

Disposition of Changes for the Critical Access Hospital Program

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
APR.04.01.01, EP 2	The critical access hospital selects and uses measures that reflect the following	Moved	APR.04.01.01, EP 1	The critical access hospital se
	characteristics: Relevant to the critical access hospital			characteristics: Relevant to th
APR.04.01.01, EP 3	The critical access hospital selects and uses measures that reflect the following	Moved	APR.04.01.01, EP 2	The critical access hospital se
	characteristics: Support strategic measurement goals			characteristics: Support strat
APR.04.01.01, EP 4	The critical access hospital selects and uses measures that reflect the following	Moved	APR.04.01.01, EP 3	The critical access hospital se
	characteristics: Target high-volume, high-risk, problem-prone issues			characteristics: Target high-ve
APR.04.01.01, EP 5	The critical access hospital selects and uses measures that reflect the following	Moved	APR.04.01.01, EP 4	The critical access hospital se
	characteristics: Provide opportunities to improve the quality of care			characteristics: Provide oppo
APR.04.01.01, EP 11	The critical access hospital selects chart-abstracted measures and/or electronic	Moved	APR.04.01.01, EP 5	The critical access hospital se
	clinical quality measures (eCQMs) based on its patient population/services offered			clinical quality measures (eC
	to meet current ORYX [®] requirements.			to meet current ORYX® require
APR.04.01.01, EP 12	The critical access hospital selects performance measures within The Joint	Moved	APR.04.01.01, EP 6	The critical access hospital se
	Commission's data submission application.			Commission's data submission
APR.04.01.01, EP 17	The critical access hospital discusses with the surveyor how the data are used to	Moved	APR.04.01.01, EP 7	The critical access hospital d
	identify, prioritize, and monitor performance improvement activities.			identify, prioritize, and monito
APR.04.01.01, EP 18	The critical access hospital uses each individual measure to identify patterns,	Moved	APR.04.01.01, EP 8	The critical access hospital u
	trends, or variations for improvement opportunities before replacing it. (For			trends, or variations for impro
	example, chart-abstracted measures should begin the first quarter of the calendar			example, chart-abstracted m
	year or first quarter following receipt of an accreditation decision letter and be used			year or first quarter following
	for the remainder of the calendar year before replacing any measures.)			for the remainder of the calen
APR.04.01.01, EP 19	Based on Joint Commission statistical analysis, the critical access hospital	Moved	APR.04.01.01, EP 9	Based on Joint Commission s
	continues to use a measure if the data suggest an unstable pattern of performance			continues to use a measure if
	or otherwise identify an opportunity for improvement.			or otherwise identify an oppo
APR.04.01.01, EP 20	The critical access hospital selects a new measure if the data reflect stable and	Moved	APR.04.01.01, EP 10	The critical access hospital se
	satisfactory performance.			satisfactory performance.
APR.04.01.01, EP 22	The critical access hospital's performance measure data are submitted to The Joint	Moved	APR.04.01.01, EP 12	The critical access hospital's
	Commission in timelines established and technical manner prescribed by The Joint			Commission in timelines esta
	Commission.			Commission.
APR.04.01.01, EP 23	The organization resolves data quality issues for reported performance measures.	Moved	APR.04.01.01, EP 13	The organization resolves dat
APR.04.01.01, EP 24	For the most recent 12-month calendar reporting period, the critical access	Moved	APR.04.01.01, EP 14	For the most recent 12-month
	hospital achieves and sustains an acceptable level of performance for each			hospital achieves and sustair
	measure, as defined by Joint Commission statistical analysis, before it			measure, as defined by Joint (
	discontinues a measure's use in performance improvement activities.			discontinues a measure's use
EC.01.01.01, EP 1	Leaders identify an individual(s) to manage risk, coordinate risk reduction activities	Deleted EP -	N/A	N/A
	in the physical environment, collect deficiency information, and disseminate	Replaced with more		
	summaries of actions and results.	direct EP(s) or		
	Note: Deficiencies include injuries, problems, or use errors.	moved to guidance		
		within SPG		
	CoPs: §482.41(c), §482.41(c)(1), §482.41(c)(2), §482.41(d)(2), §485.623(a),			
	§485.623(d)(2)			
EC.01.01.01, EP 3	The critical access hospital has a library of information regarding inspection,	Deleted EP -	N/A	N/A
	testing, and maintenance of its equipment and systems.	Replaced with more		
	Note: This library includes manuals, procedures provided by manufacturers,	direct EP(s) or		
	technical bulletins, and other information.			

selects and uses measures that reflect the following the critical access hospital

selects and uses measures that reflect the following rategic measurement goals

selects and uses measures that reflect the following -volume, high-risk, problem-prone issues

selects and uses measures that reflect the following portunities to improve the quality of care

selects chart-abstracted measures and/or electronic CQMs) based on its patient population/services offered uirements.

selects performance measures within The Joint sion application.

discusses with the surveyor how the data are used to itor performance improvement activities.

uses each individual measure to identify patterns, provement opportunities before replacing it. (For

measures should begin the first quarter of the calendar ng receipt of an accreditation decision letter and be used endar year before replacing any measures.)

statistical analysis, the critical access hospital if the data suggest an unstable pattern of performance

portunity for improvement.

selects a new measure if the data reflect stable and

's performance measure data are submitted to The Joint stablished and technical manner prescribed by The Joint

ata quality issues for reported performance measures. In the calendar reporting period, the critical access ains an acceptable level of performance for each In Commission statistical analysis, before it use in performance improvement activities.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		moved to guidance		
	CoPs: §482.41(d)(2), §485.623(b)(1)	within SPG		
EC.01.01.01, EP 4	The critical access hospital has a written plan for managing the following: The	Deleted EP -	N/A	N/A
	environmental safety of patients and everyone else who enters the critical access	Replaced with more		
	hospital's facilities.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.26(b), §482.41(a), §485.614(c)(2), §485.623(a), §485.635(b)(3)	within SPG		
EC.01.01.01, EP 5	The critical access hospital has a written plan for managing the following: The	Deleted EP -	N/A	N/A
	security of everyone who enters the critical access hospital's facilities.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.13(c)(2), §485.614(c)(2)	moved to guidance		
		within SPG		
EC.01.01.01, EP 6	The critical access hospital has a written plan for managing the following:	Deleted EP -	N/A	N/A
	Hazardous materials and waste.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.26(b), §482.41(a), §485.623(b)(2)	moved to guidance		
		within SPG		
EC.01.01.01, EP 7	The critical access hospital has a written plan for managing the following: Fire	Deleted EP -	N/A	N/A
	safety.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(a)	moved to guidance		
		within SPG		
EC.01.01.01, EP 8	The critical access hospital has a written plan for managing the following: Medical	Deleted EP -	N/A	N/A
	equipment.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(a), §482.41(d)(2), §485.635(b)(3)	moved to guidance		
		within SPG		
EC.01.01.01, EP 9	The critical access hospital has a written plan for managing the following: Utility	Deleted EP -	N/A	N/A
	systems.	Replaced with more		
	Note: In circumstances where the program or service is located in a business	direct EP(s) or		
	occupancy not owned by the accredited organization, the plan may only need to	moved to guidance		
	address how routine service and maintenance for their utility systems are obtained.	within SPG		
	CoPs: §482.41(a), §482.41(d)(2), §485.623(a)			
EC.01.01.01, EP 12	The critical access hospital complies with the 2012 edition of NFPA 99: Health Care	Moved and Revised	PE.04.01.01, EP 1	The critical access hospital r
	Facilities Code, including Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-			accordance with the Health
	5, and 12-6. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not			Interim Amendments [TIA] 1
	apply.			Note 1: Chapters 7, 8, 12, ar
				Note 2: If application of the I
	CoPs: §482.15(e)(1), §482.15(h)(1)(i), §482.15(h)(1)(ii), §482.15(h)(1)(iii),			unreasonable hardship for th
	§482.15(h)(1)(iv), §482.15(h)(1)(v), §482.15(h)(1)(vi), §482.41(e)(1)(i),			Medicaid Services may waiv
	\$482.41(e)(1)(ii), \$482.41(e)(1)(iii), \$482.41(e)(1)(iv), \$482.41(e)(1)(v),			Code, but only if the waiver o
	\$482.41(e)(1)(vi), \$485.623(d), \$485.623(d)(1), \$485.623(e)(1)(i), \$485.623(e)(1)(ii),			patients.
	\$485.623(e)(1)(iii), \$485.623(e)(1)(iv), \$485.623(e)(1)(v), \$485.623(e)(1)(vi),			Note 3: All inspecting activit
	\$485.625(e)(1), \$485.625(g)(1)(i), \$485.625(g)(1)(ii), \$485.625(g)(1)(iii),			of the activity; inventory of d
	§485.625(g)(1)(iv), §485.625(g)(1)(v), §485.625(g)(1)(vi)			name and contact information
				standard(s) referenced for th
				CoPs: §482.15(e)(1), §482.15

al meets the applicable provisions and proceeds in th Care Facilities Code (NFPA 99-2012 and Tentative] 12-2, 12-3, 12-4, 12-5, and 12-6).

and 13 of the Health Care Facilities Code do not apply. e Health Care Facilities Code would result in r the critical access hospital, the Centers for Medicare & aive specific provisions of the Health Care Facilities er does not adversely affect the health and safety of

vities are documented with the name of the activity; date f devices, equipment, or other items; required frequency; ation of person who performed the activity; NFPA the activity; and results of the activity.

15(h)(1)(i), §482.15(h)(1)(ii), §482.15(h)(1)(iii),

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				\$482.15(h)(1)(iv), \$482.15(h)(\$482.41(c)(2), \$482.41(e)(1)(i \$482.41(e)(1)(v), \$482.41(e)(1 \$485.623(d)(2), \$485.623(e)(1 \$485.623(e)(1)(iv), \$485.623(e) \$485.625(g)(1)(i), \$485.625(g) \$485.625(g)(1)(v), \$485.625(g)
EC.02.01.01, EP 1	The critical access hospital implements its process to identify safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the critical access hospital's facilities. Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.01.01, EP 3	The critical access hospital takes action to minimize or eliminate identified safety and security risks in the physical environment. CoPs: §482.13(c)(2), §482.26(b), §482.41(a), §485.614(c)(2), §485.623(a)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.01.01, EP 5	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital maintains all grounds and equipment. CoPs: §482.41(a), §485.623(a)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.01.01, EP 7	The critical access hospital identifies individuals entering its facilities. Note: The critical access hospital determines which of those individuals require identification and how to do so. CoPs: §482.13(c)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.01.01, EP 8	The critical access hospital controls access to and from areas it identifies as security sensitive. CoPs: §482.13(c)(2), §482.53(b), §485.623(a)	Moved	NPG.11.01.01, EP 1	The critical access hospital c security sensitive.
EC.02.01.01, EP 9	The critical access hospital has written procedures to follow in the event of a security incident, including an infant or pediatric abduction. CoPs: §482.13(c)(2)	Consolidation of EC.02.01.01, EP 9; EC.02.01.01, EP 10	NPG.11.01.01, EP 2	The critical access hospital d procedures to follow in the ex pediatric abduction.
EC.02.01.01, EP 10	When a security incident occurs, the critical access hospital follows its identified procedures. CoPs: §482.13(c)(2)	Consolidation of EC.02.01.01, EP 9; EC.02.01.01, EP 10	NPG.11.01.01, EP 2	The critical access hospital d procedures to follow in the ex pediatric abduction.
EC.02.01.01, EP 11	The critical access hospital responds to product notices and recalls. CoPs: §482.25(b), §482.41(a)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

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h)(1)(v), \$482.15(h)(1)(vi), \$482.41(c), \$482.41(c)(1),
)(i), \$482.41(e)(1)(ii), \$482.41(e)(1)(iii), \$482.41(e)(1)(iv),
)(1)(vi), \$482.42, \$485.623(d), \$485.623(d)(1),
e)(1)(i), \$485.623(e)(1)(ii), \$485.623(e)(1)(iii),
3(e)(1)(v), \$485.623(e)(1)(vi), \$485.625(e)(1),
(g)(1)(ii), \$485.625(g)(1)(iii), \$485.625(g)(1)(iv),
5(g)(1)(vi), \$485.640
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l controls access to and from areas it identifies as

l develops and implements written policies and event of a security incident, including an infant or

l develops and implements written policies and event of a security incident, including an infant or

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
EC.02.01.01, EP 14	The critical access hospital manages magnetic resonance imaging (MRI) safety	Moved	NPG.13.03.01, EP 1	The critical access hospital m
	risks associated with the following:			risks associated with the follo
	- Patients who may experience claustrophobia, anxiety, or emotional distress			- Patients who may experience
	- Patients who may require urgent or emergent medical care			- Patients who may require ur
	- Patients with medical implants, devices, or imbedded metallic foreign objects			- Patients with medical impla
	(such as shrapnel)			(such as shrapnel)
	- Ferromagnetic objects entering the MRI environment			- Ferromagnetic objects ente
	- Acoustic noise			- Acoustic noise
EC.02.01.01, EP 16	The critical access hospital manages magnetic resonance imaging (MRI) safety	Moved	NPG.13.03.01, EP 2	The critical access hospital n
	risks by doing the following:			risks by doing the following:
	- Restricting access of everyone not trained in MRI safety or screened by staff			- Restricting access of everyo
	trained in MRI safety from the scanner room and the area that immediately			trained in MRI safety from the
	precedes the entrance to the MRI scanner room.			precedes the entrance to the
	- Making sure that these restricted areas are controlled by and under the direct			- Making sure that these restr
	supervision of staff trained in MRI safety.			supervision of staff trained in
	- Posting signage at the entrance to the MRI scanner room that conveys that			- Posting signage at the entra
	potentially dangerous magnetic fields are present in the room. Signage should also			potentially dangerous magne
	indicate that the magnet is always on except in cases where the MRI system, by its			indicate that the magnet is al
	design, can have its magnetic field routinely turned on and off by the operator.			design, can have its magnetic
EC.02.01.01, EP 17	The critical access hospital conducts an annual worksite analysis related to its	Moved	NPG.02.04.01, EP 3	The critical access hospital c
	workplace violence prevention program. The critical access hospital takes actions			workplace violence prevention
	to mitigate or resolve the workplace violence safety and security risks based upon			to mitigate or resolve the wor
	findings from the analysis.			findings from the analysis.
	Note: A worksite analysis includes a proactive analysis of the worksite, an			Note: A worksite analysis inc
	investigation of the critical access hospital's workplace violence incidents, and an			investigation of the critical ac
	analysis of how the program's policies and procedures, training, education, and			analysis of how the program's
	environmental design reflect best practices and conform to applicable laws and			environmental design reflect
	regulations.			regulations.
EC.02.01.03, EP 4	Smoking materials are removed from patients receiving respiratory therapy. When a	Deleted EP -	N/A	N/A
	nasal cannula is delivering oxygen outside of a patient's room, no sources of	Replaced with more		
	ignition are within the site of intentional expulsion (within 1 foot). When other	direct EP(s) or		
	oxygen delivery equipment is used or oxygen is delivered inside a patient's room, no	moved to guidance		
	sources of ignition are within the area of administration (within 15 feet). Solid fuel–	within SPG		
	burning appliances are not in the area of administration. Nonmedical appliances			
	with hot surfaces or sparking mechanisms are not within oxygen-delivery			
	equipment or site of intentional expulsion. (For full text, refer to NFPA 99-2012:			
	11.5.1.1; Tentative Interim Amendment [TIA] 12-6)			
	CoPs: §482.41(c), §485.623(d)			
EC.02.02.01, EP 1	The critical access hospital maintains a written, current inventory of hazardous	Moved	PE.02.01.01, EP 1	The critical access hospital n
	materials and waste that it uses, stores, or generates. The only materials that need			materials and waste that it us
	to be included on the inventory are those whose handling, use, and storage are			to be included on the invento
	addressed by law and regulation.			addressed by law and regulat
	CoPs: §482.26(b)(1), §482.41(a), §485.623(b)(2)			
EC.02.02.01, EP 3	The critical access hospital has written procedures, including the use of	Consolidation of	PE.02.01.01, EP 4	The critical access hospital d
	precautions and personal protective equipment, to follow in response to hazardous	EC.02.02.01, EP 3;	, ,	protect patients and staff from
	material and waste spills or exposures.	EC.02.02.01, EP 4;		procedures address the follo
		EC.02.02.01, EP 5;		- Minimizing risk when select

- l manages magnetic resonance imaging (MRI) safety llowing:
- nce claustrophobia, anxiety, or emotional distress urgent or emergent medical care
- lants, devices, or imbedded metallic foreign objects

tering the MRI environment

manages magnetic resonance imaging (MRI) safety

- yone not trained in MRI safety or screened by staff he scanner room and the area that immediately he MRI scanner room.
- stricted areas are controlled by and under the direct in MRI safety.
- rance to the MRI scanner room that conveys that netic fields are present in the room. Signage should also always on except in cases where the MRI system, by its tic field routinely turned on and off by the operator.
- conducts an annual worksite analysis related to its tion program. The critical access hospital takes actions orkplace violence safety and security risks based on
- Icludes a proactive analysis of the worksite, an access hospital's workplace violence incidents, and an n's policies and procedures, training, education, and ct best practices and conform to applicable laws and

l maintains a written, current inventory of hazardous uses, stores, or generates. The only materials that need tory are those whose handling, use, and storage are lation.

