13 of the Health Care Facilities Code would result in unreasonable hardship for the hospital, the said Services may waive specific provisions of the Health Care Facilities Code, but wersely affect the health and safety of patients. If 13 are documented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity.
§482.41(e)(1)(vii) TAG:	A-0730	PE.03.01.01	•	signs and manages the physical environment to comply with the Life Safety
(vii) NFPA 101, Life Safety Code, 2012	edition, issued August 11, 2011;	An No reç No Life fire No a r for pro wa No de	nendments [TIA] 12-1, 12-2 bte 1: Outpatient surgical degardless of the number of pote 2: For hospitals that use e Safety Code do not apply and safety code imposed the 3: For hospitals that use recommendation by the state the US Department of Head ovisions of the Life Safety Couver will not adversely affect the 4: All inspecting activities vices, equipment, or other inspections of the Life Safety Couver will not adversely affect the 4: All inspecting activities vices, equipment, or other inspections of the Life Safety Couver will not adversely affect the 4: All inspecting activities vices, equipment, or other inspections are provided that the safety of	partments meet the provisions applicable to ambulatory health care occupancies,

CFR Number §482.41(e)(1)(viii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§482.41(e)(1)(viii) T (viii) TIA 12–1 to NFPA 101, issued	AG: A-0730 August 11, 2011.	PE.03.01.01	The hospital des	signs and manages the physical environment to comply with the Life Safety	
,		Ame Note rega Note Life: fire a Note a rec for th provi waiv Note device	andments [TIA] 12-1, 12-2 and 1: Outpatient surgical de rdless of the number of paragraph 2: For hospitals that use Safety Code do not apply and safety code imposed and safety code imposed and safety code imposed to the US Department of Heatisions of the Life Safety Coder will not adversely affect 4: All inspecting activitie ces, equipment, or other in the safety of the code in the safety of the saf	epartments meet the provisions applicable to ambulatory health care occupancies,	
§482.41(e)(1)(ix) Tiangle T (ix) TIA 12–2 to NFPA 101, issued	AG: A-0730	PE.03.01.01	The hospital des	signs and manages the physical environment to comply with the Life Safety	
(IA) HA 12-2 WINFFA TUT, ISSUED	October 30, 2012.	Ame Note rega Note Life: fire a Note a rec for th prov waiv Note device	hospital meets the application and ments [TIA] 12-1, 12-2 at 1: Outpatient surgical describes of the number of parallels of the tallels of the tallels of the Life Safety Coer will not adversely affect at: All inspecting activities on the parallels of the Life Safety Coer will not adversely affect at: All inspecting activities on the parallels of the Life Safety Coer will not adversely affect at: All inspecting activities on the parallels of the Life Safety Coer will not adversely affect at: All inspecting activities on the parallels of the Life Safety Coer will not adversely affect at: All inspecting activities on the parallels of the Life Safety Coer will not adversely affect at the parallels of the parallels of the Life Safety Coer will not adversely affect at the parallels of the Life Safety Coer will not adversely affect at the parallels of the parallels of the Life Safety Coer will not adversely affect at the parallels of the Life Safety Coer will not adversely affect at the parallels of the Life Safety Coer will not adversely affect at the parallels of the Life Safety Coer will not adversely affect at the parallels of the Life Safety Coer will not adversely affect at the parallels of the Life Safety Coer will not adversely affect at the parallels of the Life Safety Coer will not adversely affect at the parallels of the parallels of the Life Safety Coer will not adversely affect at the parallels of the parallels of the parallels of the Life Safety Coer will not adversely affect at the parallels of th	epartments meet the provisions applicable to ambulatory health care occupancies,	

CFR Number §482.41(e)(1)(x)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.41(e)(1)(x) T (x) TIA 12–3 to NFPA 101, issued 0	AG: A-0730 October 22, 2013.	PE.03.01.01	The hospital des	signs and manages the physical environment to comply with the Life Safety
		Ame Note rega Note Life: fire a Note a rec for th provi waiv Note device	andments [TIA] 12-1, 12-2 and 1: Outpatient surgical de rdless of the number of parties 2: For hospitals that use Safety Code do not apply and safety code imposed and safety code imposed and safety code imposed to the commendation by the stance US Department of Healisions of the Life Safety Coder will not adversely affect 4: All inspecting activitients, equipment, or other incommendation of the codes.	epartments meet the provisions applicable to ambulatory health care occupancies,
§482.41(e)(1)(xi) T(xi) TIA 12–4 to NFPA 101, issued	AG: A-0730	PE.03.01.01	The hospital des	signs and manages the physical environment to comply with the Life Safety
(AI) 11A 12-4 to INFFA 101, ISSUED	October 22, 2013.	Ame Note rega Note Life: fire a Note a rec for th prov waiv Note device	hospital meets the application and ments [TIA] 12-1, 12-2 at 1: Outpatient surgical describes of the number of parallels of the tallels of the tallels of the Life Safety Coer will not adversely affect at: All inspecting activities on the parallels of the Life Safety Coer will not adversely affect at: All inspecting activities on the parallels of the Life Safety Coer will not adversely affect at: All inspecting activities on the parallels of the Life Safety Coer will not adversely affect at: All inspecting activities on the parallels of the Life Safety Coer will not adversely affect at: All inspecting activities on the parallels of the Life Safety Coer will not adversely affect at	epartments meet the provisions applicable to ambulatory health care occupancies,

CFR Number §482.42	Medicare Requirements		nt Commission ivalent Number	Joint Commission Standards and Elements of Performance			
§482.42 TAG: A- §482.42 Condition of participation: Infections stewardship programs.		IC.04.01.01	IC.04.01.01 The hospital has a hospitalwide infection prevention and control program for the surveillance, prevention, and control of health care—associated infections (HAIs) and other infectious diseases.				
stewardship programs. The hospital must have active hospital-wide programs for the surveillance, prevention, and control of HAIs and other infectious diseases, and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic-resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration with the hospital-wide quality assessment and performance improvement (QAPI) program.		N to e c (Development and imple procedures that adhere Documentation of the in activities Competency-based train as applicable, personne policies and procedures Prevention and control of staff adherence to infect Communication and coll and control activities, indepartment, and water reformers Communication and coll program to address infectors Infector of their roles and responsibility 	of health care—associated infections and other infectious diseases, including auditing tion prevention and control policies and procedures laboration with all components of the hospital involved in infection prevention cluding but not limited to the antibiotic stewardship program, sterile processing management program laboration with the hospital's quality assessment and performance improvement ction prevention and control issues tency-based training is the staff's ability to demonstrate the skills and tasks specific ies. Examples of competencies may include donning/doffing of personal protective correctly perform the processes for high-level disinfection. (For more information on fer to HR.11.04.01 EP 1).			
		a h h c C iii c d N N r S F a r N N iii c N N n n n n n n n n n n n n n n n n n	and methods for preventing a pospital and other institutions preventing a pospital and other institutions preventing a pospital and other institutions prevention. Applicable law and regulation. Manufacturers' instructions. Nationally recognized evide Control and Prevention's (CD in All Settings or, in the abservant locumented within the policies lote 1: Relevant federal, state Medicare & Medicare and Services perocessing single-use medicated and 29 CFR 1910.1030, Protection Standard 29 CFR inuthorities' requirements for requirements for requirements for biohazardous lote 2: For full details on the in All Settings, refer to https://lefinition-of-terms.html.	for use. ence-based guidelines and standards of practice, including the Centers for Disease C) Core Infection Prevention and Control Practices for Safe Healthcare Delivery ace of such guidelines, expert consensus or best practices. The guidelines are			
		b	The infection prevention and only addressing all locations, passee also LD.11.01.01, EP 10				

CFR Number §482.42	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		IC.05.01.0		overning body is accountable for the implementation, performance, and the infection prevention and control program.
		EP 1	infection prevention and contr success, and sustainability of Note: To make certain that sy provides access to information public health authorities' advis	r is responsible for the implementation, performance, and sustainability of the oll program and provides resources to support and track the implementation, the program's activities. In the program and provides resources to support and track the implementation, the program's activities. In the program are in place and operational to support the program, the governing body in technology; laboratory services; equipment and supplies; local, state, and federal sories and alerts, such as the CDC's Health Alert Network (HAN); FDA alerts; ruse; and guidelines used to inform policies.
		EP 2	are addressed in collaboration	rensures that the problems identified by the infection prevention and control program with hospital quality assessment and performance improvement leaders and other lical director, nurse executive, and administrative leaders).
		IC.06.01.0		olements its infection prevention and control program through surveillance, control activities.
		EP 3	and other infectious diseases,	ities for the surveillance, prevention, and control of health care—associated infections including maintaining a clean and sanitary environment to avoid sources and addresses any infection control issues identified by public health authorities that
		MM.18.01	•	ablishes antibiotic stewardship as an organizational priority through support stewardship program.
		EP 1	The antibiotic stewardship pro	gram reflects the scope and complexity of the hospital services provided.
		EP 3	 Development and impler recognized guidelines, to All documentation, writte Communication and coll hospital's infection preve Competency-based train applicable, personnel presence 	stewardship program is responsible for the following: mentation a hospitalwide antibiotic stewardship program, based on nationally o monitor and improve the use of antibiotics. on or electronic, of antibiotic stewardship program activities. aboration with medical staff, nursing, and pharmacy leadership, as well as with the ention and control and QAPI programs, on antibiotic use issues. hing and education of hospital personnel and staff, including medical staff, and, as oviding contracted services in the hospital, on the practical applications of antibiotic policies, and procedures.
		PE.04.01.	O1 The hospital add	dresses building safety and facility management.
		EP 1	(NFPA 99-2012 and Tentative Note 1: Chapters 7, 8, 12, and Note 2: If application of the He Centers for Medicare & Medic only if the waiver does not ad Note 3: All inspecting activities devices, equipment, or other i	able provisions and proceeds in accordance with the Health Care Facilities Code Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply, ealth Care Facilities Code would result in unreasonable hardship for the hospital, the aid Services may waive specific provisions of the Health Care Facilities Code, but versely affect the health and safety of patients. It is a redocumented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed a referenced for the activity; and results of the activity.
§482.42(a) TAG: A	-0748			
(a) Standard: Infection prevention and co The hospital must demonstrate that:	ntrol program organization and policies.			

CFR Number §482.42(a)(1)	Medicare Requirements	1	oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
§482.42(a)(1) TAG: A-	0748	HR.11.02.0	1 The hospital def	ines and verifies staff qualifications.
(1) An individual (or individuals), who is qualified through education, training, experience, or certification in infection prevention and control, is appointed by the governing body as the infection preventionist(s)/infection control professional(s) responsible for the infection prevention and control program and that the appointment is based on the recommendations of medical staff leadership and nursing leadership;		EP 1	Note 1: Qualifications for infecertification (such as that offe Note 2: Qualifications for laboration (CLIA), under Statement	lifications specific to their job responsibilities. ction control may be met through ongoing education, training, experience, and/or red by the Certification Board for Infection Control). by the Certification Control). by the Certification Control Infection Control Infe
		NPG.12.01.		eadership team ensures that there is qualified ancillary staff required to meet population served and determines how staff function within the organization.
		EP 12	an infection preventionist(s) o	r, based on the recommendation of the medical staff and nursing leaders, appoints r infection control professional(s) qualified through education, training, experience, or nation to be responsible for the infection prevention and control program.
§482.42(a)(2) TAG: A- (2) The hospital infection prevention and c policies and procedures, employs methods	ontrol program, as documented in its	IC.04.01.01		s a hospitalwide infection prevention and control program for the surveillance, control of health care-associated infections (HAIs) and other infectious
transmission of infections within the hospit institutions and settings;	al and between the hospital and other	EP 3	and methods for preventing a hospital and other institutions hierarchy of references: a. Applicable law and regulati b. Manufacturers' instructions c. Nationally recognized evide Control and Prevention's (CD in All Settings or, in the abserdocumented within the policie Note 1: Relevant federal, state Medicare & Medicaid Services reprocessing single-use medi Standard 29 CFR 1910.1030, Protection Standard 29 CFR authorities' requirements for requirements for biohazardou Note 2: For full details on the in All Settings, refer to https://definition-of-terms.html.	for use. ence-based guidelines and standards of practice, including the Centers for Disease C) Core Infection Prevention and Control Practices for Safe Healthcare Delivery nce of such guidelines, expert consensus or best practices. The guidelines are

CFR Number §482.42(a)(2)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
		EP 4	devices and equipment addre Cleaning, disinfection, a Spaulding classification Use of disinfectants regi equipment according to use dilution, contact time Use of FDA-approved lid disinfectants for the produce and the frequency of chemic chemicals used in high-lementary instructions. Resolution of conflicts of manufacturers' instructions and process for a Actions to take in the evereprocessed item(s) or a Note 1: The Spaulding classification activity (sterilization, high-lever for the three classes of device Note 2: Depending on the nativity of the service and process of device and the produce and	and sterilization of reusable medical and surgical devices in accordance with the system and manufacturers' instructions istered by the Environmental Protection Agency for noncritical devices and the directions on the product labeling, including but not limited to indication, specified e, and method of application quid chemical sterilants for the processing of critical devices and high-level cessing of semicritical devices in accordance with FDA-cleared label and device ons in for device reprocessing cycles, including but not limited to sterilizer cycle logs, all and biological testing, and the results of testing for appropriate concentration for level disinfection reduced disinfection or sterilization equipment the use of immediate-use steam sterilization ent of a reprocessing error or failure identified either prior to the release of the after the reprocessed item(s) was used or stored for later use ication system classifies medical and surgical devices as critical, semicritical, or e patient from contamination on a device and establishes the levels of germicidal and disinfection, intermediate-level disinfection, and low-level disinfection) to be used
§482.42(a)(3) TAG: A-0		IC.06.01.01		plements its infection prevention and control program through surveillance, control activities.
and control of HAIs, including maintaining a sources and transmission of infection, and a identified by public health authorities; and	clean and sanitary environment to avoid		and other infectious diseases	rities for the surveillance, prevention, and control of health care–associated infections, including maintaining a clean and sanitary environment to avoid sources and addresses any infection control issues identified by public health authorities that
		EP 4	 Implementing infection p surveillance or public he Reporting an outbreak in Investigating an outbrea 	n accordance with state and local public health authorities' requirements lk tion necessary to prevent further transmission of the infection among patients,
		EP 5	acquisition among its staff, in following: • Screening and medical elements in the staff education and train	cies and procedures to minimize the risk of communicable disease exposure and accordance with law and regulation. The policies and procedures address the evaluations for infectious diseases hing h potentially infectious exposures or communicable illnesses

CFR Number §482.42(a)(3)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance
		PE.01.01.01	The hospital has	s a safe and adequate physical environment.
			well-being of patients. Note 1: Diagnostic and therap Note 2: When planning for ner current Guidelines for Design state rules and regulations or reputable standards and guide The hospital has	etructed, arranged, and maintained to allow safe access and to protect the safety and reutic facilities are located in areas appropriate for the services provided. w, altered, or renovated space, the hospital uses state rules and regulations or the and Construction of Hospitals published by the Facility Guidelines Institute. If the the Guidelines do not address the design needs of the hospital, then it uses other elines that provide equivalent design criteria. Is a water management program that addresses Legionella and other nogens. Note: The water management program is in accordance with law and
				ram has an individual or a team responsible for the oversight and implementation of a limited to development, management, and maintenance activities.
			 A basic diagram that may and end-use points Note: An example would be a so forth. A water risk management chemical conditions of e conditions may occur (the Note: Refer to the Centers for (WICRA) for Healthcare Setting A plan for addressing the period of time (for example An evaluation of the pating Monitoring protocols and Note: Hospitals should consider programs that include monitor include specificity around the corrective actions taken when (See also IC.04.01.01, EP 2) 	•
§482.42(a)(4) TAG: A-6 (4) The infection prevention and control pro		IC.04.01.01		s a hospitalwide infection prevention and control program for the surveillance, control of health care-associated infections (HAIs) and other infectious
of the hospital services provided.	5		diseases. The infection prevention and oby addressing all locations, pa (See also LD.11.01.01, EP 10	
§482.42(b) TAG: A-				
(b) Standard: Antibiotic stewardship progra must demonstrate that:	m organization and policies. The hospital			
§482.42(b)(1) TAG: A-0		MM.18.01.0		ablishes antibiotic stewardship as an organizational priority through support stewardship program.
(1) An individual (or individuals), who is quality experience in infectious diseases and/or are the governing body as the leader(s) of the appointment is based on the recommer pharmacy leadership;	ntibiotic stewardship, is appointed by antibiotic stewardship program and that		The hospital demonstrates that experience in infectious disease	at an individual (or individuals), who is qualified through education, training, or ses and/or antibiotic stewardship, is appointed by the governing body as the vardship program and that the appointment is based on the recommendations of

CFR Number §482.42(b)(2)	1	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.42(b)(2)	TAG: A-0	0761	ĺ		
(2) The hospital-wide antibiot	ic stewardship	program:			
§482.42(b)(2)(i)	TAG: A-0	7 · · · · ·	MM.18.0		tablishes antibiotic stewardship as an organizational priority through support
(i) Demonstrates coordination among all components of the hospital responsible for antibiotic use and resistance, including, but not limited to, the infection prevention and control program, the QAPI program, the medical staff, nursing services, and pharmacy services;		The hospitalwide antibiotic stewardship program: Demonstrates coordination among all components of the hospital responsible for antibiotic resistance, including, but not limited to, the infection prevention and control program, the Quedical staff, nursing services, and pharmacy services. Documents the evidence-based use of antibiotics in all departments and services of the hospital responsible for antibiotic medical staff, nursing services, and pharmacy services. Documents any improvements, including sustained improvements, in proper antibiotic use.			
§482.42(b)(2)(ii)	TAG: A-0	·· ·-	MM.18.0		tablishes antibiotic stewardship as an organizational priority through support
(ii) Documents the evidence-lof the hospital; and	based use of a	antibiotics in all departments and services	EP 5	The hospitalwide antibiotic ste Demonstrates coordinate resistance, including, but medical staff, nursing seep Documents the evidence	ewardship program. ewardship program: tion among all components of the hospital responsible for antibiotic use and ut not limited to, the infection prevention and control program, the QAPI program, the ervices, and pharmacy services. e-based use of antibiotics in all departments and services of the hospital. ements, including sustained improvements, in proper antibiotic use.
§482.42(b)(2)(iii)	TAG: A-C	g sustained improvements, in proper	MM.18.0		tablishes antibiotic stewardship as an organizational priority through support stewardship program.
antibiotic use;	ments, mordan	g sustained improvements, in proper	EP 5	resistance, including, bu medical staff, nursing se • Documents the evidence	ewardship program: tion among all components of the hospital responsible for antibiotic use and at not limited to, the infection prevention and control program, the QAPI program, the ervices, and pharmacy services. e-based use of antibiotics in all departments and services of the hospital. ements, including sustained improvements, in proper antibiotic use.
§482.42(b)(3)	TAG: A-C	eres to nationally recognized guidelines,	MM.18.0	1.01 The hospital est	tablishes antibiotic stewardship as an organizational priority through support stewardship program.
as well as best practices, for			EP 6		ogram adheres to nationally recognized guidelines, as well as best practices, for
§482.42(b)(4)	TAG: A-0	0765	MM.18.0	1.01 The hospital est	tablishes antibiotic stewardship as an organizational priority through support
(4) The antibiotic stewardship hospital services provided.	o program refle	ects the scope and complexity of the	EP 1		stewardship program. ogram reflects the scope and complexity of the hospital services provided.
§482.42(c)	TAG: A-0	0770			
(c) Standard: Leadership resp	ponsibilities.				
		X===	 		
§482.42(c)(1)	TAG: A-0	0770	l		

CFR Number §482.42(c)(1)(i)	Medicare Requirements	1	oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
	TAG: A-0770 Systems are in place and operational for the tracking of all infection surveillance,			overning body is accountable for the implementation, performance, and the infection prevention and control program.
prevention, and control, and antibiotic use activities, in order to demonstrate the implementation, success, and sustainability of such activities.			infection prevention and contributes, and sustainability of Note: To make certain that syprovides access to information public health authorities' advis manufacturers' instructions for	stems are in place and operational to support the program, the governing body in technology; laboratory services; equipment and supplies; local, state, and federal sories and alerts, such as the CDC's Health Alert Network (HAN); FDA alerts; r use; and guidelines used to inform policies.
		MM.18.01.0	of its antibiotic s	ablishes antibiotic stewardship as an organizational priority through support stewardship program.
		EP 7		that systems are in place and operational for the tracking of all antibiotic use ate the implementation, success, and sustainability of such activities.
§482.42(c)(1)(ii) TAG: A (ii) All HAIs and other infectious diseases		IC.05.01.01		overning body is accountable for the implementation, performance, and the infection prevention and control program.
and control program as well as antibiotic use issues identified by the antibiotic stewardship program are addressed in collaboration with hospital QAPI leadership.		EP 2	are addressed in collaboration	r ensures that the problems identified by the infection prevention and control program with hospital quality assessment and performance improvement leaders and other lical director, nurse executive, and administrative leaders).
		MM.18.01.0	<u> </u>	ablishes antibiotic stewardship as an organizational priority through support stewardship program.
				all antibiotic use issues identified by the antibiotic stewardship program are h the hospital's QAPI leadership.
§482.42(c)(2) TAG: A	n-0772			
(2) The infection preventionist(s)/infection	control professional(s) is responsible for:]		
§482.42(c)(2)(i) TAG: A (i) The development and implementation prevention, and control policies and proce		IC.04.01.01		s a hospitalwide infection prevention and control program for the surveillance, control of health care–associated infections (HAIs) and other infectious
guidelines.		EP 2	Development and impler procedures that adhere Documentation of the intactivities Competency-based train as applicable, personnel policies and procedures Prevention and control of staff adherence to infect Communication and coll and control activities, indepartment, and water in Communication and coll program to address inferior Note: The outcome of compet to their roles and responsibilities.	of health care—associated infections and other infectious diseases, including auditing ion prevention and control policies and procedures aboration with all components of the hospital involved in infection prevention cluding but not limited to the antibiotic stewardship program, sterile processing management program aboration with the hospital's quality assessment and performance improvement ction prevention and control issues sency-based training is the staff's ability to demonstrate the skills and tasks specific ies. Examples of competencies may include donning/doffing of personal protective correctly perform the processes for high-level disinfection. (For more information on fer to HR.11.04.01 EP 1).

CFR Number §482.42(c)(2)(ii)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
(ii) All documentation, written or electronic	(ii) All documentation, written or electronic, of the infection prevention and control		<u>-</u>	s a hospitalwide infection prevention and control program for the surveillance, control of health care–associated infections (HAIs) and other infectious
program and its surveillance, prevention, and control activities.		EP 2	Development and impler procedures that adhere Documentation of the imactivities Competency-based train as applicable, personne policies and procedures Prevention and control costaff adherence to infect Communication and coll and control activities, indepartment, and water recommunication and coll program to address infe	of health care—associated infections and other infectious diseases, including auditing tion prevention and control policies and procedures laboration with all components of the hospital involved in infection prevention cluding but not limited to the antibiotic stewardship program, sterile processing management program laboration with the hospital's quality assessment and performance improvement action prevention and control issues tency-based training is the staff's ability to demonstrate the skills and tasks specific ies. Examples of competencies may include donning/doffing of personal protective correctly perform the processes for high-level disinfection. (For more information on fer to HR.11.04.01 EP 1).
§482.42(c)(2)(iii) TAG: A- (iii) Communication and collaboration with		IC.04.01.01	prevention, and	s a hospitalwide infection prevention and control program for the surveillance, control of health care–associated infections (HAIs) and other infectious
prevention and control issues.		EP 2	Development and impler procedures that adhere Documentation of the in activities Competency-based train as applicable, personne policies and procedures Prevention and control c staff adherence to infect Communication and coll and control activities, indepartment, and water r Communication and coll program to address infe	of health care—associated infections and other infectious diseases, including auditing tion prevention and control policies and procedures laboration with all components of the hospital involved in infection prevention cluding but not limited to the antibiotic stewardship program, sterile processing management program laboration with the hospital's quality assessment and performance improvement action prevention and control issues tency-based training is the staff's ability to demonstrate the skills and tasks specific ies. Examples of competencies may include donning/doffing of personal protective correctly perform the processes for high-level disinfection. (For more information on fer to HR.11.04.01 EP 1).

CFR Numbe §482.42(c)(2)(Medicare Reduirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.42(c)(2)(iv)	TAG: A-0775	HR.11.03.0	1 The hospital pro	ovides orientation, education, and training to their staff.
(iv) Competency-based training and education of hospital personnel and staff, including medical staff, and, as applicable, personnel providing contracted services		EP 1		ducation and training to maintain or increase their competency and, as needed, when Staff participation is documented.
in the hospital, on the practi guidelines, policies, and pro	al applications of infection prevention and control	HR.11.04.0	1 The hospital eva	aluates staff competence and performance.
guidelines, policies, and pro	edures.	EP 1		ssessed and documented as part of orientation and once every three years, or more pital policy or in accordance with law and regulation.
		IC.04.01.01		s a hospitalwide infection prevention and control program for the surveillance, control of health care-associated infections (HAIs) and other infectious
		EP 2	Development and imple procedures that adhere Documentation of the in activities Competency-based train as applicable, personne policies and procedures Prevention and control of staff adherence to infect Communication and coll and control activities, indepartment, and water reformed to their roles and responsibility. Output Development and imple procedures Tompeted to their roles and responsibility.	of health care—associated infections and other infectious diseases, including auditing tion prevention and control policies and procedures laboration with all components of the hospital involved in infection prevention cluding but not limited to the antibiotic stewardship program, sterile processing management program laboration with the hospital's quality assessment and performance improvement action prevention and control issues tency-based training is the staff's ability to demonstrate the skills and tasks specific ies. Examples of competencies may include donning/doffing of personal protective correctly perform the processes for high-level disinfection. (For more information on fer to HR.11.04.01 EP 1).

