

Information requested in a Joint Commission Assisted Living Community Accreditation Application

1 Contacts: Have the name, title, phone and email address of the following **required contacts** available to establish in your organization's Joint Commission Connect secure customer portal:

- a. Primary and Secondary **Corporate Organization/Owner** contacts
- b. Primary Accreditation Contact – individual that receives and/or is alerted to all correspondence/communication from The Joint Commission
- c. Quality
- d. Billing/AP Contact

NOTE: For 1B, 1C and 1D, please ensure that you have at least two different individuals assigned to these required contact roles.

2 Legal Business Name and, if applicable, DBA (i.e. doing business as), LLC (i.e. limited liability corporation)

3 Ownership – may be an institution; however, per 1.a. above, must have named individuals as primary and secondary owner contacts that includes title, phone, email info

4 Ownership/Officer/Board (Yes or No questions to answer on application)

- a. Had revocation for Joint Commission accreditation, last 3 years?
- b. Convicted of felony, last 5 years?
- c. Licensure revoked, last 5 years?
- d. Subject of government investigation, past year?

5 ALC Site Address/es

6 Do you have a Medical Director? (Y/N)

7 What if any licensed independent practitioner is available 24 hours a day? (Check all that apply)

- Nurse Practitioner/Advanced Practice Nurse Physician Assistant Registered Nurse Licensed Practical Nurse

8 On Volume: Enter the maximum resident capacity for the site. Enter the total current occupancy for the site

9 Is the square footage of this site greater than 100,000 sq. ft.? Y/N

10 Nursing Services, check all that apply:

- AV Fistula Care Colostomy Care Gastrotomy tube (G-tube) Care Tracheostomy Care
- Specimen collection (blood, urine, secretions etc.) Urinary Catheter Care (intermittent or indwelling)
- Urostomy Care Vascular Catheter or Port Care Wound Care

- 11** Any Dementia/Alzheimer's Disease Residents Dedicated Unit? If so, enter total occupancy
- 12** Emergency Services (Y/N): Do you have an automatic external defibrillator (AED)? Do you have portable oxygen available for use in emergencies? Are staff required to be CPR certified?
- 13** Medication Management: Administration (Y/N) – (Check all that apply)
- Of insulin Of immunization Of intravenous medications Of nebulizer treatments
- 14** Rehabilitation (check all that applies):
- Speech Occupational Physical Therapy
- 15** Waived Testing (Check all that apply):
- Blood Glucose COVID-19 Strep (streptococcus bacteria) Influenza Urinalysis
- INR (a standard measure of anti-coagulant medication activity)
- 16** Additional services (Check all that apply):
- Dental Dialysis Medical Services Palliative Care Podiatry
- Other specialty services (please specify)
- 17** Projected survey ready date and avoid dates (ie. vacations, state survey)
- 18** Does your organization have any conflict of interest with any Joint Commission surveyors?
- 19** Employer Tax ID number
- 20** Are you willing to have observers of your survey process (Joint Commission employees or board members for purposes of education):
- Prefer not to have observers
 - Would accept observer (employee only)
 - Would accept observer (board member only)
- 20** Is your health record...
- Paper, both paper and electronic, electronic
 - If electronic, what is the vendor name and application version

TO COMPLETE THE APPLICATION

Make sure the person filling out the application has authority to complete the following – or contact your Joint Commission representative for alternate arrangements:

1. An electronic signature for submitting the application
2. An electronic signature for the agreement/contract
3. Deposit of \$1700.00 is required (may pay through credit card, PayPal or check)

For any questions, contact Monnette Geronimo at **630-792-5251** or mgeronimo@jointcommission.org