l develops and implements policies and procedures to rom exposure to hazardous materials. The policies and lowing:

cting, handling, storing, transporting, using, and

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: \$482.26(b), \$482.26(b)(1), \$482.26(b)(3), \$482.41(a), \$482.53(b), \$485.623(b)(2)	EC.02.02.01, EP 6; EC.02.02.01, EP 7; EC.02.02.01, EP 8; EC.02.02.01, EP 9		disposing of radioactive material vapors - Disposal of hazardous medit - Minimizing risk when select use of proper shielding - Periodic inspection of radiol found during inspection - Precautions to follow and period hazardous material and wast Note 1: Hazardous energy is pradiation and x-ray equipment MRIs). Note 2: Hazardous gases and and nitrous oxide gases; vapor equipment, such as lasers; w rooftop exhaust. (For full text
EC.02.02.01, EP 4	The critical access hospital implements its procedures in response to hazardous material and waste spills or exposures. CoPs: §482.41(a), §482.53(b), §485.623(b)(2), §485.623(b)(4)	Consolidation of EC.02.02.01, EP 3; EC.02.02.01, EP 4; EC.02.02.01, EP 5; EC.02.02.01, EP 6; EC.02.02.01, EP 7; EC.02.02.01, EP 8; EC.02.02.01, EP 9	PE.02.01.01, EP 4	§485.635(b)(3) The critical access hospital d protect patients and staff from procedures address the follor - Minimizing risk when select disposing of radioactive mater vapors - Disposal of hazardous media - Minimizing risk when select use of proper shielding - Periodic inspection of radiol found during inspection - Precautions to follow and period hazardous material and wast Note 1: Hazardous energy is pradiation and x-ray equipment MRIs). Note 2: Hazardous gases and and nitrous oxide gases; vapor equipment, such as lasers; w rooftop exhaust. (For full text
EC.02.02.01, EP 5	The critical access hospital minimizes risks associated with selecting, handling,	Consolidation of	PE.02.01.01, EP 4	CoPs: §482.26(b), §482.26(b) §485.635(b)(3) The critical access hospital d
	storing, transporting, using, and disposing of hazardous chemicals. CoPs: §482.41(a), §482.41(b)(4), §485.623(b)(2)	EC.02.02.01, EP 3; EC.02.02.01, EP 4; EC.02.02.01, EP 5; EC.02.02.01, EP 6;		protect patients and staff from procedures address the follow - Minimizing risk when select disposing of radioactive mate
	(0) (0)	EC.02.02.01, EP 8, EC.02.02.01, EP 7;		vapors - Disposal of hazardous medi

terials, hazardous chemicals, and hazardous gases and

- dications
- cting and using hazardous energy sources, including the
- iology equipment and prompt correction of hazards
- personal protective equipment to wear in response to ste spills or exposure
- is produced by both ionizing equipment (for example, ent) and nonionizing equipment (for example, lasers and
- nd vapors include but are not limited to ethylene oxide pors generated by glutaraldehyde; cauterizing waste anesthetic gas disposal (WAGD); and laboratory xt, refer to NFPA 99-2012: 9.3.8; 9.3.9)
- (b)(1), §482.26(b)(2), §482.53(b), §482.53(b)(2),
- l develops and implements policies and procedures to rom exposure to hazardous materials. The policies and lowing:
- cting, handling, storing, transporting, using, and aterials, hazardous chemicals, and hazardous gases and
- dications
- cting and using hazardous energy sources, including the
- iology equipment and prompt correction of hazards
- personal protective equipment to wear in response to aste spills or exposure
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- ent) and nonionizing equipment (for example, lasers and
- nd vapors include but are not limited to ethylene oxide pors generated by glutaraldehyde; cauterizing waste anesthetic gas disposal (WAGD); and laboratory xt, refer to NFPA 99-2012: 9.3.8; 9.3.9)
- b)(1), §482.26(b)(2), §482.53(b), §482.53(b)(2),
- l develops and implements policies and procedures to rom exposure to hazardous materials. The policies and lowing:
- cting, handling, storing, transporting, using, and aterials, hazardous chemicals, and hazardous gases and

dications

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		EC.02.02.01, EP 8; EC.02.02.01, EP 9		 Minimizing risk when select use of proper shielding Periodic inspection of radio found during inspection Precautions to follow and p hazardous material and wast Note 1: Hazardous energy is radiation and x-ray equipmer MRIs). Note 2: Hazardous gases and and nitrous oxide gases; vapo equipment, such as lasers; w rooftop exhaust. (For full text CoPs: §482.26(b), §482.26(b)
EC.02.02.01, EP 6	The critical access hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of radioactive materials. CoPs: \$482.26(b)(1), \$482.41(b)(4), \$482.53(b), \$482.53(b)(2), \$485.623(b)(2), \$485.635(b)(3)	Consolidation of EC.02.02.01, EP 3; EC.02.02.01, EP 4; EC.02.02.01, EP 5; EC.02.02.01, EP 6; EC.02.02.01, EP 7; EC.02.02.01, EP 8; EC.02.02.01, EP 9	PE.02.01.01, EP 4	§485.635(b)(3)The critical access hospital d protect patients and staff from procedures address the follor - Minimizing risk when select disposing of radioactive mater vapors- Disposal of hazardous media - Minimizing risk when select use of proper shielding - Periodic inspection of radioactive found during inspection - Precautions to follow and periodication and x-ray equipment MRIs).Note 1: Hazardous gases and and nitrous oxide gases; vapor equipment, such as lasers; w rooftop exhaust. (For full textCoPs: §482.26(b), §482.26(b) §485.635(b)(3)
EC.02.02.01, EP 7	 The critical access hospital minimizes risks associated with selecting and using hazardous energy sources. Note 1: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs). Note 2: This includes the use of proper shielding during fluoroscopic procedures. CoPs: §482.26(b), §482.26(b)(1), §482.26(b)(3), §482.53(b) 	Consolidation of EC.02.02.01, EP 3; EC.02.02.01, EP 4; EC.02.02.01, EP 5; EC.02.02.01, EP 6; EC.02.02.01, EP 6; EC.02.02.01, EP 8; EC.02.02.01, EP 9	PE.02.01.01, EP 4	The critical access hospital d protect patients and staff fro procedures address the follo - Minimizing risk when select disposing of radioactive mate vapors - Disposal of hazardous med - Minimizing risk when select use of proper shielding - Periodic inspection of radio

cting and using hazardous energy sources, including the

iology equipment and prompt correction of hazards

- personal protective equipment to wear in response to ste spills or exposure
- is produced by both ionizing equipment (for example, ent) and nonionizing equipment (for example, lasers and
- nd vapors include but are not limited to ethylene oxide pors generated by glutaraldehyde; cauterizing waste anesthetic gas disposal (WAGD); and laboratory xt, refer to NFPA 99-2012: 9.3.8; 9.3.9)

b)(1), §482.26(b)(2), §482.53(b), §482.53(b)(2),

- l develops and implements policies and procedures to rom exposure to hazardous materials. The policies and lowing:
- cting, handling, storing, transporting, using, and aterials, hazardous chemicals, and hazardous gases and
- dications
- cting and using hazardous energy sources, including the
- iology equipment and prompt correction of hazards
- personal protective equipment to wear in response to ste spills or exposure
- is produced by both ionizing equipment (for example, ent) and nonionizing equipment (for example, lasers and
- nd vapors include but are not limited to ethylene oxide pors generated by glutaraldehyde; cauterizing waste anesthetic gas disposal (WAGD); and laboratory xt, refer to NFPA 99-2012: 9.3.8; 9.3.9)

b)(1), §482.26(b)(2), §482.53(b), §482.53(b)(2),

- l develops and implements policies and procedures to rom exposure to hazardous materials. The policies and lowing:
- cting, handling, storing, transporting, using, and aterials, hazardous chemicals, and hazardous gases and
- dications
- cting and using hazardous energy sources, including the

iology equipment and prompt correction of hazards

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				found during inspection - Precautions to follow and p hazardous material and wast Note 1: Hazardous energy is radiation and x-ray equipmer MRIs). Note 2: Hazardous gases and and nitrous oxide gases; vapor equipment, such as lasers; w rooftop exhaust. (For full text CoPs: \$482.26(b), \$482.26(b) \$485.625(b)(2)
EC.02.02.01, EP 8	The critical access hospital minimizes risks associated with disposing of hazardous medications. CoPs: \$482.26(b)(1), \$482.41(a), \$482.53(b), \$482.53(b)(2), \$485.623(b)(2)	Consolidation of EC.02.02.01, EP 3; EC.02.02.01, EP 4; EC.02.02.01, EP 5; EC.02.02.01, EP 6; EC.02.02.01, EP 7; EC.02.02.01, EP 8; EC.02.02.01, EP 9	PE.02.01.01, EP 4	§485.635(b)(3)The critical access hospital d protect patients and staff from procedures address the follor - Minimizing risk when select disposing of radioactive mater vapors- Disposal of hazardous media - Minimizing risk when select use of proper shielding - Periodic inspection of radio found during inspection - Precautions to follow and period hazardous material and waster Note 1: Hazardous energy is prediation and x-ray equipment MRIs).Note 2: Hazardous gases and and nitrous oxide gases; vapor equipment, such as lasers; w rooftop exhaust. (For full textCoPs: §482.26(b), §482.26(b) §485.635(b)(3)
EC.02.02.01, EP 9	The critical access hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous gases and vapors. Note: Hazardous gases and vapors include, but are not limited to, ethylene oxide and nitrous oxide gases; vapors generated by glutaraldehyde; cauterizing equipment, such as lasers; waste anesthetic gas disposal (WAGD); and laboratory rooftop exhaust. (For full text, refer to NFPA 99-2012: 9.3.8; 9.3.9) CoPs: §482.41(d)(4), §485.623(b)(5)	Consolidation of EC.02.02.01, EP 3; EC.02.02.01, EP 4; EC.02.02.01, EP 5; EC.02.02.01, EP 6; EC.02.02.01, EP 7; EC.02.02.01, EP 8; EC.02.02.01, EP 9	PE.02.01.01, EP 4	 The critical access hospital diprotect patients and staff from procedures address the follow Minimizing risk when select disposing of radioactive material and wast Disposal of hazardous media Minimizing risk when select use of proper shielding Periodic inspection of radioactive material and wast

personal protective equipment to wear in response to ste spills or exposure

is produced by both ionizing equipment (for example, ent) and nonionizing equipment (for example, lasers and

nd vapors include but are not limited to ethylene oxide pors generated by glutaraldehyde; cauterizing waste anesthetic gas disposal (WAGD); and laboratory ext, refer to NFPA 99-2012: 9.3.8; 9.3.9)

b)(1), §482.26(b)(2), §482.53(b), §482.53(b)(2),

l develops and implements policies and procedures to rom exposure to hazardous materials. The policies and lowing:

cting, handling, storing, transporting, using, and aterials, hazardous chemicals, and hazardous gases and

dications

cting and using hazardous energy sources, including the

iology equipment and prompt correction of hazards

personal protective equipment to wear in response to ste spills or exposure

is produced by both ionizing equipment (for example, ent) and nonionizing equipment (for example, lasers and

nd vapors include but are not limited to ethylene oxide pors generated by glutaraldehyde; cauterizing waste anesthetic gas disposal (WAGD); and laboratory xt, refer to NFPA 99-2012: 9.3.8; 9.3.9)

b)(1), §482.26(b)(2), §482.53(b), §482.53(b)(2),

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cting and using hazardous energy sources, including the

iology equipment and prompt correction of hazards

personal protective equipment to wear in response to ste spills or exposure

EP Text	Disposition	New Standard/EP	New EP Text
			Note 1: Hazardous energy is
			radiation and x-ray equipmer
			MRIs).
			Note 2: Hazardous gases and
			and nitrous oxide gases; vapo
			equipment, such as lasers; w
			rooftop exhaust. (For full text
			CoPs: §482.26(b), §482.26(b)
			\$485.635(b)(3)
The critical access hospital monitors levels of hazardous gases and vapors to	Deleted EP -	N/A	N/A
· · ·			
	_		
CoPs: §482.41(a), §485.623(b)(5)			
	Moved	PE.02.01.01, EP 2	For managing hazardous mat
			permits, licenses, manifests,
			regulation.
CoPs: §482.26(b)(1), §482.41(a), §482.53(b), §482.53(b)(2), §485.623(b)(2)			
The critical access hospital labels hazardous materials and waste. Labels identify	Moved and Revised	PE.02.01.01, EP 3	The critical access hospital la
the contents and hazard warnings. *			the contents and hazard war
Footnote *: The Occupational Safety and Health Administration's (OSHA)			Note: The Occupational Safe
Bloodborne Pathogens and Hazard Communications Standards and the National			Pathogens and Hazard Comm
Fire Protection Association (NFPA) provide details on labeling requirements.			Protection Association (NFPA
CoPs: §482.26(b)(1), §482.41(a), §482.53(b), §482.53(b)(2), §485.623(b)(2)			
For critical access hospitals that provide computed tomography (CT), positron	Moved and Revised	NPG.13.03.01, EP 3	For critical access hospitals
emission tomography (PET), nuclear medicine (NM), or fluoroscopy services: The			emission tomography (PET), r
results of dosimetry monitoring are reviewed at least quarterly by the radiation			radiation safety officer, diagn
safety officer, diagnostic medical physicist, or health physicist to assess whether			results of dosimetry monitori
staff radiation exposure levels are "as low as reasonably achievable" (ALARA) and			exposure levels are "as low a
below regulatory limits.			regulatory limits.
Note 1: For the definition of ALARA, please refer to US Nuclear Regulatory			Note 1: For the definition of A
Commission federal regulation 10 CFR 20.1003.			Commission federal regulation
Note 2: This element of performance does not apply to dental cone beam CT			Note 2: This element of perfo
radiographic imaging studies performed for diagnosis of conditions affecting the			radiographic imaging studies
maxillofacial region or to obtain guidance for the treatment of such conditions.			maxillofacial region or to obta
For rehabilitation and psychiatric distinct part units in critical access hospitals:	Moved and Revised	PE.02.01.01, EP 5	Radiation workers are checke
Radiation workers are checked periodically, by the use of exposure meters or badge			for the amount of radiation e>
		1	
tests, for the amount of radiation exposure.			
			CoPs: §482.26(b)(3), §485.63
CoPs: §482.26(b)(3)			
CoPs: §482.26(b)(3) The critical access hospital has procedures for the proper routine storage and	Moved	PE.02.01.01, EP 6	The critical access hospital h
CoPs: §482.26(b)(3)	Moved	PE.02.01.01, EP 6	
	For managing hazardous materials and waste, the critical access hospital has the permits, licenses, manifests, and safety data sheets required by law and regulation. CoPs: §482.26(b)(1), §482.41(a), §482.53(b), §482.53(b)(2), §485.623(b)(2) The critical access hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings. * Footnote *: The Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens and Hazard Communications Standards and the National Fire Protection Association (NFPA) provide details on labeling requirements. CoPs: §482.26(b)(1), §482.41(a), §482.53(b), §482.53(b)(2), §485.623(b)(2) For critical access hospitals that provide computed tomography (CT), positron emission tomography (PET), nuclear medicine (NM), or fluoroscopy services: The results of dosimetry monitoring are reviewed at least quarterly by the radiation safety officer, diagnostic medical physicist, or health physicist to assess whether staff radiation exposure levels are "as low as reasonably achievable" (ALARA) and below regulatory limits. Note 1: For the definition of ALARA, please refer to US Nuclear Regulatory Commission federal regulation 10 CFR 20.1003. Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.	determine that they are in safe range. Note: Law and regulation determine the frequency of monitoring hazardous gases and vapors as well as acceptable ranges.Replaced with more direct EP(s) or moved to guidance within SPGCoPs: \$482.41(a), \$485.623(b)(5)For managing hazardous materials and waste, the critical access hospital has the permits, licenses, manifests, and safety data sheets required by law and regulation.MovedCoPs: \$482.26(b)(1), \$482.41(a), \$482.53(b), \$482.53(b)(2), \$485.623(b)(2)MovedThe critical access hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings. * Footnote *: The Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens and Hazard Communications Standards and the National Fire Protection Association (NFPA) provide details on labeling requirements.Moved and RevisedCoPs: \$482.26(b)(1), \$482.41(a), \$482.53(b), \$482.53(b)(2), \$485.623(b)(2)For critical access hospitals that provide computed tomography (CT), positron emission tomography (PET), nuclear medicine (NM), or fluoroscopy services: The results of dosimetry monitoring are reviewed at least quarterly by the radiation safety officer, diagnostic medical physicist, or health physicist to assess whether staff radiation exposure levels are "as low as reasonably achievable" (ALARA) and below regulatory limits. Note 1: For the definition of ALARA, please refer to US Nuclear Regulatory Commission federal regulation 10 CFR 20.1003. Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions.Moved and Revised maxillofacial region or to obtain guidance for the treatment of such conditions.	determine that they are in safe range. Note: Law and regulation determine the frequency of monitoring hazardous gases and vapors as well as acceptable ranges.Replaced with more direct EP(s) or moved to guidance within SPGCoPs: \$482.41(a), \$485.623(b)(5)MovedPE.02.01.01, EP 2For managing hazardous materials and waste, the critical access hospital has the permits, licenses, manifests, and safety data sheets required by law and regulation.MovedPE.02.01.01, EP 2CoPs: \$482.26(b)(1), \$482.41(a), \$482.53(b), \$482.53(b)(2), \$485.623(b)(2)Moved and RevisedPE.02.01.01, EP 3The critical access hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings. *Moved and RevisedPE.02.01.01, EP 3Footnote *: The Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens and Hazard Communications Standards and the National Fire Protection Association (NFPA) provide details on labeling requirements.Moved and RevisedNPG.13.03.01, EP 3CoPs: \$482.26(b)(1), \$482.41(a), \$482.53(b), \$482.53(b)(2), \$485.623(b)(2)Moved and RevisedNPG.13.03.01, EP 3For critical access hospitals that provide computed tomography (CT), positron emission tomography (PET), nuclear medicine (NM), or fluoroscopy services: The results of dosimetry monitoring are reviewed at least quarterly by the radiation safety officer, diagnostic medical physicist, or health physicist to assess whether staff radiation exposure levels are "as low as reasonably achievable" (ALARA) and below regulatory limits.NOG ALARA, please refer to US Nuclear Regulatory Commission federal regulation 10 CFR 20.1003.Note 2: This element of performance does not apply to dental cone beam CT radiograp

is produced by both ionizing equipment (for example, ent) and nonionizing equipment (for example, lasers and

nd vapors include but are not limited to ethylene oxide pors generated by glutaraldehyde; cauterizing waste anesthetic gas disposal (WAGD); and laboratory xt, refer to NFPA 99-2012: 9.3.8; 9.3.9)

(b)(1), §482.26(b)(2), §482.53(b), §482.53(b)(2),

aterials and waste, the critical access hospital has the is, and safety data sheets required by law and

l labels hazardous materials and waste. Labels identify arnings.

fety and Health Administration's (OSHA) Bloodborne nmunications Standards and the National Fire PA) provide details on labeling requirements.

Is that provide computed tomography (CT), positron), nuclear medicine (NM), or fluoroscopy services: The gnostic medical physicist, or health physicist reviews the oring at least quarterly to assess whether staff radiation v as reasonably achievable" (ALARA) and below

ALARA, please refer to US Nuclear Regulatory tion 10 CFR 20.1003.

formance does not apply to dental cone beam CT es performed for diagnosis of conditions affecting the otain guidance for the treatment of such conditions. ked periodically, using exposure meters or badge tests, exposure.

635(b)(3)

l has procedures for the proper routine storage and nd regulated medical waste.

623(b)(2)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
EC.02.03.01, EP 1	The critical access hospital minimizes the potential for harm from fire, smoke, and	Deleted EP -	N/A	N/A
	other products of combustion.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)	moved to guidance		
		within SPG		
EC.02.03.01, EP 4	The critical access hospital maintains free and unobstructed access to all exits.	Deleted EP -	N/A	N/A
	Note: This requirement applies to all buildings classified as business occupancy.	Replaced with more		
	The "Life Safety" (LS) chapter addresses the requirements for all other occupancy	direct EP(s) or		
	types.	moved to guidance		
		within SPG		
	CoPs: §482.41(b)	Married and David and		
EC.02.03.01, EP 9	The written fire response plan describes the specific roles of staff at and away from	Moved and Revised	PE.03.01.01, EP 4	The critical access hospital h
	a fire's point of origin, including when and how to sound and report fire alarms, how			prompt reporting of fires; exti
	to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate			guests; evacuation; and coop
	patients, how to evacuate to areas of refuge, and how staff will cooperate with			
	firefighting authorities. Staff are periodically instructed on and kept informed of			CoPs: §482.41(b)(5), §485.62
	their duties under the plan, including cooperation with firefighting and disaster			
	authorities. A copy of the plan is readily available with the telephone operator or			
	security.			
	Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2.			
	CoPs: §482.41(b)(5), §485.625(d)(1)(i)			
EC.02.03.01, EP 11	Periodic evaluations, as determined by the critical access hospital, are made of	Deleted EP -	N/A	N/A
	potential fire hazards that could be encountered during surgical procedures.	Replaced with more		
	Written fire prevention and response procedures, including safety precautions	direct EP(s) or		
	related to the use of flammable germicides or antiseptics, are established.	moved to guidance		
		within SPG		
	CoPs: §482.51(b), §485.639			
EC.02.03.01, EP 12	When flammable germicides or antiseptics are used during surgeries utilizing	Deleted EP -	N/A	N/A
	electrosurgery, cautery, or lasers, the following are required:	Replaced with more		
	- Nonflammable packaging	direct EP(s) or		
	- Unit-dose applicators	moved to guidance		
	- Preoperative "time-out" prior to the initiation of any surgical procedure to verify	within SPG		
	the following:			
	- Application site is dry prior to draping and use of surgical equipment			
	- Pooling of solution has not occurred or has been corrected			
	- Solution-soaked materials have been removed from the operating room prior to			
	draping and use of surgical devices			
	(For full text, refer to NFPA 99-2012: 15.13)			
	CoPs: §482.51(b), §485.639			
EC.02.03.01, EP 13	The critical access hospital meets all other Health Care Facilities Code fire	Deleted EP -	N/A	N/A
	protection requirements, as related to NFPA 99-2012: Chapter 15.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(c), §485.623(d)	moved to guidance		
		within SPG		
EC.02.03.03, EP 1	The critical access hospital conducts fire drills once per shift per quarter in each	Deleted EP -	N/A	N/A
		1		
	building defined as a health care occupancy by the Life Safety Code. The critical	Replaced with more		

al has written fire control plans that include provisions for extinguishing fires; protection of patients, staff, and poperation with firefighting authorities.