CFR Number §482.42(c)(2)(v)	Medicare Requirements	1	oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance		
§482.42(c)(2)(v) TAG: A- (v) The prevention and control of HAIs, incorprevention and control policies and proced	cluding auditing of adherence to infection	IC.04.01.01 The hospital has a hospitalwide infection prevention and control program for the surveillance, prevention, and control of health care–associated infections (HAIs) and other infectious diseases.				
		The infection preventionist(s) or infection control professional(s) is responsible for the following: Development and implementation of hospitalwide infection surveillance, prevention, and control procedures that adhere to law and regulation and nationally recognized guidelines Documentation of the infection prevention and control program and its surveillance, prevention activities Competency-based training and education of hospital personnel and staff, including medical sa applicable, personnel providing contracted services in the hospital, on infection prevention policies and procedures and their application Prevention and control of health care—associated infections and other infectious diseases, inc staff adherence to infection prevention and control policies and procedures Communication and collaboration with all components of the hospital involved in infection pre and control activities, including but not limited to the antibiotic stewardship program, sterile program to address infection prevention and control issues Note: The outcome of competency-based training is the staff's ability to demonstrate the skills and to their roles and responsibilities. Examples of competencies may include donning/doffing of person equipment and the ability to correctly perform the processes for high-level disinfection. (For more in competency requirements, refer to HR.11.04.01 EP 1). (See also PE.04.01.05, EP 2)		ementation of hospitalwide infection surveillance, prevention, and control policies and to law and regulation and nationally recognized guidelines infection prevention and control program and its surveillance, prevention, and control ming and education of hospital personnel and staff, including medical staff, and, and their application of health care—associated infections and other infectious diseases, including auditing auditing eliaboration with all components of the hospital involved in infection prevention and control including but not limited to the antibiotic stewardship program, sterile processing management program and control issues tency-based training is the staff's ability to demonstrate the skills and tasks specific ties. Examples of competencies may include donning/doffing of personal protective correctly perform the processes for high-level disinfection. (For more information on effer to HR.11.04.01 EP 1).		
§482.42(c)(2)(vi) TAG: A-	0777	IC.04.01.01		s a hospitalwide infection prevention and control program for the surveillance,		
(vi) Communication and collaboration with	the antibiotic stewardship program.		prevention, and diseases.	I control of health care-associated infections (HAIs) and other infectious		
		EP 2	Development and imple procedures that adhere Documentation of the in activities Competency-based trai as applicable, personne policies and procedures Prevention and control staff adherence to infect Communication and col and control activities, in department, and water of the communication and col program to address infection. Note: The outcome of compete to their roles and responsibilities.	of health care—associated infections and other infectious diseases, including auditing etion prevention and control policies and procedures llaboration with all components of the hospital involved in infection prevention accluding but not limited to the antibiotic stewardship program, sterile processing management program llaboration with the hospital's quality assessment and performance improvement ection prevention and control issues stency-based training is the staff's ability to demonstrate the skills and tasks specific ties. Examples of competencies may include donning/doffing of personal protective correctly perform the processes for high-level disinfection. (For more information on effer to HR.11.04.01 EP 1).		
§482.42(c)(3) TAG: A-	0778	j	, , ,			
(3) The leader(s) of the antibiotic stewards	hip program is responsible for:					

CFR Number §482.42(c)(3)(i)	Medicar	e Requirements		pint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
0 · (·/(·/(/	AG: A-0778	antibiotic stewardship	MM.18.01.0		ablishes antibiotic stewardship as an organizational priority through support stewardship program.
(i) The development and implementation of a hospital-wide antibiotic stewardship program, based on nationally recognized guidelines, to monitor and improve the use of antibiotics.		 The leader(s) of the antibiotic stewardship program is responsible for the following: Development and implementation a hospitalwide antibiotic stewardship program, based on recognized guidelines, to monitor and improve the use of antibiotics. All documentation, written or electronic, of antibiotic stewardship program activities. Communication and collaboration with medical staff, nursing, and pharmacy leadership, as hospital's infection prevention and control and QAPI programs, on antibiotic use issues. Competency-based training and education of hospital personnel and staff, including medical applicable, personnel providing contracted services in the hospital, on the practical applicate stewardship guidelines, policies, and procedures. 		mentation a hospitalwide antibiotic stewardship program, based on nationally o monitor and improve the use of antibiotics. en or electronic, of antibiotic stewardship program activities. laboration with medical staff, nursing, and pharmacy leadership, as well as with the ention and control and QAPI programs, on antibiotic use issues. ning and education of hospital personnel and staff, including medical staff, and, as roviding contracted services in the hospital, on the practical applications of antibiotic	
0 · (·/(·// /	AG: A-0779	and a la la company	MM.18.01.0		ablishes antibiotic stewardship as an organizational priority through support stewardship program.
(ii) All documentation, written or electric activities.	aronic, or antibiotic stev	zarusiiip program	 The leader(s) of the antibiotic stewardship program. Development and implementation a hospitalwide antibiotic stewardship program, based or recognized guidelines, to monitor and improve the use of antibiotics. All documentation, written or electronic, of antibiotic stewardship program activities. Communication and collaboration with medical staff, nursing, and pharmacy leadership, hospital's infection prevention and control and QAPI programs, on antibiotic use issues. Competency-based training and education of hospital personnel and staff, including med applicable, personnel providing contracted services in the hospital, on the practical application stewardship guidelines, policies, and procedures. 		stewardship program is responsible for the following: mentation a hospitalwide antibiotic stewardship program, based on nationally o monitor and improve the use of antibiotics. en or electronic, of antibiotic stewardship program activities. laboration with medical staff, nursing, and pharmacy leadership, as well as with the ention and control and QAPI programs, on antibiotic use issues. hing and education of hospital personnel and staff, including medical staff, and, as roviding contracted services in the hospital, on the practical applications of antibiotic
§482.42(c)(3)(iii) T/	G: A-0780	reing, and pharmacy	MM.18.01.0		ablishes antibiotic stewardship as an organizational priority through support
leadership, as well as with the hospi programs, on antibiotic use issues.			EP 3	 Development and impler recognized guidelines, to all documentation, writte Communication and coll hospital's infection preve Competency-based train applicable, personnel preventage 	stewardship program is responsible for the following: mentation a hospitalwide antibiotic stewardship program, based on nationally o monitor and improve the use of antibiotics. en or electronic, of antibiotic stewardship program activities. laboration with medical staff, nursing, and pharmacy leadership, as well as with the ention and control and QAPI programs, on antibiotic use issues. hing and education of hospital personnel and staff, including medical staff, and, as roviding contracted services in the hospital, on the practical applications of antibiotic policies, and procedures.
§482.42(c)(3)(iv) T/ (iv) Competency-based training and	AG: A-0781	ersonnel and staff	MM.18.01.0		ablishes antibiotic stewardship as an organizational priority through support stewardship program.
including medical staff, and, as appl in the hospital, on the practical appli policies, and procedures.	cable, personnel provid	ling contracted services	EP 3	 Development and impler recognized guidelines, to all documentation, writte Communication and coll hospital's infection preve Competency-based train applicable, personnel preventage 	stewardship program is responsible for the following: mentation a hospitalwide antibiotic stewardship program, based on nationally o monitor and improve the use of antibiotics. en or electronic, of antibiotic stewardship program activities. laboration with medical staff, nursing, and pharmacy leadership, as well as with the ention and control and QAPI programs, on antibiotic use issues. hing and education of hospital personnel and staff, including medical staff, and, as roviding contracted services in the hospital, on the practical applications of antibiotic policies, and procedures.

CFR Number §482.42(d)	Medicare Requirements	1	int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§482.42(d) TAG: A-(d) Standard: Unified and integrated infect		LD.11.01.01	The governing be services.	pody is ultimately accountable for the safety and quality of care, treatment, and
stewardship programs for multi-hospital sy certified hospitals using a system governir conduct of two or more hospitals, the syst unified and integrated infection prevention programs for all of its member hospitals at in accordance with all applicable State and is responsible and accountable for ensurir hospitals meets all of the requirements of hospital subject to the system governing be	stems. If a hospital is multiple separately a body that is legally responsible for the em governing body can elect to have and control and antibiotic stewardship ter determining that such a decision is d local laws. The system governing body ag that each of its separately certified this section. Each separately certified		a hospital system consisting or responsible for the conduct of integrated infection prevention determining that such a decis Each separately certified hospintegrated infection prevention Account for each membin populations and service Establish and implement separately certified hospinately certified hospinately certified hospinately certified hospinately certified in an addressed Designate a qualified in antibiotic stewardship as and antibiotic stewardship as and antibiotic stewardship and control and antibiotic applications of infection Note: For hospitals that use Johnston infection prevention and splications of infection Note: For hospitals that use Johnston in the conduction in t	It policies and procedures to make certain that the needs and concerns of each poital, regardless of practice or location, are given due consideration acce to ensure that issues localized to particular hospitals are duly considered and dividual(s) at the hospital with expertise in infection prevention and control and in a responsible for communicating with the unified infection prevention and control programs, implementing and maintaining the policies and procedures governing a control and antibiotic stewardship (as directed by the unified infection prevention in the control and antibiotic stewardship to hospital staff oint Commission accreditation for deemed status purposes: The system governing untable for making certain that each of its separately certified hospitals meet all of the
§482.42(d)(1) TAG: A		LD.11.01.01	. 5	pody is ultimately accountable for the safety and quality of care, treatment, and
(1) The unified and integrated infection prestewardship programs are established in a member hospital's unique circumstances a populations and services offered in each h	manner that takes into account each and any significant differences in patient		a hospital system consisting or responsible for the conduct of integrated infection prevention determining that such a decis Each separately certified hospintegrated infection prevention Account for each membin populations and service Establish and implement separately certified hospinately certified hospinately certified hospinately certified hospinately certified in antibiotic stewardship as and antibiotic stewardship as and antibiotic stewardship as and control and antibiotic applications of infection Note: For hospitals that use Justice infection stewards that use Justice infection stewards infection so finfection Note: For hospitals that use Justice infection stewards infection stewards infection so finfection Note: For hospitals that use Justice infection stewards infection stewards infection so finfection Note: For hospitals that use Justice infection stewards infec	It policies and procedures to make certain that the needs and concerns of each poital, regardless of practice or location, are given due consideration acce to ensure that issues localized to particular hospitals are duly considered and dividual(s) at the hospital with expertise in infection prevention and control and in a responsible for communicating with the unified infection prevention and control programs, implementing and maintaining the policies and procedures governing a control and antibiotic stewardship (as directed by the unified infection prevention in the control and antibiotic stewardship to hospital staff oint Commission accreditation for deemed status purposes: The system governing untable for making certain that each of its separately certified hospitals meet all of the

CFR Number §482.42(d)(2)	Medicare Requirements	1	int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§482.42(d)(2) TAG: A: (2) The unified and integrated infection pre-		LD.11.01.01	The governing be services.	body is ultimately accountable for the safety and quality of care, treatment, and
stewardship programs establish and imple that the needs and concerns of each of its of practice or location, are given due cons	ement policies and procedures to ensure separately certified hospitals, regardless		a hospital system consisting or responsible for the conduct of integrated infection prevention determining that such a decis Each separately certified hospintegrated infection prevention Account for each membin populations and service Establish and implement separately certified hospinately certified hospinately certified hospinately certified hospinately certified in an addressed Designate a qualified in antibiotic stewardship as and antibiotic stewardship as and antibiotic stewardship and control and antibiotic applications of infection Note: For hospitals that use Johnston infection prevention and splications of infection Note: For hospitals that use Johnston in the conduction in t	It policies and procedures to make certain that the needs and concerns of each poital, regardless of practice or location, are given due consideration acce to ensure that issues localized to particular hospitals are duly considered and dividual(s) at the hospital with expertise in infection prevention and control and in a responsible for communicating with the unified infection prevention and control programs, implementing and maintaining the policies and procedures governing a control and antibiotic stewardship (as directed by the unified infection prevention in the control and antibiotic stewardship to hospital staff oint Commission accreditation for deemed status purposes: The system governing untable for making certain that each of its separately certified hospitals meet all of the
§482.42(d)(3) TAG: A	-0788	LD.11.01.01	. 5	pody is ultimately accountable for the safety and quality of care, treatment, and
(3) The unified and integrated infection prestewardship programs have mechanisms particular hospitals are duly considered and	in place to ensure that issues localized to		a hospital system consisting or responsible for the conduct of integrated infection prevention determining that such a decis Each separately certified hospintegrated infection prevention Account for each membin populations and service Establish and implement separately certified hospinately certified hospinately certified hospinately certified hospinately certified in antibiotic stewardship as and antibiotic stewardship as and antibiotic stewardship as and control and antibiotic applications of infection Note: For hospitals that use Justice infection stewards that use Justice infection stewards infection so finfection Note: For hospitals that use Justice infection stewards infection stewards infection so finfection Note: For hospitals that use Justice infection stewards infection stewards infection so finfection Note: For hospitals that use Justice infection stewards infec	It policies and procedures to make certain that the needs and concerns of each poital, regardless of practice or location, are given due consideration acce to ensure that issues localized to particular hospitals are duly considered and dividual(s) at the hospital with expertise in infection prevention and control and in a responsible for communicating with the unified infection prevention and control programs, implementing and maintaining the policies and procedures governing a control and antibiotic stewardship (as directed by the unified infection prevention in the control and antibiotic stewardship to hospital staff oint Commission accreditation for deemed status purposes: The system governing untable for making certain that each of its separately certified hospitals meet all of the

CFR Number §482.42(d)(4)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
6 - (-), (-)	A-0789	LD.11.01.01	The governing by services.	body is ultimately accountable for the safety and quality of care, treatment, and
(4) A qualified individual (or individuals) with expertise in infection prevention				
§482.43 TAG:	A-0799	PC.14.01.01	The hospital fol	lows its process for discharging or transferring patients.
§482.43 Condition of Participation: Discharge Planning The hospital must have an effective discharge planning process that focuses on the patient's goals and treatment preferences and includes the patient and his or her caregivers/support person(s) as active partners in the discharge planning for postdischarge care. The discharge planning process and the discharge plan must be consistent with the patient's goals for care and his or her treatment preferences,			goals and treatment preference to postdischarge care; and re- readmissions. Note: The hospital's discharge	discharge planning process that focuses on, and is consistent with, the patient's ces; makes certain there is an effective transition of the patient from the hospital duces the factors leading to preventable critical access hospital and hospital e planning process requires regular reevaluation of the patient's condition to identify ation of the discharge plan. The discharge plan is updated as needed to reflect these
ensure an effective transition of the patie reduce the factors leading to preventable	ent from hospital to post-discharge care, and e hospital readmissions.		psychologists, and staff who a the patient's discharge or tran partners when planning for po Note 1: The definition of "phys (refer to the Glossary). Note 2: For hospitals that use beds: The hospital notifies the of the transfer or discharge ar understand, and includes the preparation and orientation to	egiver(s) or support person(s), physicians, other licensed practitioners, clinical are involved in the patient's care, treatment, and services participate in planning after. The patient and their caregiver(s) or support person(s) are included as active ostdischarge care. Sician" is the same as that used by the Centers for Medicare & Medicaid Services are Joint Commission accreditation for deemed status purposes and have swing a resident and, if known, a family member or legal representative of the resident and reasons for the move. The notice is in writing, in a language and manner they items described in 42 CFR 483.15(c)(5). The hospital also provides sufficient or residents to make sure that transfer or discharge from the hospital is safe and copy of the notice to a representative of the office of the state's long-term care

CFR Number §482.43(a)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.43(a) TAG:	A-0800	PC.14.01.0	1 The hospital foll	ows its process for discharging or transferring patients.
§482.43(a) Standard: Discharge plannir	g process.	EP 2	The hospital begins the discha-	arge planning process early in the patient's episode of care, treatment, and services.
The hospital's discharge planning process must identify, at an early stage of hospitalization, those patients who are likely to suffer adverse health consequences upon discharge in the absence of adequate discharge planning and must provide a discharge planning evaluation for those patients so identified as well as for other patients upon the request of the patient, patient's representative, or patient's physician.		The hospital performs a discharge planning evaluation and creates a discharge plan for those patients it identifies at an early stage of hospitalization are likely to suffer adverse health consequences upon discharge in the absence of adequate discharge planning or at the request of the patient, patient's representative, or the patient's physician. Note 1: The discharge planning evaluation is completed in a timely manner so that appropriate arrangements for post–hospital care are made before discharge and unnecessary delays in discharge are avoided. Note 2: The discharge planning evaluation is performed and subsequent discharge plan is created by, or under the supervision of, a registered nurse, social worker, or other qualified person.		
§482.43(a)(1) TAG:	A-0805	PC.14.01.0	1 The hospital foll	ows its process for discharging or transferring patients.
(1) Any discharge planning evaluation must be made on a timely basis to ensure that appropriate arrangements for post-hospital care will be made before discharge and to avoid unnecessary delays in discharge.		EP 5	at an early stage of hospitaliza absence of adequate discharg physician. Note 1: The discharge plannin post–hospital care are made b Note 2: The discharge plannin	arge planning evaluation and creates a discharge plan for those patients it identifies ation are likely to suffer adverse health consequences upon discharge in the ge planning or at the request of the patient, patient's representative, or the patient's ag evaluation is completed in a timely manner so that appropriate arrangements for pefore discharge and unnecessary delays in discharge are avoided. In great evaluation is performed and subsequent discharge plan is created by, or under the urse, social worker, or other qualified person.
§482.43(a)(2) TAG:	A-0807	PC.14.01.0	1 The hospital foll	ows its process for discharging or transferring patients.
need for appropriate post-hospital services are services, post-hospital extended can health care services and community based to the services and community based to the services and community based to the services are services.	at include an evaluation of a patient's likely tes, including, but not limited to, hospice are services, home health services, and non-ted care providers, and must also include a appropriate services as well as of the patient's	EP 3	services, including but not liminon-health care services and	ing evaluation, the hospital evaluates the patient's need for appropriate posthospital ited to hospice care services, extended care services, home health services, and community-based care providers. The hospital also evaluates the availability of the patient's access to those services as part of the discharge planning evaluation.
§482.43(a)(3) TAG:	A-0808	PC.14.01.0	1 The hospital foll	ows its process for discharging or transferring patients.
(3) The discharge planning evaluation n record for use in establishing an approp evaluation must be discussed with the p	riate discharge plan and the results of the	EP 6		sults of the discharge planning evaluation with the patient or their representative, erformed and any arrangements made.

CFR Number §482.43(a)(3)	Medicare Requirements		nt Commission ivalent Number	Joint Commission Standards and Elements of Performance
		RC.12.01.01	The medical rec services.	ord contains information that reflects the patient's care, treatment, and
§482.43(a)(4) TAG: A		N si ex	he medical record contains to Admitting diagnosis Any emergency care, tree Any allergies to food and Any findings of assessmore Results of all consultative care of the patient Treatment goals, plan of Documentation of companesthesia All practitioners' orders Nursing notes, reports of monitor the patient's core Medication records, inclinations in which block charting, Administration of block charting, Administration of lock charting, Administration of patient of the support person where a Records of radiology and All care, treatment, and Patient's response to care Medical history and phy information Discharge plan and discontined including any medication Any diagnoses or conditiote: Medical records are core	nents and reassessments be evaluations of the patient and findings by clinical and other staff involved in the force, and revisions to the plan of care lications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to necessary to necessary to necessary to necessary, the strength, dose, route, date and time of administration, access site for on devices used, and rate of administration a medication is necessary, the hospital defines in policy the urgent/emergent ting would be an acceptable form of documentation. For the definition and a further refer to the Glossary. Nelf-administered medication, as reported by the patient (or the patient's caregiver or
(4) Upon the request of a patient's physici development and initial implementation of		at al pl N	t an early stage of hospitaliz bsence of adequate dischard hysician. lote 1: The discharge plannir	arge planning evaluation and creates a discharge plan for those patients it identifies ation are likely to suffer adverse health consequences upon discharge in the ge planning or at the request of the patient, patient's representative, or the patient's ag evaluation is completed in a timely manner so that appropriate arrangements for
		N sı	lote 2: The discharge plannir	pefore discharge and unnecessary delays in discharge are avoided. In gevaluation is performed and subsequent discharge plan is created by, or under the burse, social worker, or other qualified person.
§482.43(a)(5) TAG: A		PC.14.01.01	<u> </u>	ows its process for discharging or transferring patients.
(5) Any discharge planning evaluation or of paragraph must be developed by, or unde social worker, or other appropriately qualif	r the supervision of, a registered nurse,	at at pl N po N	t an early stage of hospitaliz bsence of adequate dischard hysician. lote 1: The discharge plannir ost-hospital care are made l lote 2: The discharge plannir	arge planning evaluation and creates a discharge plan for those patients it identifies ation are likely to suffer adverse health consequences upon discharge in the ge planning or at the request of the patient, patient's representative, or the patient's ag evaluation is completed in a timely manner so that appropriate arrangements for pefore discharge and unnecessary delays in discharge are avoided. The evaluation is performed and subsequent discharge plan is created by, or under the urse, social worker, or other qualified person.

CFR Numl §482.43(a)			Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance		
§482.43(a)(6) TAG: A-0802		PC.14.01.	PC.14.01.01 The hospital follows its process for discharging or transferring patients.			
the patient's condition to i plan. The discharge plan	ge planning process must require regular re-evaluation dentify changes that require modification of the dischargmust be updated, as needed, to reflect these changes.	ge	goals and treatment preferer to postdischarge care; and re readmissions. Note: The hospital's discharge changes that require modific changes.	e discharge planning process that focuses on, and is consistent with, the patient's notes; makes certain there is an effective transition of the patient from the hospital educes the factors leading to preventable critical access hospital and hospital ge planning process requires regular reevaluation of the patient's condition to identify ation of the discharge plan. The discharge plan is updated as needed to reflect these		
§482.43(a)(7)	TAG: A-0803	PC.14.01.		llows its process for discharging or transferring patients.		
The assessment must income of discharge plans, include	ess its discharge planning process on a regular basis. lude ongoing, periodic review of a representative samp ing those patients who were readmitted within 30 days o ensure that the plans are responsive to patient post-	EP 14 e	assessment includes an ong	scharge planning process on a regular basis, as defined by the hospital. The oing, periodic review of a representative sample of discharge plans, including plans itted within 30 days of a previous admission, to make certain that the plans are charge needs.		
§482.43(a)(8)	TAG: A-0804	PC.14.01.	.01 The hospital fo	llows its process for discharging or transferring patients.		
in selecting a post-acute of is not limited to, HHA, SN resource use measures. quality measures and dat	ist patients, their families, or the patient's representative care provider by using and sharing data that includes, b F, IRF, or LTCH data on quality measures and data on the hospital must ensure that the post-acute care data a on resource use measures is relevant and applicable and treatment preferences.	ut on	by using and sharing data th rehabilitation facility, and lon hospital makes certain that the	ent, their family, or the patient's representative in selecting a post-acute care provider at includes but is not limited to home health agency, skilled nursing facility, inpatient g-term care hospital data on quality measures and resource-use measures. The ne post—acute care data on quality measures and resource-use measures is relevant is goals of care and treatment preferences.		
§482.43(b)	TAG: A-0813	PC.14.02.		is discharged or transferred, the hospital gives information about the care,		
§482.43(b) Standard: Dis patient's necessary media	charge of the patient and provision and transmission of cal information.	the		services provided to the patient to other service providers who will provide the re, treatment, or services.		
The hospital must dischar applicable, along with all current course of illness a preferences, at the time of providers and suppliers, f	rge the patient, and also transfer or refer the patient who necessary medical information pertaining to the patient' and treatment, postdischarge goals of care, and treatme of discharge, to the appropriate post-acute care service acilities, agencies, and other outpatient service provider tible for the patient's follow-up or ancillary care.	providers and practitioners who are responsible for the patient's follow-up or ancillary care. No information includes, at a minimum, the following: • Current course of illness and treatment		e service providers and suppliers, facilities, agencies, and other outpatient service tho are responsible for the patient's follow-up or ancillary care. Necessary medical nimum, the following: and treatment care		
§482.43(c)		PC.14.01.	.01 The hospital fo	llows its process for discharging or transferring patients.		
transferring patients unde level of care (including to patient. The hospital mus	e hospital must have written policies and procedures for r its care (inclusive of inpatient services) to the appropr another hospital) as needed to meet the needs of the t also provide annual training to relevant staff regarding edures for transferring patients under its care.		services) to the appropriate I	cies and procedures for transferring patients under its care (inclusive of inpatient evel of care (including to another hospital) as needed to meet the needs of the ovides annual training to relevant staff regarding the hospital policies and procedures er its care.		

CFR Number §482.43(d)	Medicare Requirements		pint Commission Juivalent Number	Joint Commission Standards and Elements of Performance	
§482.43(d) TAG: A-0	0814	ĺ			
§482.43(d) Standard: Requirements related	·				
For those patients discharged home and re patients transferred to a SNF for post-hospi to an IRF or LTCH for specialized hospital apply, in addition to those set out at paragraphs.	ital extended care services, or transferred services, the following requirements				
§482.43(d)(1) TAG: A-0	0815	PC.14.01.0	1 The hospital foll	ows its process for discharging or transferring patients.	
(1) The hospital must include in the discharge plan a list of HHAs, SNFs, IRFs, or LTCHs that are available to the patient, that are participating in the Medicare program, and that serve the geographic area (as defined by the HHA) in which the patient resides, or in the case of a SNF, IRF, or LTCH, in the geographic area requested by the patient. HHAs must request to be listed by the hospital as available.		For hospitals that use Joint Commission accreditation for deemed status purposes: The patient's discharge plan includes a list of home health agencies, skilled nursing facilities, inpatient rehabilitation facilities, or long-term care hospitals that are available to the patient, participating in the Medicare program, and serving the geographic area in which the patient resides (as defined by the home health agency or, in the case of a skilled nursing facility, inpatient rehabilitation facility, or long-term care hospital, in the geographic area requested by the patient). The hospital documents in the medical record that this list was presented to the patient or the patient's representative. Note 1: Home health agencies must request to be listed by the hospital. Note 2: This list is only presented to patients for whom home health care, posthospital extended care services, skilled nursing, inpatient rehabilitation, or long-term care hospital services are identified as needed.			
§482.43(d)(1)(i) TAG: A-0	0815	PC.14.01.0	The hospital foll	ows its process for discharging or transferring patients.	
(i) This list must only be presented to patier hospital extended care services, SNF, IRF, appropriate as determined by the discharge	or LTCH services are indicated and	EP 8	includes a list of home health hospitals that are available to in which the patient resides (a inpatient rehabilitation facility, hospital documents in the med Note 1: Home health agencies Note 2: This list is only presen	ommission accreditation for deemed status purposes: The patient's discharge plan agencies, skilled nursing facilities, inpatient rehabilitation facilities, or long-term care the patient, participating in the Medicare program, and serving the geographic area is defined by the home health agency or, in the case of a skilled nursing facility, or long-term care hospital, in the geographic area requested by the patient). The dical record that this list was presented to the patient or the patient's representative. Is must request to be listed by the hospital. It is to patients for whom home health care, posthospital extended care services, collitation, or long-term care hospital services are identified as needed.	
§482.43(d)(1)(ii) TAG: A-0	0815	PC.14.01.0	The hospital foll	ows its process for discharging or transferring patients.	
(ii) For patients enrolled in managed care of the patient aware of the need to verify with practitioners, providers or certified suppliers network. If the hospital has information on supplies are in the network of the patient's this with the patient or the patient's represe	their managed care organization which s are in the managed care organization's which practitioners, providers or certified managed care organization, it must share ntative.	EP 9	managed care organizations, organization which practitione If the hospital has information patient's managed care organ	ommission accreditation for deemed status purposes: For patients enrolled in the hospital makes patients aware of the need to verify with their managed care rs, providers, or certified suppliers are in the managed care organization's network. on which practitioners, providers, or certified suppliers are in the network of the ization, it shares this information with the patient or the patient's representative.	
§482.43(d)(1)(iii) TAG: A-0		PC.14.01.0	· · · · · · · · · · · · · · · · · · ·	ows its process for discharging or transferring patients.	
(iii) The hospital must document in the patie presented to the patient or to the patient's r		EP 8	includes a list of home health hospitals that are available to in which the patient resides (a inpatient rehabilitation facility, hospital documents in the med Note 1: Home health agencies Note 2: This list is only presen	ommission accreditation for deemed status purposes: The patient's discharge plan agencies, skilled nursing facilities, inpatient rehabilitation facilities, or long-term care the patient, participating in the Medicare program, and serving the geographic area is defined by the home health agency or, in the case of a skilled nursing facility, or long-term care hospital, in the geographic area requested by the patient). The dical record that this list was presented to the patient or the patient's representative. It is must request to be listed by the hospital. It is to patients for whom home health care, posthospital extended care services, oblitation, or long-term care hospital services are identified as needed.	