625(d)(1)(i)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	ambulatory health care occupancy by the Life Safety Code.	moved to guidance		
	Note 1: Evacuation of patients during drills is not required.	within SPG		
	Note 2: When drills are conducted between 9:00 P.M. and 6:00 A.M., the critical			
	access hospital may use a coded announcement to notify staff instead of			
	activating audible alarms. For full text, refer to NFPA 101-2012: 18/19: 7.1.7.			
	Note 3: In leased or rented facilities, drills need be conducted only in areas of the			
	building that the critical access hospital occupies.			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
EC.02.03.03, EP 2	The critical access hospital conducts fire drills every 12 months from the date of	Deleted EP -	N/A	N/A
	the last drill in all freestanding buildings classified as business occupancies and in	Replaced with more		
	which patients are seen or treated.	direct EP(s) or		
	Note: In leased or rented facilities, drills need be conducted only in areas of the	moved to guidance		
	building that the critical access hospital occupies.	within SPG		
	CoPs: §482.41(b)(5)			
EC.02.03.03, EP 3	When quarterly fire drills are required, they are unannounced and held at	Deleted EP -	N/A	N/A
	unexpected times and under varying conditions. Fire drills include transmission of	Replaced with more		
	fire alarm signal and simulation of emergency fire conditions.	direct EP(s) or		
	Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the critical	moved to guidance		
	access hospital may use a coded announcement to notify staff instead of	within SPG		
	activating audible alarms.			
	Note 2: Fire drills vary by at least one hour for each shift from quarter to quarter,			
	through four consecutive quarters.			
	Note 3: For full text, refer to NFPA 101-2012: 18/19: 7.1; 7.1.7; 7.2; 7.3.			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
EC.02.03.03, EP 4	Staff who work in buildings where patients are housed or treated participate in drills	Deleted EP -	N/A	N/A
20.02.00.00, 21 4	according to the critical access hospital's fire response plan.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
EC.02.03.03, EP 5	The critical access hospital critiques fire drills to evaluate fire safety equipment,	Deleted EP -	N/A	N/A
_ 3.32.330.00, El 0	fire safety building features, and staff response to fire. The evaluation is	Replaced with more		
	documented.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
EC.02.03.03, EP 7	The critical access hospital conducts annual fire exit drills for operating	Deleted EP -	N/A	N/A
20.02.00.00, 21 7	rooms/surgical suites. (For full text, refer to NFPA 99-2012: 15.13.3.10.3)	Replaced with more		
	Note 1: This drill involves applicable staff and focuses on prevention as well as	direct EP(s) or		
	simulated extinguishment and evacuation.	moved to guidance		
	Note 2: An announced annual fire exit drill cannot be used to meet one of the	within SPG		
	unannounced quarterly fire drills required by NFPA 101-2012: 18/19.7.1.6.	within SFG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
EC.02.03.03, EP 8	For critical access hospitals that have hyperbaric facilities, emergency procedures	Deleted EP -	N/A	N/A
	and fire training drills are conducted annually. (For full text, refer to NFPA 99-2012:	Replaced with more		
	14.2.4.5.4; 14.3.1.4.5)	direct EP(s) or		

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	involves applicable staff, and focuses on prevention as well as simulated extinguishment and evacuation. Response procedures for fires within and outside	moved to guidance within SPG		
	the hyperbaric chamber address the role of the inside observer, the chamber			
	operator, medical personnel, and other personnel, as applicable. For additional			
	guidance, refer to NFPA 99-2012: B.14.2 and B.14.3.			
	Note 2: If the critical access hospital conducts an unannounced drill, it may serve			
	as one of the required fire drills.			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
EC.02.03.05, EP 1	The critical access hospital tests supervisory signal devices on the inventory in	Deleted EP -	N/A	N/A
	accordance with the following time frames:	Replaced with more		
	- Quarterly for pressure supervisory indicating devices (including both high- and	direct EP(s) or		
	low-air pressure switches), water level supervisory indicating devices, water	moved to guidance		
	temperature supervisory indicating devices, room temperature supervisory	within SPG		
	indicating devices, and other suppression system supervisory initiating devices			
	- Semiannually for valve supervisory switches			
	- Annually for other supervisory initiating devices			
	The results and completion dates are documented.			
	Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table			
	14.4.5.			
	Note 2: Water storage tanks and associated water storage equipment do not require testing.			
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.03.05, EP 2	Every 6 months, the critical access hospital tests vane-type and pressure-type	Deleted EP -	N/A	N/A
	water flow devices and valve tamper switches on the inventory. The results and	Replaced with more		
	completion dates are documented.	direct EP(s) or		
	Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table	moved to guidance		
	14.4.5.	within SPG		
	Note 2: Mechanical water flow devices (including, but not limited to, water motor			
	gongs) should be tested quarterly. The results and completion dates are			
	documented. (For full text, refer to NFPA 25-2011: Table 5.1.1.2)			
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.03.05, EP 3	Every 12 months, the critical access hospital tests duct detectors, heat detectors,	Deleted EP -	N/A	N/A
	manual fire alarm boxes, and smoke detectors on the inventory. The results and	Replaced with more		
	completion dates are documented.	direct EP(s) or		
	Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5;	moved to guidance		
	17.14.	within SPG		
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.03.05, EP 4	Every 12 months, the critical access hospital tests visual and audible fire alarms,	Deleted EP -	N/A	N/A
	including speakers and door-releasing devices on the inventory. The results and	Replaced with more		
	completion dates are documented.	direct EP(s) or		
	Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.	moved to guidance		
		within SPG		
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.03.05, EP 5	Every 12 months, the critical access hospital tests fire alarm equipment on the	Deleted EP -	N/A	N/A
	inventory for notifying off-site fire responders. The results and completion dates are	Replaced with more		



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	documented.	direct EP(s) or		
	Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.	moved to guidance		
		within SPG		
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.03.05, EP 6	For automatic sprinkler systems: The critical access hospital tests electric motor-	Deleted EP -	N/A	N/A
	driven fire pumps monthly and diesel engine–driven fire pumps every week under	Replaced with more		
	no-flow conditions. The results and completion dates are documented.	direct EP(s) or		
	Note: For additional guidance on performing tests, see NFPA 25-2011: 8.3.1; 8.3.2.	moved to guidance		
		within SPG		
	CoPs: §482.41(d)(2), §485.623(b)(1)	Deleted FD	N1/A	
EC.02.03.05, EP 9	For automatic sprinkler systems: Every 12 months, the critical access hospital	Deleted EP -	N/A	N/A
	tests main drains at system low point or at all system risers. The results and	Replaced with more		
	completion dates are documented.	direct EP(s) or		
	Note: For additional guidance on performing tests, see NFPA 25-2011: 13.2.5;	moved to guidance within SPG		
	13.3.3.4; Table 13.1.1.2; Table 13.8.1.	within SFG		
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.03.05, EP 10	For automatic sprinkler systems: Every quarter, the critical access hospital	Deleted EP -	N/A	N/A
	inspects all fire department water supply connections. The results and completion	Replaced with more		
	dates are documented.	direct EP(s) or		
	Note: For additional guidance on performing tests, see NFPA 25-2011: 13.7; Table	moved to guidance		
	13.1.1.2.	within SPG		
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.03.05, EP 11	For automatic sprinkler systems: Every 12 months, the critical access hospital	Deleted EP -	N/A	N/A
	tests fire pumps under flow. Fire pump supervisory signals for "pump running" and	Replaced with more		
	"pump power loss" are tested annually. The results and completion dates are	direct EP(s) or		
	documented.	moved to guidance		
	Note: For additional guidance on performing tests, see NFPA 25-2011: 8.3.3;	within SPG		
	8.3.3.4.			
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.03.05, EP 12	Every 5 years, the critical access hospital conducts hydrostatic and water flow	Deleted EP -	N/A	N/A
	tests for standpipe systems. The results and completion dates are documented.	Replaced with more		
	Note: For additional guidance on performing tests, see NFPA 25-2011: 6.3.1; 6.3.2;	direct EP(s) or		
	Table 6.1.1.2.	moved to guidance		
		within SPG		
	CoPs: §482.41(d)(2), §485.623(b)(1)	Deleter I ED	N1/A	
EC.02.03.05, EP 13	Every 6 months, the critical access hospital inspects any automatic fire-	Deleted EP -	N/A	N/A
	extinguishing system in a kitchen. The results and completion dates are documented.	Replaced with more		
	Note 1: Discharge of the fire-extinguishing systems is not required.	direct EP(s) or moved to guidance		
	Note 2: For additional guidance on performing inspections, see NFPA 96-2011:	within SPG		
	11.2.			
	CoPs: \$482.41(d)(2), \$485.623(b)(1)	Deleted EP -	N//A	
EC.02.03.05, EP 14	The critical access hospital tests automatic fire-extinguishing systems as follows:		N/A	N/A
	- Carbon dioxide systems every 12 months - Halon systems every 6 months	Replaced with more		
	- Halon Systems every o months	direct EP(s) or		

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Other special systems per National Fire Protection Association standards and	moved to guidance		
	manufacturers' recommendations.	within SPG		
	The results and completion dates are documented.			
	Note 1: Discharge of the fire-extinguishing systems is not required.			
	Note 2: For full text, refer to NFPA 12-2011: 4.8.3.2 (for carbon dioxide systems) and			
	NFPA 12A-2009: 6.1 (for halon systems).			
	Note 3: For full text, refer to NFPA 11-2010; NFPA 16-2011; NFPA 17-2009; NFPA			
	17A-2009 for other extinguishing systems.			
	CoPs: \$482.41(d)(2), \$485.623(b)(1)			
EC.02.03.05, EP 15	At least monthly, the critical access hospital inspects portable fire extinguishers.	Deleted EP -	N/A	N/A
	The results and completion dates are documented.	Replaced with more		
	Note 1: There are many ways to document the inspections, such as using bar-	direct EP(s) or		
	coding equipment, using check marks on a tag, or using an inventory.	moved to guidance		
	Note 2: Inspections involve a visual check to determine correct type of and clear	within SPG		
	and unobstructed access to a fire extinguisher, in addition to a check for broken			
	parts and full charge.			
	Note 3: For additional guidance on inspection of fire extinguishers, see NFPA 10-			
	2010: 7.2.2; 7.2.4.			
	CoPs: \$482.41(d)(2), \$485.623(b)(1)			
EC.02.03.05, EP 16	Every 12 months, the critical access hospital performs maintenance on portable	Deleted EP -	N/A	N/A
	fire extinguishers, including recharging. Individuals performing annual	Replaced with more		
	maintenance on extinguishers are certified. The results and completion dates are	direct EP(s) or		
	documented.	moved to guidance		
	Note 1: There are many ways to document the maintenance, such as using bar-	within SPG		
	coding equipment, using check marks on a tag, or using an inventory.			
	Note 2: For additional guidance on maintaining fire extinguishers, see NFPA 10-			
	2010: 7.1.2; 7.2.2; 7.2.4; 7.3.1.			
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.03.05, EP 17	The critical access hospital conducts hydrostatic tests on standpipe occupant	Deleted EP -	N/A	N/A
	hoses 5 years after installation and every 3 years thereafter. The results and	Replaced with more		
	completion dates are documented.	direct EP(s) or		
	Note: For additional guidance on hydrostatic testing, see NFPA 1962-2008: Chapter	moved to guidance		
	7 and NFPA 25-2011: Chapter 6.	within SPG		
	CoPs: \$482.41(d)(2), \$485.623(b)(1)			
EC.02.03.05, EP 18	The critical access hospital operates fire and smoke dampers one year after	Deleted EP -	N/A	N/A
	installation and then at least every six years to verify that they fully close. The	Replaced with more		
	results and completion dates are documented.	direct EP(s) or		
	Note: For additional guidance on performing tests, see NFPA 90A-2012: 5.4.8;	moved to guidance		
	NFPA 80-2010: 19.4; NFPA 105-2010: 6.5.	within SPG		
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.03.05, EP 19	Every 12 months, the critical access hospital tests automatic smoke-detection	Deleted EP -	N/A	N/A
	shutdown devices for air-handling equipment. The results and completion dates	Replaced with more		
	are documented.	direct EP(s) or		
	Note: For additional guidance on performing tests, see NFPA 90A-2012: 6.4.1.			

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		moved to guidance		
	CoPs: §482.41(d)(2), §485.623(b)(1)	within SPG		
EC.02.03.05, EP 20	Every 12 months, the critical access hospital tests sliding and rolling fire doors,	Deleted EP -	N/A	N/A
	smoke barrier sliding or rolling doors, and sliding and rolling fire doors in corridor	Replaced with more		
	walls and partitions for proper operation and full closure. The results and	direct EP(s) or		
	completion dates are documented.	moved to guidance		
	Note: For full text, refer to NFPA 80-2010: 5.2.14.3; NFPA 105-2010: 5.2.1; 5.2.2.	within SPG		
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.03.05, EP 25	The critical access hospital has annual inspection and testing of fire door	Deleted EP -	N/A	N/A
	assemblies by individuals who can demonstrate knowledge and understanding of	Replaced with more		
	the operating components of the door being tested. Testing begins with a pre-test	direct EP(s) or		
	visual inspection; testing includes both sides of the opening.	moved to guidance		
	Note 1: Nonrated doors, including corridor doors to patient care rooms and smoke	within SPG		
	barrier doors, are not subject to the annual inspection and testing requirements of			
	either NFPA 80 or NFPA 105.			
	Note 2: Nonrated doors should be routinely inspected and maintained in			
	accordance with the facility maintenance program.			
	Note 3: For additional guidance on testing of door assemblies, see NFPA 101-2012:			
	7.2.1.5.10.1; 7.2.1.5.11; 7.2.1.15; NFPA 80-2010: 4.8.4; 5.2.1; 5.2.3; 5.2.4; 5.2.6;			
	5.2.7; 6.3.1.7; NFPA 105-2010: 5.2.1.			
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.03.05, EP 27	Elevators with firefighters' emergency operations are tested monthly. The test	Deleted EP -	N/A	N/A
	completion dates and results are documented. (For full text, refer to NFPA 101-	Replaced with more		
	2012: 9.4.3; 9.4.6)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(d)(2), §485.623(b)(1)	within SPG		
EC.02.03.05, EP 28	Documentation of maintenance, testing, and inspection activities for Standard	Deleted EP -	N/A	N/A
	EC.02.03.05, EPs 1–20, 25 (including fire alarm and fire protection features)	Replaced with more		
	includes the following:	direct EP(s) or		
	- Name of the activity	moved to guidance		
	- Date of the activity	within SPG		
	- Inventory of devices, equipment, or other items			
	- Required frequency of the activity			
	- Name and contact information, including affiliation, of the person who performed			
	the activity			
	- NFPA standard(s) referenced for the activity			
	- Results of the activity			
	Note: For additional guidance on documenting activities, see NFPA 25-2011: 4.3;			
	4.4; NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4.			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
EC.02.04.01, EP 2	The critical access hospital maintains a written inventory of all medical equipment.	Deleted EP -	N/A	N/A
		Replaced with more		
	CoPs: §482.26(b)(2), §482.41(d)(2), §485.623(b)(1)	direct EP(s) or		
		moved to guidance		
		within SPG		

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
EC.02.04.01, EP 3	The critical access hospital identifies high-risk medical equipment on the inventory	Deleted EP -	N/A	N/A
	for which there is a risk of serious injury or death to a patient or staff member	Replaced with more		
	should the equipment fail.	direct EP(s) or		
	Note: High-risk medical equipment includes life-support equipment.	moved to guidance		
		within SPG		
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.04.01, EP 4	The critical access hospital identifies the activities and associated frequencies, in	Consolidation of	PE.04.01.01, EP 4	For rehabilitation and psychiatric
	writing, for maintaining, inspecting, and testing all medical equipment on the	EC.02.04.01, EP 4;		critical access hospital maintains
	inventory.	EC.02.04.03, EP 1;		types of nuclear medicine service
	Note: Activities and associated frequencies for maintaining, inspecting, and testing	EC.02.04.03, EP 2;		operation and efficient performar
	of medical equipment must have a 100% completion rate.	EC.02.04.03, EP 3		
	Q = D = \$400 00(h)(0) \$400 41(d)(0) \$400 50(e)(4) \$405 000(h)(4)			CoPs: §482.53(c), §482.53(c)(1)
	CoPs: §482.26(b)(2), §482.41(d)(2), §482.53(c)(1), §485.623(b)(1)	Deleted EP -	N/A	
EC.02.04.01, EP 9	The critical access hospital has written procedures to follow when medical		IN/A	N/A
	equipment fails, including using emergency clinical interventions and backup	Replaced with more direct EP(s) or		
	equipment.	moved to guidance		
	CoPs: §482.41(a), §482.41(d)(2)	within SPG		
EC.02.04.01, EP 10	The critical access hospital identifies quality control and maintenance activities to	Deleted EP -	N/A	N/A
LO.02.04.01, LF 10	maintain the quality of the diagnostic computed tomography (CT), positron	Replaced with more		19/2
	emission tomography (PET), magnetic resonance imaging (MRI), and nuclear	direct EP(s) or		
	medicine (NM) images produced. The critical access hospital identifies how often	moved to guidance		
	these activities should be conducted.	within SPG		
EC.02.04.01, EP 11	The critical access hospital monitors and reports all incidents in which medical	Deleted EP -	N/A	N/A
2010210 1101, 21 11	equipment is suspected in or attributed to the death, serious injury, or serious	Replaced with more		
	illness of any individual, as required by the Safe Medical Devices Act of 1990.	direct EP(s) or		
	······································	moved to guidance		
	CoPs: §482.41(d)(2), §485.623(b)(1)	within SPG		
EC.02.04.03, EP 1	Before initial use and after major repairs or upgrades of medical equipment on the	Consolidation of	PE.04.01.01, EP 4	For rehabilitation and psychiatric
	medical equipment inventory, the critical access hospital performs safety,	EC.02.04.01, EP 4;		critical access hospital maintains
	operational, and functional checks.	EC.02.04.03, EP 1;		types of nuclear medicine service
		EC.02.04.03, EP 2;		operation and efficient performar
	CoPs: §482.26(b)(1), §482.26(b)(2), §482.41(d)(2), §482.53(c)(1), §485.623(a),	EC.02.04.03, EP 3		
	§485.623(b)(1)			CoPs: §482.53(c), §482.53(c)(1)
EC.02.04.03, EP 2	The critical access hospital inspects, tests, and maintains all high-risk equipment.	Consolidation of	PE.04.01.01, EP 4	For rehabilitation and psychiatric
	These activities are documented.	EC.02.04.01, EP 4;		critical access hospital maintains
	Note 1: High-risk equipment includes medical equipment for which there is a risk	EC.02.04.03, EP 1;		types of nuclear medicine service
	of serious injury or even death to a patient or staff member should it fail, which	EC.02.04.03, EP 2;		operation and efficient performar
	includes life-support equipment.	EC.02.04.03, EP 3		
	Note 2: Required activities and associated frequencies for maintaining, inspecting,			CoPs: §482.53(c), §482.53(c)(1)
	and testing of medical equipment must have a 100% completion rate.			
	$C_{2}D_{2}$, \$400, 41(d)(2), \$405, C22(a), \$405, C22(b)(1)			
	CoPs: §482.41(d)(2), §485.623(a), §485.623(b)(1)	Consolidation of	PE.04.01.01, EP 4	Ear robabilitation and payabiatria
EC.02.04.03, EP 3	The critical access hospital inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented.	Consolidation of EC.02.04.01, EP 4;	FE.04.01.01, EP 4	For rehabilitation and psychiatric
	i dentined on the medical equipment inventory. These activities are documented.			critical access hospital maintains
	CoPs: §482.26(b)(1), §482.26(b)(2), §482.41(d)(2), §482.53(c)(1), §485.623(a),	EC.02.04.03, EP 1; EC.02.04.03, EP 2;		operation and efficient performar
	\$485.623(b)(1)	EC.02.04.03, EP 2, EC.02.04.03, EP 3		
		LU.UZ.U4.UJ, EF J		CoPs: §482.53(c), §482.53(c)(1)
				0053. 3402.03(0), 3402.03(0)(1)

niatric distinct part units in critical access hospitals: The intains equipment and supplies appropriate for the services offered. The equipment is maintained for safe ormance.