CFR Number §482.43(d)(2)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.43(d)(2) T	AG: A-0816	PC.14.01.01	The hospital foll	ows its process for discharging or transferring patients.
or the patient's representative of the Medicare providers and suppliers o possible, respect the patient's or the treatment preferences, as well as o	harge planning process, must inform the patient eir freedom to choose among participating f post-discharge services and must, when e patient's representative's goals of care and ther preferences they express. The hospital must alified providers or suppliers that are available to	pa su ca	tient or the patient's represe ppliers of postdischarge ser re and treatment preference	ommission accreditation for deemed status purposes: The hospital informs the entative of their freedom to choose among participating Medicare providers and vices and, when possible, respects the patient's or their representative's goals of es, as well as other preferences when they are expressed. The hospital does not limit sliers that are available to the patient.
§482.43(d)(3) T	AG: A-0817	PC.14.01.01	The hospital foll	ows its process for discharging or transferring patients.
referred in which the hospital has a the Secretary, and any HHA or SNF hospital under Medicare. Financial	y any HHA or SNF to which the patient is disclosable financial interest, as specified by that has a disclosable financial interest in a interests that are disclosable under Medicare are provisions of part 420, subpart C, of this chapter.	an ho No	y home health agency or sk me health agency or skilled ote: Disclosure of financial in	ommission accreditation for deemed status purposes: The discharge plan identifies cilled nursing facility in which the hospital has a disclosable financial interest and any nursing facility that has a disclosable financial interest in a hospital. Interest is determined in accordance with the provisions in 42 CFR 420, subpart C, I Security Act (42 U.S.C. 1395x).
§482.45 T	AG: A-0884		-	
§482.45 Condition of Participation:	Organ, Tissue and Eye Procurement			
§482.45(a) T	AG: A-0885			
§482.45(a) Standard: Organ Procui	rement Responsibilities			
The hospital must have and implem	nent written protocols that:			

CFR Number §482.45(a)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.45(a)(1) TAG: A (1) Incorporate an agreement with an OPO			with the medical staff's participation, develops and implements written policies sofor donating and procuring organs, tissues, and eyes.
chapter, under which it must notify, in a tir designated by the OPO of individuals who the hospital. The OPO determines medica absence of alternative arrangements by the suitability for tissue and eye donation, using	mely manner, the OPO or a third party use death is imminent or who have died in all suitability for organ donation and, in the ne hospital, the OPO determines medicaling the definition of potential tissue and eye ped in consultation with the tissue and eye	A written agreement wi timely manner, the OPC who have died in the horgan donation A written agreement wi processing, preserving, and eyes are obtained procurement Designation of an indivious of a tissue or eye bank, decline to donate organ Procedures for informing organs, tissues, or eyes Education and training of the family when discondered the family when	replements written policies and procedures that include the following: the an organ procurement organization (OPO) that requires the hospital to notify, in a O or a third party designated by the OPO of individuals whose death is imminent or ospital, and that includes the OPO's responsibility to determine medical suitability for the at least one tissue bank and at least one eye bank to cooperate in retrieving, storing, and distributing tissues and eyes to make certain that all usable tissues from potential donors, to the extent that the agreement does not interfere with organ idual, who is an organ procurement representative, an organizational representative, or a designated requestor, to notify the family regarding the option to donate or is, tissues, or eyes. If the family of each potential donor about the option to donate or decline to donate si, in collaboration with the designated OPO of staff in the use of discretion and sensitivity to the circumstances, views, and beliefs ussing potential organ, tissue, or eye donations and John Commission accreditation for deemed status purposes: The hospital has an ignated under 42 CFR part 486. The avritten agreement with at least one tissue bank and at least one eye bank may agreement with an OPO that provides services for organ, tissue, and eye, or by a other tissue and/or eye bank outside the OPO, chosen by the hospital. Itor is an individual who has completed a course offered or approved by the organ his course is designed in conjunction with the tissue and eye bank community to oppoaching potential donor families and requesting organ and tissue donation. It is an individual who has completed a course offered or approved by the organ his course is designed in conjunction with the tissue and eye bank community to oppoaching potential donor families and requesting organ and tissue donation. It is an individual who has completed a course offered or approved by the organ his course is designed in conjunction with the tissue and eye bank community to oppoaching potenti

CFR Number §482.45(a)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.45(a)(2) TAG: A-0887			with the medical staff's participation, develops and implements written policies so for donating and procuring organs, tissues, and eyes.
bank to cooperate in the retrieval, proce of tissues and eyes, as may be appropr	ast one tissue bank and at least one eye essing, preservation, storage and distribution iate to assure that all usable tissues and s, insofar as such an agreement does not	FP 1 The hospital develops and in A written agreement wi timely manner, the OPC who have died in the ho organ donation A written agreement wi processing, preserving and eyes are obtained procurement Designation of an indiv of a tissue or eye bank decline to donate orgar Procedures for informir organs, tissues, or eyes Education and training of the family when disc Note 1: For hospitals that use agreement with an OPO des Note 2: The requirements for be satisfied through a single separate agreement with and Note 3: A designated reques procurement organization. The provide a methodology for an Note 4: The term "organ" me organs). Note 5: For additional inform of Neurology guidelines avail the American Academy of Pe GuidelineDetail/1085, and th	Inplements written policies and procedures that include the following: the an organ procurement organization (OPO) that requires the hospital to notify, in a O or a third party designated by the OPO of individuals whose death is imminent or ospital, and that includes the OPO's responsibility to determine medical suitability for the at least one tissue bank and at least one eye bank to cooperate in retrieving, storing, and distributing tissues and eyes to make certain that all usable tissues from potential donors, to the extent that the agreement does not interfere with organ idual, who is an organ procurement representative, an organizational representative, or a designated requestor, to notify the family regarding the option to donate or

CFR Number §482.45(a)(3)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.45(a)(3) TAG: (3) Ensure, in collaboration with the des	A-0888, A-0889		ith the medical staff's participation, develops and implements written policies s for donating and procuring organs, tissues, and eyes.
potential donor is informed of its options decline to donate. The individual design the family must be an organ procureme A designated requestor is an individual or approved by the OPO and designed	s to donate organs, tissues, or eyes, or to lated by the hospital to initiate the request to not representative or a designated requestor. who has completed a course offered	FP 1 The hospital develops and im A written agreement with timely manner, the OPC who have died in the horgan donation A written agreement with processing, preserving, and eyes are obtained in procurement Designation of an indivition of a tissue or eye bank, decline to donate organ. Procedures for informing organs, tissues, or eyes. Education and training of the family when discondition to the family when discondition and training of the family when disconditional information and training of the family when discondition and training of the fami	replements written policies and procedures that include the following: the an organ procurement organization (OPO) that requires the hospital to notify, in a D or a third party designated by the OPO of individuals whose death is imminent or pospital, and that includes the OPO's responsibility to determine medical suitability for the at least one tissue bank and at least one eye bank to cooperate in retrieving, a storing, and distributing tissues and eyes to make certain that all usable tissues from potential donors, to the extent that the agreement does not interfere with organ idual, who is an organ procurement representative, an organizational representative for a designated requestor, to notify the family regarding the option to donate or

CFR Num §482.45(a		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.45(a)(4) (4) Encourage discretion	TAG: A-	D890 h respect to the circumstances, views,	TS.11.01.01	The hospital, wi and procedures	th the medical staff's participation, develops and implements written policies for donating and procuring organs, tissues, and eyes.
and beliefs of the familie	•	•		 A written agreement with timely manner, the OPO who have died in the ho organ donation A written agreement with processing, preserving, and eyes are obtained fin procurement Designation of an individe of a tissue or eye bank, decline to donate organs Procedures for informing organs, tissues, or eyes Education and training of the family when discussive the family when discussive the family when discussive the family when discussive the family with an OPO designate agreement with an OPO designate agreement with anothout 3: A designated request procurement organization. The provide a methodology for apply Note 4: The term "organ" mean organs). Note 5: For additional information of Neurology guidelines availate the American Academy of Per GuidelineDetail/1085, and the 	plements written policies and procedures that include the following: In an organ procurement organization (OPO) that requires the hospital to notify, in a Iterative or a third party designated by the OPO of individuals whose death is imminent or Iterative spital, and that includes the OPO's responsibility to determine medical suitability for Iterative that includes the OPO's responsibility to determine medical suitability for Iterative that includes the OPO's responsibility to determine medical suitability for Iterative that all usable tissues and eyes to make certain that all usable tissues rom potential donors, to the extent that the agreement does not interfere with organ dual, who is an organ procurement representative, an organizational representative or a designated requestor, to notify the family regarding the option to donate or s, tissues, or eyes. Iterative that the designated OPO of staff in the use of discretion and sensitivity to the circumstances, views, and beliefs is significant to the signated open of staff in the use of discretion and sensitivity to the circumstances, views, and beliefs is significant to the signated open of staff in the use of discretion and sensitivity to the circumstances, views, and beliefs is significant to organ, tissue, or eye donations Joint Commission accreditation for deemed status purposes: The hospital has an individual organ, tissue, or eye donations Joint Commission accreditation for deemed status purposes: The hospital has an individual who has completed a course offered or approved by the organ is course is designed in conjunction with the tissue and eye bank community to proaching potential donor families and requesting organ and tissue donation. In a human kidney, liver, heart, lung, pancreas, or intestines (or multivisceral attion about criteria for the determination of brain death, see the American Academy able at https://n.neurology.org/content/early/2023/09/13/WNL.0000000000000207740, diatrics guidelines available at https://www.aan.com/Guidelines/BDDN
§482.45(a)(5)		0891, A-0892, A-0893	TS.11.01.01		th the medical staff's participation, develops and implements written policies for donating and procuring organs, tissues, and eyes.
bank and eye bank in ed to improve identification	lucating staff on do	tively with the designated OPO, tissue station issues, reviewing death records , and maintaining potential donors while al donated organs, tissues, and eyes		The hospital develops and im organization (OPO) and tissue Review death records in Maintain potential donor	plements policies and procedures for working with the organ procurement e and eye banks to do the following: norder to improve identification of potential donors is while the necessary testing and placement of potential donated organs, tissues, order to maximize the viability of donor organs for transplant
§482.45(b)	TAG: A-	0899			
§482.45(b) Standard: Or	nan Transnlantatio	n Posponsibilities	1		

CFR Number §482.45(b)(1)	Medicare Requirements		nt Commission ivalent Number	Joint Commission Standards and Elements of Performance
§482.45(b)(1) TAG: A-	0899	TS.12.01.01	The hospital cor	mplies with organ transplantation responsibilities.
(1) A hospital in which organ transplants a the Organ Procurement and Transplantation operated in accordance with section 372 c (42 U.S.C. 274) and abide by its rules. The rules provided for in regulations issued by 372 of the PHS Act which are enforceable considered to be out of compliance with serequirements of this paragraph, unless the notice that he or she approves the decision and has notified the hospital in writing.	on Network (OPTN) established and if the Public Health Service (PHS) Act is term "rules of the OPTN" means those the Secretary in accordance with section under 42 CFR 121.10. No hospital is ection 1138(a)(1)(B) of the Act, or with the Secretary has given the OPTN formal	T N U u	ransplantation Network (OPT lote: The term "rules of the O IS Department of Health & H nder 42 CFR 121.10. No hos vith the requirements of this e	In transplants belongs to and abides by the rules of the Organ Procurement and TN) established under section 372 of the Public Health Service (PHS) Act. DPTN' means those rules provided for in regulations issued by the Secretary of the uman Services in accordance with section 372 of the PHS Act which are enforceable spital is considered to be out of compliance with section 1138(a)(1)(B) of the Act, or element of performance, unless the Secretary has given the OPTN formal notice that ecision to exclude the hospital from the OPTN and has notified the hospital in writing.
§482.45(b)(2) TAG: A-	0899	TS.11.01.01		th the medical staff's participation, develops and implements written policies for donating and procuring organs, tissues, and eyes.
(2) For purposes of these standards, the to heart, lung, or pancreas.		N a N b so N P P N O O N O O th C	 A written agreement with timely manner, the OPO who have died in the horogan donation A written agreement with processing, preserving, and eyes are obtained frequerement Designation of an indivice of a tissue or eye bank, decline to donate organs Procedures for informing organs, tissues, or eyes Education and training of the family when disculote 1: For hospitals that use greement with an OPO designote 2: The requirements for a esatisfied through a single a eparate agreement with anot lote 3: A designated requestor rocurement organization. This rovide a methodology for applote 4: The term "organ" means argans). Iote 5: For additional information for the term "organ and the American Academy of PedeuidelineDetail/1085, and the prough the BD/DNC evaluation and the centers for Medicare & I 	plements written policies and procedures that include the following: In an organ procurement organization (OPO) that requires the hospital to notify, in a It is or a third party designated by the OPO of individuals whose death is imminent or It is spital, and that includes the OPO's responsibility to determine medical suitability for It is at least one tissue bank and at least one eye bank to cooperate in retrieving, It is storing, and distributing tissues and eyes to make certain that all usable tissues It is more potential donors, to the extent that the agreement does not interfere with organ It is an organ procurement representative, an organizational representative It is a morgan procurement representative, an organizational representative It is a morgan procurement representative, an organizational representative It is a morgan procurement representative, an organizational representative It is a morgan procurement representative, an organizational representative It is a morgan procurement representative, an organizational representative It is a morgan procurement representative, an organizational representative It is a morgan procurement representative, an organizational representative It is a morgan procurement representative, an organizational representative It is a fair in the use of discretion about the option to donate or decline to donate or It is a fair in the use of discretion and sensitivity to the circumstances, views, and beliefs It is a morgan procurement of discretion and sensitivity to the circumstances, views, and beliefs It in the use of discretion and sensitivity to the circumstances, views, and beliefs It is a written agreement with at least one tissue bank and at least one eye bank may It is a written agreement with at least one tissue bank and at least one eye bank may It is a written agreement with at least one tissue bank and at least one eye bank may It is a written agreement with at least one tissue bank and at least one eye bank may It is a written agreement with at least one tissu

CFR Number §482.45(b)(3)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
§482.45(b)(3) TAG:	A-0899	TS.12.01.0	1 The hospital cor	mplies with organ transplantation responsibilities.	
(3) If a hospital performs any type of transplants, it must provide organ transplant related data, as requested by the OPTN, the Scientific Registry, and the OPOs. The hospital must also provide such data directly to the Department when requested by the Secretary.		EP 2			
§482.51 TAG: A	A-0940	LD.13.03.0	1 The hospital pro	ovides services that meet patient needs.	
provided in accordance with acceptable	, the services must be well organized and standards of practice. If outpatient surgical e consistent in quality with inpatient care in	EP 1	agreements that meet the need complexity of services offered but are not limited to the follow. Outpatient Emergency Medical records Diagnostic and therapeut Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are of practice for the health care patients. If outpatient obstetric in accordance with the complete departments of the hospital.	re provided, they are in accordance with nationally recognized acceptable standards (including physical and behavioral health) of pregnant, birthing, and postpartum cal services are offered, the services are consistent in quality with inpatient care exity of services offered. As applicable, the services must be integrated with other	
		EP 10	care.	ient surgical services, the services are consistent with the quality of inpatient surgical	
§482.51(a) TAG: A		LD.13.03.0 ⁴	1 The hospital pro	ovides services that meet patient needs.	
§482.51(a) Standard: Organization and S The organization of the surgical services services offered.	Staffing smust be appropriate to the scope of the	EP 1	agreements that meet the need complexity of services offered but are not limited to the follow • Outpatient • Emergency • Medical records • Diagnostic and theraped • Nuclear medicine • Surgical • Anesthesia • Laboratory • Respiratory • Dietetic • Obstetrical Note: If obstetrical services are of practice for the health care patients. If outpatient obstetrice		

CFR Number §482.51(a)	Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	
		EP 11	The surgical services are con	sistent with the resources available.	
0 (-)()	TAG: A-0942 ating rooms must be supervised by an experienced registered nurse or			eadership team ensures that there is qualified ancillary staff required to meet population served and determines how staff function within the organization.	
a doctor of medicine or osteopathy.		EP 13 The surgical services include but are not limited to the following staff: • An experienced registered nurse or doctor of medicine or osteopathy who supervis • Licensed practical nurses (LPNs) and surgical technologists (operating room technologists nurses, if under the supervision of a registered nurse • Qualified registered nurses who perform circulating duties in the operating room Note: In accordance with applicable state laws and approved medical staff policies and purposed technologists may assist in circulatory duties under the supervision of a qualified immediately available to respond to emergencies.		red nurse or doctor of medicine or osteopathy who supervises the operating rooms es (LPNs) and surgical technologists (operating room technicians) who serve as the supervision of a registered nurse sees who perform circulating duties in the operating room licable state laws and approved medical staff policies and procedures, LPNs and seist in circulatory duties under the supervision of a qualified registered nurse who is	
• ()()	: A-0943	NPG.12.0		eadership team ensures that there is qualified ancillary staff required to meet population served and determines how staff function within the organization.	
(2) Licensed practical nurses (LPNs) and surgical technologists (operating room technicians) may serve as "scrub nurses" under the supervision of a registered nurse.		 The surgical services include but are not limited to the following staff: An experienced registered nurse or doctor of medicine or osteopathy who supervises the operating Licensed practical nurses (LPNs) and surgical technologists (operating room technicians) who sensorub nurses, if under the supervision of a registered nurse Qualified registered nurses who perform circulating duties in the operating room Note: In accordance with applicable state laws and approved medical staff policies and procedures, LPN surgical technologists may assist in circulatory duties under the supervision of a qualified registered nurse immediately available to respond to emergencies. 			
• (// /	: A-0944	NPG.12.01.01 The hospital's leadership team ensures that there is qualified ancillary staff required to meet the needs of the population served and determines how staff function within the organization.			
In accordance with applicable State law	rform circulating duties in the operating room. vs and approved medical staff policies and ogists may assist in circulatory duties under d nurse who is immediately available to	EP 13	The surgical services include • An experienced register • Licensed practical nurse scrub nurses, if under the • Qualified registered nurses. In accordance with app	but are not limited to the following staff: red nurse or doctor of medicine or osteopathy who supervises the operating rooms res (LPNs) and surgical technologists (operating room technicians) who serve as re supervision of a registered nurse reses who perform circulating duties in the operating room reallicable state laws and approved medical staff policies and procedures, LPNs and resist in circulatory duties under the supervision of a qualified registered nurse who is	
• (//,/	: A-0945 ed for all practitioners performing surgery	MS.17.02		grant or deny a privilege(s) and/or to renew an existing privilege(s) is an nce-based process.	
in accordance with the competencies o	f each practitioner. The surgical service specifying the surgical privileges of each	EP 6	The hospital designates the p policies and procedures and following:	oractitioners who are allowed to perform surgery, in accordance with appropriate with scope of practice laws and regulations. Surgery is performed only by the osteopathy, including an osteopathic practitioner recognized under section 1101(a) by Act ery or dental medicine	
		EP 7	The surgical service maintain Note: The roster may be in pa	s a current roster listing each practitioner's surgical privileges. aper or electronic format.	
		MS.17.02	requesting phys	nedical staff reviews and analyzes all relevant information regarding each sician's or other licensed practitioner's current licensure status, training, rent competence, and ability to perform the requested privilege.	
		EP 1	Decisions on membership and care, treatment, and services	d granting of privileges include criteria that are directly related to the quality of health	

CFR Number §482.51(b)		Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.51(b) §482.51(b) Standard: Delivery	TAG: A-	0951	LD.13.01.	The hospital has services.	s policies and procedures that guide and support patient care, treatment, and
Surgical services must be cor	nsistent with i	needs and resources. Policies governing	EP 6	medical practice and patient of	
standards of medical practice		the achievement and maintenance of high	LD.13.03.	01 The hospital pro	ovides services that meet patient needs.
			EP 1	agreements that meet the need complexity of services offered but are not limited to the follow. Outpatient Emergency Medical records Diagnostic and therapeut Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are of practice for the health care patients. If outpatient obstetrice	
2.22.2.0.10			EP 11	The surgical services are cons	sistent with the resources available.
§482.51(b)(1) (1) Prior to surgery or a procecase of emergencies:	TAG: A- edure requirin	g anesthesia services and except in the			
§482.51(b)(1)(i)	TAG: A-	0952 tion must be completed and documented	PC.11.02.	01 The hospital ass defined time fra	sesses and reassesses the patient and the patient's condition according to mes.
	or 24 hours a	after admission or registration, and except	EP 2	24 hours after, registration or Note 1: For hospitals that use and physical examinations are outpatient surgical or procedu CFR 482.24(c)(4)(i)(C). Note 2: For law and regulation	al examination is completed and documented no more than 30 days prior to, or within inpatient admission but prior to surgery or a procedure requiring anesthesia services. Joint Commission accreditation for deemed status purposes: Medical histories e performed as required in this element of performance, except prior to any specific real services for which an assessment is performed instead as provided under 42 in guidance pertaining to the medical history and physical examination at 42 CFR (1)(iii), refer to https://www.ecfr.gov/.

CFR Numb §482.51(b)(1		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.51(b)(1)(ii)	TAG: A	including any changes in the patient's	PC.11.02.0	The hospital ass defined time frai	sesses and reassesses the patient and the patient's condition according to mes.
condition, must be completed and documented within 24 hours after admission or registration when the medical history and physical examination are completed within 30 days before admission or registration, and except as provided under paragraph (b)(1)(iii) of this section.		For a medical history and physical examination that was completed within 30 days prior to admission, an update documenting any changes in the patient's condition is completed within 30 days prior to admission, an update documenting any changes in the patient's condition is completed with registration or inpatient admission, but prior to surgery or a procedure requiring anesthesi. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes and physical examinations are performed as required in this element of performance, excoutpatient surgical or procedural services for which an assessment is performed instead a CFR 482.24(c)(4)(i)(C). Note 2: For law and regulation guidance pertaining to the medical history and physical examination and 482.251(b)(1)(iii), refer to https://www.ecfr.gov/.		enting any changes in the patient's condition is completed within 24 hours after sion, but prior to surgery or a procedure requiring anesthesia services. Joint Commission accreditation for deemed status purposes: Medical histories e performed as required in this element of performance, except prior to any specific ral services for which an assessment is performed instead as provided under 42 in guidance pertaining to the medical history and physical examination at 42 CFR	
§482.51(b)(1)(iii)	TAG: A	***	PC.11.02.0	The hospital ass defined time fra	sesses and reassesses the patient and the patient's condition according to mes.
(iii) An assessment of the patient must be completed and documented after registration (in lieu of the requirements of paragraphs (b)(1)(i) and (ii) of this section) when the patient is receiving specific outpatient surgical or procedural services and when the medical staff has chosen to develop and maintain a policy that identifies, in accordance with the requirements at § 482.22(c)(5)(v), specific patients as not requiring a comprehensive medical history and physical examination, or any update to it, prior to specific outpatient surgical or procedural services.		When the medical staff allows an assessment (in lieu of a comprehensive medical history and physical examination) for patients receiving specific outpatient surgical or procedural services, the patient assessment is completed and documented after registration but prior to the surgery or procedure requiring anesthesia service Note: For further regulatory guidance at 42 CFR 482.24(c)(4)(i)(A) and (B), 482.51(b)(1)(i) and (ii), and 482.22((5)(v), refer to https://www.ecfr.gov/.			
§482.51(b)(2)	TAG: A		RC.12.01.0	The medical rec	ord contains information that reflects the patient's care, treatment, and
(2) A properly executed in patient's chart before surg		form for the operation must be in the mergencies.	EP 3	The medical record contains a regulation. Note: The properly executed i emergencies. A properly executed of and agreement for care, tree	any informed consent, when required by hospital policy or federal or state law or informed consent is placed in the patient's medical record prior to surgery, except in suted informed consent contains documentation of a patient's mutual understanding satment, and services through written signature; electronic signature; or, when a signature, documentation of the verbal agreement by the patient or surrogate
§482.51(b)(3)	TAG: A	-0956	PC.12.01.0	5 Resuscitative se	ervices are available throughout the hospital.
		able to the operating room suites: call-in brillator, aspirator, and tracheotomy set.	EP 1	suites have the following equi Call-in system (process Cardiac monitor Resuscitator (hand-held Defibrillator	ommission accreditation for deemed status purposes: At a minimum, operating room pment available: to communicate with or summon staff outside of the operating room when needed) or mechanical device that provides positive airway pressure) mechanical device used to suction out fluids or secretions)
§482.51(b)(4)	TAG: A	-0957	PC.13.01.0	•	vides the patient with care before and after operative or other high-risk
(4) There must be adequa	te provisions fo	immediate post-operative care.	EP 5	procedures. The hospital has adequate pro	ovisions for immediate postoperative care.

CFR Number §482.51(b)(5)	Medicare Requirements		commission lent Number	Joint Commission Standards and Elements of Performance
• (// /	A-0958	RC.12.01.03	•	edical record contains documentation on any operative or other high-risk the use of moderate or deep sedation or anesthesia.
(5) The operating room register must be complete and up-to-date.		EP 1 The hospital has a complete and up-to-date operating room register or equivalent record that includes the following: Patient's name Patient's hospital identification number Date of operation Inclusive or total time of operation Name of surgeon and any assistants Name of nursing staff Type of anesthesia used and name of person administering it Operation performed Pre- and postoperative diagnosis Age of patient		
0 (-)(-)	A-0959 iniques, findings, and tissues removed or	RC.12.01.03	•	edical record contains documentation on any operative or other high-risk the use of moderate or deep sedation or anesthesia.
altered must be written or dictated imm surgeon.	ediately following surgery and signed by the	Note writte define Note the punit of	des the following: Name and hospital iden Date and times of the si Name(s) of the surgeon performing those tasks were conducted by pract include opening and clo altering tissues) Preoperative and postor Name of the specific su Type of anesthesia adm Complications, if any Description of technique Prosthetic devices, graf Any estimated blood los 1: The exception to this n immediately after the performance of the prostation of the chain 2: If the physician or oth attent from the operating or area of care.	(s) and assistants or other practitioners who performed surgical tasks (even when under supervision) and a description of the specific significant surgical tasks that etitioners other than the primary surgeon/practitioner (significant surgical procedures sing, harvesting grafts, dissecting tissue, removing tissue, implanting devices, operative diagnosis regical procedure(s) performed hinistered as, findings, and tissues removed or altered as, tissues, transplants, or devices implanted, if any are requirement occurs when an operative or other high-risk procedure progress note is procedure, in which case the full report can be written or dictated within a time frame are licensed practitioner performing the operation or high-risk procedure accompanies from to the next unit or area of care, the report can be written or dictated in the new
•	A-1000	LD.13.01.07	<u> </u>	ectively manages its programs, services, sites, or departments.
§482.52 Condition of Participation: Ane If the hospital furnishes anesthesia ser organized manner under the direction osteopathy. The service is responsible hospital.	vices, they must be provided in a well- of a qualified doctor of medicine or	or os	teopathy directs the follo Anesthesia Nuclear medicine Respiratory care 1: The anesthesia servio	ommission accreditation for deemed status purposes: A qualified doctor of medicine wing services, when provided: be is responsible for all anesthesia administered in the hospital. ervices, the director may serve on either a full-time or part-time basis.