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niatric distinct part units in critical access hospitals: The intains equipment and supplies appropriate for the services offered. The equipment is maintained for safe formance.

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
EC.02.04.03, EP 4	The critical access hospital conducts performance testing of and maintains all	Deleted EP -	N/A	N/A
	sterilizers. These activities are documented.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(d)(2), §485.623(a), §485.623(b)(1)	moved to guidance		
		within SPG		
EC.02.04.03, EP 5	The critical access hospital performs equipment maintenance and chemical and	Deleted EP -	N/A	N/A
	biological testing of water used in hemodialysis. These activities are documented.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(d)(2), §485.623(a), §485.623(b)(1)	moved to guidance		
		within SPG		
EC.02.04.03, EP 8	Equipment listed for use in oxygen-enriched atmospheres is clearly and	Deleted EP -	N/A	N/A
	permanently labeled (withstands cleaning/disinfecting) as follows:	Replaced with more		
	- Oxygen-metering equipment, pressure-reducing regulators, humidifiers, and	direct EP(s) or		
	nebulizers are labeled with name of manufacturer or supplier.	moved to guidance		
	- Oxygen-metering equipment and pressure reducing regulators are labeled "OXYGEN–USE NO OIL."	within SPG		
	- Labels on flowmeters, pressure-reducing regulators, and oxygen-dispensing			
	apparatuses designate the gases for which they are intended.			
	- Cylinders and containers are labeled in accordance with Compressed Gas			
	Association (CGA) C-7.			
	(For full text, refer to NFPA 99-2012: 11.5.3.1)			
	Note: Color coding is not utilized as the primary method of determining cylinder or			
	container contents.			
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.04.03, EP 10	All occupancies containing hyperbaric facilities comply with construction,	Deleted EP -	N/A	N/A
20.02.04.00, 21 10	equipment, administration, and maintenance requirements of NFPA 99-2012:	Replaced with more		
	Chapter 14.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(d)(2), §485.623(b)(1)	within SPG		
EC.02.04.03, EP 16	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Consolidation of	PE.05.01.01, EP 1	At least annually, a diagnostic
,	Qualified critical access hospital staff inspect, test, and calibrate nuclear medicine	EC.02.04.03, EP 16;	,,	inspects, tests, and calibrate
	equipment annually. The results and completion dates are documented.	EC.02.04.03, EP 23		results, along with recommer
		, ,		documented. These activities
	CoPs: §482.53(c)(2)			clinically by each NM scanne
				include the use of phantoms
				- Image uniformity/system un
				- High-contrast resolution/sys
				- Sensitivity
				- Energy resolution
				- Count-rate performance
				- Artifact evaluation
				Note 1: The following test is re
				resolution or detectability for
				Note 2: The medical physicist
				these activities. They may be
				performance by individuals w
				determined by the medical pl
				information, refer to HR.11.0

stic medical physicist or nuclear medicine physicist netes all nuclear medicine (NM) imaging equipment. The nendations for correcting any problems identified, are ies are conducted for all of the image types produced ner (for example, planar and/or tomographic) and ns to assess the following imaging metrics: uniformity

system spatial resolution

recommended but not required: Low-contrast or non-planar acquisitions.

ist or nuclear medicine physicist is accountable for be assisted with the testing and evaluation of equipment who have the required training and skills, as physicist or nuclear medicine physicist. (For more .01.03, EPs 1 and 2; HR.11.02.01, EP 2)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				CoPs: §482.53(c)(2)
EC.02.04.03, EP 18	The critical access hospital maintains the quality of the diagnostic computed tomography (CT), positron emission tomography (PET), magnetic resonance imaging (MRI), and nuclear medicine (NM) images produced.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.04.03, EP 20	 For diagnostic computed tomography (CT) services: At least annually, a diagnostic medical physicist does the following: Measures the radiation dose (in the form of volume computed tomography dose index [CTDIvol]) produced by each diagnostic CT imaging system for the following four CT protocols: adult brain, adult abdomen, pediatric brain, and pediatric abdomen. If one or more of these protocols is not used by the critical access hospital, other commonly used CT protocols may be substituted. Verifies that the radiation dose (in the form of CTDIvol) produced and measured for each protocol tested is within 20 percent of the CTDIvol displayed on the CT console. The dates, results, and verifications of these measurements are documented. Note 1: This element of performance is only applicable for systems capable of calculating and displaying radiation doses. Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions. Note 3: Medical physicists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist. (For more information, refer to HR.01.01.01, EP 1; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1) 	Moved and Revised	NPG.13.03.01, EP 4	For diagnostic computed tomore medical physicist does the foll - Measures the radiation dose of index [CTDIvol]) produced by effour CT protocols: adult brain, abdomen. If one or more of the hospital, other commonly used - Verifies that the radiation dos for each protocol tested is with console. The dates, results, an documented. Note 1: This element of perform radiographic imaging studies protocol tested is with the radiographic imaging studies protocol tested is are assisted with the testing and erwho have the required training information, refer to HR.11.01.
EC.02.04.03, EP 21	For diagnostic computed tomography (CT) services: At least annually, a diagnostic medical physicist conducts a performance evaluation of all CT imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluation includes the use of phantoms to assess the following imaging metrics: - Image uniformity - Scout prescription accuracy - Alignment light accuracy - Table travel accuracy - Table travel accuracy - Radiation beam width - High-contrast resolution - Low-contrast detectability - Geometric or distance accuracy - CT number accuracy and uniformity - Artifact evaluation Note 1: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions. Note 2: Medical physicists are accountable for these activities. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist. (For more	Moved and Revised	NPG.13.03.01, EP 5	For diagnostic computed tomo medical physicist conducts a p The evaluation results, along w identified, are documented. Th the following imaging metrics: - Image uniformity - Scout prescription accuracy - Alignment light accuracy - Table travel accuracy - Radiation beam width - High-contrast resolution - Low-contrast detectability - Geometric or distance accura - CT number accuracy and unif - Artifact evaluation Note 1: This element of perform radiographic imaging studies p maxillofacial region or to obtain Note 2: Medical physicists are assisted with the testing and evaluation

omography (CT) services: At least annually, a diagnostic following:

ose (in the form of volume computed tomography dose by each diagnostic CT imaging system for the following ain, adult abdomen, pediatric brain, and pediatric these protocols is not used by the critical access used CT protocols may be substituted.

dose (in the form of CTDIvol) produced and measured within 20 percent of the CTDIvol displayed on the CT , and verifications of these measurements are

formance is only applicable for systems capable of radiation doses.

formance does not apply to dental cone beam CT es performed for diagnosis of conditions affecting the tain guidance for the treatment of such conditions. are accountable for these activities. They may be d evaluation of equipment performance by individuals ing and skills, as determined by the physicist. (For more .01.03, EP 1; HR.11.02.01, EP 2; NPG.12.04.01, EP 3)

omography (CT) services: At least annually, a diagnostic a performance evaluation of all CT imaging equipment. g with recommendations for correcting any problems . The evaluation includes the use of phantoms to assess cs:

curacy uniformity

formance does not apply to dental cone beam CT es performed for diagnosis of conditions affecting the btain guidance for the treatment of such conditions. are accountable for these activities. They may be d evaluation of equipment performance by individuals

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	information, refer to HR.01.01.01, EP 1; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP			who have the required training
	1)			information, refer to HR.11.07
EC.02.04.03, EP 22	At least annually, a diagnostic medical physicist or magnetic resonance imaging	Moved and Revised	NPG.13.03.01, EP 6	At least annually, a diagnostic
	(MRI) scientist conducts a performance evaluation of all MRI imaging equipment.			(MRI) scientist conducts a pe
	The evaluation results, along with recommendations for correcting any problems			The evaluation results, along
	identified, are documented. The evaluation includes the use of phantoms to assess			identified, are documented. T
	the following imaging metrics:			the following imaging metrics
	- Image uniformity for all radiofrequency (RF) coils used clinically			- Image uniformity for all radio
	- Signal-to-noise ratio (SNR) for all coils used clinically			- Signal-to-noise ratio (SNR) f
	- Slice thickness accuracy			- Slice thickness accuracy
	- Slice position accuracy			- Slice position accuracy
	- Alignment light accuracy			- Alignment light accuracy
	- High-contrast resolution			- High-contrast resolution
	- Low-contrast resolution (or contrast-to-noise ratio)			- Low-contrast resolution (or
	- Geometric or distance accuracy			- Geometric or distance accu
	- Magnetic field homogeneity			- Magnetic field homogeneity
	- Artifact evaluation			- Artifact evaluation
	Note: Medical physicists or MRI scientists are accountable for these activities. They			Note: Medical physicists or M
	may be assisted with the testing and evaluation of equipment performance by			may be assisted with the test
	individuals who have the required training and skills, as determined by the medical			individuals who have the requ
	physicist or MRI scientist. (For more information, refer to HR.01.01.01, EP 1;			physicist or MRI scientist. (Fo
	HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1)			HR.11.02.01, EP 2; NPG.12.04
EC.02.04.03, EP 23	At least annually, a diagnostic medical physicist or nuclear medicine physicist	Consolidation of	PE.05.01.01, EP 1	At least annually, a diagnostic
	conducts a performance evaluation of all nuclear medicine imaging equipment.	EC.02.04.03, EP 16;		inspects, tests, and calibrates
	The evaluation results, along with recommendations for correcting any problems	EC.02.04.03, EP 23		results, along with recommer
	identified, are documented. The evaluations are conducted for all of the image			documented. These activities
	types produced clinically by each NM scanner (for example, planar and/or			clinically by each NM scanne
	tomographic) and include the use of phantoms to assess the following imaging			include the use of phantoms
	metrics:			- Image uniformity/system un
	- Image uniformity/system uniformity			- High-contrast resolution/sys
	- High-contrast resolution/system spatial resolution			- Sensitivity
	- Sensitivity			- Energy resolution
	- Energy resolution			- Count-rate performance
	- Count-rate performance			- Artifact evaluation
	- Artifact evaluation			Note 1: The following test is re
	Note 1: The following test is recommended, but not required: Low-contrast			resolution or detectability for
	resolution or detectability for non-planar acquisitions.			Note 2: The medical physicist
	Note 2: The medical physicist or nuclear medicine physicist is accountable for			these activities. They may be
	these activities. They may be assisted with the testing and evaluation of equipment			performance by individuals w
	performance by individuals who have the required training and skills, as			determined by the medical pl
	determined by the medical physicist or nuclear medicine physicist. (For more			information, refer to HR.11.07
	information, refer to HR.01.01.01, EP 1; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP			
	1)			CoPs: §482.53(c)(2)
EC.02.04.03, EP 24	At least annually, a diagnostic medical physicist conducts a performance	Moved and Revised	PE.05.01.01, EP 2	At least annually, a diagnostic
	evaluation of all positron emission tomography (PET) imaging equipment. The			evaluation of all positron emi
	evaluation results, along with recommendations for correcting any problems			evaluation results, along with
	identified, are documented. The evaluations are conducted for all of the image			identified, are documented. T
	types produced clinically by each PET scanner (for example, planar and/or			types produced clinically by e
	tomographic) and include the use of phantoms to assess the following imaging			tomographic) and include the

ing and skills, as determined by the physicist. (For more .01.03, EP 1; HR.11.02.01, EP 2; NPG.12.04.01, EP 3)

tic medical physicist or magnetic resonance imaging performance evaluation of all MRI imaging equipment. In with recommendations for correcting any problems . The evaluation includes the use of phantoms to assess cs:

diofrequency (RF) coils used clinically

for all coils used clinically

or contrast-to-noise ratio) curacy ity

MRI scientists are accountable for these activities. They sting and evaluation of equipment performance by quired training and skills, as determined by the medical For more information, refer to HR.11.01.03, EP 1; .04.01, EP 3)

tic medical physicist or nuclear medicine physicist tes all nuclear medicine (NM) imaging equipment. The endations for correcting any problems identified, are es are conducted for all of the image types produced her (for example, planar and/or tomographic) and is to assess the following imaging metrics:

uniformity

system spatial resolution

recommended but not required: Low-contrast or non-planar acquisitions.

ist or nuclear medicine physicist is accountable for be assisted with the testing and evaluation of equipment who have the required training and skills, as physicist or nuclear medicine physicist. (For more .01.03, EPs 1 and 2; HR.11.02.01, EP 2)

tic medical physicist conducts a performance nission tomography (PET) imaging equipment. The th recommendations for correcting any problems . The evaluations are conducted for all of the image y each PET scanner (for example, planar and/or he use of phantoms to assess the following imaging

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- Displayed air-kerma rate and cumulative-air kerma accuracy (when applicable) Note 1: Medical physicists conducting performance evaluations may be assisted with the testing and evaluation of equipment performance by individuals who have			- Maximum ovnogura rata in fl
Note 1: Medical physicists conducting performance evaluations may be assisted with the testing and evaluation of equipment performance by individuals who have			- maximum exposure rate In It
with the testing and evaluation of equipment performance by individuals who have			- Displayed air-kerma rate and
			Note 1: Medical physicists co
			with the testing and evaluatio
the required training and skills, as determined by the physicist.			the required training and skills
Note 2: This element of performance does not apply to fluoroscopy equipment			Note 2: This element of perfo
used for therapeutic radiation treatment planning or delivery.			used for therapeutic radiatior
The critical access hospital designs and installs utility systems according to	Deleted EP -	N/A	N/A
National Fire Protection Association codes to meet patient care and operational	Replaced with more		
needs.			
CoPs: §482.41, §485.623(b)(1)	within SPG		
		N/A	N/A
- · ·	-		
	()		
	-		
CoPs: §482.41(c), §485.623(b)(1)			
	Deleted EP -	N/A	N/A
	Replaced with more		
CoPs: §482.41(d)(2), §485.623(b)(1)			
	within SPG		
The critical access hospital identifies high-risk operating components of utility	Deleted EP -	N/A	N/A
systems on the inventory for which there is a risk of serious harm or death to a	Replaced with more		
patient or staff member should the component fail.	direct EP(s) or		
Note: High-risk utility system components include life-support equipment.	moved to guidance		
	within SPG		
CoPs: §482.41(d)(2), §485.623(b)(1)			
The critical access hospital identifies the activities and associated frequencies, in	Deleted EP -	N/A	N/A
writing, for inspecting, testing, and maintaining all operating components of utility	Replaced with more		
systems on the inventory.	direct EP(s) or		
Note: For guidance on maintenance and testing activities for Essential Electric	moved to guidance		
Systems (Type I), see NFPA 99-2012: 6.4.4.	within SPG		
CoPs: §482.41(d)(2), §485.623(b)(1)			
	Deleted EP -	N/A	N/A
	-		
·			
branch circuit for the fire alarm panel is located in the control unit. For additional			
			1
	National Fire Protection Association codes to meet patient care and operational needs. CoPs: \$482.41, \$485.623(b)(1) New building systems and modifications to existing building systems are designed to meet the National Fire Protection Association's Categories 1–4 requirements. (For full text, refer to NFPA 99-2012: Chapter 4 for descriptions of the four categories related to gas, vacuum, electrical, and electrical equipment.) CoPs: \$482.41(c), \$485.623(b)(1) The critical access hospital maintains a written inventory of all operating components of utility systems. CoPs: \$482.41(d)(2), \$485.623(b)(1) The critical access hospital identifies high-risk operating components of utility systems on the inventory for which there is a risk of serious harm or death to a patient or staff member should the component fail. Note: High-risk utility system components include life-support equipment. CoPs: \$482.41(d)(2), \$485.623(b)(1) The critical access hospital identifies the activities and associated frequencies, in writing, for inspecting, testing, and maintaining all operating components of utility systems on the inventory. Note: For guidance on maintenance and testing activities for Essential Electric	National Fire Protection Association codes to meet patient care and operational needs.Replaced with more direct EP(s) or moved to guidance within SPGCoPs: §482.41, §485.623(b)(1)Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPGNew building systems and modifications to existing building systems are designed to meet the National Fire Protection Association's Categories 1–4 requirements. (For full text, refer to NFPA 99-2012: Chapter 4 for descriptions of the four categories related to gas, vacuum, electrical, and electrical equipment.)Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPGCoPs: §482.41(c), §485.623(b)(1)Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPGThe critical access hospital identifies high-risk operating components of utility systems on the inventory for which there is a risk of serious harm or death to a patient or staff member should the component fail. Note: High-risk utility system components include life-support equipment.Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPGCoPs: §482.41(d)(2), §485.623(b)(1)Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPGCoPs: §482.41(d)(2), §485.623(b)(1)Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPGCoPs: §482.41(d)(2), §485.623(b)(1)Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPGCoPs: §482.41(d)(2), §485.623(b)(1)Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPGCoPs: §482.41(d)(2), §485.623(b)(1)Deleted EP - R	National Fire Protection Association codes to meet patient care and operational needs. Replaced with more direct EP(s) or moved to guidance within SPG CoPs: \$482.41, \$485.623(b)(1) Within SPG New building systems and modifications to existing building systems are designed to meet the National Fire Protection Association's Categories 1–4 requirements. (For full text, refer to NFPA 99-2012: Chapter 4 for descriptions of the four categories related to gas, vacuum, electrical, and electrical equipment.) N/A CoPs: \$482.41(c), \$485.623(b)(1) Deleted EP - The critical access hospital maintains a written inventory of all operating components of utility systems. Deleted EP - CoPs: \$482.41(d)(2), \$485.623(b)(1) N/A The critical access hospital identifies high-risk operating components of utility systems on the inventory for which there is a risk of serious harm or death to a patient or staff member should the component fail. N/A Note: High-risk utility system components include life-support equipment. Deleted EP - Note: High-risk utility system components include life-support equipment. N/A Replaced with more direct EP(s) or moved to guidance within SPG N/A CoPs: \$482.41(d)(2), \$485.623(b)(1) Deleted EP - The critical access hospital identifies the activities and associated frequencies, in writing, for inspecting, testing, and maintaining all operating components of utility system controls to facilitate partial or cristin a more dating activities for Essential E

e layer)

n fluoroscopic mode

and cumulative-air kerma accuracy (when applicable) conducting performance evaluations may be assisted tion of equipment performance by individuals who have kills, as determined by the physicist.

formance does not apply to fluoroscopy equipment ion treatment planning or delivery.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.41(a)			
EC.02.05.01, EP 10	The critical access hospital has written procedures for responding to utility system disruptions.	Consolidation of EC.02.05.01, EP 10; EC.02.05.01, EP 11;	NPG.11.03.01, EP 1	The critical access hospital de responding to utility system d to shutting off a malfunctionir
	CoPs: §482.41(a), §482.41(a)(2)	EC.02.05.01, EP 13		_
EC.02.05.01, EP 11	The critical access hospital's procedures address shutting off the malfunctioning system and notifying staff in affected areas.	Consolidation of EC.02.05.01, EP 10; EC.02.05.01, EP 11;	NPG.11.03.01, EP 1	The critical access hospital de responding to utility system d to shutting off a malfunctionir
EC.02.05.01, EP 12	CoPs: §482.41(a), §482.41(a)(2), §482.41(d)(2) The critical access hospital's procedures address performing emergency clinical	EC.02.05.01, EP 13 Deleted EP -	N/A	N/A
EG.02.03.01, EF 12	interventions during utility system disruptions.	Replaced with more direct EP(s) or		
	CoPs: §482.41(a), §482.41(a)(2)	moved to guidance within SPG		
EC.02.05.01, EP 13	The critical access hospital responds to utility system disruptions as described in its procedures.	Consolidation of EC.02.05.01, EP 10; EC.02.05.01, EP 11;	NPG.11.03.01, EP 1	The critical access hospital de responding to utility system d to shutting off a malfunctionir
	CoPs: §482.41(a), §482.41(a)(2)	EC.02.05.01, EP 13 Deleted EP -	N/A	N/A
EC.02.05.01, EP 15	In critical care areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, temperature, and humidity. For new and existing health care facilities, or altered, renovated, or modernized portions of existing systems or individual components (constructed or plans approved on or after July 5, 2016), heating, cooling, and ventilation are in accordance with NFPA 99-2012, which includes 2008 ASHRAE 170, or state design requirements if more stringent. Note 1: Existing facilities may elect to implement a Centers for Medicare & Medicaid Services (CMS) categorical waiver to reduce their relative humidity to 20% in operating rooms and other anesthetizing locations. Should the facility elect the waiver, it must be included in its Basic Building Information (BBI), and the facility's equipment and supplies must be compatible with the humidity reduction. For further information on waiver and equivalency requests, see https://www.jointcommission.org/resources/patient-safety-topics/the-physical-environment/life-safety-code-information-and-resources/. Note 2: Existing facilities may comply with the 2012 NFPA 99 ventilation requirements or the ventilation requirements in the edition of the NFPA code previously adopted by CMS at the time of installation (for example, 1999 NFPA 99). CoPs: \$482.41(d)(2), \$482.42, \$485.623(b)(1), \$485.623(b)(5), \$485.640	Replaced with more direct EP(s) or moved to guidance within SPG		
EC.02.05.01, EP 16	In non–critical care areas, the ventilation system provides required pressure relationships, temperature, and humidity. Note: Examples of non–critical care areas are general care nursing units; clean and	Moved and Revised	PE.04.01.01, EP 3	The critical access hospital ha control in all pharmaceutical,
	soiled utility rooms in acute care areas; laboratories, pharmacies, diagnostic and treatment areas, food preparation areas, and other support departments.			CoPs: §482.41(d)(4), §485.623
	CoPs: §482.41(d)(4)			

l develops and implements written procedures for n disruptions. The procedures include but are not limited oning system and notifying staff in the affected areas.

l develops and implements written procedures for n disruptions. The procedures include but are not limited ning system and notifying staff in the affected areas.

l develops and implements written procedures for n disruptions. The procedures include but are not limited ning system and notifying staff in the affected areas.

l has proper ventilation, lighting, and temperature cal, patient care, and food preparation areas.

623(b)(5)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
EC.02.05.01, EP 17	The critical access hospital maps the distribution of its utility systems.	Deleted EP -	N/A	N/A
		Replaced with more		
	CoPs: §482.41(a)	direct EP(s) or		
		moved to guidance		
		within SPG		
EC.02.05.01, EP 18	Medical gas storage rooms and transfer and manifold rooms comply with NFPA 99-	Deleted EP -	N/A	N/A
	2012: 9.3.7.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(c)	moved to guidance		
		within SPG		
EC.02.05.01, EP 19	The emergency power supply system's equipment and environment are maintained	Deleted EP -	N/A	N/A
	per manufacturers' recommendations, including ambient temperature not less	Replaced with more		
	than 40°F; ventilation supply and exhaust; and water jacket temperature (when	direct EP(s) or		
	required). (For full text, refer to NFPA 99-2012: 9.3.10)	moved to guidance		
		within SPG		
	CoPs: §482.41(c)			
EC.02.05.01, EP 20	Operating rooms are considered wet procedure locations, unless otherwise	Deleted EP -	N/A	N/A
	determined by a risk assessment authorized by the facility governing body.	Replaced with more		
	Operating rooms defined as wet locations are protected by either isolated power or	direct EP(s) or		
	ground-fault circuit interrupters. A written record of the risk assessment is	moved to guidance		
	maintained and available for inspection. (For full text, refer to NFPA 99-2012:	within SPG		
	6.3.2.2.8.4; 6.3.2.2.8.7; 6.4.4.2)			
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.05.01, EP 21	Electrical distribution in the critical access hospital is based on the following	Deleted EP -	N/A	N/A
	categories:	Replaced with more		
	- Category 1: Critical care rooms served by a Type 1 essential electrical system	direct EP(s) or		
	(EES) in which electrical system failure is likely to cause major injury or death to	moved to guidance		
	patients, including all rooms where electric life support equipment is required.	within SPG		
	- Category 2: General care rooms served by a Type 1 or Type 2 EES in which			
	electrical system failure is likely to cause minor injury to patients.			
	- Category 3: Basic care rooms in which electrical system failure is not likely to			
	cause injury to patients. Patient care rooms are required to have a Type 3 EES			
	where the life safety branch has an alternate source of power that will be effective			
	for 1 1/2 hours.			
	(For full text, refer to NFPA 99-2012: 3.3.138; 6.3.2.2.10; 6.6.2.2.2; 6.6.3.1.1)			
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.05.01, EP 22	Hospital-grade receptacles at patient bed locations and where deep sedation or	Deleted EP -	N/A	N/A
	general anesthesia is administered are tested after initial installation, replacement,	Replaced with more		
	or servicing. In pediatric locations, receptacles in patient rooms (other than	direct EP(s) or		
	nurseries), bathrooms, play rooms, and activity rooms are listed tamper-resistant	moved to guidance		
	or have a listed tamper-resistant cover. Electrical receptacles or cover plates	within SPG		
	supplied from the life safety and critical branches have a distinctive color or			
	marking. (For full text, refer to NFPA 99-2012: 6.3.2; 6.3.3; 6.3.4; 6.4.2.2.6;			
	6.5.2.2.4.2; 6.6.2.2.3.2)			
	CoPs: §482.41(d)(2), §485.623(b)(1)	1		

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
EC.02.05.01, EP 23	Power strips in a patient care vicinity are only used for components of movable	Deleted EP -	N/A	N/A
	electrical equipment assemblies used for patient care. These power strips meet UL	Replaced with more		
	1363A or UL 60601-1. Power strips used outside of a patient care vicinity, but within	direct EP(s) or		
	the patient care room, meet UL 1363. In non-patient care rooms, power strips meet	moved to guidance		
	other UL standards. (For full text, refer to NFPA 99-2012: 10.2.3.6; 10.2.4; NFPA 70-	within SPG		
	2011: 400-8; 590.3(D); Tentative Interim Amendment [TIA] 12-5)			
	Note 1: The mounting of power strips to medical equipment assemblies or the			
	reconfiguration of equipment powered by power strips in a medical equipment			
	assembly must be performed by personnel who are qualified to make certain that			
	this is done in accordance with NFPA 99-2012: 10.2.3.6.			
	Note 2: Per NFPA 99-2012: 3.3.138, patient care room is defined as any room of a			
	health care facility wherein patients are intended to be examined or treated. Per			
	NFPA 99-2012: 3.3.139, patient care vicinity is defined as a space, within a location			
	intended for the examination and treatment of patients, extending 1.8 meters (6			
	feet) beyond the normal location of the bed, chair, table, treadmill, or other device			
	that supports the patient during examination and treatment and extending			
	vertically to 2.3 meters (7 feet, 6 inches) above the floor.			
	Note 3: In new facilities, the number of receptacles shall be in accordance with			
	NFPA 99-2012: 6.3.2.2.6.2. If patient bed locations in existing health care facilities			
	undergo renovation or a change in occupancy, the number of receptacles must be			
	increased to meet the requirements of NFPA 99-2012: 6.3.2.2.6.2 to eliminate the			
	need for power strips.			
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.05.01, EP 24	Extension cords are not used as a substitute for fixed wiring in a building. Extension	Deleted EP -	N/A	N/A
	cords used temporarily are removed immediately upon completion of the intended	Replaced with more		
	purpose. (For full text, refer to NFPA 99-2012: 10.2.3.6; 10.2.4; NFPA 70-2011: 400-	direct EP(s) or		
	8; 590.3(D); Tentative Interim Amendment [TIA] 12-5)	moved to guidance		
	$C_{2}D_{2}$, S402, 41/d)(2), S405, C22/b)(1)	within SPG		
	CoPs: §482.41(d)(2), §485.623(b)(1)	Deleted FD	N1/A	N1/A
EC.02.05.01, EP 25	Areas designated for administration of general anesthesia (specifically, inhaled	Deleted EP -	N/A	N/A
	anesthetics) using medical gases or vacuum are in accordance with NFPA 101-	Replaced with more		
	2012: 8.7 and NFPA 99-2012 as follows:	direct EP(s) or		
	- Zone valves are located immediately outside each anesthetizing location for	moved to guidance		
	medical gas or vacuum, readily accessible in an emergency, and arranged so	within SPG		
	shutting off any one anesthetizing location will not affect others.			
	- Area alarm panels are installed to monitor all medical gas, medical-surgical			
	vacuum, and piped waste anesthetic gas disposal (WAGD) systems. Alarm panels			
	include visual and audible sensors and are in locations that provide for			
	surveillance, including medical gas pressure decreases of 20% and vacuum			
	decreases of 12-inch gauge HgV (mercury vacuum).			
	- Alarm sensors are installed either on the source side of individual room zone valve			
	box assemblies or on the patient/use side of each of the individual zone valve box			
	assemblies. (For full text, refer to NFPA 101-2012: 18/19.3.2.3; NFPA 99-2012: 5.1.4.8.7; 5.1.9.3)			
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.05.01, EP 26	Areas designated for administration of general anesthesia (specifically, inhaled	Deleted EP -	N/A	N/A
1	anesthetics) using medical gases or vacuum are in accordance with NFPA 101-	Replaced with more	1	

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	2012: 8.7 and NFPA 99-2012 as follows: The essential electrical system's (EES)	direct EP(s) or		
	critical branch supplies power for task illumination, fixed equipment, select	moved to guidance		
	receptacles, and select power circuits. The EES equipment system supplies power	within SPG		
	to the ventilation system. (For full text, refer to NFPA 101-2012: 18/19.3.2.3; NFPA			
	99-2012: 6.4.2.2.4.2)			
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.05.01, EP 27	Newly engineered smoke control systems are designed, installed, maintained, and	Deleted EP -	N/A	N/A
	tested per NFPA 92-2012. Existing smoke control systems are tested and	Replaced with more		
	maintained to established engineering principles unless specifically exempted by	direct EP(s) or		
	the authority having jurisdiction. Systems not meeting the performance requirements of the testing specified in NFPA 101-2012: 19.7.7.1 can be continued	moved to guidance within SPG		
	in operation only with the specific approval of the authority having jurisdiction. (For	within SFG		
	full text, refer to NFPA 101-2012: 18/19: 7.7; NFPA 92-2012)			
	Note: The smoke plume created by the thermal destruction of tissue by cauterizing			
	equipment and lasers is addressed at Standard EC.02.02.01, EP 9.			
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.05.02, EP 1	The water management program has an individual or a team responsible for the	Moved	PE.04.01.05, EP 1	The water management progr
	oversight and implementation of the program, including but not limited to			oversight and implementation
	development, management, and maintenance activities.			development, management,
	CoPs: §482.41(d)(2), §482.42(a)(3), §485.623(b)(1), §485.640(a)(3)			CoPs: §482.41(d)(2), §482.42
EC.02.05.02, EP 2	The individual or team responsible for the water management program develops	Moved	PE.04.01.05, EP 2	The individual or team respor
	the following:			the following:
	- A basic diagram that maps all water supply sources, treatment systems,			- A basic diagram that maps a
	processing steps, control measures, and end-use points			processing steps, control me
	Note: An example would be a flow chart with symbols showing sinks, showers,			Note: An example would be a
	water fountains, ice machines, and so forth.			water fountains, ice machine
	- A water risk management plan based on the diagram that includes an evaluation of the physical and chemical conditions of each step of the water flow diagram to			- A water risk management pl
	identify any areas where potentially hazardous conditions may occur (these			of the physical and chemical identify any areas where pote
	conditions are most likely to occur in areas with slow or stagnant water)			conditions are most likely to d
	Note: Refer to the Centers for Disease Control and Prevention's "Water Infection			Note: Refer to the Centers for
	Control Risk Assessment (WICRA) for Healthcare Settings" tool as an example for			Control Risk Assessment (WI
	conducting a water-related risk assessment.			conducting a water-related ris
	- A plan for addressing the use of water in areas of buildings where water may have			- A plan for addressing the us
	been stagnant for a period of time (for example, unoccupied or temporarily closed			been stagnant for a period of
	areas)			areas)
	- An evaluation of the patient populations served to identify patients who are			- An evaluation of the patient
	immunocompromised			immunocompromised
	- Monitoring protocols and acceptable ranges for control measures			- Monitoring protocols and ac
	Note: Critical access hospitals should consider incorporating basic practices for			Note: Critical access hospita
	water monitoring within their water management programs that include monitoring			water monitoring within their
	of water temperature, residual disinfectant, and pH. In addition, protocols should			of water temperature, residua
	include specificity around the parameters measured, locations where			include specificity around the
	measurements are made, and appropriate corrective actions taken when			measurements are made, and
	parameters are out of range.			parameters are out of range.

ogram has an individual or a team responsible for the ion of the program, including but not limited to t, and maintenance activities.

42(a)(3), §485.623(b)(1), §485.640(a)(3)

onsible for the water management program develops

- s all water supply sources, treatment systems, neasures, and end-use points
- e a flow chart with symbols showing sinks, showers, nes, and so forth.
- plan based on the diagram that includes an evaluation al conditions of each step of the water flow diagram to otentially hazardous conditions may occur (these
- o occur in areas with slow or stagnant water)
- for Disease Control and Prevention's "Water Infection NICRA) for Healthcare Settings" tool as an example for risk assessment.
- use of water in areas of buildings where water may have of time (for example, unoccupied or temporarily closed

nt populations served to identify patients who are

- acceptable ranges for control measures
- tals should consider incorporating basic practices for eir water management programs that include monitoring ual disinfectant, and pH. In addition, protocols should the parameters measured, locations where and appropriate corrective actions taken when

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.41(d)(2), §482.42(a)(3), §485.623(b)(1), §485.640(a)(3)			CoPs: §482.41(d)(2), §482.42(
EC.02.05.02, EP 3	 The individual or team responsible for the water management program manages the following: Documenting results of all monitoring activities Corrective actions and procedures to follow if a test result outside of acceptable limits is obtained, including when a probable or confirmed waterborne pathogen(s) indicates action is necessary Documenting corrective actions taken when control limits are not maintained Note: See EC.04.01.01, EP 1 for the process of monitoring, reporting, and investigating utility system issues. 	Moved and Revised	PE.04.01.05, EP 3	The individual or team respon the following: - Documenting results of all n - Corrective actions and proc limits is obtained, including w indicates action is necessary - Documenting corrective act Note: See PE.07.01.01, EP 1 f investigating utility system iss
EC.02.05.02, EP 4	CoPs: §482.41(d)(2), §485.623(b)(1)The individual or team responsible for the water management program reviews the program annually and when the following occurs: - Changes have been made to the water system that would add additional risk. - New equipment or an at-risk water system(s) has been added that could generate aerosols or be a potential source for Legionella. This includes the commissioning of a new wing or building. Note 1: The Joint Commission and the Centers for Medicare & Medicaid Services (CMS) do not require culturing for Legionella or other waterborne pathogens. Testing protocols are at the discretion of the critical access hospital unless required by law or regulation. Note 2: Refer to ASHRAE Standard 188-2018 "Legionellosis: Risk Management for Building Water Systems" and the Centers for Disease Control and Prevention Toolkit "Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings" for additional guidance on creating a water management plan. For additional guidance, consult ANSI/ASHRAE Guideline 12-2020 "Managing the Risk of Legionellosis Associated with Building Water Systems."	Moved and Revised	PE.04.01.05, EP 4	CoPs: §482.41(d)(2), §485.623 The individual or team respond program annually and when the - Changes have been made to - New equipment or an at-risk aerosols or be a potential sourd a new wing or building. Note 1: The Joint Commission (CMS) do not require culturing Testing protocols are at the di required by law or regulation. Note 2: Refer to ASHRAE Stan Building Water Systems" and Toolkit "Developing a Water M and Spread in Buildings" for g additional guidance, consult A of Legionellosis Associated w
EC.02.05.03, EP 1	For facilities that were constructed, or had a change in occupancy type, or have undergone an electrical system upgrade since 1983, the critical access hospital has a Type 1 or Type 3 essential electrical system in accordance with NFPA 99, 2012 edition. This essential electrical system must be divided into three branches, including the life safety branch, critical branch, and equipment branch. Both the life safety branch and the critical branch are kept independent of all other wiring and equipment, and they transfer within 10 seconds of electrical interruption. Each branch has at least one automatic transfer switch. For additional guidance, see NFPA 99-2012: 6.4.2.2.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.03, EP 2	The critical access hospital provides emergency power within 10 seconds for the following: Alarm systems, as required by the Life Safety Code. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b). CoPs: §482.41(a)(1)	Consolidation of EC.02.05.03, EP 2; EC.02.05.03, EP 3; EC.02.05.03, EP 4; EC.02.05.03, EP 4; EC.02.05.03, EP 5; EC.02.05.03, EP 6; EC.02.05.03, EP 7; EC.02.05.03, EP 13; EC.02.05.03, EP 16	PE.04.01.03, EP 1	The critical access hospital have areas, at a minimum: - Operating rooms - Recovery rooms - Intensive care - Emergency rooms - Stairwells Battery lamps and flashlights emergency power supply sou

42(a)(3), §485.623(b)(1), §485.640(a)(3) consible for the water management program manages Il monitoring activities rocedures to follow if a test result outside of acceptable g when a probable or confirmed waterborne pathogen(s) ary actions taken when control limits are not maintained 1 for the process of monitoring, reporting, and issues.