CFR Number §482.52	Medicare Requirements		Commission lent Number	Joint Commission Standards and Elements of Performance
		LD.13.03.01	The hospital pro	ovides services that meet patient needs.
		agre com but a	ements that meet the need plexity of services offered are not limited to the follow Outpatient Emergency Medical records Diagnostic and therapet Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical If obstetrical services an actice for the health care ents. If outpatient obstetrices	Ç
§482.52(a) TAG: A-	1001	LD.13.03.01	The hospital pro	pvides services that meet patient needs.
§482.52(a) Standard: Organization and St The organization of anesthesia services m services offered. Anesthesia must be adm	ust be appropriate to the scope of the	agre com but a	ements that meet the need plexity of services offered are not limited to the follow Outpatient Emergency Medical records Diagnostic and therapet Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical If obstetrical services an actice for the health care ents. If outpatient obstetrices	·

CFR Number §482.52(a)(1)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.52(a)(1) TAG (1) A qualified anesthesiologist;	: A-1001	PC.13.01.01		ans operative or other high-risk procedures. Note: Equipment identified in the
		anesth individe A A A A A A A A A A A A A A A A A A	esia, and monitored an uals: a qualified anesthesiolo a doctor of medicine or a doctor of dental surge a doctor of podiatric me a certified registered no perating practitioner, e upervision an anesthesiologist's a mmediately available if In accordance with 4 anned program of stud- ized national profession ission on Accreditation ission. Esee Glossary for the int. The CoP at 42 CFR a to the Centers for Me e state's boards of me ision for CRNAs. The ine and nursing about i included that it is in the athy supervision requi	osteopathy other than an anesthesiologist ery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law urse anesthetist (CRNA), as defined in 42 CFR 410.69(b), supervised by the except as provided in 42 CFR 482.52(c) regarding the state exemption for this essistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist who is

CFR Number §482.52(a)(2)	Medicare Requirements		ommission nt Number	Joint Commission Standards and Elements of Performance
§482.52(a)(2) TAG: A-1001 (2) A doctor of medicine or osteopathy (other than an anesthesiologist);		PC.13.01.01		ans operative or other high-risk procedures. Note: Equipment identified in the rformance is available to the operating room suites
		anesth individue A A A A A A A A A A A A A A A A A A	esia, and monitored a uals: qualified anesthesiologo doctor of medicine or a doctor of dental surge doctor of podiatric mone certified registered not perating practitioner, or an esthesiologist's a namediately available in accordance with 4 anned program of studized national professions on Accreditation ission. See Glossary for the nt. The CoP at 42 CFR of the cortors of medicine or os to the Centers for Mee state's boards of mee ision for CRNAs. The ne and nursing about included that it is in the athy supervision required.	r osteopathy other than an anesthesiologist ery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law urse anesthetist (CRNA), as defined in 42 CFR 410.69(b), supervised by the except as provided in 42 CFR 482.52(c) regarding the state exemption for this assistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist who is

CFR Number §482.52(a)(3)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance			
§482.52(a)(3) TAG: A-1001		PC.13.01.01	PC.13.01.01 The hospital plans operative or other high-risk procedures. Note: Equipment ide elements of performance is available to the operating room suites				
(3) A dentist, oral surgeon, or podiatrist under State law;	who is qualified to administer anesthesia	anesth individi A A A A A A A A A A A A A A A A A A	spitals that use Joint C esia, and monitored ar uals: a qualified anesthesiola a doctor of medicine or a doctor of dental surge a doctor of podiatric me a certified registered nu perating practitioner, e upervision an anesthesiologist's a mmediately available if In accordance with 4: unned program of study ized national profession ission on Accreditation ission. The CoP at 42 CFR 4 tors of medicine or ost to the Centers for Me e state's boards of me ision for CRNAs. The lene and nursing about i included that it is in the athy supervision requi	commission accreditation for deemed status purposes: General anesthesia, regional nesthesia, including deep sedation/analgesia, is administered only by the following or osteopathy other than an anesthesiologist erry or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law urse anesthetist (CRNA), as defined in 42 CFR 410.69(b), supervised by the except as provided in 42 CFR 482.52(c) regarding the state exemption for this essistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist who is			

CFR Number §482.52(a)(4)	Medicare Requirements		nmission nt Number	Joint Commission Standards and Elements of Performance
(4) A certified registered nurse anesthe	: A-1001 etist (CRNA), as defined in §410.69(b) of this	PC.13.01.01	elements of per	ans operative or other high-risk procedures. Note: Equipment identified in the formance is available to the operating room suites
chapter, who, unless exempted in acco	ordance with paragraph (c) of this section, is practitioner or of an anesthesiologist who is	anesthe individual and individual an	sia, and monitored areals: qualified anesthesiologoctor of medicine or doctor of dental surge doctor of podiatric medicine or provided registered numerating practitioner, experition of anesthesiologist's as mediately available if In accordance with 42 aned program of study are doctor of program of study are doctor of the Centers for the Centers for Medicine or ost to the Centers for Medicine for CRNAs. The I se and nursing about is cluded that it is in the thy supervision requiit	osteopathy other than an anesthesiologist ery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law area anesthetist (CRNA), as defined in 42 CFR 410.69(b), supervised by the except as provided in 42 CFR 482.52(c) regarding the state exemption for this essistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist who is

CFR Number §482.52(a)(5)	Medicare Requirements	Joint Cor Equivaler	nmission nt Number	Joint Commission Standards and Elements of Performance
§482.52(a)(5) TAG: A-1001 (5) An anesthesiologist's assistant, as defined in Sec. 410.69(b) of this chapter,		PC.13.01.01		ans operative or other high-risk procedures. Note: Equipment identified in the formance is available to the operating room suites
	nesthesiologist who is immediately available if	anesthe individual and individual an	bitals that use Joint C sia, and monitored an als: qualified anesthesiolodoctor of medicine or doctor of dental surgedoctor of podiatric medicertified registered nuerating practitioner, expervision anesthesiologist's as mediately available if In accordance with 4 aned program of study and program of study and profession. Siese Glossary for the antional profession on Accreditation as of the Centers for Mestate's boards of medicine or ost of the Centers for Mestate's boards of medicine or CRNAs. The leand nursing about included that it is in the thy supervision requi	commission accreditation for deemed status purposes: General anesthesia, regional nesthesia, including deep sedation/analgesia, is administered only by the following ogist osteopathy other than an anesthesiologist ery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law urse anesthetist (CRNA), as defined in 42 CFR 410.69(b), supervised by the except as provided in 42 CFR 482.52(c) regarding the state exemption for this essistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist who is

CFR Number §482.52(b)	Medicare Requirements	1	oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance	
§482.52(b) TAG: A	A-1002	LD.13.03.01	The hospital pro	vides services that meet patient needs.	
§482.52(b) Standard: Delivery of Services Anesthesia services must be consistent with needs and resources. Policies on anesthesia procedures must include the delineation of preanesthesia and postanesthesia responsibilities. The policies must ensure that the following are provided for each patient:		The hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: Outpatient Emergency Medical records Diagnostic and therapeutic radiology Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are provided, they are in accordance with nationally recognized acceptable standards of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services are consistent in quality with inpatient care in accordance with the complexity of services offered. As applicable, the services must be integrated with other departments of the hospital.			
		PC.13.01.03	The hospital pro procedures.	vides the patient with care before and after operative or other high-risk	
		EP 2	 and implements policies and postanesthesia responsibilitie A preanesthesia evaluat as specified in 42 CFR 4 services. An intraoperative anesthesia evaluat as specified in 42 CFR 4 services. The postanest 	ation completed and documented by an individual qualified to administer anesthesia, 182.52(a), no later than 48 hours after surgery or a procedure requiring anesthesia hesia evaluation for anesthesia recovery is completed in accordance with state and procedures that have been approved by the medical staff and reflect current	
§482.52(b)(1) TAG: /		PC.13.01.03	The hospital pro	ovides the patient with care before and after operative or other high-risk	
(1) A pre-anesthesia evaluation complete qualified to administer anesthesia, as spe performed within 48 hours prior to surger services.	ecified in paragraph (a) of this section,		For hospitals that use Joint Co and implements policies and postanesthesia responsibilitie • A preanesthesia evaluat as specified in 42 CFR 4 services. • An intraoperative anesth • A postanesthesia evalua as specified in 42 CFR 4 services. The postanest	ation completed and documented by an individual qualified to administer anesthesia, 482.52(a), no later than 48 hours after surgery or a procedure requiring anesthesia hesia evaluation for anesthesia recovery is completed in accordance with state and procedures that have been approved by the medical staff and reflect current	

CFR Number §482.52(b)(2)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.52(b)(2) TA (2) An intraoperative anesthesia rec	AG: A-1004 ord.	PC.13.01.0	procedures.	ovides the patient with care before and after operative or other high-risk
		EP 2	and implements policies and postanesthesia responsibilitie • A preanesthesia evaluat as specified in 42 CFR 4 services. • An intraoperative anesthesia evaluate as specified in 42 CFR 4 services. The postanesthesia evaluate as specified in 42 CFR 4 services. The postanesthesia evaluate as specified in 42 CFR 4 services.	ation completed and documented by an individual qualified to administer anesthesia, 482.52(a), no later than 48 hours after surgery or a procedure requiring anesthesia hesia evaluation for anesthesia recovery is completed in accordance with state and procedures that have been approved by the medical staff and reflect current
3	AG: A-1005 npleted and documented by an individual	PC.13.01.0	The hospital pro	ovides the patient with care before and after operative or other high-risk
qualified to administer anesthesia, a no later than 48 hours after surgery The postanesthesia evaluation for a accordance with State law and with	as specified in paragraph (a) of this section, or a procedure requiring anesthesia services. In inesthesia recovery must be completed in hospital policies and procedures that have been that reflect current standards of anesthesia care.	EP 2	and implements policies and postanesthesia responsibilitie • A preanesthesia evaluat as specified in 42 CFR 4 services. • An intraoperative anesthesia evaluat as specified in 42 CFR 4 services. The postanesthesia evaluates as specified in 42 CFR 4 services. The postanesthesia evaluates are services.	ation completed and documented by an individual qualified to administer anesthesia, 482.52(a), no later than 48 hours after surgery or a procedure requiring anesthesia hesia evaluation for anesthesia recovery is completed in accordance with state and procedures that have been approved by the medical staff and reflect current
§482.52(c) TA	AG: A-1001			
§482.52(c) Standard: State Exempti	ion	1		

CFR Number §482.52(c)(1)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
§482.52(c)(1) TAG: A-(1) A hospital may be exempted from the r	•••	PC.13.01.01		ans operative or other high-risk procedures. Note: Equipment identified in the formance is available to the operating room suites
of CRNAs as described in paragraph (a)(4 the hospital is located submits a letter to consultation with the State's Boards of Me from physician supervision of CRNAs. The that he or she has consulted with State Bo issues related to access to and the quality has concluded that it is in the best interest current physician supervision requirement. State law.) of this section, if the State in which CMS signed by the Governor, following dicine and Nursing, requesting exemption eletter from the Governor must attest eards of Medicine and Nursing about of anesthesia services in the State and s of the State's citizens to opt-out of the	ane indiv	sthesia, and monitored ar viduals: A qualified anesthesiolo A doctor of medicine or A doctor of dental surge A doctor of podiatric me A certified registered nu operating practitioner, e supervision An anesthesiologist's as immediately available if a 1: In accordance with 42 planned program of study or a supervision on Accreditation mission. E 2: See Glossary for the stant. E 3: The CoP at 42 CFR 4 doctors of medicine or ost ter to the Centers for Medicine of CRNAs. The I dicine and nursing about is concluded that it is in the copathy supervision required.	osteopathy other than an anesthesiologist ery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law urse anesthetist (CRNA), as defined in 42 CFR 410.69(b), supervised by the except as provided in 42 CFR 482.52(c) regarding the state exemption for this essistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist who is

CFR Number §482.52(c)(2)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.52(c)(2) (2) The request for exemption a	TAG: A-1001 and recognition of State laws, and the withdrawal of	PC.13.01.01		ans operative or other high-risk procedures. Note: Equipment identified in the formance is available to the operating room suites
	tt any time, and are effective upon submission.	anestheindividue A A A A A A A A A A A A A A A A A A	esia, and monitored an cals: qualified anesthesiolo doctor of medicine or doctor of dental surge doctor of podiatric me certified registered no cerating practitioner, expervision in anesthesiologist's an anediately available if In accordance with 4 aned program of study ized national professionsion. See Glossary for the int. The CoP at 42 CFR at the certified registered or dentity is a consistency of medicine or ost of medici	osteopathy other than an anesthesiologist ery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law urse anesthetist (CRNA), as defined in 42 CFR 410.69(b), supervised by the except as provided in 42 CFR 482.52(c) regarding the state exemption for this ssistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist who is

CFR Number §482.53	Medicare Requirements	1	int Commission uivalent Number	Joint Commission Standards and Elements of Performance	
§482.53 TAG: A-	1025, A-1026	LD.13.03.01	The hospital pro	vides services that meet patient needs.	
§482.53 Condition of Participation: Nuclear Medicine Services If the hospital provides nuclear medicine services, those services must meet the needs of the patients in accordance with acceptable standards of practice.		The hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: Outpatient Emergency Medical records Diagnostic and therapeutic radiology Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are provided, they are in accordance with nationally recognized acceptable standards of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services are consistent in quality with inpatient care in accordance with the complexity of services offered. As applicable, the services must be integrated with other departments of the hospital.			
§482.53(a) TAG: A-	1027	LD.13.03.01	The hospital pro	vides services that meet patient needs.	
§482.53(a) Standard: Organization and Standard: Organization of the nuclear medicine sand complexity of the services offered.	service must be appropriate to the scope		agreements that meet the nee complexity of services offered, but are not limited to the follow Outpatient Emergency Medical records Diagnostic and therapeu Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are of practice for the health care patients. If outpatient obstetric in accordance with the compled departments of the hospital.	e provided, they are in accordance with nationally recognized acceptable standards (including physical and behavioral health) of pregnant, birthing, and postpartum cal services are offered, the services are consistent in quality with inpatient care exity of services offered. As applicable, the services must be integrated with other	
§482.53(a)(1) TAG: A-		LD.13.01.07		ectively manages its programs, services, sites, or departments.	
(1) There must be a director who is a doctonuclear medicine.	or of medicine or osteopathy qualified in		or osteopathy directs the follow	ommission accreditation for deemed status purposes: A qualified doctor of medicine wing services, when provided: ee is responsible for all anesthesia administered in the hospital. ervices, the director may serve on either a full-time or part-time basis.	

CFR Number §482.53(a)(2)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.53(a)(2) TAG: A-1027 (2) The qualifications, training, functions and responsibilities of the nuclear medicine personnel must be specified by the service director and approved by the medical staff.		MS.16.01.0	S.16.01.01 The organized medical staff oversees the quality of patient care, treatment, a provided by physicians and other licensed practitioners privileged through the process. P 12 For hospitals that use Joint Commission accreditation for deemed status purposes: The medicate the nuclear services director's specifications for the qualifications, training, functions, and response medicine staff.	
§482.53(b) TAG: A	N-1035	PE.02.01.0	1 The hospital ma	nages risks related to hazardous materials and waste.
§482.53(b) Standard: Delivery of Service Radioactive materials must be prepared, disposed of in accordance with acceptabl	labeled, used, transported, stored, and	EP 4	hazardous materials. The poli	lecting and using hazardous energy sources, including the use of proper shielding idiology equipment and prompt correction of hazards found during inspection dipersonal protective equipment to wear in response to hazardous material and exproduced by both ionizing equipment (for example, radiation and x-ray equipment)
§482.53(b)(1) TAG: A	\-1036	MM.15.01.0	01 The hospital saf	ely prepares medications.
(1) In-house preparation of radiopharmac of, an appropriately trained registered phasteopathy.		EP 7		ommission accreditation for deemed status purposes: An appropriately trained or of medicine or osteopathy performs or supervises in-house preparation of
§482.53(b)(2) TAG: A	N-1037	PE.02.01.0	1 The hospital ma	nages risks related to hazardous materials and waste.
(2) There is proper storage and disposal of	of radioactive material.	EP 4	hazardous materials. The poli	lecting and using hazardous energy sources, including the use of proper shielding idiology equipment and prompt correction of hazards found during inspection dipersonal protective equipment to wear in response to hazardous material and exproduced by both ionizing equipment (for example, radiation and x-ray equipment)
§482.53(b)(3) TAG: A	N-1038	LD.13.03.0	1 The hospital pro	ovides services that meet patient needs.
(3) If laboratory tests are performed in the must meet the applicable requirement for	·	EP 9	nuclear medicine services, an	ommission accreditation for deemed status purposes: If the hospital provides d nuclear medicine staff perform laboratory tests, the services meet the applicable ervices specified in 42 CFR 482.27.

CFR Num §482.53(Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§482.53(c)	TAG: A	-1044	PE.04.01.01	The hospital add	dresses building safety and facility management.	
§482.53(c) Standard: Facilities Equipment and supplies must be appropriate for the types of nuclear medicine services offered and must be maintained for safe and efficient performance. The equipment must be		The hospital maintains equipment and supplies appropriate for the types of nuclear medicine services offered. The equipment is maintained for safe operation and efficient performance.				
§482.53(c)(1)	TAG: A	-1044	PE.04.01.01	The hospital add	dresses building safety and facility management.	
(1) Maintained in safe op	perating condition	; and	EP 4		nent and supplies appropriate for the types of nuclear medicine services offered. The afe operation and efficient performance.	
§482.53(c)(2)	TAG: A	-1044	PE.05.01.01	The hospital ma	nages imaging safety risks.	
(2) Inspected, tested and	d calibrated at lea	st annually by qualified personnel.		PE.05.01.01 The hospital manages imaging safety risks. EP 1 At least annually, a diagnostic medical physicist or nuclear medicine physicist inspects, tests nuclear medicine (NM) imaging equipment. The results, along with recommendations for cornidentified, are documented. These activities are conducted for all of the image types produce NM scanner (for example, planar and/or tomographic) and include the use of phantoms to as imaging metrics: • Image uniformity/system uniformity • High-contrast resolution/system spatial resolution • Sensitivity • Energy resolution • Count-rate performance • Artifact evaluation Note 1: The following test is recommended but not required: Low-contrast resolution or detect acquisitions. Note 2: The medical physicist or nuclear medicine physicist is accountable for these activities assisted with the testing and evaluation of equipment performance by individuals who have the and skills, as determined by the medical physicist or nuclear medicine physicist. (For more in HR.11.01.03, EPs 1 and 2; HR.11.02.01, EP 2)		
§482.53(d)	TAG: A	-1051	RC.11.01.0		intains complete and accurate medical records for each individual patient.	
§482.53(d) Standard: Re The hospital must maintainterpretations, consultat	ain signed and da	ted reports of nuclear medicine ures.	EP 4	and timed medical record enti-	plements policies and procedures for accurate, legible, complete, signed, dated, ries that are authenticated by the person responsible for providing or evaluating the I records are promptly completed, properly filed and retained, and readily accessible.	

CFR Number §482.53(d)	Medicare Requirements	1	int Commission uivalent Number	Joint Commission Standards and Elements of Performance
		RC.12.01.01	The medical rec services.	ord contains information that reflects the patient's care, treatment, and
			 Admitting diagnosis Any emergency care, tree Any allergies to food and Any findings of assessment Results of all consultative care of the patient Treatment goals, plan of Documentation of companesthesia All practitioners' orders Nursing notes, reports of monitor the patient's core Medication records, inclimedication, administration Note: When rapid titration of a situations in which block chart explanation of block charting, Administration of each sis support person where all records of radiology and All care, treatment, and Patient's response to cail Medical history and physinformation Discharge plan and discentification Discharge summary with including any medication Any diagnoses or condition 	ents and reassessments e evaluations of the patient and findings by clinical and other staff involved in the f care, and revisions to the plan of care lications, health care—acquired infections, and adverse reactions to drugs and f treatment, laboratory reports, vital signs, and other information necessary to addition uding the strength, dose, route, date and time of administration, access site for on devices used, and rate of administration medication is necessary, the hospital defines in policy the urgent/emergent ing would be an acceptable form of documentation. For the definition and a further refer to the Glossary. elf-administered medication, as reported by the patient (or the patient's caregiver or oppropriate) d nuclear medicine services, including signed interpretation reports services provided to the patient re, treatment, and services sical examination, including any conclusions or impressions drawn from the
§482.53(d)(1) TAG: A		RC.11.03.01	<u> </u>	ains its medical records.
(1) The hospital must maintain copies of years.	nuclear medicine reports for at least 5		in accordance with law and re Note: For hospitals that use Joretained in their original or leg	nal or legally reproduced medical record is determined by its use and hospital policy, gulation. Dint Commission accreditation for deemed status purposes: Medical records are ally reproduced form for at least five years. This includes nuclear medicine reports; films, and scans; and other applicable image records.
§482.53(d)(2) TAG: A	A-1051	RC.11.01.01	The hospital ma	intains complete and accurate medical records for each individual patient.
(2) The practitioner approved by the med must sign and date the interpretation of t	ical staff to interpret diagnostic procedures nese tests.		and timed medical record entr	plements policies and procedures for accurate, legible, complete, signed, dated, ies that are authenticated by the person responsible for providing or evaluating the records are promptly completed, properly filed and retained, and readily accessible.
§482.53(d)(3) TAG: A	A-1054	MM.13.01.0	1 The hospital saf	ely stores medications.
(3) The hospital must maintain records or pharmaceuticals.	the receipt and distribution of radio		For hospitals that use Joint Co of the receipt and distribution	ommission accreditation for deemed status purposes: The hospital maintains records of radiopharmaceuticals.

CFR Number §482.53(d)(4)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance		
§482.53(d)(4) TAG: A-1055 (4) Nuclear medicine services must be ordered only by practitioners whose scope of Federal or State licensure and whose defined staff privileges allow such referrals.		PC.12.01.01 The hospital provides care, treatment, and services as ordered or prescribed and in accordance with law and regulation. EP 1 Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) fro physician or other licensed practitioner in accordance with professional standards of practice; law and regulations. Note 1: This includes but is not limited to respiratory services, radiology services, rehabilitation services, nu medicine services, and dietetic services, if provided. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Patient diets, in therapeutic diets, are ordered by the physician or other licensed practitioner responsible for the patient's ca or by a qualified dietitian or qualified nutrition professional who is authorized by the medical staff and acting accordance with state law governing dietitians and nutrition professionals.				
§482.54 TAG: A	A-1076, A-1081	LD.13.03.01	The hospital pro	ovides services that meet patient needs.		
§482.54 Condition of Participation: Outpatient Services If the hospital provides outpatient services, the services must meet the needs of the patients in accordance with acceptable standards of practice.		agricon but Not of pati	eements that meet the neemplexity of services offered are not limited to the follow Outpatient Emergency Medical records Diagnostic and therapeus Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Le: If obstetrical services are coractice for the health care lients. If outpatient obstetrice			
§482.54(a) TAG: A	A-1077	LD.13.03.01	The hospital pro	ovides services that meet patient needs.		
§482.54(a) Standard: Organization Outpatient services must be appropriatel services.	y organized and integrated with inpatient	EP 5 If th	e hospital provides outpat	ient services, the services are integrated with inpatient services.		
§482.54(b) TAG: /	A-1079					
§482.54(b) Standard: Personnel The hospital must -						
§482.54(b)(1) TAG: A	A-1079	LD.13.01.07	The hospital effe	ectively manages its programs, services, sites, or departments.		
(1) Assign one or more individuals to be	responsible for outpatient services.	EP 2 The	hospital assigns one or m	nore individuals who are responsible for outpatient services.		

CFR Numbe §482.54(b)(2		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.54(b)(2) (2) Have appropriate profes	TAG: A-		NPG.12.01		eadership team ensures that there is qualified ancillary staff required to meet population served and determines how staff function within the organization.
(2) Have appropriate professional and nonprofessional personnel available at each location where outpatient services are offered, based on the scope and complexity of outpatient services.		Leaders provide for an adequate number and mix of qualified individuals to support safe, quality care, treatmer and services. Note 1: The number and mix of individuals is appropriate to the scope and complexity of the services offered. Services may include but are not limited to the following: Rehabilitation services Emergency services Outpatient services Respiratory services Pharmaceutical services, including emergency pharmaceutical services Diagnostic and therapeutic radiology services Note 2: Emergency services staff are qualified in emergency care.			
§482.54(c)	TAG: A-	1080			
(c) Standard: Orders for ou a practitioner who meets the		s. Outpatient services must be ordered by ditions:			
§482.54(c)(1)	TAG: A-		PC.12.01.0		ovides care, treatment, and services as ordered or prescribed and in a law and regulation.
(1) Is responsible for the ca			EP 2	Any physician or other license Responsible for the care Licensed in the state wh Acting within their scope Authorized in accordance governing body to order Note: This applies to physician or have been granted privilege criteria.	ed practitioner who orders outpatient services meets the following conditions: e of the patient here they provide care to the patient e of practice under state law here with state law and policies adopted by the medical staff and approved by the here the applicable outpatient services has or other licensed practitioners who are appointed to the hospital's medical staff here, as well as practitioners not appointed to the medical staff who satisfy the above
§482.54(c)(2) (2) Is licensed in the State	TAG: A-	e provides care to the patient.	PC.12.01.0		ovides care, treatment, and services as ordered or prescribed and in a law and regulation.
			EP 2	 Responsible for the care Licensed in the state wh Acting within their scope Authorized in accordance governing body to order Note: This applies to physician 	ere they provide care to the patient

CFR Number §482.54(c)(3)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.54(c)(3) TAG (3) Is acting within his or her scope of	: A-1080 practice under State law.	PC.12.01		ovides care, treatment, and services as ordered or prescribed and in had been always and regulation.
		EP 2	Responsible for the care Licensed in the state wh Acting within their scope Authorized in accordance governing body to order Note: This applies to physicia	ed practitioner who orders outpatient services meets the following conditions: a of the patient here they provide care to the patient be of practice under state law the with state law and policies adopted by the medical staff and approved by the the applicable outpatient services has or other licensed practitioners who are appointed to the hospital's medical staff es, as well as practitioners not appointed to the medical staff who satisfy the above
• () ()	: A-1080 ate law and policies adopted by the medical	PC.12.01.	•	ovides care, treatment, and services as ordered or prescribed and in haw and regulation.
staff, and approved by the governing be services. This applies to the following:		EP 2	 Responsible for the care Licensed in the state when the care Acting within their scope Authorized in accordance governing body to order Note: This applies to physicia 	ed practitioner who orders outpatient services meets the following conditions: e of the patient here they provide care to the patient e of practice under state law the with state law and policies adopted by the medical staff and approved by the the applicable outpatient services has or other licensed practitioners who are appointed to the hospital's medical staff es, as well as practitioners not appointed to the medical staff who satisfy the above
υ (-)()()	: A-1080 to the hospital's medical staff and who have	PC.12.01.		ovides care, treatment, and services as ordered or prescribed and in haw and regulation.
been granted privileges to order the ap		EP 2	Responsible for the care Licensed in the state wh Acting within their scope Authorized in accordance governing body to order Note: This applies to physicia	ed practitioner who orders outpatient services meets the following conditions: e of the patient here they provide care to the patient e of practice under state law the with state law and policies adopted by the medical staff and approved by the the applicable outpatient services has or other licensed practitioners who are appointed to the hospital's medical staff es, as well as practitioners not appointed to the medical staff who satisfy the above
· (// // /	: A-1080 e medical staff, but who satisfy the above	PC.12.01.	01 The hospital pro accordance with	ovides care, treatment, and services as ordered or prescribed and in haw and regulation.
criteria for authorization by the medica applicable outpatient services for their	I staff and the hospital for ordering the	EP 2	 Responsible for the care Licensed in the state when the care Acting within their scope Authorized in accordance governing body to order Note: This applies to physicia 	ed practitioner who orders outpatient services meets the following conditions: e of the patient here they provide care to the patient e of practice under state law the with state law and policies adopted by the medical staff and approved by the the applicable outpatient services ns or other licensed practitioners who are appointed to the hospital's medical staff es, as well as practitioners not appointed to the medical staff who satisfy the above

CFR Number §482.55	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.55 TAG: A-	1100	LD.13.03.0 ⁴	1 The hospital pro	ovides services that meet patient needs.
§482.55 Condition of Participation: Emerge The hospital must meet the emergency neacceptable standards of practice.		EP 1	agreements that meet the need complexity of services offered but are not limited to the follow. Outpatient Emergency Medical records Diagnostic and therapeut Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services ar of practice for the health care patients. If outpatient obstetrice	
2400 554)		EP 7		ency services, the services are organized under the direction of a qualified member ntegrated with other departments of the hospital.
§482.55(a) TAG: A-		1		
§482.55(a) Standard: Organization and Dir If emergency services are provided at the I				
§482.55(a)(1) TAG: A-	1102	LD.13.03.0	1 The hospital pro	ovides services that meet patient needs.
(1) The services must be organized under medical staff;	the direction of a qualified member of the	EP 1	agreements that meet the need complexity of services offered but are not limited to the follow • Outpatient • Emergency • Medical records • Diagnostic and therapeut • Nuclear medicine • Surgical • Anesthesia • Laboratory • Respiratory • Dietetic • Obstetrical Note: If obstetrical services are of practice for the health care patients. If outpatient obstetrices	

CFR Numb §482.55(a)		Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
			EP 7		pency services, the services are organized under the direction of a qualified member ntegrated with other departments of the hospital.
§482.55(a)(2)	TAG: A-110	3	LD.13.03	.01 The hospital pro	ovides services that meet patient needs.
(2) The services must be	integrated with other	departments of the hospital;	EP 1	agreements that meet the need complexity of services offered but are not limited to the follow. Outpatient Emergency Medical records Diagnostic and therapeted Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services and of practice for the health care patients. If outpatient obstetric in accordance with the compled departments of the hospital.	utic radiology re provided, they are in accordance with nationally recognized acceptable standards (including physical and behavioral health) of pregnant, birthing, and postpartum cal services are offered, the services are consistent in quality with inpatient care exity of services offered. As applicable, the services must be integrated with other
			EP 7		pency services, the services are organized under the direction of a qualified member ntegrated with other departments of the hospital.
		dical care provided in the emergency are a continuing responsibility of the	MS.16.01		nedical staff oversees the quality of patient care, treatment, and services ysicians and other licensed practitioners privileged through the medical staff
medical staff.		are a community to ano	EP 9		ency services, the medical staff establishes and is continually responsible for the rning emergency medical care.
§482.55(b)	TAG: A-1110)		<u> </u>	
§482.55(b) Standard: Per	sonnel]		
§482.55(b)(1)	TAG: A-111	1	LD.13.01	.07 The hospital effe	ectively manages its programs, services, sites, or departments.
(1) The emergency service medical staff.	es must be supervise	ed by a qualified member of the	EP 1	The hospital's emergency ser	vices are supervised by a qualified member of the medical staff.