623(b)(1)

onsible for the water management program reviews the n the following occurs:

to the water system that would add additional risk. isk water system(s) has been added that could generate ource for Legionella. This includes the commissioning of

ion and the Centers for Medicare & Medicaid Services ing for Legionella or other waterborne pathogens. discretion of the critical access hospital unless n.

andard 188-2018 "Legionellosis: Risk Management for nd the Centers for Disease Control and Prevention r Management Program to Reduce Legionella Growth r guidance on creating a water management plan. For olt ANSI/ASHRAE Guideline 12-2020 "Managing the Risk I with Building Water Systems."

623(b)(1)

l has emergency power and lighting in the following

its are available in all other areas not serviced by the ource.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				$C_0 P_0; 8492, 41(0)(1)$
EC.02.05.03, EP 3	The critical access hospital provides emergency power within 10 seconds for the	Consolidation of	PE.04.01.03, EP 1	CoPs: §482.41(a)(1) The critical access hospital h
LO.02.03.03, LI 3	following: Exit route and exit sign illumination, as required by the Life Safety Code.	EC.02.05.03, EP 2;	1 2.04.01.03, 21 1	areas, at a minimum:
	Note: For guidance in establishing a reliable emergency power system (that is, an	EC.02.05.03, EP 3;		- Operating rooms
	essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA	EC.02.05.03, EP 3, EC.02.05.03, EP 4;		- Recovery rooms
	110-2010: 4.1; Table 4.1(b).	EC.02.05.03, EP 4, EC.02.05.03, EP 5;		- Intensive care
	110-2010. 4.1, Table 4.1(b).	EC.02.05.03, EP 6;		- Emergency rooms
	CoPs: §482.41(a)(1)	EC.02.05.03, EP 8, EC.02.05.03, EP 7;		- Stairwells
	Cors. 3402.41(d)(1)	EC.02.05.03, EP 13;		Battery lamps and flashlights
		EC.02.05.03, EP 13, EC.02.05.03, EP 16		emergency power supply sou
				CoPs: §482.41(a)(1)
EC.02.05.03, EP 4	New buildings equipped with or requiring the use of life support systems (electro-	Consolidation of	PE.04.01.03, EP 1	The critical access hospital ha
· · · · · ·	mechanical or inhalation anesthetics) have illumination of means of egress,	EC.02.05.03, EP 2;		areas, at a minimum:
	emergency lighting equipment, exit, and directional signs supplied by the life safety	EC.02.05.03, EP 3;		- Operating rooms
	branch of the electrical system described in NFPA 99. (For full text, refer to NFPA	EC.02.05.03, EP 4;		- Recovery rooms
	101-2012: 18.2.9.2; 18.2.10.5; NFPA 99-2012: 6.4.2.2)	EC.02.05.03, EP 5;		- Intensive care
		EC.02.05.03, EP 6;		- Emergency rooms
	CoPs: §482.41(a)(1), §485.623(a)	EC.02.05.03, EP 7;		- Stairwells
		EC.02.05.03, EP 13;		Battery lamps and flashlights
		EC.02.05.03, EP 16		emergency power supply sou
				CoPs: §482.41(a)(1)
EC.02.05.03, EP 5	The critical access hospital provides emergency power within 10 seconds for the	Consolidation of	PE.04.01.03, EP 1	The critical access hospital ha
	following: Emergency communication systems, as required by the Life Safety Code.	EC.02.05.03, EP 2;		areas, at a minimum:
	Note: For guidance in establishing a reliable emergency power system (that is, an	EC.02.05.03, EP 3;		- Operating rooms
	essential electrical distribution system), see NFPA 99-2012: 6.4.2.2; NFPA 110-	EC.02.05.03, EP 4;		- Recovery rooms
	2010: 4.1; Table 4.1(b).	EC.02.05.03, EP 5;		- Intensive care
		EC.02.05.03, EP 6;		- Emergency rooms
	CoPs: §482.41(a)(1)	EC.02.05.03, EP 7;		- Stairwells
		EC.02.05.03, EP 13;		Battery lamps and flashlights
		EC.02.05.03, EP 16		emergency power supply sou
				CoPs: §482.41(a)(1)
EC.02.05.03, EP 6	The critical access hospital provides emergency power within 10 seconds for the	Consolidation of	PE.04.01.03, EP 1	The critical access hospital ha
	following: Equipment that could cause patient harm when it fails, including life-	EC.02.05.03, EP 2;		areas, at a minimum:
	support systems; blood, bone, and tissue storage systems; medical air	EC.02.05.03, EP 3;		- Operating rooms
	compressors; and medical and surgical vacuum systems.	EC.02.05.03, EP 4;		- Recovery rooms
	Note: For guidance in establishing a reliable emergency power system (that is, an	EC.02.05.03, EP 5;		- Intensive care
	essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA	EC.02.05.03, EP 6;		- Emergency rooms
	110-2010: 4.1; Table 4.1(b).	EC.02.05.03, EP 7;		- Stairwells
		EC.02.05.03, EP 13;		Battery lamps and flashlights
	CoPs: §482.41(a)(1)	EC.02.05.03, EP 16		emergency power supply sou
				CoPs: §482.41(a)(1)
EC.02.05.03, EP 7	The critical access hospital provides emergency power within 10 seconds for the	Consolidation of	PE.04.01.03, EP 1	The critical access hospital ha
	following: Areas in which loss of power could result in patient harm, including	EC.02.05.03, EP 2;		areas, at a minimum:
	intensive care, emergency rooms, operating rooms, recovery rooms, obstetrical	EC.02.05.03, EP 3;		- Operating rooms

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Its are available in all other areas not serviced by the ource.

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	delivery rooms, and nurseries.	EC.02.05.03, EP 4;		- Recovery rooms
	Note: For guidance in establishing a reliable emergency power system (that is, an	EC.02.05.03, EP 5;		- Intensive care
	essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA	EC.02.05.03, EP 6;		- Emergency rooms
	110-2010: 4.1; Table 4.1(b).	EC.02.05.03, EP 7;		- Stairwells
		EC.02.05.03, EP 13;		Battery lamps and flashlights
	CoPs: §482.41(a)(1)	EC.02.05.03, EP 16		emergency power supply sou
				CoPs: §482.41(a)(1)
EC.02.05.03, EP 11	The critical access hospital provides emergency power within 10 seconds for the	Deleted EP -	N/A	N/A
	following: Emergency lighting at emergency generator locations. The critical access	Replaced with more		
	hospital's emergency power system (EPS) has a remote manual stop station (with	direct EP(s) or		
	identifying label) to prevent inadvertent or unintentional operation. A remote	moved to guidance		
	annunciator (powered by storage battery) is located outside the EPS location.	within SPG		
	Note: For guidance in establishing a reliable emergency power system (that is, an			
	essential electrical distribution system), refer to NFPA 99-2012: 6.4.1.1.6;			
	6.4.1.1.17; 6.4.2.2; NFPA 110-2010: 5.6.5.6; 7.3.1.			
EC.02.05.03, EP 12	Equipment designated to be powered by emergency power supply is energized by	Deleted EP -	N/A	N/A
	the critical access hospital's design. Staging of equipment startup is permissible.	Replaced with more		
	(For full text, refer to NFPA 99-2012: 6.4.2.2)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(a)(1), §485.623(a)	within SPG		
EC.02.05.03, EP 13	The critical access hospital provides emergency power for elevators selected to	Consolidation of	PE.04.01.03, EP 1	The critical access hospital h
	provide service to patients during interruption of normal power (at least one for	EC.02.05.03, EP 2;		areas, at a minimum:
	nonambulatory patients).	EC.02.05.03, EP 3;		- Operating rooms
	Note: For guidance in establishing a reliable emergency power system for the	EC.02.05.03, EP 4;		- Recovery rooms
	equipment branch (that is, an essential electrical distribution system), refer to	EC.02.05.03, EP 5;		- Intensive care
	NFPA 99-2012: 6.4.2.2.	EC.02.05.03, EP 6;		- Emergency rooms
		EC.02.05.03, EP 7;		- Stairwells
	CoPs: §482.41(a)(1)	EC.02.05.03, EP 13;		Battery lamps and flashlights
		EC.02.05.03, EP 16		emergency power supply sou
				CoPs: §482.41(a)(1)
EC.02.05.03, EP 14	The critical access hospital implements a policy to provide emergency backup for	Moved and Revised	NPG.11.03.01, EP 2	The critical access hospital c
	essential medication dispensing equipment identified by the critical access			emergency backup for essen
	hospital, such as automatic dispensing cabinets, medication carousels, and			critical access hospital, such
	central medication robots.			carousels, and central medic
	Note: Examples of emergency backup can include emergency power, battery-			Note: Examples of emergence
	based indoor generators, or other actions describing how dispensing and			based indoor generators, or o
	administration of medications will continue when emergency backup is needed.			administration of medication
EC.02.05.03, EP 15	The critical access hospital implements a policy to provide emergency backup for	Moved and Revised	NPG.11.03.01, EP 3	The critical access hospital c
	essential refrigeration for medications identified by the critical access hospital,			emergency backup for essen
	such as designated refrigerators and freezers.			critical access hospital, such
	Note: Examples of emergency backup can include emergency power, battery-			Note: Examples of emergence
	based indoor generators, or other actions describing how refrigeration of			based indoor generators, or o
	medications will continue when emergency backup is needed.			medications will continue wh
EC.02.05.03, EP 16	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Consolidation of	PE.04.01.03, EP 1	The critical access hospital h
	Battery lamps and flashlights are available in areas not serviced by the emergency	EC.02.05.03, EP 2;		areas, at a minimum:
	supply source.	EC.02.05.03, EP 3;		- Operating rooms
		EC.02.05.03, EP 4;		- Recovery rooms

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l develops and implements a policy to provide ential medication dispensing equipment identified by the ch as automatic dispensing cabinets, medication lication robots.

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		EC.02.05.03, EP 5;		- Intensive care
	CoPs: §482.41(a)(1)	EC.02.05.03, EP 6;		- Emergency rooms
		EC.02.05.03, EP 7;		- Stairwells
		EC.02.05.03, EP 13;		Battery lamps and flashlights a
		EC.02.05.03, EP 16		emergency power supply source
				CoPs: §482.41(a)(1)
EC.02.05.05, EP 2	The critical access hospital tests utility system components on the inventory before	Deleted EP -	N/A	N/A
	initial use and after major repairs or upgrades. The completion dates and test	Replaced with more		
	results are documented.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(d)(2), §485.623(a), §485.623(b)(1)	within SPG		
EC.02.05.05, EP 4	The critical access hospital inspects, tests, and maintains the following: High-risk	Deleted EP -	N/A	N/A
	utility system components on the inventory. The completion date and the results of	Replaced with more		
	the activities are documented.	direct EP(s) or		
	Note 1: A high-risk utility system includes components for which there is a risk of	moved to guidance		
	serious injury or even death to a patient or staff member should it fail, which	within SPG		
	includes life-support equipment.			
	Note 2: Required activities and associated frequencies for maintaining, inspecting,			
	and testing of utility systems components must have a 100% completion rate.			
	CoPs: §482.41(d)(2), §485.623(a), §485.623(b)(1)			
EC.02.05.05, EP 5	The critical access hospital inspects, tests, and maintains the following: Infection	Deleted EP -	N/A	N/A
20102100100, 21 0	control utility system components on the inventory. The completion date and the	Replaced with more		
	results of the activities are documented.	direct EP(s) or		
	Note: Required activities and associated frequencies for maintaining, inspecting,	moved to guidance		
	and testing of utility systems components must have a 100% completion rate.	within SPG		
	CoPs: §482.41(d)(2), §485.623(a), §485.623(b)(1)			
EC.02.05.05, EP 6	The critical access hospital inspects, tests, and maintains the following: Non-high-	Deleted EP -	N/A	N/A
	risk utility system components on the inventory. The completion date and the	Replaced with more		
	results of the activities are documented.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(d)(2), §485.623(a), §485.623(b)(1)	within SPG		
EC.02.05.05, EP 7	Line isolation monitors (LIM), if installed, are tested at least monthly by actuating	Deleted EP -	N/A	N/A
	the LIM test switch per NFPA 99-2012: 6.3.2.6.3.6, which activates both visual and	Replaced with more		
	audible alarms. For LIM circuits with automated self-testing, a manual test is	direct EP(s) or		
	performed at least annually. LIM circuits are tested per NFPA 99-2012: 6.3.3.3.2	moved to guidance		
	after any repair or renovation to the electric distribution system. Records are	within SPG		
	maintained of required tests and associated repairs or modifications, containing			
	date, room or area tested, and results. (For full text, refer to NFPA 99-2012: 6.3.2;			
	6.3.3; 6.3.4)			
	CoPs: §482.41(d)(2), §485.623(a)			
EC.02.05.05, EP 8	The critical access hospital meets NFPA 99-2012: Health Care Facilities Code	Deleted EP -	N/A	N/A
	requirements related to electrical systems and heating, ventilation, and air	Replaced with more		
	conditioning (HVAC). (For full text, refer to NFPA 99-2012: Chapters 6 and 9)	direct EP(s) or		
	Note: The critical access hospital meets the applicable provisions of the Health	moved to guidance		
	Care Facilities Code Tentative Interim Amendments (TIAs) 12-2 and 12-3.	within SPG		
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nts are available in all other areas not serviced by the ource.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.41(c), §482.41(d)(2), §485.623(a), §485.623(d)			
EC.02.05.07, EP 1	At least monthly, the critical access hospital performs a functional test of emergency lighting systems and exit signs required for egress and task lighting for a minimum duration of 30 seconds, along with a visual inspection of other exit signs. The test results and completion dates are documented. (For full text, refer to NFPA 101-2012: 7.9.3; 7.10.9; NFPA 99-2012: 6.3.2.2.11.5)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.05.07, EP 2	Every 12 months, the critical access hospital performs a functional test of battery- powered lights on the inventory required for egress and exit signs for a duration of 1 1/2 hours. For new construction, renovation, or modernization, battery-powered lighting in locations where deep sedation and general anesthesia are administered is tested annually for 30 minutes. The test results and completion dates are documented. (For full text, refer to NFPA 101-2012: 7.9.3; 7.10.9; NFPA 99-2012: 6.3.2.2.11.5)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.07, EP 3	CoPs: §482.41(d)(2), §485.623(b)(1) The critical access hospital performs a functional test of Level 1 stored emergency	Deleted EP -	N/A	N/A
	 power supply systems (SEPSS) on a monthly basis and performs a test of Level 2 SEPSS on a quarterly basis. Test duration is for five minutes or as specified for its class (whichever is less). The critical access hospital performs an annual test at full load for 60% of the full duration of its class. The test results and completion dates are documented. Note 1: Non–SEPSS battery backup emergency power systems that the critical access hospital has determined to be critical for operations during a power failure (for example, laboratory equipment or electronic health records) should be properly tested and maintained in accordance with manufacturers' recommendations. Note 2: Level 1 SEPSS are intended to automatically supply illumination or power to critical areas and equipment essential for safety to human life. Included are systems that supply emergency power for such functions as illumination for safe exiting, ventilation where it is essential to maintain life, fire detection and alarm systems, public safety communications systems, and processes where the current interruption would produce serious life safety or health hazards to patients, the public, or staff. Note 3: Class defines the minimum time for which the SEPSS is designed to operate at its rated load without being recharged. Note 4: For additional guidance on operational inspection and testing, see NFPA 111-2010: 8.4. 	Replaced with more direct EP(s) or moved to guidance within SPG		
	CoPs: §482.15(e)(2), §482.41(d)(2), §485.623(b)(1), §485.625(e)(2)			
EC.02.05.07, EP 4	Every week, the critical access hospital inspects the emergency power supply system (EPSS), including all associated components and batteries. The results and completion dates of the inspections are documented. (For full text, refer to NFPA 110-2010: 8.3.1; 8.3.3; 8.3.4; 8.3.7; 8.4.1)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.15(e)(2), §485.625(e)(2)			

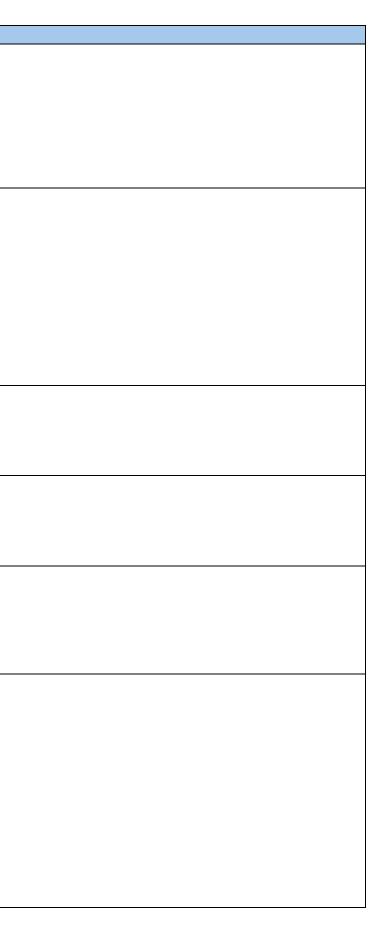
Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
EC.02.05.07, EP 5	At least monthly, the critical access hospital tests each emergency generator	Deleted EP -	N/A	N/A
	beginning with a cold start under load for at least 30 continuous minutes. The	Replaced with more		
	cooldown period is not part of the 30 continuous minutes. The test results and	direct EP(s) or		
	completion dates are documented. (For full text, refer to NFPA 99-2012: 6.4.4.1)	moved to guidance		
		within SPG		
	CoPs: \$482.15(e)(2), \$482.41(d)(2), \$485.623(a), \$485.623(b)(1), \$485.625(e)(2)	DeletedED	N1/A	
EC.02.05.07, EP 6	The monthly tests for diesel-powered emergency generators are conducted with a	Deleted EP -	N/A	N/A
	dynamic load that is at least 30% of the nameplate rating of the generator or meets	Replaced with more		
	the manufacturer's recommended prime movers' exhaust gas temperature. If the	direct EP(s) or		
	critical access hospital does not meet either the 30% of nameplate rating or the recommended exhaust gas temperature during any test in EC.02.05.07, EP 5, then	moved to guidance within SPG		
	it must test the emergency generator once every 12 months using supplemental			
	(dynamic or static) loads of 50% of nameplate rating for 30 minutes, followed by			
	75% of nameplate rating for 60 minutes, for a total of 1½ continuous hours. (For full			
	text, refer to NFPA 99-2012: 6.4.4.1)			
	Note: Tests for non-diesel-powered generators need only be conducted with			
	available load.			
	CoPs: §482.15(e)(2), §482.41(d)(2), §485.623(a), §485.623(b)(1), §485.625(e)(2)			
EC.02.05.07, EP 7	At least monthly, the critical access hospital tests all automatic and manual	Deleted EP -	N/A	N/A
EC.02.05.07, EP 7	transfer switches on the inventory. The test results and completion dates are	Replaced with more		
	documented. (For full text, refer to NFPA 99-2012: 6.4.4.1)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.15(e)(2), §482.41(d)(2), §485.623(a), §485.623(b)(1), §485.625(e)(2)	within SPG		
EC.02.05.07, EP 8	At least annually, the critical access hospital tests the fuel quality to ASTM	Deleted EP -	N/A	N/A
	standards. The test results and completion dates are documented.	Replaced with more		
	Note: For additional guidance, see NFPA 110-2010: 8.3.8.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.15(e)(2), §485.625(e)(2)	within SPG		
EC.02.05.07, EP 9	At least once every 36 months, critical access hospitals with a generator providing	Deleted EP -	N/A	N/A
	emergency power test each emergency generator for a minimum of 4 continuous	Replaced with more		
	hours. The test results and completion dates are documented.	direct EP(s) or		
	Note: For additional guidance, see NFPA 110-2010, Chapter 8.	moved to guidance		
	$C_{0}D_{0}$, 8490, 15(0)(0), 8490, 41(d)(0), 8495, 600(b)(1), 8495, 605(0)(0)	within SPG		
EC.02.05.07, EP 10	CoPs: §482.15(e)(2), §482.41(d)(2), §485.623(b)(1), §485.625(e)(2) The 36-month diesel-powered emergency generator test uses a dynamic or static	Deleted EP -	N/A	N/A
L0.02.03.07, EF 10	load that is at least 30% of the nameplate rating of the generator or meets the	Replaced with more		
	manufacturer's recommended prime movers' exhaust gas temperature.	direct EP(s) or		
	Note 1: Tests for non-diesel-powered generators need only be conducted with	moved to guidance		
	available load.	within SPG		
	Note 2: For additional guidance, see NFPA 110-2010, Chapter 8.			
	CoDe: \$400.15(0)(0) \$400.41(d)(0) \$405.000(b)(1) \$405.005(0)(0)			
	CoPs: \$482.15(e)(2), \$482.41(d)(2), \$485.623(b)(1), \$485.625(e)(2)	Moved and Devices		
EC.02.05.07, EP 11	The critical access hospital meets all other emergency power system requirements found in NFPA 99-2012 Health Care Facilities Code, NFPA 110-2010 Standard for	Moved and Revised	PE.04.01.03, EP 3	The critical access hospital requirements found in NFPA
	Emergency and Standby Power Systems, and NFPA 101-2012 Life Safety Code			Standard for Emergency and
	requirements.			Safety Code requirements.
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al meets the emergency power system and generator PA 99-2012 Health Care Facilities Code, NFPA 110-2010 and Standby Power Systems, and NFPA 101-2012 Life

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.15(e)(1), §482.15(e)(2), §482.15(h)(1)(xii), §485.625(e)(1), §485.625(e)(2), §485.625(g)(1)(xii)			CoPs: §482.15(e)(1), §482.15(e) §485.625(e)(2), §485.625(g)(1)
EC.02.05.09, EP 1	 Medical gas, medical air, surgical vacuum, waste anesthetic gas disposal (WAGD), and air supply systems are designated as follows: Category 1: Systems in which failure is likely to cause major injury or death. Category 2: Systems in which failure is likely to cause minor injury to patients. Category 3: Systems in which failure is not likely to cause injury but can cause discomfort to patients. Deep sedation and general anesthesia are not administered when using Category 3 medical gas systems. Category 4: Systems in which failure would have no impact on patient care. (For full text, refer to NFPA 99-2012: 5.1.1.1; 5.2.1; 5.3.1.1; 5.3.1.5; 5.1.14.2) 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.05.09, EP 2	All master, area, and local alarm systems used for medical gas and vacuum systems comply with the category 1–3 warning system requirements. (For full text, refer to NFPA 99-2012: 5.1.9; 5.2.9; 5.3.6.2.2) CoPs: §482.41(d)(2), §485.623(b)(1)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.09, EP 3	Containers, cylinders, and tanks are designed, fabricated, tested, and marked in accordance with NFPA 99-2012: 5.1.3.1.1–5.1.3.1.7. CoPs: §482.41(d)(2), §485.623(b)(1)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.09, EP 4	Locations containing positive pressure gases, other than oxygen or medical air, have doors labeled "Positive Pressure Gases: NO Smoking or Open Flame. Room May Have Insufficient Oxygen. Open Door and Allow Room to Ventilate Before Entering." Locations containing central supply systems or cylinders only containing oxygen or medical air have doors labeled "Medical Gases: NO Smoking or Open Flame." (For full text, refer to NFPA 99-2012: 5.1.3.1.8 and 5.1.3.1.9) CoPs: §482.41(d)(2), §485.623(b)(1)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.09, EP 5	A precautionary sign readable from 5 feet away is on each door or gate of a cylinder storage room, where the sign, at a minimum, includes the wording "CAUTION: OXIDIZING GAS(ES) STORED WITHIN. NO SMOKING." Storage is planned so cylinders are used in the order they are received from the supplier. Only gas cylinders and reusable shipping containers and their accessories are permitted to be stored in rooms containing central supply systems or gas cylinders. CoPs: §482.41(d)(2), §485.623(b)(1)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.09, EP 6	 When the critical access hospital uses cylinders with an integral pressure gauge, a threshold pressure considered empty is established when the volume of stored gases is as follows: When more than 300 but less than 3,000 cubic feet, the storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited-combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2-hour fire protection rating. When less than 301 cubic feet in a single smoke compartment, individual 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

15(e)(2), §482.15(h)(1)(xii), §485.625(e)(1),				
g)(1)(xii)				

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	cylinders available for immediate use in patient care areas with an aggregate			
	volume of less than or equal to 300 cubic feet are not required to be stored in an			
	enclosure. Cylinders must be handled with precautions as specified in NFPA 99-			
	2012: 11.6.2.			
	(For full text, refer to NFPA 99-2012: 5.1.3.1; 5.1.3.2.3; 5.2.3.1; 5.3.10; 11.3;			
	11.6.5.2.1)			
	$C_{2}D_{2} = 5492 - 41(d)(2) = 549E - C_{2}(b)(1)$			
	CoPs: §482.41(d)(2), §485.623(b)(1)	Deleted CD	N1/A	N1/A
EC.02.05.09, EP 7	In time frames defined by the critical access hospital, the critical access hospital	Deleted EP -	N/A	N/A
	inspects, tests, and maintains critical components of piped medical gas and	Replaced with more		
	vacuum systems, waste anesthetic gas disposal (WAGD), and support gas systems	direct EP(s) or		
	on the inventory. This inventory of critical components includes at least all source	moved to guidance		
	subsystems, control valves, alarms, manufactured assemblies containing patient	within SPG		
	gases, and inlets and outlets. Activities, dates, and results are documented.			
	Persons maintaining the systems are qualified by training and certification to the			
	requirements of the American Society of Sanitary Engineers (ASSE) 6030 or 6040.			
	(For full text, refer to NFPA 99-2012: 5.1.14.2; 5.1.15; 5.2.14; 5.3.13)			
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.05.09, EP 8	When the critical access hospital has bulk oxygen systems above ground, they are	Deleted EP -	N/A	N/A
EC.02.05.09, EF 0	in a locked enclosure (such as a fence) at least 10 feet from vehicles and	Replaced with more		N/A
	sidewalks. There is permanent signage stating "OXYGEN – NO SMOKING – NO	direct EP(s) or		
	OPEN FLAMES."	moved to guidance		
	Note: For additional guidance, refer to NFPA 99-2012: 5.1.3.5.12.	within SPG		
EC.02.05.09, EP 9	The critical access hospital's emergency oxygen supply connection is installed in a	Deleted EP -	N/A	N/A
LO.02.03.03, LF 3	manner that allows a temporary auxiliary source to connect to it.	Replaced with more		19/6
	Note: For additional guidance, refer to NFPA 99-2012: 5.1.3.5.13.	direct EP(s) or		
		moved to guidance		
		within SPG		
EC.02.05.09, EP 10	The critical access hospital tests piped medical gas and vacuum systems for purity,	Deleted EP -	N/A	N/A
20.02.00.00, 21 10	correct gas, and proper pressure when these systems are installed, modified, or	Replaced with more		
	repaired. The test results and completion dates are documented. (For full text, refer	direct EP(s) or		
	to NFPA 99-2012: 5.1.2; 5.1.4; 5.1.14.4.1; 5.1.14.4.6; 5.2.13)	moved to guidance		
		within SPG		
	CoPs: §482.41(d)(2), §485.623(b)(1)			
EC.02.05.09, EP 11	The critical access hospital makes main supply valves and area shutoff valves for	Deleted EP -	N/A	N/A
20102100100, 21 11	piped medical gas and vacuum systems accessible and clearly identifies what the	Replaced with more		
	valves control. Piping is labeled by stencil or adhesive markers identifying the gas	direct EP(s) or		
	or vacuum system, including the name of system or chemical symbol, color code	moved to guidance		
	(see NFPA 99-2012: Table 5.1.11), and operating pressure if other than standard.	within SPG		
	Labels are at intervals of 20 feet or less and are in every room, at both sides of wall			
	penetrations, and on every story traversed by riser. Piping is not painted. Shutoff			
	valves are identified with the name or chemical symbol of the gas or vacuum			
	system, room or area served, and caution to not use the valve except in emergency.			
	(For full text, refer to NFPA 99-2012: 5.1.4; 5.1.11.1; 5.1.11.2; 5.1.14.3; 5.2.11;			
	5.3.13.3; 5.3.11)			
	CoPs: §482.41(d)(2), §485.623(b)(1)			



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
Standard/EP EC.02.05.09, EP 12	EP TextThe critical access hospital implements a policy on all cylinders within the critical access hospital that includes the following: - Labeling, handling, and transporting (for example, in carts, attached to equipment, on racks) in accordance with NFPA 99-2012: 11.5.3.1 and 11.6.2 	Disposition Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	New Standard/EP N/A	New EP Text N/A
	- Prohibiting transfilling in any compartment with patient care (For full text, refer to NFPA 99-2012: 11.6.1; 11.6.2; 11.6.5; 11.7.3)			
EC.02.05.09, EP 13	At no time is transfilling done in any patient care room. A designated area is used away from any section of the critical access hospital where patients are housed, treated, or examined. The designated area is separated by a barrier of at least 1- hour fire-resistant construction from any patient care areas. Transfilling cylinders is only of the same gas (no mixing of different compressed gases). Transfilling of liquid oxygen is only done in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring. Storage and use of liquid oxygen in base reservoir containers and portable containers comply with sections NFPA 99-2012: 11.7.2– 11.7.4. (For full text, refer to NFPA 99-2012: 11.5.2.2; 11.5.2.3.1; 11.5.2.3.2; 11.7.2– 11.7.4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.05.09, EP 14	CoPs: \$482.41(d)(2), \$485.623(b)(1) The critical access hospital meets all other NFPA 99-2012: Health Care Facilities Code requirements related to gas and vacuum systems and gas equipment. (For full text, refer to NFPA 99-2012: Chapters 5 and 11) Note: The critical access hospital meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendments (TIAs) 12-4 and 12-6.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.06.01, EP 1	CoPs: §482.41(c), §485.623(d) Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided. CoPs: §482.13(c)(2), §482.41, §482.41(a), §485.614(c)(2), §485.623(a), §485.623(b)(1), §485.623(b)(4), §485.623(b)(5)	Split to PE.01.01.01, EP 1; PE.01.01.01, EP 2	PE.01.01.01, EP 1	The critical access hospital's allow safe access and to prot Note 1: Diagnostic and therap services provided. Note 2: When planning for ne hospital uses state rules and Construction of Hospitals pul rules and regulations or the G critical access hospital, then provide equivalent design crit CoPs: §482.41, §482.41(a), §4 §485.623(a), §485.640(a)(3)

al's building is constructed, arranged, and maintained to protect the safety and well-being of patients. erapeutic facilities are located in areas appropriate for the

r new, altered, or renovated space, the critical access and regulations or the current Guidelines for Design and s published by the Facility Guidelines Institute. If the state he Guidelines do not address the design needs of the hen it uses other reputable standards and guidelines that n criteria.

), §482.41(d), §482.41(d)(1), §482.42(a)(3), §485.614(c)(2),

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
EC.02.06.01, EP 1	Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided. CoPs: §482.13(c)(2), §482.41, §482.41(a), §485.614(c)(2), §485.623(a), §485.623(b)(1), §485.623(b)(4), §485.623(b)(5)	Split to PE.01.01.01, EP 1; PE.01.01.01, EP 2	PE.01.01.01, EP 2	The critical access hospital h provides, including facilities f special services offered to m Note: The extent and comple
EC.02.06.01, EP 11	Lighting is suitable for care, treatment, and services. CoPs: §482.41, §482.41(d)(4), §485.623(a), §485.623(b)(1), §485.623(b)(5)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	CoPs: §482.41, §482.41(a), §4 N/A
EC.02.06.01, EP 20	Areas used by patients are clean and free of offensive odors. CoPs: §482.41, §485.623(b)(1), §485.623(b)(2), §485.623(b)(4), §485.623(b)(5)	Consolidation of EC.02.06.01, EP 20	PE.01.01.01, EP 3	The critical access hospital's Note: Clean and orderly mean patients and staff can functio equipment and supplies in th areas neat. CoPs: §482.41(a), §485.623(b
EC.02.06.01, EP 26	The critical access hospital keeps furnishings and equipment safe and in good repair. CoPs: §482.41, §482.41(a), §485.623(a), §485.623(b)(1)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.06.01, EP 33	The critical access hospital ensures all pharmaceutical preparation areas have proper ventilation, lighting, and temperature control. CoPs: §485.623(a), §485.623(b)(1), §485.623(b)(5)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.06.05, EP 1	 When planning for new, altered, or renovated space, the critical access hospital uses one of the following design criteria: State rules and regulations The most current edition of the Guidelines for Design and Construction of Hospitals published by the Facility Guidelines Institute When the above rules, regulations, and guidelines do not meet specific design needs, use other reputable standards and guidelines that provide equivalent design criteria. CoPs: §482.41, §482.41(e), §485.623(a), §485.623(b)(5), §485.625(e)(1) 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.06.05, EP 2	When planning for demolition, construction, renovation, or general maintenance, the critical access hospital conducts a preconstruction risk assessment for air quality requirements, infection control, utility requirements, noise, vibration, and other hazards that affect care, treatment, and services and mitigates the identified risks. Note: See LS.01.02.01 for information on fire safety procedures to implement during construction or renovation. CoPs: §482.41, §482.42(a)(3), §485.623(a), §485.640(a)(3)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
EC.02.06.05, EP 3	The critical access hospital takes action based on its assessment to minimize risks during demolition, construction, renovation, or general maintenance.	Deleted EP - Replaced with more	N/A	N/A

I has adequate space and facilities for the services it is for the diagnosis and treatment of patients and for any meet the needs of the community served. Delexity of facilities is determined by the services offered.

§482.41(d), §482.41(d)(3), §485.623(a)

l's premises are clean and orderly. eans an uncluttered physical environment where tion. This includes but is not limited to storing their proper spaces, attending to spills, and keeping

3(b)(4)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		direct EP(s) or		
	CoPs: §482.41, §482.42(a)(3), §485.623(a), §485.623(b)(1), §485.623(b)(2),	moved to guidance		
	§485.640(a)(3)	within SPG		
EC.02.06.05, EP 4	For computed tomography (CT), positron emission tomography (PET), or nuclear	Deleted EP -	N/A	N/A
	medicine (NM) services: Prior to installation of new imaging equipment,	Replaced with more		
	replacement of existing imaging equipment, or modification to rooms where	direct EP(s) or		
	ionizing radiation will be emitted or radioactive materials will be stored (such as	moved to guidance		
	scan rooms or hot labs), a medical physicist or health physicist conducts a	within SPG		
	structural shielding design * assessment to specify required radiation shielding.			
	Note: This element of performance does not apply to dental cone beam CT			
	radiographic imaging studies performed for diagnosis of conditions affecting the			
	maxillofacial region or to obtain guidance for the treatment of such conditions.			
	Footnote *: For additional guidance on shielding designs and radiation protection			
	surveys, see National Council on Radiation Protection and Measurements Report			
	No. 147 (NCRP-147).			
EC.02.06.05, EP 6	For computed tomography (CT), positron emission tomography (PET), or nuclear	Deleted EP -	N/A	N/A
	medicine (NM) services: After installation of imaging equipment or construction in	Replaced with more		
	rooms where ionizing radiation will be emitted or radioactive materials will be	direct EP(s) or		
	stored, a medical physicist or health physicist conducts a radiation protection	moved to guidance		
	survey to verify the adequacy of installed shielding. * This survey is conducted	within SP		
	prior to clinical use of the room.			
	Note: This element of performance does not apply to dental cone beam CT			
	radiographic imaging studies performed for diagnosis of conditions affecting the			
	maxillofacial region or to obtain guidance for the treatment of such conditions. Footnote *: For additional guidance on shielding designs and radiation protection			
	surveys, see National Council on Radiation Protection and Measurements Report			
	No. 147 (NCRP-147).			
EC.03.01.01, EP 1	Staff responsible for the maintenance, inspection, testing, and use of medical	Deleted EP -	N/A	N/A
20.00.01.01, 21 1	equipment, utility systems and equipment, fire safety systems and equipment, and	Replaced with more		
	safe handling of hazardous materials and waste are competent and receive	direct EP(s) or		
	continuing education and training.	moved to guidance		
		within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
EC.03.01.01, EP 2	Staff can describe or demonstrate actions to take in the event of an environment of	Deleted EP -	N/A	N/A
L0.00.01.01, L1 2	care incident.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
EC.04.01.01, EP 1	The critical access hospital develops and implements a process(es) for continually	Moved and Revised	NPG.11.01.01, EP 3	The critical access hospital of
	monitoring, internally reporting, and investigating the following:			monitoring, internally reporti
	- Injuries to patients or others within the critical access hospital's facilities and			- Injuries to patients or other
	grounds			grounds
	- Occupational illnesses and staff injuries			- Occupational illnesses and
	- Incidents of damage to its property or the property of others			- Incidents of damage to its p
	- Safety and security incidents involving patients, staff, or others within its facilities,			- Safety and security inciden
	including those related to workplace violence			including those related to wo
	- Hazardous materials and waste spills and exposures			- Hazardous materials and w
	- Fire safety management problems, deficiencies, and failures			- Fire safety management pro
	- Medical or laboratory equipment management problems, failures, and use errors			- Medical or laboratory equip

al develops and implements a process(es) for continually orting, and investigating the following: ners within the critical access hospital's facilities and

- nd staff injuries
- s property or the property of others
- ents involving patients, staff, or others within its facilities,
- workplace violence
- waste spills and exposures
- problems, deficiencies, and failures
- uipment management problems, failures, and use errors