CFR Number §482.55(b)(2)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
3	: A-1112 nd nursing personnel qualified in emergency	NPG.12.01		eadership team ensures that there is qualified ancillary staff required to meet population served and determines how staff function within the organization.
care to meet the written emergency procedures and needs anticipated by the facility.		EP 1	EP 1 Leaders provide for an adequate number and mix of qualified individuals to support safe, quality of and services. Note 1: The number and mix of individuals is appropriate to the scope and complexity of the services may include but are not limited to the following: Rehabilitation services Emergency services Outpatient services Respiratory services Pharmaceutical services, including emergency pharmaceutical services Diagnostic and therapeutic radiology services Note 2: Emergency services staff are qualified in emergency care.	
§482.55(c)		LD.13.03.0	1 The hospital pro	vides services that meet patient needs.
	ces readiness. with the complexity and scope of services ions and protocols to meet the emergency	EP 20	In accordance with the complete protocols to meet the emerger	exity and scope of services offered, the hospital has adequate provisions and ncy needs of patients.
§482.55(c)(1)		LD.13.03.0	1 The hospital pro	vides services that meet patient needs.
based guidelines for the care of patient	stent with nationally recognized and evidence- ts with emergency conditions, including but emergencies, complications, and immediate	EP 21	nationally recognized and evid	exity and scope of services offered, the hospital protocols are consistent with dence-based guidelines for the care of patients with emergency conditions, including obstetrical emergencies, complications, and immediate postdelivery care.
§482.55(c)(2)		LD.13.03.0	1 The hospital pro	vides services that meet patient needs.
treating emergency cases. Such provis	oment, supplies, and medication used in sions must be kept at the hospital and be y cases to meet the needs of patients. The ollowing:	EP 22	equipment, supplies, and med and readily available for treatil the following: • Drugs, blood and blood • Equipment and supplies	exity and scope of services offered, the hospital has provisions that include lication used in treating emergency cases. Such provisions are kept at the hospital and emergency cases to meet the needs of patients. The available provisions include products, and biologicals commonly used in lifesaving procedures commonly used in life-saving procedures a patient in each emergency services treatment area
§482.55(c)(2)(i)		LD.13.03.0	1 The hospital pro	vides services that meet patient needs.
(i) Drugs, blood and blood products, ar procedures;	nd biologicals commonly used in lifesaving	EP 22	equipment, supplies, and med and readily available for treating the following: • Drugs, blood and blood • Equipment and supplies	exity and scope of services offered, the hospital has provisions that include lication used in treating emergency cases. Such provisions are kept at the hospital ng emergency cases to meet the needs of patients. The available provisions include products, and biologicals commonly used in lifesaving procedures commonly used in life-saving procedures a patient in each emergency services treatment area

CFR Number §482.55(c)(2)(ii)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance		
§482.55(c)(2)(ii)		LD.13.03.0 ⁴	1 The hospital pro	ovides services that meet patient needs.		
(ii) Equipment and supplies commonly used in life-saving procedures; and		EP 22	 In accordance with the complexity and scope of services offered, the hospital has provisions that include equipment, supplies, and medication used in treating emergency cases. Such provisions are kept at the hospital and readily available for treating emergency cases to meet the needs of patients. The available provisions include the following: Drugs, blood and blood products, and biologicals commonly used in lifesaving procedures Equipment and supplies commonly used in life-saving procedures A call-in system for each patient in each emergency services treatment area 			
§482.55(c)(2)(iii)		LD.13.03.0 ⁴	1 The hospital pro	ovides services that meet patient needs.		
(iii) Each emergency services treatment area must have a call-in-system for each patient.		EP 22	In accordance with the complexity and scope of services offered, the hospital has provisions that include equipment, supplies, and medication used in treating emergency cases. Such provisions are kept at the hospital and readily available for treating emergency cases to meet the needs of patients. The available provisions includ the following: • Drugs, blood and blood products, and biologicals commonly used in lifesaving procedures • Equipment and supplies commonly used in life-saving procedures • A call-in system for each patient in each emergency services treatment area			
§482.55(c)(3)		HR.11.03.0	1 The hospital pro	ovides orientation, education, and training to their staff.		
(3) Staff training. Applicable staff, as identified by the hospital, must be trained annually on the protocols and provisions implemented pursuant to this section.		EP 2	emergency services readines: Note 1: The hospital must doc completed. Note 2: For hospitals that use provisions implemented for er	by the hospital, are trained annually on the protocols and provisions implemented for s. cument in staff personnel records that the annual training was successfully Joint Commission accreditation for deemed status purposes: Protocols and mergency services readiness are pursuant to 42 CFR 482.55(c). For 482.55(c), refer at/title-42/part-482/section-482.55#p-482.55(c).		
§482.55(c)(3)(i)		HR.11.03.0	1 The hospital pro	ovides orientation, education, and training to their staff.		
(i) The governing body must identify and d training.	ocument which staff must complete such	EP 3		ommission Accreditation for deemed status purposes: The governing body identifies ust complete the annual emergency services readiness protocols and provisions		
§482.55(c)(3)(ii)		HR.11.03.0	1 The hospital pro	ovides orientation, education, and training to their staff.		
(ii) The hospital must document in the staff successfully completed.	f personnel records that the training was			s. cument in staff personnel records that the annual training was successfully Joint Commission accreditation for deemed status purposes: Protocols and mergency services readiness are pursuant to 42 CFR 482.55(c). For 482.55(c), refer		
§482.55(c)(3)(iii)		HR.11.03.0	1 The hospital pro	ovides orientation, education, and training to their staff.		
(iii) The hospital must be able to demonstration implemented pursuant to this section.	ate staff knowledge on the topics	EP 4	The hospital is able to demon protocols and provisions.	strate staff knowledge on the topics implemented for emergency services readiness		
§482.55(c)(3)(iv)		HR.11.03.0	1 The hospital pro	ovides orientation, education, and training to their staff.		
(iv) The hospital must use findings from its to inform staff training needs and any additopics on an ongoing basis.		EP 5	staff training needs and any a Note: For hospitals that use J	m its quality assessment and performance improvement (QAPI) program to inform dditions, revisions, or updates to training topics on an ongoing basis. oint Commission accreditation for deemed status purposes: Quality assessment findings are used as required at 42 CFR 482.21. For 482.21, refer to https://section-482.21.		

CFR Number §482.56	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance			
§482.56 TAG: A §482.56 Condition of Participation: Rehab		PC.12.01.0	PC.12.01.01 The hospital provides care, treatment, and services as ordered or prescribed accordance with law and regulation.				
		EP 4	audiology services, the service practice. Note: For hospitals that use J	litation, physical therapy, occupational therapy, speech-language pathology, or es are organized and provided in accordance with national accepted standards of oint Commission accreditation for deemed status purposes: The provision of cordance with 42 CFR 409.17.			
§482.56(a) TAG: A	-1124	PC.12.01.0	• •	ovides care, treatment, and services as ordered or prescribed and in			
§482.56(a) Standard: Organization and St The organization of the service must be a offered.	ppropriate to the scope of the services	EP 4	If the hospital provides rehabi audiology services, the service practice. Note: For hospitals that use J rehabilitation services is in ac	Ilitation, physical therapy, occupational therapy, speech-language pathology, or es are organized and provided in accordance with national accepted standards of oint Commission accreditation for deemed status purposes: The provision of cordance with 42 CFR 409.17.			
§482.56(a)(1) TAG: A		HR.11.02.0		ines and verifies staff qualifications.			
(1) The director of the services must have and capabilities to properly supervise and		EP 3	The director of rehabilitation s the services.	ervices has the knowledge, experience, and capabilities to supervise and administer			
§482.56(a)(2) TAG: A	-1126	HR.11.02.0	1 The hospital de	ines and verifies staff qualifications.			
(2) Physical therapy, occupational therapy audiology services, if provided, must be prophysical therapist assistants, occupational assistants, speech-language pathologists, this chapter.	rovided by qualified physical therapists, I therapists, occupational therapy	EP 1	Note 1: Qualifications for infecertification (such as that offe Note 2: Qualifications for laboration (Such as that offe Note 2: Qualifications for laboration (Such as the Such as the Su	lifications specific to their job responsibilities. ction control may be met through ongoing education, training, experience, and/or red by the Certification Board for Infection Control). ratory personnel are described in the Clinical Laboratory Improvement ubpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. requirement is located at https://www.ecfr.gov/cgi-bin/text-idx? 55beb52b0b986&mc=true&node=sp42.5.493.m&rgn=div6. Joint Commission accreditation for deemed status purposes: Qualified physical assistants, occupational therapists, occupational therapy assistants, speechiologists, as defined in 42 CFR 484, provide physical therapy, occupational therapy, or audiology services, if these services are provided by the hospital. See Glossary apist, physical therapist assistant, occupational therapist, occupational therapy athologist, and audiologist. uage interpreters and translators may be met through language proficiency ng, and experience. The use of qualified interpreters and translators is supported by a Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights vices are provided, staff qualified to perform specific respiratory care procedures and juired to carry out the specific procedures is designated in writing.			
§482.56(b) TAG: A	-1132	PC.12.01.0		ovides care, treatment, and services as ordered or prescribed and in			
§482.56(b) Standard: Delivery of Services Services must only be provided under the practitioner who is responsible for the care scope of practice under State law, and wh staff to order the services in accordance w State laws.	orders of a qualified and licensed e of the patient, acting within his or her to is authorized by the hospital's medical	EP 1	Prior to providing care, treatment physician or other licensed prepared to hospital policies; and medical Note 1: This includes but is medicine services, and dietet Note 2: For hospitals that use therapeutic diets, are ordered or by a qualified dietitian or qualified medicine services.	ent, and services, the hospital obtains or renews orders (verbal or written) from a actitioner in accordance with professional standards of practice; law and regulation; staff bylaws, rules, and regulations. It limited to respiratory services, radiology services, rehabilitation services, nuclear c services, if provided. Joint Commission accreditation for deemed status purposes: Patient diets, including by the physician or other licensed practitioner responsible for the patient's care ualified nutrition professional who is authorized by the medical staff and acting in verning dietitians and nutrition professionals.			

CFR Numb §482.56(b)(Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.56(b)(1)	TAG: A-1133 es orders must be documented in the patient's med	RC.12.01.0	The medical rec	cord contains information that reflects the patient's care, treatment, and
record in accordance with	the requirements at §482.24.	EP 2	Admitting diagnosis Any emergency care, tre Any allergies to food an Any findings of assessme Results of all consultative care of the patient Treatment goals, plan of Documentation of companesthesia All practitioners' orders Nursing notes, reports of monitor the patient's confideration, administrative when rapid titration of a situations in which block chart explanation of block charting, Administration of each support person where a Records of radiology an All care, treatment, and Patient's response to candidate the modern and processing plan and disconfideration of the patient of t	nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the of care, and revisions to the plan of care oblications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to notition luding the strength, dose, route, date and time of administration, access site for ion devices used, and rate of administration a medication is necessary, the hospital defines in policy the urgent/emergent ting would be an acceptable form of documentation. For the definition and a further refer to the Glossary. self-administered medication, as reported by the patient (or the patient's caregiver or appropriate) and nuclear medicine services, including signed interpretation reports services provided to the patient are, treatment, and services resical examination, including any conclusions or impressions drawn from the charge planning evaluation the outcome of hospitalization, disposition of case, and provisions for follow-up care, and dispensed or prescribed on discharge tions established during the patient's course of care, treatment, and services melleted within 30 days following discharge, including final diagnosis.
§482.56(b)(2) (2)The provision of care a	TAG: A-1134 and the personnel qualifications must be in accordan	PC.12.01.0		ovides care, treatment, and services as ordered or prescribed and in h law and regulation.
	irds of practice and must also meet the requiremen		audiology services, the service practice. Note: For hospitals that use J	ilitation, physical therapy, occupational therapy, speech-language pathology, or ces are organized and provided in accordance with national accepted standards of loint Commission accreditation for deemed status purposes: The provision of accordance with 42 CFR 409.17.

CFR Number §482.57	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§482.57 TAG: A-	1151	LD.13.03.01	The hospital pro	vides services that meet patient needs.
§482.57 Condition of Participation: Respiratory Care Services The hospital must meet the needs of the patients in accordance with acceptable standards of practice. The following requirements apply if the hospital provides respiratory care services.		The hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: Outpatient Emergency Medical records Diagnostic and therapeutic radiology Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are provided, they are in accordance with nationally recognized acceptable standards of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services are consistent in quality with inpatient care in accordance with the complexity of services offered. As applicable, the services must be integrated with other departments of the hospital.		
§482.57(a) TAG: A-	1152	LD.13.03.01	The hospital pro	vides services that meet patient needs.
§482.57(a) Standard: Organization and Standard: Organization of the respiratory care seand complexity of the services offered.			agreements that meet the nee complexity of services offered, but are not limited to the follow	
§482.57(a)(1) TAG: A-		LD.13.01.07	<u> </u>	ectively manages its programs, services, sites, or departments.
(1) There must be a director of respiratory or osteopathy with the knowledge, experie administer the service properly. The direct time basis.	nce and capabilities to supervise and		or osteopathy directs the follow	e is responsible for all anesthesia administered in the hospital. ervices, the director may serve on either a full-time or part-time basis.

CFR Numb §482.57(a)		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.57(a)(2) (2) There must be adequa	TAG: A-	espiratory therapists, respiratory therapy	NPG.12.01		eadership team ensures that there is qualified ancillary staff required to meet population served and determines how staff function within the organization.
	rsonnel who mee	et the qualifications specified by the	EP 1	and services. Note 1: The number and mix of Services may include but are Rehabilitation services Emergency services Outpatient services Respiratory services Pharmaceutical services Diagnostic and therapeu	s, including emergency pharmaceutical services
§482.57(b)	TAG: A-	1160	LD.13.01.0		s policies and procedures that guide and support patient care, treatment, and
§482.57(b) Standard: Deli Services must be delivere	•	with medical staff directives.	EP 7	services. If respiratory care services are approved by the medical staff.	e provided, services are delivered in accordance with policies and procedures
§482.57(b)(1)	TAG: A-	1161	HR.11.02.0	1 The hospital def	ines and verifies staff qualifications.
		procedures and the amount of supervision procedures must be designated in	EP 1	Note 1: Qualifications for infecting certification (such as that offer Note 2: Qualifications for labo Amendments (CLIA), under S A complete description of the SID=0854acca5427c69e771e Note 3: For hospitals that use therapists, physical therapists alanguage pathologists, or aud speech-language pathology, of definitions of physical therapistant, speech-language pathology, of definitions of physical therapistant, speech-language pathology, of definitions of physical therapistant, speech-language pathology, assessment, education, training the Americans with Disabilities Act of 1964.	difications specific to their job responsibilities. Extion control may be met through ongoing education, training, experience, and/or red by the Certification Board for Infection Control). In ratory personnel are described in the Clinical Laboratory Improvement subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. In requirement is located at https://www.ecfr.gov/cgi-bin/text-idx? Sbeb52b0b986&mc=true&node=sp42.5.493.m&rgn=div6. Joint Commission accreditation for deemed status purposes: Qualified physical assistants, occupational therapists, occupational therapy assistants, speechiologists, as defined in 42 CFR 484, provide physical therapy, occupational therapy, or audiology services, if these services are provided by the hospital. See Glossary apist, physical therapist assistant, occupational therapist, occupational therapy athologist, and audiologist. In uage interpreters and translators may be met through language proficiency ng, and experience. The use of qualified interpreters and translators is supported by a Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights wices are provided, staff qualified to perform specific respiratory care procedures and uired to carry out the specific procedures is designated in writing.
§482.57(b)(2)	TAG: A-	1162	LD.13.03.0	1 The hospital pro	vides services that meet patient needs.
		ry tests are performed in the respiratory e requirements for laboratory services	EP 15	respiratory care services, and	ommission accreditation for deemed status purposes: If the hospital provides respiratory care staff perform blood gasses or other clinical laboratory tests, the boratory services specified in 42 CFR 482.27 are met.

CFR Number §482.57(b)(3)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§482.57(b)(3) TAG: A-1163 (3) Services must only be provided under the orders of a qualified and licensed practitioner who is responsible for the care of the patient, acting within his or her scope of practice under State law, and who is authorized by the hospital's medical staff to order the services in accordance with hospital policies and procedures and State laws.		PC.12.01.01 The hospital provides care, treatment, and services as ordered or prescribed at accordance with law and regulation. Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or we physician or other licensed practitioner in accordance with professional standards of practice; law hospital policies; and medical staff bylaws, rules, and regulations. Note 1: This includes but is not limited to respiratory services, radiology services, rehabilitation se medicine services, and dietetic services, if provided. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Patier therapeutic diets, are ordered by the physician or other licensed practitioner responsible for the part or by a qualified dietitian or qualified nutrition professional who is authorized by the medical staff accordance with state law governing dietitians and nutrition professionals.		nent, and services, the hospital obtains or renews orders (verbal or written) from a ractitioner in accordance with professional standards of practice; law and regulation; a staff bylaws, rules, and regulations. ot limited to respiratory services, radiology services, rehabilitation services, nuclear ic services, if provided. It is justified to commission accreditation for deemed status purposes: Patient diets, including the bythe physician or other licensed practitioner responsible for the patient's care utilified nutrition professional who is authorized by the medical staff and acting in
§482.57(b)(4) TAG:	A-1164	RC.12.01.01	The medical red	cord contains information that reflects the patient's care, treatment, and
(4) All respiratory care services orders in record in accordance with the requirement	ust be documented in the patient's medical nts at §482.24.	Note: situati explar	Admitting diagnosis Any emergency care, tr Any allergies to food an Any findings of assessin Results of all consultativare of the patient Freatment goals, plan of Documentation of companesthesia All practitioners' orders Nursing notes, reports of monitor the patient's co Medication records, inc medication, administrat When rapid titration of a cons in which block charting, Administration of each is support person where a Records of radiology ar All care, treatment, and Patient's response to ca Medical history and phy information Discharge plan and disc Discharge summary with including any medicatio Any diagnoses or condi	nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the of care, and revisions to the plan of care oblications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to notition luding the strength, dose, route, date and time of administration, access site for ion devices used, and rate of administration a medication is necessary, the hospital defines in policy the urgent/emergent tring would be an acceptable form of documentation. For the definition and a further refer to the Glossary.

CFR Number §482.58	Medicare Requirements		pint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§482.58 TAG: /		1		
§482.58 Special requirements for hospita ("swing-beds").	al providers of long-term care services			
	pproval from CMS to provide post-hospital 409.30 of this chapter, and be reimbursed			
This CoP is not applicable to psychiatric have swing beds.	hospitals since they are not permitted to			
§482.58(a) TAG: /	A-1501			
(a) Eligibility. A hospital must meet the fo	ollowing eligibility requirements:	1		
§482.58(a)(1) TAG: A	A-1501	This CoP is	determined by CMS at the time	e the hospital seeks approval to provide post-hospital skilled nursing care.
	tal beds, excluding beds for newborns and s (for eligibility of hospitals with distinct parts hod, see §413.24(d)(5) of this chapter).			
§482.58(a)(2) TAG: /	A-1501	This CoP is	determined by CMS at the time	e the hospital seeks approval to provide post-hospital skilled nursing care.
(2) The hospital is located in a rural area "urbanized" areas by the Census Bureau	. This includes all areas not delineated as , based on the most recent census.			
§482.58(a)(3) TAG: A	A-1501	This CoP is	determined by CMS at the time	e the hospital seeks approval to provide post-hospital skilled nursing care.
(3) The hospital does not have in effect a §488.54(c) of this chapter.	a 24-hour nursing waiver granted under			
§482.58(a)(4) TAG: A	A-1501	This CoP is	determined by CMS at the time	e the hospital seeks approval to provide post-hospital skilled nursing care.
(4) The hospital has not had a swing-bed previous to application.	d approval terminated within the two years			
§482.58(b) TAG: /	A-1562			
	acility is substantially in compliance with the ents contained in subpart B of part 483 of			
§482.58(b)(1) TAG: /	A-1562	IM.12.01.01	The hospital pro	otects the privacy and confidentiality of health information.
(1) Resident rights (§483.10(b)(7), (c)(1), and (iii), (h), (g)(8) and (17), and (g)(18)	, (c)(2)(iii), (c)(6), (d), (e)(2) and (4), (f)(4)(ii) introductory text of this chapter.	EP 1	information. Note: For hospitals that use Jo	plements policies and procedures addressing the privacy and confidentiality of health oint Commission accreditation for deemed status purposes and have swing beds: address the resident's personal records.
		EP 2	otherwise required by law and Note: For hospitals that use Jo The hospital allows representa	information only as authorized by the patient with the patient's written consent or as diregulation. oint Commission accreditation for deemed status purposes and have swing beds: atives of the Office of the State Long-Term Care Ombudsman to examine a diadministrative records in accordance with state law.

CFR Number §482.58(b)(1)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
		LD.13.02.0	1 Ethical principle	es guide the hospital's business practices.
		EP 2	Medicaid-eligible resident is in eligible for Medicaid, of the form of the sum of the su	uded in the state plan for which the resident may not be charged the hospital offers, those for which the resident may be charged, and the amount of
		EP 3	hospital informs residents bef	commission accreditation for deemed status purposes and have swing beds: The fore or at the time of admission, and periodically during the resident's stay, of sital and of charges for those services not covered under Medicare, Medicaid, or by
		PC.11.03.0	1 The hospital pla	ans the patient's care.
		EP 2	Note: For hospitals that use J	ent in the development and implementation of their plan of care. loint Commission accreditation for deemed status purposes and have swing beds: be informed, in advance, of changes to their plan of care.
		RI.11.01.01	The hospital res	spects, protects, and promotes patient rights.
		EP 1	The hospital develops and im	plements written policies to protect and promote patient rights.
		EP 5	Note 1: This element of perfo of a patient's health information. Note 2: For hospitals that use Personal privacy includes acc	ient's right to personal privacy. rmance (EP) addresses a patient's personal privacy. For EPs addressing the privacy on, refer to Standard IM.12.01.01. e Joint Commission accreditation for deemed status purposes and have swing beds: commodations, medical treatment, written and telephone communications, personal family and resident groups, but this does not require the facility to provide a private
		EP 8	hospital provides immediate f denies or withdraws consent.	ommission accreditation for deemed status purposes and have swing beds: The family and other relatives immediate access to the resident, except when the resident The hospital provides others who are visiting immediate access to the resident, cal or safety restrictions apply or when the resident denies or withdraws consent.
		RI.11.02.01	The hospital res	spects the patient's right to receive information in a manner the patient
		EP 1	to the patient's age, language Note: The hospital communic	ation, including but not limited to the patient's total health status, in a manner tailored e, and ability to understand. Eates with the patient during the provision of care, treatment, and services in a ut's oral and written communication needs.
		RI.12.01.01	and services. N of treatment or	spects the patient's right to participate in decisions about their care, treatment, ote: This right is not to be construed as a mechanism to demand the provision services deemed medically unnecessary or inappropriate.
		EP 1	decisions regarding their care care planning and treatment,	ative (as allowed, in accordance with state law) has the right to make informed e. The patient's rights include being informed of their health status, being involved in and being able to request or refuse treatment. This does not mean the patient has sion of treatment or services deemed medically unnecessary or inappropriate.

CFR Number §482.58(b)(1)	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 3	a resident is adjudged incompautomatically transfer to and a act on the resident's behalf. Tourt in accordance with state Note 1: If a resident represented resident retains the right to move the control of the resident's wishes rights. Note 3: To the extent practical process.	tative's decision-making authority is limited by state law or court appointment, the ake those decisions outside the representative's authority. and preferences are considered by the representative when exercising the patient's lible, the resident is provided with opportunities to participate in the care planning
		EP 4	resident has the right to reque	ommission accreditation for deemed status purposes and have swing beds: The est, refuse, and/or discontinue treatment; to participate in or refuse to participate in o formulate an advance directive.
		EP 6	hospital supports the resident Note: If the physician chosen physicians at 42 CFR 483, the appropriate and adequate car chosen by the resident is unli	ommission accreditation for deemed status purposes and have swing beds: The is right to choose a licensed attending physician. by the resident refuses to or does not meet the requirements for attending to hospital may seek alternative physician participation to assure provision of the and treatment. The hospital informs the resident if it determines that the physician censed or unable to serve as the attending physician. The hospital also discusses tition with the resident and honors the resident's preferences, if any, among the
		RI.13.01.	.03 The patient has	the right to an environment that preserves respect and dignity.
		EP 1	hospital allows the patient to I	ommission accreditation for deemed status purposes and have swing beds: The keep and use personal clothing and possessions, unless this infringes on others' peutically contraindicated, based on the setting or service.
		EP 2	hospital allows the resident to	ommission accreditation for deemed status purposes and have swing beds: The share a room with their spouse when married residents are living in the same duals consent to the arrangement.
		EP 3	hospital supports the resident to receive letters, packages, a than a postal service. The hos access to stationery, postage	ommission accreditation for deemed status purposes and have swing beds: The 's right to send and promptly receive unopened mail through the postal service and and other materials delivered to the hospital for the resident through a means other spital respects the resident's right to privacy of such communications and allows , and writing implements at the resident's expense.
§482.58(b)(2) TAG: A		PC.14.01	<u></u>	lows its process for discharging or transferring patients.
(2) Admission, transfer, and discharge rigidischarge, §483.15(c)(1), (c)(2)(i), (c)(2)(ii)		EP 4	psychologists, and staff who a the patient's discharge or tran partners when planning for po Note 1: The definition of "phys (refer to the Glossary). Note 2: For hospitals that use beds: The hospital notifies the of the transfer or discharge ar understand, and includes the preparation and orientation to	egiver(s) or support person(s), physicians, other licensed practitioners, clinical are involved in the patient's care, treatment, and services participate in planning asfer. The patient and their caregiver(s) or support person(s) are included as active ostdischarge care. Sician" is the same as that used by the Centers for Medicare & Medicaid Services Joint Commission accreditation for deemed status purposes and have swing a resident and, if known, a family member or legal representative of the resident and reasons for the move. The notice is in writing, in a language and manner they items described in 42 CFR 483.15(c)(5). The hospital also provides sufficient residents to make sure that transfer or discharge from the hospital is safe and copy of the notice to a representative of the office of the state's long-term care

CFR Number §482.58(b)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		hospital provides the discharged. Note: Notice may be in the facility would b health improves suffi	e Joint Commission accreditation for deemed status purposes and have swing beds: The written notice of transfer or discharge at least 30 days before the resident is transferred or made as soon as is practical before transfer or discharge when the safety of the individuals e endangered, the health of the individuals in the facility would be endangered, the resident's ciently to allow a more immediate transfer or discharge, immediate transfer or discharge is ent's urgent medical needs, or a resident has not resided in the facility for 30 days.
		written notice before Reason for tran Effective date of Location to whi Statement of the find assistance Name, address ombudsman For a resident number of the Part C of the D For a resident number of the control of th	e Joint Commission accreditation for deemed status purposes and have swing beds: The transfer or discharge specified in 42 CFR 483.15(c)(3) includes the following: sfer or discharge ftransfer or discharge ftransfer or discharge che the resident is transferred or discharged e resident's appeal rights, including the name, address (mailing and e-mail), and telephone entity which receives appeal requests; information on how to obtain an appeal form; where to in completing the form; and how to submit the appeal hearing request (mailing and e-mail), and telephone number of the office of the state's long-term care with intellectual and developmental disabilities, the mailing and e-mail address and telephone agency responsible for the protection and advocacy of these individuals, established under evelopmental disorder or related disabilities, the mailing and e-mail address and telephone agency responsible for the protection and advocacy of these individuals, established under and Advocacy for Mentally III Individuals Act
		swing b	pitals that use Joint Commission accreditation for deemed status purposes and have eds: Residents are not transferred or discharged from the hospital unless they meet criteria, in accordance with law and regulation.
		EP 1 For hospitals that us hospital transfers or	e Joint Commission accreditation for deemed status purposes and have swing beds: The discharges residents only under at least one of the following conditions: nealth has improved to the point where they no longer need the hospital's services. discharge is necessary for the resident's welfare, and the hospital cannot meet the resident's e individuals in the hospital is endangered due to the resident's clinical or behavioral status. dividuals in the hospital would otherwise be endangered. It is failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare stay at the hospital. Nonpayment applies if the resident does not submit the necessary hird party payment or after the third party, including Medicare or Medicaid, denies the esident refuses to pay for their stay. For a resident who becomes eligible for Medicaid after thospital, the hospital may charge a resident only the allowable charges under Medicaid.
		RC.12.03.01 The pat	ent's medical record contains discharge information.
		Documentation in the receiving organizatio transferred or discha physician documents	e Joint Commission accreditation for deemed status purposes and have swing beds: e medical record includes discharge information provided to the resident and/or to the n. A physician documents in the resident's medical record when the resident is being rged because the safety of other residents would otherwise be endangered. The resident's in the medical record when the transfer is due to the resident improving and no longer re services or when the transfer is due to the resident's welfare and resident's needs cannot l's swing bed.

CFR Number §482.58(b)(2)	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance		
		EP 2	resident's discharge informati Reason for transfer, dis Treatment provided, die Referrals provided to th name of the physician of medical care and treatm practitioner Medical findings and dia reached toward goals Information about the re potential for rehabilitation	charge, or referral et, medication orders, and orders for the resident's immediate care e resident, the referring physician's or other licensed practitioner's name, and the or other licensed practitioner who has agreed to be responsible for the resident's ment, if this person is someone other than the referring physician or other licensed agnoses; a summary of the care, treatment, and services provided; and progress esident's behavior, ambulation, nutrition, physical status, psychosocial status, and on t is useful in the resident's care		
		EP 3	For hospitals that use Joint C the resident is transferred or which needs could not be me	ommission accreditation for deemed status purposes and have swing beds: When discharged because the hospital cannot meet their needs, the hospital documents t, the hospital's attempts to meet the resident's needs, and the services available at it will meet the resident's needs.		
		EP 4		ommission accreditation for deemed status purposes and have swing beds: The for the transfer or discharge in the resident's medical record in accordance with 42		
		CAMH glossary definition of transfer and discharge: As defined by the Centers for Medicare & Medicaid Services in 42 CFR 483.12(a)(1), movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility.				
§482.58(b)(3) TAC	G: A-1566	HR.11.02	2.01 The hospital de	fines and verifies staff qualifications.		
(3) Freedom from abuse, neglect, and (a)(3)(ii), (a)(4), (b)(1), (b)(2), (c)).	d exploitation (§483.12(a)(1), (a)(2), (a)(3)(i),	EP 4	hospital does not employ indi exploiting, misappropriating p	ommission accreditation for deemed status purposes and have swing beds: The viduals who have been found guilty by a court of law of abusing, neglecting, property, or mistreating residents or who have had a finding entered into the state g abuse, neglect, exploitation, mistreatment of residents, or misappropriation of		
		PC.13.02	warranted by pa	es restraint or seclusion only when it can be clinically justified or when atient behavior that threatens the physical safety of the patient, staff, or others. sary for the definitions of restraint and seclusion.		
		EP 1	staff retaliation. Restraint or s	straint or seclusion of any form as a means of coercion, discipline, convenience, or seclusion is only used to protect the immediate physical safety of the patient, staff, or atterventions have been ineffective and is discontinued at the earliest possible time, ne specified in the order.		
		EP 2	staff member, or others from			
		RI.13.01.0	01 The patient has physical, and se	the right to be free from harassment, neglect, exploitation, and verbal, mental, exual abuse.		
		EP 1	seclusion, and verbal, mental treatment, and services. For hospitals that use Joint C	ent from harassment, neglect, exploitation, corporal punishment, involuntary, sexual, or physical abuse that could occur while the patient is receiving care, ommission accreditation for deemed status purposes and have swing beds: The dent from misappropriation of property.		

CFR Number §482.58(b)(3)	Medicare Requirements		oint Commission Luivalent Number	Joint Commission Standards and Elements of Performance
			hospital reports to the state no	ommission accreditation for deemed status purposes and have swing beds: The urse aide registry or licensing authorities any knowledge it has of any actions taken mployee that would indicate unfitness for service as a nurse aide or other facility
		EP 3	hospital develops and implem	ommission accreditation for deemed status purposes and have swing beds: The tents written policies and procedures that prohibit and prevent mistreatment, neglect, hisappropriation of resident property. The policies and procedures also address lated to these issues.
		EP 4	appropriate authorities based Note: For hospitals that use J Alleged violations involving at and misappropriation of reside (including the state survey ag term care facilities) in accorda in the following time frames: • No later than 2 hours af	ns, observations, and suspected cases of neglect, exploitation, and abuse to on its evaluation of the suspected events or as required by law. oint Commission accreditation for deemed status purposes and have swing beds: buse, neglect, exploitation, or mistreatment, including injuries of unknown source ent property, are reported to the administrator of the facility and to other officials ency and adult protective services where state law provides for jurisdiction in longance with state law and established procedures. The alleged violations are reported ter the allegation is made if the allegation involves abuse or serious bodily injury after the allegation is made if the allegation does not involve abuse or serious bodily
			hospital has evidence that all investigated and that it prever progress. The results of all investigated to other officials in accordance	ommission accreditation for deemed status purposes and have swing beds: The alleged violations of abuse, neglect, exploitation, or mistreatment are thoroughly have further abuse, neglect, exploitation, or mistreatment while the investigation is in vestigations are reported to the administrator or their designated representative and e with state law, including the state survey agency, within five working days of the in is verified, appropriate corrective action is taken.
§482.58(b)(4) TAG: A-1 (4) Social services (§483.40(d) of this chap		PC.14.02.01	The hospital cod	ordinates the patient's care, treatment, and services based on the patient's
(4) Oocial services (3405.40(d) of this chap	ici).	EP 2		ommission accreditation for deemed status purposes and have swing beds: Ily related social services to attain or maintain the optimal physical, mental, and ch resident.
§482.58(b)(5) TAG: A-1	569	RC.12.03.0	The patient's me	edical record contains discharge information.
(5) Discharge summary (§483.20(I)). [Note: The regulations at §483.20(I) setting home resident discharge summary was rev in 2016 (81 FR 68858, Oct. 4, 2016)]			the hospital anticipates the disfollowing: • A summary of the reside treatment or therapy, an • A final summary of the release representative. • Reconciliation of all precoprescribed and over-the • A postdischarge plan of that is developed with the representative(s). The p	commission accreditation for deemed status purposes and have swing beds: When scharge of a resident, the discharge summary includes but is not limited to the scharge of a resident, the discharge summary includes but is not limited to the ent's stay that includes at a minimum the resident's diagnosis, course of illness/ad pertinent laboratory, radiology, and consultation results resident's status to include items in 42 CFR 483.20 (b)(1) at the time of the discharge ase to authorized persons and agencies, with the consent of the resident or resident's discharge medications with the resident's postdischarge medications (both-counter). care, which will assist the resident to adjust to his or her new living environment, he participation of the resident and, with the resident's consent, the resident postdischarge plan of care indicates where the individual plans to reside, any the been made for the resident's follow up care, and any postdischarge medical and

CFR Number §482.58(b)(6)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§482.58(b)(6) TAG:	A-1574	HR.11.02.01	The hospital de	fines and verifies staff qualifications.
(6) Specialized rehabilitative services (§483.65).			Note 1: Qualifications for infecertification (such as that offe Note 2: Qualifications for laboration (SULA), under SA complete description of the SID=0854acca5427c69e771e Note 3: For hospitals that use therapists, physical therapists language pathologists, or augmented augmented in the properties of the properties o	difications specific to their job responsibilities. ction control may be met through ongoing education, training, experience, and/or streed by the Certification Board for Infection Control). Coratory personnel are described in the Clinical Laboratory Improvement Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. Corequirement is located at https://www.ecfr.gov/cgi-bin/text-idx? Coresponsible Subbases Subbase
		PC.12.01.01	•	ovides care, treatment, and services as ordered or prescribed and in h law and regulation.
			physician or other licensed pr hospital policies; and medical Note 1: This includes but is no medicine services, and dietet Note 2: For hospitals that use therapeutic diets, are ordered or by a qualified dietitian or qu	nent, and services, the hospital obtains or renews orders (verbal or written) from a ractitioner in accordance with professional standards of practice; law and regulation; staff bylaws, rules, and regulations. ot limited to respiratory services, radiology services, rehabilitation services, nuclear ic services, if provided. Joint Commission accreditation for deemed status purposes: Patient diets, including by the physician or other licensed practitioner responsible for the patient's care ualified nutrition professional who is authorized by the medical staff and acting in verning dietitians and nutrition professionals.
		PC.14.02.01		ordinates the patient's care, treatment, and services based on the patient's
			a resident's comprehensive p to physical therapy, speech-la services for a mental disorder or obtains the required service	ommission accreditation for deemed status purposes and have swing beds: If alan of care requires specialized rehabilitative services, including but not limited anguage pathology, occupational therapy, respiratory therapy, and rehabilitative r and intellectual disability or services of a lesser intensity, the hospital provides es from a provider of specialized rehabilitative services and is not excluded from state health care programs pursuant to section 1128 and 1156 of the Social Security
• ()()	A-1573	PC.14.02.01	The hospital conneeds.	ordinates the patient's care, treatment, and services based on the patient's
(7) Dental services (§483.55(a)(2), (3),	(4), and (5) and (6) of this chapter).		For hospitals that use Joint C hospital assists residents who	ommission accreditation for deemed status purposes and have swing beds: The pare eligible and wish to apply for reimbursement of dental services as an incurred tate plan. The hospital may charge a Medicare resident an additional amount for Il services.
			hospital develops and implem	ommission accreditation for deemed status purposes and have swing beds: The nents a policy identifying circumstances when loss of or damage to a resident's consibility, and it may not charge a resident for the loss or damage of dentures.

CFR Number §482.58(b)(7)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance		
		EP 5		Commission accreditation for deemed status purposes and have swing beds: e hospital assists residents in making dental appointments and arranging for e dental services location.		
		EP 6	hospital refers residents with occur within three days, the h	Commission accreditation for deemed status purposes and have swing beds: The lost or damaged dentures for dental services within three days. If referral does not nospital documents what was done to make sure that the resident could adequately uating circumstances that led to the delay.		
		EP 7		Commission accreditation for deemed status purposes and have swing beds: The from an outside resource routine (to the extent covered under the state plan) and		
§483.5	TAG: A-1564	The glossar	ry includes this Medicare defin	ition.		
§483.5 Definitions.						
certified facility whether that bed i	novement of a resident to a bed outside of the in the same physical plant or not. Transfer ovement of a resident to a bed within the same	3				
§483.10						
§483.10 Resident rights.						
§483.10(b)(7)	TAG: A-1562	RI.12.01.01		spects the patient's right to participate in decisions about their care, treatment,		
	ged incompetent under the laws of a State by		and services. Note: This right is not to be construed as a mechanism to demand the provis of treatment or services deemed medically unnecessary or inappropriate.			
exercised by the resident represe the resident's behalf. The court-a resident's rights to the extent judg in accordance with State law	court of competent jurisdiction, the rights of the resident devolve to and are sercised by the resident representative appointed under State law to act on the resident's behalf. The court-appointed resident representative exercises the sident's rights to the extent judged necessary by a court of competent jurisdiction,		For hospitals that use Joint C a resident is adjudged incom automatically transfer to and act on the resident's behalf. Tourt in accordance with state Note 1: If a resident represent resident retains the right to m Note 2: The resident's wishes rights. Note 3: To the extent practical process.	Commission accreditation for deemed status purposes and have swing beds: If petent under state law by a court of proper jurisdiction, the rights of the resident are exercised by a resident representative appointed by the court under state law to The resident representative exercises the resident's rights to the extent allowed by the e law. Intative's decision-making authority is limited by state law or court appointment, the make those decisions outside the representative's authority. In an an an area of the representative when exercising the patient's able, the resident is provided with opportunities to participate in the care planning		
(i) In the case of a resident repres	TAG: A-1562 entative whose decision-making authority is lin the resident retains the right to make those	RI.12.01.01	and services. N	spects the patient's right to participate in decisions about their care, treatment, lote: This right is not to be construed as a mechanism to demand the provision services deemed medically unnecessary or inappropriate.		
ecision outside the representative's authority.		EP 3	a resident is adjudged incom automatically transfer to and act on the resident's behalf. I court in accordance with state Note 1: If a resident represen- resident retains the right to m Note 2: The resident's wishes rights.	Commission accreditation for deemed status purposes and have swing beds: If petent under state law by a court of proper jurisdiction, the rights of the resident are exercised by a resident representative appointed by the court under state law to The resident representative exercises the resident's rights to the extent allowed by the e law. Intative's decision-making authority is limited by state law or court appointment, the make those decisions outside the representative's authority. In an an are exercised by the representative when exercising the patient's able, the resident is provided with opportunities to participate in the care planning		

CFR Number §483.10(b)(7)(ii)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
§483.10(b)(7)(ii) TAG: A- (ii) The resident's wishes and preferences rights by the representative.		RI.12.01.01	RI.12.01.01 The hospital respects the patient's right to participate in decisions about and services. Note: This right is not to be construed as a mechanism to of treatment or services deemed medically unnecessary or inappropriate		
		EP 3	a resident is adjudged incompautomatically transfer to and act on the resident's behalf. Tourt in accordance with state Note 1: If a resident represent resident retains the right to mode 2: The resident's wishes rights.	commission accreditation for deemed status purposes and have swing beds: If betent under state law by a court of proper jurisdiction, the rights of the resident care exercised by a resident representative appointed by the court under state law to the resident representative exercises the resident's rights to the extent allowed by the law. Itative's decision-making authority is limited by state law or court appointment, the lake those decisions outside the representative's authority. It and preferences are considered by the representative when exercising the patient's lible, the resident is provided with opportunities to participate in the care planning	
§483.10(b)(7)(iii) TAG: A- (iii) To the extent practicable, the resident participate in the care planning process.		and services. Note: This right is not to be o		spects the patient's right to participate in decisions about their care, treatment, ote: This right is not to be construed as a mechanism to demand the provision services deemed medically unnecessary or inappropriate.	
participate in the care planning process.		EP 3	a resident is adjudged incompautomatically transfer to and act on the resident's behalf. Tourt in accordance with state Note 1: If a resident represent resident retains the right to mode 2: The resident's wishes rights.	commission accreditation for deemed status purposes and have swing beds: If betent under state law by a court of proper jurisdiction, the rights of the resident are exercised by a resident representative appointed by the court under state law to the resident representative exercises the resident's rights to the extent allowed by the elaw. It is always to the extent allowed by the elaw. It is those decision-making authority is limited by state law or court appointment, the ake those decisions outside the representative's authority. It is and preferences are considered by the representative when exercising the patient's lible, the resident is provided with opportunities to participate in the care planning	
§483.10(c) (c) Planning and implementing care. The resident has the right to be informed or	of and participate in his or her treatment	RI.12.01.01	and services. N	spects the patient's right to participate in decisions about their care, treatment, ote: This right is not to be construed as a mechanism to demand the provision services deemed medically unnecessary or inappropriate.	
The resident has the right to be informed of, and participate in, his or her treatment, including:		EP 1	decisions regarding their care care planning and treatment,	ative (as allowed, in accordance with state law) has the right to make informed at the patient's rights include being informed of their health status, being involved in and being able to request or refuse treatment. This does not mean the patient has sion of treatment or services deemed medically unnecessary or inappropriate.	
§483.10(c)(1) TAG: A-		RI.11.02.01		spects the patient's right to receive information in a manner the patient	
(1) The right to be fully informed in language her total health status, including but not lim		EP 1	to the patient's age, language Note: The hospital communic	tion, including but not limited to the patient's total health status, in a manner tailored, and ability to understand. ates with the patient during the provision of care, treatment, and services in a t's oral and written communication needs.	
§483.10(c)(2)					
(2) The right to participate in the developm person-centered plan of care, including but	•				

CFR Number §483.10(c)(2)(iii)	Medicare Requirements	2	oint Commission uivalent Number	Joint Commission Standards and Elements of Performance
§483.10(c)(2)(iii)	AG: A-1562	PC.11.03.01	The hospital pla	ns the patient's care.
(iii) The right to be informed, in adv	ance, of changes to the plan of care.		Note: For hospitals that use Jo	ent in the development and implementation of their plan of care. oint Commission accreditation for deemed status purposes and have swing beds: be informed, in advance, of changes to their plan of care.
§483.10(c)(6) TAG: A-1562 (6) The right to request, refuse, and/ or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance			and services. No of treatment or s	spects the patient's right to participate in decisions about their care, treatment, of the provision services deemed medically unnecessary or inappropriate.
directive.			resident has the right to reque	ommission accreditation for deemed status purposes and have swing beds: The est, refuse, and/or discontinue treatment; to participate in or refuse to participate in offormulate an advance directive.
0 (/	AG: A-1562 he resident has the right to choose his or I	RI.12.01.01	and services. No	spects the patient's right to participate in decisions about their care, treatment, ote: This right is not to be construed as a mechanism to demand the provision services deemed medically unnecessary or inappropriate.
			hospital supports the resident Note: If the physician chosen physicians at 42 CFR 483, the appropriate and adequate car chosen by the resident is unlice	ommission accreditation for deemed status purposes and have swing beds: The 's right to choose a licensed attending physician. by the resident refuses to or does not meet the requirements for attending e hospital may seek alternative physician participation to assure provision of re and treatment. The hospital informs the resident if it determines that the physician censed or unable to serve as the attending physician. The hospital also discusses tion with the resident and honors the resident's preferences, if any, among the
§483.10(d)(1) T	AG: A-1562	RI.12.01.01	The hospital res	pects the patient's right to participate in decisions about their care, treatment,
(1) The physician must be licensed	to practice, and			ote: This right is not to be construed as a mechanism to demand the provision services deemed medically unnecessary or inappropriate.
			hospital supports the resident Note: If the physician chosen physicians at 42 CFR 483, the appropriate and adequate car chosen by the resident is unlical ternative physician participa options.	ommission accreditation for deemed status purposes and have swing beds: The 's right to choose a licensed attending physician. by the resident refuses to or does not meet the requirements for attending to hospital may seek alternative physician participation to assure provision of the and treatment. The hospital informs the resident if it determines that the physician censed or unable to serve as the attending physician. The hospital also discusses tion with the resident and honors the resident's preferences, if any, among the
(2) If the physician chosen by the re	AG: A-1562 sident refuses to or does not meet require seek alternate physician participation	RI.12.01.01	and services. No	spects the patient's right to participate in decisions about their care, treatment, ote: This right is not to be construed as a mechanism to demand the provision services deemed medically unnecessary or inappropriate.
as specified in paragraphs (d)(4) and (5) of this section to assure provision of appropriate and adequate care and treatment.			hospital supports the resident Note: If the physician chosen physicians at 42 CFR 483, the appropriate and adequate car chosen by the resident is unlice	ommission accreditation for deemed status purposes and have swing beds: The 's right to choose a licensed attending physician. by the resident refuses to or does not meet the requirements for attending to hospital may seek alternative physician participation to assure provision of the and treatment. The hospital informs the resident if it determines that the physician censed or unable to serve as the attending physician. The hospital also discusses tion with the resident and honors the resident's preferences, if any, among the

CFR Number §483.10(d)(3)	Medicare Requirements	I .	oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance		
§483.10(d)(3) TAG: A-(3) The facility must ensure that each residual forms.		RI.12.02.01	RI.12.02.01 The hospital respects the patient's right to receive information about the individual(s) responsible for, as well as those providing, the patient's care, treatment, and services.			
specialty, and way of contacting the physician and other primary care professionals responsible for his or her care.			the patient's care, treatm • Name of the physician(s patient's care, treatment Note 1: The definition of "phys (CMS) (refer to the Glossary). Note 2: For hospitals that use beds: The hospital also provides the control of the contro	clinical psychologist, or other licensed practitioner who has primary responsibility for nent, and services), clinical psychologist(s), or other licensed practitioner(s) who will provide the , and services sician" is the same as that used by the Centers for Medicare & Medicaid Services		
§483.10(d)(4) TAG: A- (4) The facility must inform the resident if the		RI.12.01.01		pects the patient's right to participate in decisions about their care, treatment, ote: This right is not to be construed as a mechanism to demand the provision		
chosen by the resident is unable or unwilling	ng to meet requirements specified in		of treatment or s	services deemed medically unnecessary or inappropriate.		
this part and the facility seeks alternate physician participation to assure provision of appropriate and adequate care and treatment. The facility must discuss the alternative physician participation with the resident and honor the resident's preferences, if any, among options.		EP 6	hospital supports the resident Note: If the physician chosen physicians at 42 CFR 483, the appropriate and adequate car chosen by the resident is unlice	ommission accreditation for deemed status purposes and have swing beds: The is right to choose a licensed attending physician. by the resident refuses to or does not meet the requirements for attending to hospital may seek alternative physician participation to assure provision of the and treatment. The hospital informs the resident if it determines that the physician censed or unable to serve as the attending physician. The hospital also discusses tion with the resident and honors the resident's preferences, if any, among the		
§483.10(d)(5) TAG: A-	1562	RI.12.01.01	•	pects the patient's right to participate in decisions about their care, treatment,		
(5) If the resident subsequently selects and requirements specified in this part, the faci				ote: This right is not to be construed as a mechanism to demand the provision services deemed medically unnecessary or inappropriate.		
requirements specified in this part, the facility must honor that choice.		EP 6	hospital supports the resident Note: If the physician chosen physicians at 42 CFR 483, the appropriate and adequate car chosen by the resident is unlice	ommission accreditation for deemed status purposes and have swing beds: The is right to choose a licensed attending physician. By the resident refuses to or does not meet the requirements for attending the hospital may seek alternative physician participation to assure provision of the and treatment. The hospital informs the resident if it determines that the physician the physician censed or unable to serve as the attending physician. The hospital also discusses the tion with the resident and honors the resident's preferences, if any, among the		
§483.10(e)			,			
(e) Respect and dignity. The resident has a dignity, including:	a right to be treated with respect and					
§483.10(e)(2) TAG: A-	1562	RI.13.01.03	The patient has	the right to an environment that preserves respect and dignity.		
(2) The right to retain and use personal po clothing, as space permits, unless to do so and safety of other residents.		EP 1	hospital allows the patient to k	ommission accreditation for deemed status purposes and have swing beds: The seep and use personal clothing and possessions, unless this infringes on others' beutically contraindicated, based on the setting or service.		
§483.10(e)(4) TAG: A-	1562	RI.13.01.03	The patient has	the right to an environment that preserves respect and dignity.		
(4) The right to share a room with his or he the same facility and both spouses consen		EP 2	hospital allows the resident to	ommission accreditation for deemed status purposes and have swing beds: The share a room with their spouse when married residents are living in the same duals consent to the arrangement.		

CFR Number §483.10(f)(4)(ii)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§483.10(f)(4)(ii) TAG: A	A-1562	RI.11.01.01	The hospital res	pects, protects, and promotes patient rights.
(ii) The facility must provide immediate a and other relatives of the resident, subjectionsent at any time;	ccess to a resident by immediate family ct to the resident's right to deny or withdraw	EP 8	hospital provides immediate fadenies or withdraws consent.	ommission accreditation for deemed status purposes and have swing beds: The amily and other relatives immediate access to the resident, except when the resident The hospital provides others who are visiting immediate access to the resident, cal or safety restrictions apply or when the resident denies or withdraws consent.
§483.10(f)(4)(iii) TAG: A	A-1562	RI.11.01.01	The hospital res	pects, protects, and promotes patient rights.
(iii) The facility must provide immediate a visiting with the consent of the resident, restrictions and the resident's right to determine the consent of the resident of the r	subject to reasonable clinical and safety	EP 8	hospital provides immediate fadenies or withdraws consent.	ommission accreditation for deemed status purposes and have swing beds: The amily and other relatives immediate access to the resident, except when the resident The hospital provides others who are visiting immediate access to the resident, cal or safety restrictions apply or when the resident denies or withdraws consent.
§483.10(g)(8) TAG: A	A-1562	RI.13.01.03	The patient has	the right to an environment that preserves respect and dignity.
(8) The resident has the right to send an packages and other materials delivered means other than a postal service, include	to the facility for the resident through a	EP 3	hospital supports the resident to receive letters, packages, a than a postal service. The hos	ommission accreditation for deemed status purposes and have swing beds: The 's right to send and promptly receive unopened mail through the postal service and and other materials delivered to the hospital for the resident through a means other spital respects the resident's right to privacy of such communications and allows , and writing implements at the resident's expense.
§483.10(g)(8)(i) TAG: A	A-1562	RI.13.01.03	The patient has	the right to an environment that preserves respect and dignity.
(i) Privacy of such communications cons	istent with this section; and	EP 3	hospital supports the resident to receive letters, packages, a than a postal service. The hos	ommission accreditation for deemed status purposes and have swing beds: The 's right to send and promptly receive unopened mail through the postal service and and other materials delivered to the hospital for the resident through a means other spital respects the resident's right to privacy of such communications and allows , and writing implements at the resident's expense.
§483.10(g)(8)(ii) TAG: A	A-1562	RI.13.01.03	The patient has	the right to an environment that preserves respect and dignity.
(ii) Access to stationery, postage, and we expense.	riting implements at the resident's own	EP 3	hospital supports the resident to receive letters, packages, a than a postal service. The hos	ommission accreditation for deemed status purposes and have swing beds: The 's right to send and promptly receive unopened mail through the postal service and and other materials delivered to the hospital for the resident through a means other spital respects the resident's right to privacy of such communications and allows, and writing implements at the resident's expense.
§483.10(g)(17) TAG: A	A-1562			
(17) The facility must—		1		
§483.10(g)(17)(i) TAG: /	A-1562	<u> </u>		
1211	t, in writing, at the time of admission to the comes eligible for Medicaid of—			
§483.10(g)(17)(i)(A) TAG:	A-1562	LD.13.02.0	1 Ethical principle	es guide the hospital's business practices.
(A) The items and services that are inclu State plan and for which the resident ma		EP 2	Medicaid-eligible resident is in eligible for Medicaid, of the form of thems and services inclusion. Items and services that charges for those services.	ded in the state plan for which the resident may not be charged the hospital offers, those for which the resident may be charged, and the amount of

CFR Number §483.10(g)(17)(i)(B)	Medicare Requirements	Eq	pint Commission uivalent Number	Joint Commission Standards and Elements of Performance
§483.10(g)(17)(i)(B) TAG: A-1562 (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and		EP 2	EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing be Medicaid-eligible resident is informed in writing, either at the time of admission or when the resident be eligible for Medicaid, of the following: • Items and services included in the state plan for which the resident may not be charged • Items and services that the hospital offers, those for which the resident may be charged, and the charges for those services Note: The hospital informs residents when changes are made to the items and services.	
§483.10(g)(17)(ii) T	AG: A-1562	LD.13.02.01	Ethical principle	es guide the hospital's business practices.
(ii) Inform each Medicaid-eligible res services specified in § 483.10(g)(17	sident when changes are made to the items and)(i)(A) and (B) of this section.		Medicaid-eligible resident is in eligible for Medicaid, of the fo Items and services inclue Items and services that charges for those services.	ided in the state plan for which the resident may not be charged the hospital offers, those for which the resident may be charged, and the amount of
§483.10(g)(18) T	AG: A-1562	LD.13.02.01	Ethical principle	es guide the hospital's business practices.
periodically during the resident's sta	esident before, or at the time of admission, and ay, of services available in the facility and of g any charges for services not covered under a per diem rate.	EP 3	hospital informs residents bef	ommission accreditation for deemed status purposes and have swing beds: The ore or at the time of admission, and periodically during the resident's stay, of ital and of charges for those services not covered under Medicare, Medicaid, or by
§483.10(h) T	AG: A-1562	IM.12.01.01	The hospital pro	otects the privacy and confidentiality of health information.
(h) Privacy and confidentiality. The confidentiality of his or her personal	resident has a right to personal privacy and and medical records.	EP 1	information. Note: For hospitals that use J	plements policies and procedures addressing the privacy and confidentiality of health oint Commission accreditation for deemed status purposes and have swing beds: address the resident's personal records.
§483.10(h)(1)	·	RI.11.01.01	The hospital res	spects, protects, and promotes patient rights.
telephone communications, persona	nmodations, medical treatment, written and al care, visits, and meetings of family and equire the facility to provide a private room for	EP 5	Note 1: This element of perfor of a patient's health information Note 2: For hospitals that use Personal privacy includes acc	ent's right to personal privacy. rmance (EP) addresses a patient's personal privacy. For EPs addressing the privacy on, refer to Standard IM.12.01.01. Joint Commission accreditation for deemed status purposes and have swing beds: commodations, medical treatment, written and telephone communications, personal amily and resident groups, but this does not require the facility to provide a private
§483.10(h)(2)		RI.11.01.01		spects, protects, and promotes patient rights.
the right to privacy in his or her oral communications, including the right and other letters, packages and other	idents right to personal privacy, including (that is, spoken), written, and electronic to send and promptly receive unopened mail er materials delivered to the facility for the hrough a means other than a postal service.	EP 5	Note 1: This element of perfor of a patient's health information Note 2: For hospitals that use Personal privacy includes acc	ent's right to personal privacy. rmance (EP) addresses a patient's personal privacy. For EPs addressing the privacy on, refer to Standard IM.12.01.01. Joint Commission accreditation for deemed status purposes and have swing beds: commodations, medical treatment, written and telephone communications, personal amily and resident groups, but this does not require the facility to provide a private

CFR Number §483.10(h)(2)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
		RI.13.01.03	The patient has	the right to an environment that preserves respect and dignity.
		EP 3	hospital supports the resident to receive letters, packages, a than a postal service. The hos	commission accreditation for deemed status purposes and have swing beds: The significant to send and promptly receive unopened mail through the postal service and and other materials delivered to the hospital for the resident through a means other spital respects the resident's right to privacy of such communications and allows and writing implements at the resident's expense.
§483.10(h)(3)		IM.12.01.01	The hospital pro	etects the privacy and confidentiality of health information.
(3) The resident has a right to secure and confidential personal and medical records.		EP 1	information. Note: For hospitals that use J	plements policies and procedures addressing the privacy and confidentiality of health point Commission accreditation for deemed status purposes and have swing beds: address the resident's personal records.
§483.10(h)(3)(i)		IM.12.01.01	The hospital pro	stects the privacy and confidentiality of health information.
(i) The resident has the right to refuse the except as provided at § 483.70(i)(2) or of	e release of personal and medical records her applicable federal or state laws.	EP 2	otherwise required by law and Note: For hospitals that use Jo The hospital allows represent	information only as authorized by the patient with the patient's written consent or as I regulation. Joint Commission accreditation for deemed status purposes and have swing beds: atives of the Office of the State Long-Term Care Ombudsman to examine a diadministrative records in accordance with state law.
§483.10(h)(3)(ii)		IM.12.01.01	The hospital pro	stects the privacy and confidentiality of health information.
	s of the Office of the State Long-Term Care dical, social, and administrative records in	EP 2	otherwise required by law and Note: For hospitals that use Jo The hospital allows represent	information only as authorized by the patient with the patient's written consent or as I regulation. Joint Commission accreditation for deemed status purposes and have swing beds: atives of the Office of the State Long-Term Care Ombudsman to examine a I administrative records in accordance with state law.
§483.12(a)				
(a) The facility must—				
§483.12(a)(1) TAG: A (1) Not use verbal, mental, sexual, or phy		RI.13.01.01	The patient has physical, and se	the right to be free from harassment, neglect, exploitation, and verbal, mental, exual abuse.
involuntary seclusion;		EP 1	seclusion, and verbal, mental treatment, and services. For hospitals that use Joint Co	ent from harassment, neglect, exploitation, corporal punishment, involuntary sexual, or physical abuse that could occur while the patient is receiving care, ommission accreditation for deemed status purposes and have swing beds: The dent from misappropriation of property.
§483.12(a)(2) TAG: A		PC.13.02.0	1 The hospital use	es restraint or seclusion only when it can be clinically justified or when
(2) Ensure that the resident is free from p for purposes of discipline or convenience	and that are not required to treat the		Note: See Gloss	tient behavior that threatens the physical safety of the patient, staff, or others. ary for the definitions of restraint and seclusion.
resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.		EP 3	hospital does not use physica and are not required to treat the	ommission accreditation for deemed status purposes and have swing beds: The I or chemical restraints that are imposed for purposes of discipline or convenience he resident's medical symptoms. When the use of restraints is indicated, the hospita native for the least amount of time and documents ongoing reevaluation of the need
§483.12(a)(3)		İ		
(3) Not employ or otherwise engage indiv	viduals who—]		

CFR Numb §483.12(a)(3		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§483.12(a)(3)(i)	TAG: A	-1566	HR.11.02.0	1 The hospital def	ines and verifies staff qualifications.
(i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law;		EP 4	hospital does not employ indivexploiting, misappropriating properties to the control of the cont	ommission accreditation for deemed status purposes and have swing beds: The viduals who have been found guilty by a court of law of abusing, neglecting, roperty, or mistreating residents or who have had a finding entered into the state glabuse, neglect, exploitation, mistreatment of residents, or misappropriation of	
§483.12(a)(3)(ii)	TAG: A	-1566	HR.11.02.0	1 The hospital def	ines and verifies staff qualifications.
		ate nurse aide registry concerning abuse, dents or misappropriation of their property;	EP 4	hospital does not employ indivexploiting, misappropriating properties to the control of the cont	ommission accreditation for deemed status purposes and have swing beds: The viduals who have been found guilty by a court of law of abusing, neglecting, roperty, or mistreating residents or who have had a finding entered into the state glabuse, neglect, exploitation, mistreatment of residents, or misappropriation of
§483.12(a)(4)	TAG: A		RI.13.01.01		the right to be free from harassment, neglect, exploitation, and verbal, mental,
(4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff.		EP 2	hospital reports to the state nu	ommission accreditation for deemed status purposes and have swing beds: The urse aide registry or licensing authorities any knowledge it has of any actions taken imployee that would indicate unfitness for service as a nurse aide or other facility	
§483.12(b)			1		
(b) The facility must develo	op and impleme	nt written policies and procedures that:]		
§483.12(b)(1)	TAG: A		RI.13.01.01	The patient has physical, and se	the right to be free from harassment, neglect, exploitation, and verbal, mental,
(1) Prohibit and prevent at misappropriation of reside		nd exploitation of residents and	EP 3	For hospitals that use Joint Conhospital develops and implem	ommission accreditation for deemed status purposes and have swing beds: The ents written policies and procedures that prohibit and prevent mistreatment, neglect, isappropriation of resident property. The policies and procedures also address
§483.12(b)(2)	TAG: A		RI.13.01.01	The patient has physical, and se	the right to be free from harassment, neglect, exploitation, and verbal, mental,
(2) Establish policies and p	orocedures to ir	vestigate any such allegations, and	EP 3	For hospitals that use Joint Conhospital develops and implem	ommission accreditation for deemed status purposes and have swing beds: The ents written policies and procedures that prohibit and prevent mistreatment, neglect, isappropriation of resident property. The policies and procedures also address
§483.12(c)	TAG: A	-1566	1		
(c) In response to allegation facility must:	ons of abuse, ne	eglect, exploitation, or mistreatment, the			

CFR Number §483.12(c)(1)	Medicare Requirements		pint Commission Juivalent Number	Joint Commission Standards and Elements of Performance		
§483.12(c)(1) TAG: A (1) Ensure that all alleged violations invol		RI.13.01.01	RI.13.01.01 The patient has the right to be free from harassment, neglect, exploitation, and ve physical, and sexual abuse.			
mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.		The hospital reports allegations, observations, and suspected cases of neglect, exploitation, an appropriate authorities based on its evaluation of the suspected events or as required by law. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and hat Alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of urand misappropriation of resident property, are reported to the administrator of the facility and to (including the state survey agency and adult protective services where state law provides for justerm care facilities) in accordance with state law and established procedures. The alleged violation the following time frames: • No later than 2 hours after the allegation is made if the allegation does not involve abuse injury		bint Commission accreditation for deemed status purposes and have swing beds: buse, neglect, exploitation, or mistreatment, including injuries of unknown source ent property, are reported to the administrator of the facility and to other officials ency and adult protective services where state law provides for jurisdiction in long- unce with state law and established procedures. The alleged violations are reported er the allegation is made if the allegation involves abuse or serious bodily injury		
§483.12(c)(2) TAG: A	A-1566	RI.13.01.01		the right to be free from harassment, neglect, exploitation, and verbal, mental,		
(2) Have evidence that all alleged violatio	ons are thoroughly investigated.	EP 5	hospital has evidence that all investigated and that it prever progress. The results of all inv to other officials in accordance	ommission accreditation for deemed status purposes and have swing beds: The alleged violations of abuse, neglect, exploitation, or mistreatment are thoroughly ats further abuse, neglect, exploitation, or mistreatment while the investigation is in restigations are reported to the administrator or their designated representative and e with state law, including the state survey agency, within five working days of the n is verified, appropriate corrective action is taken.		
§483.12(c)(3) TAG: A	A-1566	RI.13.01.01		the right to be free from harassment, neglect, exploitation, and verbal, mental,		
(3) Prevent further potential abuse, negle investigation is in progress.	ct, exploitation, or mistreatment while the	EP 5	hospital has evidence that all investigated and that it prever progress. The results of all inv to other officials in accordance	ommission accreditation for deemed status purposes and have swing beds: The alleged violations of abuse, neglect, exploitation, or mistreatment are thoroughly ats further abuse, neglect, exploitation, or mistreatment while the investigation is in restigations are reported to the administrator or their designated representative and with state law, including the state survey agency, within five working days of the in is verified, appropriate corrective action is taken.		
§483.12(c)(4) TAG: A	A-1566	RI.13.01.01		the right to be free from harassment, neglect, exploitation, and verbal, mental,		
(4) Report the results of all investigations designated representative and to other of including to the State Survey Agency, with the alleged violation is verified appropriate	fficials in accordance with State law, hin 5 working days of the incident, and if	EP 5	hospital has evidence that all investigated and that it prever progress. The results of all inv to other officials in accordance	ommission accreditation for deemed status purposes and have swing beds: The alleged violations of abuse, neglect, exploitation, or mistreatment are thoroughly ats further abuse, neglect, exploitation, or mistreatment while the investigation is in restigations are reported to the administrator or their designated representative and a with state law, including the state survey agency, within five working days of the in is verified, appropriate corrective action is taken.		
§483.15(c)						
(c) Transfer and discharge—						
§483.15(c)(1) TAG: A	A-1564					
(1) Facility requirements—						
§483.15(c)(1)(i) TAG: A	A-1564					
(i) The facility must permit each resident t discharge the resident from the facility un	to remain in the facility, and not transfer or oless—					

CFR Number §483.15(c)(1)(i)(A)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance			
§483.15(c)(1)(i)(A) TAG: A-1564 (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;		PC.14.01.03	PC.14.01.03 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents are not transferred or discharged from the hospital unless they meet specific criteria, in accordance with law and regulation.				
			hospital transfers or discharg	ommission accreditation for deemed status purposes and have swing beds: The es residents only under at least one of the following conditions: as improved to the point where they no longer need the hospital's services. Be is necessary for the resident's welfare, and the hospital cannot meet the resident's duals in the hospital is endangered due to the resident's clinical or behavioral status. In the hospital would otherwise be endangered. In after reasonable and appropriate notice, to pay for (or to have paid under Medicare the hospital. Nonpayment applies if the resident does not submit the necessary by payment or after the third party, including Medicare or Medicaid, denies the efuses to pay for their stay. For a resident who becomes eligible for Medicaid after the hospital may charge a resident only the allowable charges under Medicaid. In the formal of the formal of the formal of the resident or other the hospital documents the danger that failure to transfer or discharge would pose.			
(B) The transfer or discharge is appro	G: A-1564 priate because the resident's health has no longer needs the services provided by the	PC.14.01.03	swing beds: Re	at use Joint Commission accreditation for deemed status purposes and have sidents are not transferred or discharged from the hospital unless they meet , in accordance with law and regulation.			
facility;	to longer freeds the services provided by the		For hospitals that use Joint C hospital transfers or discharg The resident's health ha The transfer or discharg needs. The safety of the individuals The resident has failed, or Medicaid) a stay at th paperwork for third part claim and the resident r admission to a hospital, The hospital ceases op Note: The hospital cannot tra 431.230, unless the failure to	ommission accreditation for deemed status purposes and have swing beds: The es residents only under at least one of the following conditions: as improved to the point where they no longer need the hospital's services. Je is necessary for the resident's welfare, and the hospital cannot meet the resident's duals in the hospital is endangered due to the resident's clinical or behavioral status. In the hospital would otherwise be endangered. after reasonable and appropriate notice, to pay for (or to have paid under Medicare the hospital. Nonpayment applies if the resident does not submit the necessary by payment or after the third party, including Medicare or Medicaid, denies the efuses to pay for their stay. For a resident who becomes eligible for Medicaid after the hospital may charge a resident only the allowable charges under Medicaid.			

CFR Number §483.15(c)(1)(i)(0	C)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance		
	§483.15(c)(1)(i)(C) TAG: A-1564 (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;		PC.14.01.03	PC.14.01.03 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents are not transferred or discharged from the hospital unless they meet specific criteria, in accordance with law and regulation.			
			ř N	 The resident's health ha The transfer or discharge needs. The safety of the individence of the resident has failed, or Medicaid) a stay at the paperwork for third party claim and the resident readmission to a hospital, The hospital ceases open of the hospital cannot transfer of the resident readmission to the resident readmission to the hospital ceases open of the hospital cannot transfer of the hospital ca	commission accreditation for deemed status purposes and have swing beds: The es residents only under at least one of the following conditions: as improved to the point where they no longer need the hospital's services. The is inecessary for the resident's welfare, and the hospital cannot meet the resident's uals in the hospital is endangered due to the resident's clinical or behavioral status. In the hospital would otherwise be endangered. The after reasonable and appropriate notice, to pay for (or to have paid under Medicare the hospital. Nonpayment applies if the resident does not submit the necessary of payment or after the third party, including Medicare or Medicaid, denies the efuses to pay for their stay. For a resident who becomes eligible for Medicaid after the hospital may charge a resident only the allowable charges under Medicaid. The particular or discharge a resident while an appeal is pending pursuant to 42 CFR discharge or transfer would endanger the health or safety of the resident or other to hospital documents the danger that failure to transfer or discharge would pose.		
§483.15(c)(1)(i)(D) (D) The health of individuals in	TAG: A-1 n the facility w	564 ould otherwise be endangered;	PC.14.01.03	swing beds: Res	at use Joint Commission accreditation for deemed status purposes and have sidents are not transferred or discharged from the hospital unless they meet in accordance with law and regulation.		
			P P	 The resident's health ha The transfer or discharge needs. The safety of the individence of the resident has failed, or Medicaid) a stay at the paperwork for third party claim and the resident readmission to a hospital, The hospital ceases open of the hospital cannot transfall. The hospital cannot transfall. 	ommission accreditation for deemed status purposes and have swing beds: The es residents only under at least one of the following conditions: as improved to the point where they no longer need the hospital's services. The is improved to the point where they no longer need the hospital's services. The is improved to the resident's welfare, and the hospital cannot meet the resident's uals in the hospital is endangered due to the resident's clinical or behavioral status. The hospital would otherwise be endangered. The interval after reasonable and appropriate notice, to pay for (or to have paid under Medicare to hospital. Nonpayment applies if the resident does not submit the necessary of payment or after the third party, including Medicare or Medicaid, denies the efuses to pay for their stay. For a resident who becomes eligible for Medicaid after the hospital may charge a resident only the allowable charges under Medicaid. The part of the interval of the resident or other the hospital documents the danger that failure to transfer or discharge would pose.		

CFR Number §483.15(c)(1)(i)(E)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance		
(E) The resident has failed, after reasonab	(E) The resident has failed, after reasonable and appropriate notice, to pay for (or		PC.14.01.03 For hospitals that use Joint Commission accreditation for deemed status pu swing beds: Residents are not transferred or discharged from the hospital u specific criteria, in accordance with law and regulation.			
to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or		EP 1	For hospitals that use Joint Commission accreditation for deemed status purposes and have hospital transfers or discharges residents only under at least one of the following conditions: • The resident's health has improved to the point where they no longer need the hospital • The transfer or discharge is necessary for the resident's welfare, and the hospital canreeds. • The safety of the individuals in the hospital is endangered due to the resident's clinical • The health of individuals in the hospital would otherwise be endangered. • The resident has failed, after reasonable and appropriate notice, to pay for (or to have or Medicaid) a stay at the hospital. Nonpayment applies if the resident does not submit paperwork for third party payment or after the third party, including Medicare or Medical claim and the resident refuses to pay for their stay. For a resident who becomes eligible admission to a hospital, the hospital may charge a resident only the allowable charges • The hospital ceases operation. Note: The hospital cannot transfer or discharge a resident while an appeal is pending pursual 431.230, unless the failure to discharge or transfer would endanger the health or safety of the individuals in the hospital. The hospital documents the danger that failure to transfer or discharge.			
§483.15(c)(1)(i)(F) TAG: AG: (F) The facility ceases to operate.	1564	PC.14.01.03	swing beds: Re	at use Joint Commission accreditation for deemed status purposes and have sidents are not transferred or discharged from the hospital unless they meet, in accordance with law and regulation.		
		EP 1	hospital transfers or discharge	ommission accreditation for deemed status purposes and have swing beds: The es residents only under at least one of the following conditions: as improved to the point where they no longer need the hospital's services. Se is necessary for the resident's welfare, and the hospital cannot meet the resident's duals in the hospital is endangered due to the resident's clinical or behavioral status. In the hospital would otherwise be endangered. after reasonable and appropriate notice, to pay for (or to have paid under Medicare ne hospital. Nonpayment applies if the resident does not submit the necessary by payment or after the third party, including Medicare or Medicaid, denies the efuses to pay for their stay. For a resident who becomes eligible for Medicaid after the hospital may charge a resident only the allowable charges under Medicaid. Peration. In significant while an appeal is pending pursuant to 42 CFR discharge or transfer would endanger the health or safety of the resident or other endosting the hospital documents the danger that failure to transfer or discharge would pose.		

CFR Number §483.15(c)(1)(ii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§483.15(c)(1)(ii) TAG: A- (ii) The facility may not transfer or discharged pending, pursuant to § 431.230 of this cha	ge the resident while the appeal is	PC.14.01.0	swing beds: Res	at use Joint Commission accreditation for deemed status purposes and have sidents are not transferred or discharged from the hospital unless they meet in accordance with law and regulation.
or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.		 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital transfers or discharges residents only under at least one of the following conditions: The resident's health has improved to the point where they no longer need the hospital's services. The transfer or discharge is necessary for the resident's welfare, and the hospital cannot meet the resident' needs. The safety of the individuals in the hospital is endangered due to the resident's clinical or behavioral status. The health of individuals in the hospital would otherwise be endangered. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the hospital. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for their stay. For a resident who becomes eligible for Medicaid after admission to a hospital, the hospital may charge a resident only the allowable charges under Medicaid. The hospital ceases operation. Note: The hospital cannot transfer or discharge a resident while an appeal is pending pursuant to 42 CFR 431.230, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the hospital. The hospital documents the danger that failure to transfer or discharge would pose. 		
§483.15(c)(2)		RC.12.03.0	1 The patient's me	edical record contains discharge information.
(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.		EP 1	Documentation in the medical receiving organization. A phys transferred or discharged bec physician documents in the m	ommission accreditation for deemed status purposes and have swing beds: record includes discharge information provided to the resident and/or to the sician documents in the resident's medical record when the resident is being ause the safety of other residents would otherwise be endangered. The resident's edical record when the transfer is due to the resident improving and no longer es or when the transfer is due to the resident's welfare and resident's needs cannot bed.
§483.15(c)(2)(i) TAG: A-	1564	1		
(i) Documentation in the resident's medica	I record must include:]		
§483.15(c)(2)(i)(A) TAG: A-	1564	RC.12.03.0	1 The patient's me	edical record contains discharge information.
(A) The basis for the transfer per paragrap	oh (c)(1)(i) of this section.	EP 2	resident's discharge information Reason for transfer, disconsisted to the residual transfer of the physician	charge, or referral t, medication orders, and orders for the resident's immediate care e resident, the referring physician's or other licensed practitioner's name, and the r other licensed practitioner who has agreed to be responsible for the resident's tent, if this person is someone other than the referring physician or other licensed lignoses; a summary of the care, treatment, and services provided; and progress sident's behavior, ambulation, nutrition, physical status, psychosocial status, and n is useful in the resident's care

CFR Number §483.15(c)(2)(i)(B)	Medicare Requirements		oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance		
§483.15(c)(2)(i)(B) TAG: A-	1564	RC.12.03.0	1 The patient's me	edical record contains discharge information.		
(B) In the case of paragraph (c)(1)(i)(A) of that cannot be met, facility attempts to me available at the receiving facility to meet the	et the resident needs, and the service	EP 3	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: When the resident is transferred or discharged because the hospital cannot meet their needs, the hospital documents which needs could not be met, the hospital's attempts to meet the resident's needs, and the services available at the receiving organization that will meet the resident's needs.			
§483.15(c)(2)(ii) TAG: A	-1564					
(ii) The documentation required by paragraby—	aph (c)(2)(i) of this section must be made					
§483.15(c)(2)(ii)(A) TAG: A	-1564	RC.12.03.0	1 The patient's me	edical record contains discharge information.		
(A) The resident's physician when transfer paragraph (c)(1)(A) or (B) of this section; a		EP 1	Documentation in the medical receiving organization. A phys transferred or discharged becaphysician documents in the m	ommission accreditation for deemed status purposes and have swing beds: record includes discharge information provided to the resident and/or to the sician documents in the resident's medical record when the resident is being ause the safety of other residents would otherwise be endangered. The resident's edical record when the transfer is due to the resident improving and no longer es or when the transfer is due to the resident's welfare and resident's needs cannot bed.		
§483.15(c)(2)(ii)(B) TAG: A	-1564	RC.12.03.0	1 The patient's me	edical record contains discharge information.		
(B) A physician when transfer or discharge or (D) of this section.	e is necessary under paragraph (c)(1)(i)(C)	EP 1	Documentation in the medical receiving organization. A phys transferred or discharged becaphysician documents in the m	record includes discharge information provided to the resident and/or to the sician documents in the resident's medical record when the resident is being ause the safety of other residents would otherwise be endangered. The resident's edical record when the transfer is due to the resident improving and no longer es or when the transfer is due to the resident's welfare and resident's needs cannot bed.		
§483.15(c)(3) TAG: A	-1564					
(3) Notice before transfer. Before a facility facility must—	transfers or discharges a resident, the					
§483.15(c)(3)(i) TAG: A	-1564	PC.14.01.0	1 The hospital foll	ows its process for discharging or transferring patients.		
and the reasons for the move in writing an understand. The facility must send a copy Office of the State Long-Term Care Ombu	of the notice to a representative of the dsman.	EP 4	psychologists, and staff who a the patient's discharge or tran partners when planning for po Note 1: The definition of "phys (refer to the Glossary). Note 2: For hospitals that use beds: The hospital notifies the of the transfer or discharge ar understand, and includes the preparation and orientation to	giver(s) or support person(s), physicians, other licensed practitioners, clinical tre involved in the patient's care, treatment, and services participate in planning sfer. The patient and their caregiver(s) or support person(s) are included as active stdischarge care. sician" is the same as that used by the Centers for Medicare & Medicaid Services Joint Commission accreditation for deemed status purposes and have swing resident and, if known, a family member or legal representative of the resident and reasons for the move. The notice is in writing, in a language and manner they items described in 42 CFR 483.15(c)(5). The hospital also provides sufficient residents to make sure that transfer or discharge from the hospital is safe and copy of the notice to a representative of the office of the state's long-term care		
§483.15(c)(3)(ii) TAG: A	-1564	RC.12.03.0	1 The patient's me	edical record contains discharge information.		
(ii) Record the reasons for the transfer or of in accordance with paragraph (c)(2) of this		EP 4		ommission accreditation for deemed status purposes and have swing beds: The or the transfer or discharge in the resident's medical record in accordance with 42		

CFR Number §483.15(c)(3)(iii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance		
§483.15(c)(3)(iii) TA	G: A-1564	PC.14.01.	PC.14.01.01 The hospital follows its process for discharging or transferring patients.			
(iii) Include in the notice the items described in paragraph (c)(5) of this section.		The patient, the patient's caregiver(s) or support person(s), physicians, other licensed practitioners, clinical psychologists, and staff who are involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer. The patient and their caregiver(s) or support person(s) are included as a partners when planning for postdischarge care. Note 1: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Servic (refer to the Glossary). Note 2: 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. The notice is in writing, in a language and manner the understand, and includes the items described in 42 CFR 483.15(c)(5). The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and orderly. The hospital sends a copy of the notice to a representative of the office of the state's long-term care ombudsman.				
§483.15(c)(4) TA	G: A-1564					
(4) Timing of the notice.						
§483.15(c)(4)(i) TA	G: A-1564	PC.14.01.	01 The hospital fol	lows its process for discharging or transferring patients.		
(i) Except as specified in paragraphs (c)(4)(ii) and (8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.		EP 12	hospital provides the written r discharged. Note: Notice may be made as in the facility would be endang health improves sufficiently to	ommission accreditation for deemed status purposes and have swing beds: The notice of transfer or discharge at least 30 days before the resident is transferred or a soon as is practical before transfer or discharge when the safety of the individuals gered, the health of the individuals in the facility would be endangered, the resident's allow a more immediate transfer or discharge, immediate transfer or discharge is ent medical needs, or a resident has not resided in the facility for 30 days.		
§483.15(c)(4)(ii) TA	G: A-1564					
(ii) Notice must be made as soon as	practicable before transfer or discharge when—	1				
§483.15(c)(4)(ii)(A) TA	G: A-1564	PC.14.01.	01 The hospital fol	lows its process for discharging or transferring patients.		
(A) The safety of individuals in the fact (1)(i)(C) of this section;	cility would be endangered under paragraph (c)	EP 12	hospital provides the written r discharged. Note: Notice may be made as in the facility would be endang health improves sufficiently to	ommission accreditation for deemed status purposes and have swing beds: The notice of transfer or discharge at least 30 days before the resident is transferred or a soon as is practical before transfer or discharge when the safety of the individuals gered, the health of the individuals in the facility would be endangered, the resident's allow a more immediate transfer or discharge, immediate transfer or discharge is ent medical needs, or a resident has not resided in the facility for 30 days.		
§483.15(c)(4)(ii)(B) TA	G: A-1564	PC.14.01.	01 The hospital fol	lows its process for discharging or transferring patients.		
(B) The health of individuals in the fa (c)(1)(i)(D) of this section;	cility would be endangered, under paragraph	EP 12	hospital provides the written r discharged. Note: Notice may be made as in the facility would be endang health improves sufficiently to	ommission accreditation for deemed status purposes and have swing beds: The notice of transfer or discharge at least 30 days before the resident is transferred or a soon as is practical before transfer or discharge when the safety of the individuals gered, the health of the individuals in the facility would be endangered, the resident's allow a more immediate transfer or discharge, immediate transfer or discharge is ent medical needs, or a resident has not resided in the facility for 30 days.		

CFR Number §483.15(c)(4)(ii)(C)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§483.15(c)(4)(ii)(C) TAG: A-	1564	PC.14.01	.01 The hospital fol	lows its process for discharging or transferring patients.
(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;		EP 12	hospital provides the written r discharged. Note: Notice may be made as in the facility would be endang health improves sufficiently to	ommission accreditation for deemed status purposes and have swing beds: The notice of transfer or discharge at least 30 days before the resident is transferred or a soon as is practical before transfer or discharge when the safety of the individuals gered, the health of the individuals in the facility would be endangered, the resident's allow a more immediate transfer or discharge, immediate transfer or discharge is ent medical needs, or a resident has not resided in the facility for 30 days.
§483.15(c)(4)(ii)(D) TAG: A-	1564	PC.14.01	.01 The hospital fol	lows its process for discharging or transferring patients.
(D) An immediate transfer or discharge is needs, under paragraph (c)(1)(i)(A) of this		EP 12	hospital provides the written r discharged. Note: Notice may be made as in the facility would be endang health improves sufficiently to	ommission accreditation for deemed status purposes and have swing beds: The notice of transfer or discharge at least 30 days before the resident is transferred or a soon as is practical before transfer or discharge when the safety of the individuals gered, the health of the individuals in the facility would be endangered, the resident's allow a more immediate transfer or discharge, immediate transfer or discharge is ent medical needs, or a resident has not resided in the facility for 30 days.
§483.15(c)(4)(ii)(E) TAG: A-	1564	PC.14.01	.01 The hospital fol	lows its process for discharging or transferring patients.
(E) A resident has not resided in the facility	y for 30 days.	EP 12	hospital provides the written r discharged. Note: Notice may be made as in the facility would be endang health improves sufficiently to	ommission accreditation for deemed status purposes and have swing beds: The notice of transfer or discharge at least 30 days before the resident is transferred or a soon as is practical before transfer or discharge when the safety of the individuals gered, the health of the individuals in the facility would be endangered, the resident's allow a more immediate transfer or discharge, immediate transfer or discharge is ent medical needs, or a resident has not resided in the facility for 30 days.
§483.15(c)(5) TAG: A-	1564			
(5) Contents of the notice. The written noti section must include the following:	ce specified in paragraph (c)(3) of this			
§483.15(c)(5)(i) TAG: A-	1564	PC.14.01	.01 The hospital fol	lows its process for discharging or transferring patients.
(i) The reason for transfer or discharge;		EP 13	written notice before transfer Reason for transfer or d Effective date of transfe Location to which the re Statement of the resider number of the entity whi find assistance in compl Name, address (mailing ombudsman For a resident with intell number of the agency re Part C of the Developme For a resident with a me number of the agency re	

CFR Number §483.15(c)(5)(ii)		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§483.15(c)(5)(ii)	TAG: A-	1564	PC.14.01.	01 The hospital fol	lows its process for discharging or transferring patients.
(ii) The effective date of transfer of	or dischar	ge;	For hospitals that use Joint Commission accreditation for deemed status purposes and have swing be written notice before transfer or discharge specified in 42 CFR 483.15(c)(3) includes the following: Reason for transfer or discharge Effective date of transfer or discharge Location to which the resident is transferred or discharged Statement of the resident's appeal rights, including the name, address (mailing and e-mail), and number of the entity which receives appeal requests; information on how to obtain an appeal for find assistance in completing the form; and how to submit the appeal hearing request Name, address (mailing and e-mail), and telephone number of the office of the state's long-term ombudsman For a resident with intellectual and developmental disabilities, the mailing and e-mail address an number of the agency responsible for the protection and advocacy of these individuals, establish Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 For a resident with a mental disorder or related disabilities, the mailing and e-mail address and to number of the agency responsible for the protection and advocacy of these individuals, establish the Protection and Advocacy for Mentally III Individuals Act		or discharge specified in 42 CFR 483.15(c)(3) includes the following: lischarge or or discharge sident is transferred or discharged on the sapeal rights, including the name, address (mailing and e-mail), and telephone ich receives appeal requests; information on how to obtain an appeal form; where to leting the form; and how to submit the appeal hearing request and e-mail), and telephone number of the office of the state's long-term care lectual and developmental disabilities, the mailing and e-mail address and telephone esponsible for the protection and advocacy of these individuals, established under ental Disabilities Assistance and Bill of Rights Act of 2000 ental disorder or related disabilities, the mailing and e-mail address and telephone esponsible for the protection and advocacy of these individuals, established under
§483.15(c)(5)(iii)	TAG: A-	1564	PC.14.01.	01 The hospital fol	lows its process for discharging or transferring patients.
(iii) The location to which the resid	dent is tra	nsferred or discharged;	EP 13	written notice before transfer Reason for transfer or d Effective date of transfe Location to which the re Statement of the resider number of the entity whi find assistance in compl Name, address (mailing ombudsman For a resident with intell number of the agency re Part C of the Developme For a resident with a me number of the agency re	

CFR Number §483.15(c)(5)(iv)	Medicare Requirements		pint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§483.15(c)(5)(iv) TA	G: A-1564	PC.14.01.0	1 The hospital foll	lows its process for discharging or transferring patients.
and email), and telephone number of	eal rights, including the name, address (mailing the entity which receives such requests; and eal form and assistance in completing the form quest;	EP 13	written notice before transfer or d Reason for transfer or d Effective date of transfe Location to which the re Statement of the resider number of the entity whi find assistance in compl Name, address (mailing ombudsman For a resident with intell number of the agency re Part C of the Developme For a resident with a me number of the agency re	•
§483.15(c)(5)(v) TA	G: A-1564	PC.14.01.0	1 The hospital follows	lows its process for discharging or transferring patients.
(v) The name, address (mailing and ethe State Long-Term Care Ombudsm	email) and telephone number of the Office of nan;	EP 13	written notice before transfer or d Reason for transfer or d Effective date of transfe Location to which the re Statement of the resider number of the entity whi find assistance in compl Name, address (mailing ombudsman For a resident with intell number of the agency re Part C of the Developme For a resident with a me number of the agency re	

CFR Number §483.15(c)(5)(vi)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§483.15(c)(5)(vi) TAG: A	\-1564	PC.14.01.0	1 The hospital foll	ows its process for discharging or transferring patients.
(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106–402, codified at 42 U.S.C. 15001 et seq.); and		For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The written notice before transfer or discharge specified in 42 CFR 483.15(c)(3) includes the following: Reason for transfer or discharge Effective date of transfer or discharge Location to which the resident is transferred or discharged Statement of the resident's appeal rights, including the name, address (mailing and e-mail), and teleph number of the entity which receives appeal requests; information on how to obtain an appeal form; who find assistance in completing the form; and how to submit the appeal hearing request Name, address (mailing and e-mail), and telephone number of the office of the state's long-term care ombudsman For a resident with intellectual and developmental disabilities, the mailing and e-mail address and telephone number of the agency responsible for the protection and advocacy of these individuals, established und Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 For a resident with a mental disorder or related disabilities, the mailing and e-mail address and telephone number of the agency responsible for the protection and advocacy of these individuals, established und the Protection and Advocacy for Mentally III Individuals Act		
§483.15(c)(5)(vii) TAG: A	N-1564	PC.14.01.0	The hospital foll	ows its process for discharging or transferring patients.
	e number of the agency responsible for the ith a mental disorder established under the	EP 13	written notice before transfer or d Reason for transfer or d Effective date of transfer Location to which the re Statement of the resider number of the entity whi find assistance in compl Name, address (mailing ombudsman For a resident with intell number of the agency re Part C of the Developme For a resident with a me number of the agency re	
§483.15(c)(7) TAG: A	N-1564	PC.14.01.0	The hospital foll	ows its process for discharging or transferring patients.
(7) Orientation for transfer or discharge. A facility must provide and document suf residents to ensure safe and orderly tran orientation must be provided in a form ar	• •	EP 4	psychologists, and staff who a the patient's discharge or tran partners when planning for po Note 1: The definition of "phys (refer to the Glossary). Note 2: For hospitals that use beds: The hospital notifies the of the transfer or discharge ar understand, and includes the preparation and orientation to	giver(s) or support person(s), physicians, other licensed practitioners, clinical are involved in the patient's care, treatment, and services participate in planning sfer. The patient and their caregiver(s) or support person(s) are included as active estdischarge care. Sician" is the same as that used by the Centers for Medicare & Medicaid Services Joint Commission accreditation for deemed status purposes and have swing e resident and, if known, a family member or legal representative of the resident and reasons for the move. The notice is in writing, in a language and manner they items described in 42 CFR 483.15(c)(5). The hospital also provides sufficient residents to make sure that transfer or discharge from the hospital is safe and copy of the notice to a representative of the office of the state's long-term care

CFR Numbe §483.21(c)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.21(c)			
(c) Discharge planning—			
§483.21(c)(2)	TAG: A-1569		
	en the facility anticipates discharge a resident must that includes, but is not limited to, the following:		
§483.21(c)(2)(i)	TAG: A-1569	RC.12.03.01 The patient's	medical record contains discharge information.
	ident's stay that includes, but is not limited to, treatment or therapy, and pertinent lab, radiology, and	the hospital anticipates the following: • A summary of the res treatment or therapy, • A final summary of the that is available for re representative. • Reconciliation of all prescribed and over-that is developed with representative(s). The	Commission accreditation for deemed status purposes and have swing beds: When discharge of a resident, the discharge summary includes but is not limited to the ident's stay that includes at a minimum the resident's diagnosis, course of illness/and pertinent laboratory, radiology, and consultation results are resident's status to include items in 42 CFR 483.20 (b)(1) at the time of the discharge lease to authorized persons and agencies, with the consent of the resident or resident's redischarge medications with the resident's postdischarge medications (both he-counter). of care, which will assist the resident to adjust to his or her new living environment, the participation of the resident and, with the resident's consent, the resident appostdischarge plan of care indicates where the individual plans to reside, any we been made for the resident's follow up care, and any postdischarge medical and
§483.21(c)(2)(ii)	TAG: A-1569		medical record contains discharge information.
of §483.20, at the time of the	sident's status to include items in paragraph (b)(1) e discharge that is available for release to authorized the consent of the resident or resident's representative	the hospital anticipates the following: • A summary of the res treatment or therapy, • A final summary of the that is available for re representative. • Reconciliation of all properciped and over-tied. • A postdischarge plan that is developed with representative(s). The	Commission accreditation for deemed status purposes and have swing beds: When discharge of a resident, the discharge summary includes but is not limited to the ident's stay that includes at a minimum the resident's diagnosis, course of illness/and pertinent laboratory, radiology, and consultation results e resident's status to include items in 42 CFR 483.20 (b)(1) at the time of the discharge lease to authorized persons and agencies, with the consent of the resident or resident's redischarge medications with the resident's postdischarge medications (both he-counter). of care, which will assist the resident to adjust to his or her new living environment, the participation of the resident and, with the resident's consent, the resident e postdischarge plan of care indicates where the individual plans to reside, any we been made for the resident's follow up care, and any postdischarge medical and

CFR Number §483.21(c)(2)(iii)	Medicare Requirements		pint Commission uivalent Number	Joint Commission Standards and Elements of Performance
§483.21(c)(2)(iii) TAG: A-	1569	RC.12.03.0	1 The patient's me	edical record contains discharge information.
medications (both prescribed and over-the			the hospital anticipates the disfollowing: • A summary of the reside treatment or therapy, an example. • A final summary of the rethat is available for release representative. • Reconciliation of all presprescribed and over-the example. • A postdischarge plan of that is developed with the representative(s). The parrangements that have nonmedical services	care, which will assist the resident to adjust to his or her new living environment, ne participation of the resident and, with the resident's consent, the resident postdischarge plan of care indicates where the individual plans to reside, any been made for the resident's follow up care, and any postdischarge medical and
§483.21(c)(2)(iv) TAG: A-	1569	RC.12.03.0 ⁻	1 The patient's me	edical record contains discharge information.
(iv) A post-discharge plan of care that is de resident and, with the resident's consent, t assist the resident to adjust to his or her ne plan of care must indicate where the individual plans to made for the resident's follow up care and medical services.	he resident representative(s), which will ew living environment. The post-discharge reside, any arrangements that have been	EP 5	the hospital anticipates the disfollowing: • A summary of the reside treatment or therapy, an • A final summary of the release representative. • Reconciliation of all precoprescribed and over-the • A postdischarge plan of that is developed with the representative(s). The p	commission accreditation for deemed status purposes and have swing beds: When scharge of a resident, the discharge summary includes but is not limited to the ent's stay that includes at a minimum the resident's diagnosis, course of illness/ad pertinent laboratory, radiology, and consultation results resident's status to include items in 42 CFR 483.20 (b)(1) at the time of the discharge ase to authorized persons and agencies, with the consent of the resident or resident's discharge medications with the resident's postdischarge medications (both-counter). care, which will assist the resident to adjust to his or her new living environment, he participation of the resident and, with the resident's consent, the resident postdischarge plan of care indicates where the individual plans to reside, any been made for the resident's follow up care, and any postdischarge medical and
§483.40(d) TAG: A-	1567	PC.14.02.01		ordinates the patient's care, treatment, and services based on the patient's
(d) The facility must provide medically-rela the highest practicable physical, mental an resident.		EP 2	•	ommission accreditation for deemed status purposes and have swing beds: lly related social services to attain or maintain the optimal physical, mental, and ch resident.
§483.55 TAG: A-	1573			
§483.55 Dental services. The facility must assist residents in obtaini care.	ng routine and 24-hour emergency dental			
§483.55(a) TAG: A-	1573			
(a) Skilled nursing facilities. A facility				

CFR Number §483.55(a)(2)		Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.55(a)(2)	TAG: A		PC.14.02.	•	pordinates the patient's care, treatment, and services based on the patient's
(2) May charge a Medicare resident an additional amount for routine and emergency dental services;		EP 3	For hospitals that use Joint Commission accreditation for deemed status purposes and have hospital assists residents who are eligible and wish to apply for reimbursement of dental ser medical expense under the state plan. The hospital may charge a Medicare resident an additional routine and emergency dental services.		
§483.55(a)(3)	TAG: A	1573	PC.14.02.	_ ·	pordinates the patient's care, treatment, and services based on the patient's
(3) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility;		EP 4	hospital develops and impler	Commission accreditation for deemed status purposes and have swing beds: The ments a policy identifying circumstances when loss of or damage to a resident's sponsibility, and it may not charge a resident for the loss or damage of dentures.	
§483.55(a)(4)	TAG: A	1573			
(4) Must if necessary or if re-	quested, assi	st the resident—			
§483.55(a)(4)(i)	TAG: A	1573	PC.14.02.	•	pordinates the patient's care, treatment, and services based on the patient's
(i) In making appointments; a	and		EP 5		Commission accreditation for deemed status purposes and have swing beds: the hospital assists residents in making dental appointments and arranging for the dental services location.
§483.55(a)(4)(ii)	TAG: A	1573	PC.14.02.	01 The hospital co	pordinates the patient's care, treatment, and services based on the patient's
(ii) By arranging for transpor	tation to and	rom the dental services location; and	EP 5		Commission accreditation for deemed status purposes and have swing beds: the hospital assists residents in making dental appointments and arranging for the dental services location.
§483.55(a)(5)	TAG: A	1573	PC.14.02.		pordinates the patient's care, treatment, and services based on the patient's
dental services. If a referral documentation of what they	does not occu did to ensure	dents with lost or damaged dentures for r within 3 days, the facility must provide the resident could still eat and drink and the extenuating circumstances that	EP 6	hospital refers residents with occur within three days, the	Commission accreditation for deemed status purposes and have swing beds: The lost or damaged dentures for dental services within three days. If referral does not hospital documents what was done to make sure that the resident could adequately uating circumstances that led to the delay.
§483.55(b)	TAG: A	1573			
(b) Nursing facilities. The fac	cility				
§483.55(b)(1)	TAG: A	1573			
		resource, in accordance with § 483.70(g) o meet the needs of each resident:			
§483.55(b)(1)(i)	TAG: A	1573	PC.14.02.	•	pordinates the patient's care, treatment, and services based on the patient's
(i) Routine dental services (t Emergency dental services;	o the extent o	overed under the State plan); and (ii)	EP 7		Commission accreditation for deemed status purposes and have swing beds: The from an outside resource routine (to the extent covered under the state plan) and
§483.55(b)(2)	TAG: A	1573		<u> </u>	-
(2) Must, if necessary or if re			1		

CFR Number §483.55(b)(2)(i)	Medicare Requirements		Joint Commissi quivalent Numl		Joint Commission Standards and Elements of Performance
§483.55(b)(2)(i) TAG: A	-1573	PC.14.02.0	01 The		rdinates the patient's care, treatment, and services based on the patient's
(i) In making appointments; and		EP 5	For hospitals that	at use Joint Co requested, the	mmission accreditation for deemed status purposes and have swing beds: hospital assists residents in making dental appointments and arranging for dental services location.
§483.55(b)(2)(ii) TAG: A		PC.14.02.0	01 The	-	rdinates the patient's care, treatment, and services based on the patient's
(ii) By arranging for transportation to and	from the dental services locations;	EP 5	For hospitals that	at use Joint Co requested, the	mmission accreditation for deemed status purposes and have swing beds: hospital assists residents in making dental appointments and arranging for dental services location.
§483.55(b)(3) TAG: A		PC.14.02.0	01 The		rdinates the patient's care, treatment, and services based on the patient's
(3) Must promptly, within 3 days, refer residental services. If a referral does not occudocumentation of what they did to ensure adequately while awaiting dental services led to the delay;	ur within 3 days, the facility must provide the resident could still eat and drink	EP 6	For hospitals that hospital refers recocur within three	at use Joint Co esidents with lo ee days, the ho	mmission accreditation for deemed status purposes and have swing beds: The ost or damaged dentures for dental services within three days. If referral does not spital documents what was done to make sure that the resident could adequately ting circumstances that led to the delay.
§483.55(b)(4) TAG: A		PC.14.02.0	01 The		rdinates the patient's care, treatment, and services based on the patient's
(4) Must have a policy identifying those ci dentures is the facility's responsibility and damage of dentures determined in accord responsibility; and		EP 4	For hospitals that hospital develop	at use Joint Co	mmission accreditation for deemed status purposes and have swing beds: The ents a policy identifying circumstances when loss of or damage to a resident's onsibility, and it may not charge a resident for the loss or damage of dentures.
§483.55(b)(5) TAG: A		PC.14.02.0	01 The		rdinates the patient's care, treatment, and services based on the patient's
(5) Must assist residents who are eligible reimbursement of dental services as an ir plan.		EP 3	For hospitals that hospital assists it	at use Joint Co residents who e under the sta	mmission accreditation for deemed status purposes and have swing beds: The are eligible and wish to apply for reimbursement of dental services as an incurred the plan. The hospital may charge a Medicare resident an additional amount for services.
§483.65				1	
§483.65 Specialized rehabilitative service	S.				
§483.65(a) TAG: A	-1574			,	
(a) Provision of services. If specialized rel to physical therapy, speech-language pat therapy, and rehabilitative services for a r or services of a lesser intensity as set fort resident's comprehensive plan of care, th	nental disorder and intellectual disability h at § 483.120(c), are required in the				
§483.65(a)(1) TAG: A	-1574	PC.14.02.0			rdinates the patient's care, treatment, and services based on the patient's
(1) Provide the required services; or		EP 8	a resident's com to physical thera services for a mo or obtains the re	at use Joint Co aprehensive pla apy, speech-lar ental disorder equired service	mmission accreditation for deemed status purposes and have swing beds: If an of care requires specialized rehabilitative services, including but not limited an acceptation of the reputation of

CFR Nun §483.65(a		Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§483.65(a)(2)	TAG: A-1		PC.14.02.01	The hospital conneeds.	ordinates the patient's care, treatment, and services based on the patient's
(2) In accordance with § 483.70(g), obtain the required services from an outside resource that is a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act.		; ;	For hospitals that use Joint C a resident's comprehensive p to physical therapy, speech-laservices for a mental disorder obtains the required service	commission accreditation for deemed status purposes and have swing beds: If blan of care requires specialized rehabilitative services, including but not limited anguage pathology, occupational therapy, respiratory therapy, and rehabilitative r and intellectual disability or services of a lesser intensity, the hospital provides see from a provider of specialized rehabilitative services and is not excluded from state health care programs pursuant to section 1128 and 1156 of the Social Security	
§483.65(b)	TAG: A-1	1574	HR.11.02.01	The hospital de	fines and verifies staff qualifications.
(b) Qualifications. Speci written order of a physic		services must be provided under the sonnel.		Note 1: Qualifications for infecertification (such as that offecertification (such as that offecertification (such as that offecertification (such as that offecertification) (CLIA), under SA complete description of the SID=0854acca5427c69e771eNote 3: For hospitals that use therapists, physical therapist anguage pathologists, or aucospeech-language pathology, for definitions of physical therapistant, speech-language pNote 4: Qualifications for languages assessment, education, training the Americans with Disabilitie Act of 1964. Note 5: If respiratory care serthe amount of supervision reconstructions.	guage interpreters and translators may be met through language proficiency ing, and experience. The use of qualified interpreters and translators is supported by as Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights rvices are provided, staff qualified to perform specific respiratory care procedures and quired to carry out the specific procedures is designated in writing.
			PC.12.01.01		ovides care, treatment, and services as ordered or prescribed and in haw and regulation.
			1	physician or other licensed prospital policies; and medical Note 1: This includes but is noted in the services, and dietet Note 2: For hospitals that use therapeutic diets, are ordered by a qualified dietitian or question and the services are services are services and the services are services and the services are services ar	nent, and services, the hospital obtains or renews orders (verbal or written) from a ractitioner in accordance with professional standards of practice; law and regulation; I staff bylaws, rules, and regulations. ot limited to respiratory services, radiology services, rehabilitation services, nuclear ic services, if provided. e Joint Commission accreditation for deemed status purposes: Patient diets, including by the physician or other licensed practitioner responsible for the patient's care ualified nutrition professional who is authorized by the medical staff and acting in verning dietitians and nutrition professionals.

CFR Number §482.59	Medicare Requirements		t Commission valent Number	Joint Commission Standards and Elements of Performance
§482.59		LD.13.03.01	The hospital pro	vides services that meet patient needs.
§482.59 Condition of participation: Obstetrical services. If the hospital offers obstetrical services, the services must be well organized and provided in accordance with nationally recognized acceptable standards of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.		The hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may includ but are not limited to the following: Outpatient Emergency Medical records Diagnostic and therapeutic radiology Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are provided, they are in accordance with nationally recognized acceptable standar of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services are consistent in quality with inpatient care in accordance with the complexity of services offered. As applicable, the services must be integrated with other departments of the hospital.		
§482.59(a)		LD.13.03.01	The hospital pro	vides services that meet patient needs.
(a) Standard: Organization and staffing. Effective January 1, 2026, the organization appropriate to the scope of the services off integrated with other departments of the ho	ered. As applicable, the services must be	ag cc bu N of pa in de	preements that meet the need implexity of services offered at are not limited to the follow. Outpatient Emergency Medical records Diagnostic and therapeut Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical ote: If obstetrical services are practice for the health care attents. If outpatient obstetric accordance with the comples partments of the hospital.	e provided, they are in accordance with nationally recognized acceptable standards (including physical and behavioral health) of pregnant, birthing, and postpartum cal services are offered, the services are consistent in quality with inpatient care exity of services offered. As applicable, the services must be integrated with other
§482.59(a)(1)		LD.13.01.07	The hospital effe	ectively manages its programs, services, sites, or departments.
(1) Labor and delivery rooms/suites (includ rooms for operative delivery), and post-part or separate) must be supervised by an exp nurse midwife, nurse practitioner, physiciar osteopathy.	tum/recovery rooms whether combined erienced registered nurse, certified	ro ar	oms, including rooms for op	rided, hospital labor and delivery rooms/suites (including labor rooms; delivery erative delivery; and post-partum/recovery rooms whether combined or separate) need registered nurse, certified nurse midwife, nurse practitioner, physician assistant, eopathy.

CFR Number §482.59(a)(2)	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§482.59(a)(2) (2) Obstetrical privileges must be delineated for all practitioners providing obstetrical		MS.17.02.01 The decision to grant or deny a privilege(s) and/or to renew an existing privilege(s) is an objective, evidence-based process.		
care in accordance with the competencies of each practitioner in accordance with §482.22(c).		EP 10 If obstetrical services are provided, obstetrical privileges are delineated for all practitioners providing obstetrical care in accordance with the competencies of each practitioner. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Obstetrical privileges are delineated in accordance with 42 CFR 482.22(c). For 482.22(c), refer tohttps://www.ecfr.gov/current/title-42/part-482/subpart-C#p-482.22(c).		
§482.59(b)		LD.13.03.01 The hospital provides services that meet patient needs.		
(b) Standard: Delivery of service. Effective January 1, 2026, Obstetrical services must be consistent with needs and resources of the facility. Policies governing obstetrical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care and safety.		EP 23 If obstetrical services are provided, obstetrical services are consistent with the needs and resources of the hospital. Policies governing obstetrical care are designed to assure the achievement and maintenance of high standards of medical practice and patient care and safety.		
§482.59(b)(1)		PC.12.01.05 Resuscitative services are available throughout the hospital.		
(1) The following equipment must be kept at the hospital and be readily available for treating obstetrical cases to meet the needs of patients in accordance with the scope, volume, and complexity of services offered: call-in-system, cardiac monitor, and fetal doppler or monitor.		EP 2	treating obstetrical cases to m	vided, the following equipment is kept at the hospital and is readily available for neet the needs of patients in accordance with the scope, volume, and complexity of m, cardiac monitor, and fetal doppler or monitor.
§482.59(b)(2)		LD.13.03	.01 The hospital pro	ovides services that meet patient needs.
(2) There must be adequate provisions and protocols, consistent with nationally recognized and evidence-based guidelines, for obstetrical emergencies, complications, immediate post-delivery care, and other patient health and safety events as identified as part of the QAPI program (§ 482.21). Provisions include equipment (in addition to the equipment required under paragraph (b)(1) of this section), supplies, and medication used in treating emergency cases. Such provisions must be kept in the hospital and be readily available for treating emergency cases.		EP 24	recognized and evidence-bas care, and other patient health improvement (QAPI) program cases. Such provisions are ke Note 1: For hospitals that use for QAPI program requiremer Note 2: For hospitals that use addressed at this EP is in add	vided, the hospital has adequate provisions and protocols, consistent with nationally ed guidelines, for obstetrical emergencies, complications, immediate post-delivery and safety events as identified as part of the quality assessment and performance in Provisions include equipment, supplies, and medication used in treating emergency to the hospital and are readily available for treating emergency cases. Joint Commission accreditation for deemed status purposes: See 42 CFR 482.21 ats. For 482.21, refer to https://www.ecfr.gov/current/title-42/ section-482.21. Joint Commission accreditation for deemed status purposes: The equipment dition to the equipment required at 42 CFR 482.59(b)(1). For 482.59(b)(1), refer to itle-42/part-482/section-482.59#p-482.59(b)(1).