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Utility systems management problems, failures, or use errors			- Utility systems managemen
	- Based on the results of the data analysis, the lab identifies opportunities for			Note 1: All the incidents and i
	improvement and resolves any environmental safety issues.			assessment, improvement, o
	Note 1: All the incidents and issues listed above may be reported to staff in quality			also be shared with the perso
	assessment, improvement, or other functions. A summary of such incidents may			activities.
	also be shared with the person designated to coordinate safety management			Note 2: Review of incident re
	activities.			to preserve confidentiality. O
	Note 2: Review of incident reports often requires that legal processes be followed			or to prevent similar incidents
	to preserve confidentiality. Opportunities to improve care, treatment, and services,			
	or to prevent similar incidents, are not lost as a result of following the legal process.			
	CoPs: §482.13(c)(2), §482.41(d)(2), §485.623(a)			
EC.04.01.01, EP 15	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Deleted EP -	N/A	N/A
	Every 12 months, the critical access hospital evaluates each environment of care	Replaced with more		
	management plan, including a review of the plan's objectives, scope, performance,	direct EP(s) or		
	and effectiveness.	moved to guidance		
		within SPG		
	CoPs: §482.41(a), §482.41(d)(2)			
EC.04.01.03, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Deleted EP -	N/A	N/A
	critical access hospital uses the results of data analysis to identify opportunities to	Replaced with more		
	resolve environmental safety issues.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(a), §482.41(d)(2)	within SPG		
EC.04.01.05, EP 1	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Deleted EP -	N/A	N/A
	critical access hospital takes action on the identified opportunities to resolve	Replaced with more		
	environmental safety issues.	direct EP(s) or		
		moved to guidance		
<u></u>	CoPs: §482.41(a), §482.41(d)(2)	within SPG		
N/A	N/A	New, more-direct EP	EM.09.01.01, EP 4	For rehabilitation and psychia
		for CoP requirement		critical access hospital has o
				482.70) the following must or
				- A representative from each
				development and maintenan
				preparedness program
				- The critical access hospital
				protocols that address the du
				hospital, each transplant pro
				for the donation service area
				the critical access hospital ha
				during an emergency
				CoPs: §482.15(g)(1), §482.15
EM.10.01.01, EP 1	The critical access hospital's senior leaders provide oversight and support for the	Moved and Revised	NPG.03.01.01, EP 1	The critical access hospital's
	following emergency management program activities:			following emergency manage
	- Allocation of resources for the emergency management program			- Allocation of resources for t
	- Review of the emergency management program documents			- Review of the emergency ma
	- Review of the emergency operations plan, policies and procedures, and training			- Review of the emergency op
	and education that support the emergency management program			and education that support the
	- Review of after-action reports (AAR) and improvement plans			- Review of after-action repor

ent problems, failures, or use errors d issues listed above may be reported to staff in quality , or other functions. A summary of such incidents may son designated to coordinate safety management

reports often requires that legal processes be followed Opportunities to improve care, treatment, and services, nts, are not lost as a result of following the legal process.

hiatric distinct part units in critical access hospitals: If a s one or more transplant programs (as defined in 42 CFR occur:

h transplant program must be included in the ance of the critical access hospital's emergency

al must develop and maintain mutually agreed upon duties and responsibilities of the critical access rogram, and the organ procurement organization (OPO) a where the critical access hospital is situated, unless has been granted a waiver to work with another OPO,

l 5(g)(2)

l's senior leaders provide oversight and support for the gement program activities:

- r the emergency management program
- management program documents
- operations plan, policies and procedures, and training
- the emergency management program
- orts (AAR) and improvement plans

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	Note 1: The critical access hospital defines who the members of the senior			Note 1: The critical access ho
	leadership group are as well as their roles and responsibilities for emergency			leadership group are as well a
	management–related activities.			management-related activitie
	Note 2: An AAR provides a detailed critical summary or analysis of a planned			Note 2: An AAR provides a de
	exercise or actual emergency or disaster incident. The report summarizes what			exercise or actual emergency
	took place during the event, analyzes the actions taken by participants, and			took place during the event, a
	identifies areas needing improvement.			identifies areas needing impr
EM.10.01.01, EP 2	The critical access hospital's senior leaders identify a qualified individual to lead	Moved and Revised	NPG.03.01.01, EP 2	The critical access hospital's
	the emergency management program who has defined responsibilities that			the emergency management
	include, but are not limited to, the following:			include, but are not limited to
	- Developing and maintaining the emergency operations plan and policies and			- Developing and maintaining
	procedures			procedures
	- Implementing the four phases of emergency management (mitigation,			- Implementing the four phase
	preparedness, response, and recovery)			preparedness, response, and
	- Implementing emergency management activities across the six critical areas			- Implementing emergency m
	(communications, staffing, patient clinical and support services, safety and			(communications, staffing, pa
	security, resources and assets, and utilities)			security, resources and asset
	- Coordinating the emergency management exercises and developing after-action			- Coordinating the emergency
	reports			reports
	- Collaborating across clinical and operational areas to implement			- Collaborating across clinica
	organizationwide emergency management			organizationwide emergency
	- Identifying and collaborating with community response partners			- Identifying and collaborating
	Note: Education, training, and experience in emergency management should be			Note: Education, training, and
	taken into account when considering the qualifications of the individual(s) who			taken into account when cons
	lead the program.			lead the program.
EM.10.01.01, EP 3	The critical access hospital has a multidisciplinary committee that oversees the	Moved	NPG.03.01.01, EP 3	The critical access hospital h
	emergency management program. The committee includes the emergency			emergency management prog
	program lead and other participants identified by the critical access hospital;			program lead and other partic
	meeting frequency, goals, and responsibilities are defined by the committee.			meeting frequency, goals, and
	Note 1: Other multidisciplinary committee participants may include			Note 1: Other multidisciplina
	representatives from senior leadership, nursing services, medical staff, pharmacy			representatives from senior le
	services, infection prevention and control, facilities engineering, security, and			services, infection prevention
	information technology.			information technology.
	Note 2: The multidisciplinary committee that oversees the emergency			Note 2: The multidisciplinary
	management program may be incorporated into an existing committee.			management program may be
EM.10.01.01, EP 4	The multidisciplinary committee provides input and assists in the coordination of	Moved and Revised	NPG.03.01.01, EP 4	The multidisciplinary commit
	the preparation, development, implementation, evaluation, and maintenance of	Proved and Newsed	NI 0.03.01.01, LI 4	the preparation, development
	the critical access hospital's emergency management program. The activities			the critical access hospital's
	include, but are not limited to, the following:			include, but are not limited to
	- Hazard vulnerability analysis			- Hazard vulnerability analysis
	- Emergency operations plan, policies, and procedures			- Emergency operations plan,
	- Continuity of operations plan			- Continuity of operations pla
	- Training and education			- Training and education
	- Planning and coordinating incident response exercises (seminars; workshops;			- Planning and coordinating in
	tabletop exercises; functional exercises; full-scale, community-based exercises)			tabletop exercises; functiona
	- After-action reports and improvement plans			- After-action reports and imp
	Note: An after-action report (AAR) provides a detailed critical summary or analysis			Note: An after-action report (A
	of a planned exercise or actual emergency or disaster incident. The report			of a planned exercise or actua

- hospital defines who the members of the senior Il as their roles and responsibilities for emergency ities.
- detailed critical summary or analysis of a planned cy or disaster incident. The report summarizes what , analyzes the actions taken by participants, and provement.
- 's senior leaders identify a qualified individual to lead nt program who has defined responsibilities that to, the following:
- ng the emergency operations plan and policies and
- ases of emergency management (mitigation, nd recovery)
- management activities across the six critical areas patient clinical and support services, safety and
- ets, and utilities)
- cy management exercises and developing after-action
- cal and operational areas to implement cy management
- ing with community response partners
- nd experience in emergency management should be onsidering the qualifications of the individual(s) who
- has a multidisciplinary committee that oversees the rogram. The committee includes the emergency ticipants identified by the critical access hospital; and responsibilities are defined by the committee. hary committee participants may include r leadership, nursing services, medical staff, pharmacy on and control, facilities engineering, security, and
- ry committee that oversees the emergency be incorporated into an existing committee.
- nittee provides input and assists in the coordination of ent, implementation, evaluation, and maintenance of 's emergency management program. The activities to, the following:
- sis
- n, policies, and procedures lan
- an
- ; incident response exercises (seminars; workshops; nal exercises; full-scale, community-based exercises) nprovement plans
- t (AAR) provides a detailed critical summary or analysis tual emergency or disaster incident. The report_____

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	summarizes what took place during the event, analyzes the actions taken by			summarizes what took place
	participants, and specifies areas needing improvement.			participants, and specifies are
EM.12.01.01, EP 5	The critical access hospital's incident command structure describes the overall	Moved	NPG.03.02.01, EP 1	The critical access hospital's
	incident command operations, including specific incident command roles and			incident command operations
	responsibilities. The incident command structure is flexible and scalable to			responsibilities. The incident
	respond to varying types and degrees of emergencies or disaster incidents.			respond to varying types and
	Note: The incident command structure may include facilities, equipment, staff,			Note: The incident command
	procedures, and communications within a defined organizational structure.			procedures, and communicat
EM.12.01.01, EP 7	The critical access hospital identifies the individual(s) who has the authority to	Moved	NPG.03.02.01, EP 2	The critical access hospital id
	activate the critical access hospital's emergency operations plan and/or the critical			activate the critical access ho
	access hospital's incident command.			access hospital's incident co
EM.12.01.01, EP 8	The critical access hospital identifies its primary and alternate sites for incident	Moved and Revised	NPG.03.02.01, EP 3	The critical access hospital id
	command operations and determines how it will maintain and support operations			command operations and det
	at these sites.			at these sites.
	Note 1: Alternate command center sites may include the use of virtual command			Note 1: Alternate command c
	centers.			centers.
	Note 2: Maintaining and supporting operations at alternate sites include having			Note 2: Maintaining and supp
	appropriate supplies, resources, communications, and information technology			appropriate supplies, resourc
	capabilities.			capabilities.
EM.12.01.01, EP 9	The critical access hospital must develop and implement emergency preparedness	Moved	EM.12.01.01, EP 7	The critical access hospital m
	policies and procedures that address the role of the critical access hospital under a			policies and procedures that
	waiver declared by the Secretary, in accordance with section 1135 of the Social			waiver declared by the Secret
	Security Act, in the provision of care and treatment at an alternate care site			Security Act, in the provision
	identified by emergency management officials.			identified by emergency mana
	Note 1: This element of performance is applicable only to critical access hospitals			Note 1: This element of perfor
	that receive Medicare, Medicaid, or Children's Health Insurance Program			that receive Medicare, Medica
	reimbursement.			reimbursement.
	Note 2: For more information on 1135 waivers, visit https://www.cms.gov/about-			Note 2: For more information
	cms/what-we-do/emergency-response/how-can-we-help/waivers-flexibilities and			cms/what-we-do/emergency-
	https://www.cms.gov/about-cms/agency-			https://www.cms.gov/about-o
	information/emergency/downloads/consolidated_medicare_ffs_emergency_qsas.p			information/emergency/down
	df.			df.
	CoPs: §482.15(b)(8), §485.625(b)(8)			CoPs: §482.15(b)(8), §485.62
EM.12.02.01, EP 2	The critical access hospital's communications plan describes how it will establish	Moved and Revised	NPG.03.02.02, EP 1	The critical access hospital's
	and maintain communications in order to deliver coordinated messages and			and maintain communication
	information during an emergency or disaster incident to the following individuals:			information during an emerge
	- Staff and volunteers (including individuals providing care at alternate sites)			- Staff and volunteers (includi
	- Patients and family members, including people with disabilities and other access			- Patients and family member
	and functional needs			and functional needs
	- Community partners (such as fire department, emergency medical services,			- Community partners (such a
	police, public health department)			police, public health departm
	- Relevant authorities (federal, state, tribal, regional, and local emergency			- Relevant authorities (federal
	preparedness staff)			preparedness staff)
	- Media and other stakeholders			- Media and other stakeholde
	Note: Examples of means of communication include text messaging, phone			Note: Examples of means of c
	system alerts, email, social media, and augmentative and alternative			system alerts, email, social m
	communication (AAC) for those with difficulties communicating using speech.			communication (AAC) for the

e during the event, analyzes the actions taken by areas needing improvement.

's incident command structure describes the overall ons, including specific incident command roles and nt command structure is flexible and scalable to d degrees of emergencies or disaster incidents.

nd structure may include facilities, equipment, staff, cations within a defined organizational structure.

identifies the individual(s) who has the authority to hospital's emergency operations plan and/or the critical command.

identifies its primary and alternate sites for incident determines how it will maintain and support operations

center sites may include the use of virtual command

oporting operations at alternate sites include having irces, communications, and information technology

must develop and implement emergency preparedness at address the role of the critical access hospital under a retary, in accordance with section 1135 of the Social n of care and treatment at an alternate care site anagement officials.

formance is applicable only to critical access hospitals icaid, or Children's Health Insurance Program

on on 1135 waivers, visit https://www.cms.gov/aboutcy-response/how-can-we-help/waivers-flexibilities and t-cms/agency-

wnloads/consolidated_medicare_ffs_emergency_qsas.p

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's communications plan describes how it will establish ons in order to deliver coordinated messages and gency or disaster incident to the following individuals: iding individuals providing care at alternate sites) pers, including people with disabilities and other access

h as fire department, emergency medical services, tment)

ral, state, tribal, regional, and local emergency

ders

of communication include text messaging, phone I media, and augmentative and alternative nose with difficulties communicating using speech.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
EM.12.02.01, EP 4	The emergency response communications plan identifies the critical access	Moved	NPG.03.02.02, EP 2	The emergency response comn
	hospital's warning and notification alerts specific to emergency and disaster events			hospital's warning and notificat
	and the procedures to follow when an emergency or disaster incident occurs.			and the procedures to follow w
EM.12.02.01, EP 5	In the event of an emergency or evacuation, the critical access hospital's	Moved	EM.12.02.01, EP 4	In the event of an emergency or
	communications plan includes a method for sharing and/or releasing location			communications plan includes
	information and medical documentation for patients under the hospital's care to			information and medical docur
	the following individuals or entities, in accordance with law and regulation:			the following individuals or enti
	- Patient's family, representative, or others involved in the care of the patient			- Patient's family, representative
	- Disaster relief organizations and relevant authorities			- Disaster relief organizations a
	- Other health care providers			- Other health care providers
	Note: Sharing and releasing of patient information is consistent with 45 CFR			Note: Sharing and releasing of p
	164.510(b)(1)(ii) and (b)(4).			164.510(b)(1)(ii) and (b)(4).
	CoPs: §482.15(c)(4), §482.15(c)(5), §482.15(c)(6), §485.625(c)(4), §485.625(c)(5),			CoPs: §482.15(c)(4), §482.15(c)
	\$485.625(c)(6)			§485.625(c)(6)
EM.12.02.01, EP 6	The critical access hospital's communications plan identifies its primary and	Moved	EM.12.02.01, EP 5	The critical access hospital's co
	alternate means for communicating with staff and relevant authorities (such as			alternate means for communic
	federal, state, tribal, regional, and local emergency preparedness staff). The plan			federal, state, tribal, regional, a
	includes procedures for the following:			includes procedures for the foll
	- How and when alternate/backup communication methods are used			- How and when alternate/back
	- Verifying that its communications systems are compatible with those of			- Verifying that its communicati
	community partners and relevant authorities the critical access hospital plans to			community partners and releva communicate with
	communicate with - Testing the functionality of the critical access hospital's alternate/backup			- Testing the functionality of the
	communication systems or equipment			communication systems or equ
	Note: Examples of alternate/backup communication systems include amateur			Note: Examples of alternate/ba
	radios, portable radios, text-based notifications, cell and satellite phones, and			radios, portable radios, text-bas
	reverse 911 notification systems.			reverse 911 notification system
				Teverse of the incution system
	CoPs: §482.15(b)(3), §482.15(c)(3)(i), §482.15(c)(3)(ii), §485.625(b)(3),			CoPs: §482.15(b)(3), §482.15(c)
	\$485.625(c)(3)(i), \$485.625(c)(3)(ii)			§485.625(c)(3)(i), §485.625(c)(3
EM.12.02.03, EP 4	The critical access hospital's staffing plan describes in writing how it will manage	Moved and Revised	NPG.03.02.03, EP 1	The critical access hospital's st
	volunteer licensed practitioners when the emergency operations plan has been			volunteer licensed practitioners
	activated and the critical access hospital is unable to meet its patient needs. The			activated and the critical acces
	critical access hospital does the following:			critical access hospital does th
	- Verifies and documents the identity of all volunteer licensed practitioners			- Verifies and documents the id
	- Completes primary source verification of licensure as soon as the immediate			- Completes primary source ver
	situation is under control or within 72 hours from the time the volunteer licensed			situation is under control or wit
	practitioner presents to the organization			practitioner presents to the orga
	- Provides oversight of the care, treatment, and services provided by volunteer			- Provides oversight of the care,
	licensed practitioners			licensed practitioners
	Note: If primary source verification of licensure cannot be completed within 72			Note: If primary source verificat
	hours, the critical access hospital documents the reason(s) it could not be			hours, the critical access hospi
<u></u>	performed.	Maximal		performed.
EM.12.02.03, EP 5	The critical access hospital identifies the individual(s) responsible for granting	Moved	NPG.03.02.03, EP 2	The critical access hospital ide
	disaster privileges to volunteer physicians and other licensed practitioners and has			disaster privileges to volunteer
	a process for granting these privileges. This is documented in the medical staff			a process for granting these priv
	bylaws, rules and regulations, or policies and procedures.			bylaws, rules and regulations, c

ommunications plan identifies the critical access fication alerts specific to emergency and disaster events w when an emergency or disaster incident occurs.

by or evacuation, the critical access hospital's ides a method for sharing and/or releasing location ocumentation for patients under the hospital's care to entities, in accordance with law and regulation: ative, or others involved in the care of the patient ns and relevant authorities

of patient information is consistent with 45 CFR

5(c)(5), \$482.15(c)(6), \$485.625(c)(4), \$485.625(c)(5),

's communications plan identifies its primary and unicating with staff and relevant authorities (such as al, and local emergency preparedness staff). The plan e following:

backup communication methods are used ications systems are compatible with those of levant authorities the critical access hospital plans to

f the critical access hospital's alternate/backup ⁻ equipment

e/backup communication systems include amateur t-based notifications, cell and satellite phones, and stems.

15(c)(3)(i), §482.15(c)(3)(ii), §485.625(b)(3), (c)(3)(ii)

's staffing plan describes in writing how it will manage oners when the emergency operations plan has been ccess hospital is unable to meet its patient needs. The es the following:

ne identity of all volunteer licensed practitioners e verification of licensure as soon as the immediate r within 72 hours from the time the volunteer licensed organization

are, treatment, and services provided by volunteer

fication of licensure cannot be completed within 72 ospital documents the reason(s) it could not be

identifies the individual(s) responsible for granting ever physicians and other licensed practitioners and has privileges. This is documented in the medical staff ns, or policies and procedures.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
EM.12.02.03, EP 6	The emergency response staffing plan describes how it will provide employee	Moved and Revised	NPG.03.02.03, EP 3	The emergency response staff
	assistance and support, which includes the following:			assistance and support, which
	- Staff support needs (for example, housing or transportation)			- Staff support needs (for exar
	- Family support needs of staff (for example, child care, elder care)			- Family support needs of staf
	- Mental health and wellness needs			- Mental health and wellness r
EM.12.02.05, EP 2	The critical access hospital's plan for providing patient care and clinical support	Moved	NPG.03.02.04, EP 1	The critical access hospital's
	includes written procedures for managing individuals that may present during a			includes written procedures for
	disaster or emergency that are not in need of medical care (such as visitors).			disaster or emergency that are
EM.12.02.05, EP 3	The critical access hospital coordinates with the local medical examiner's office,	Moved	NPG.03.02.04, EP 2	The critical access hospital co
	local mortuary services, and other local, regional, or state services when there is a			local mortuary services, and c
	surge of unidentified or deceased patients.			surge of unidentified or decea
	CoPs: §482.41(a)			
EM.12.02.07, EP 1	The critical access hospital has a plan for safety and security measures. The plan	Moved	NPG.03.02.05, EP 1	The critical access hospital ha
	describes the roles that community security agencies (for example, police, sheriff,			describes the roles that comn
	National Guard) will have in the event of an emergency and how the critical access			National Guard) will have in th
	hospital will coordinate security activities with these agencies.			hospital will coordinate secur
EM.12.02.09, EP 1	The critical access hospital's plan for managing its resources and assets describes	Revised	EM.12.02.09, EP 1	The critical access hospital's
	in writing how it will document, track, monitor, and locate the following resources			in writing how it will documen
	(on-site and off-site inventories) and assets during and after an emergency or			(on-site and off-site inventorie
	disaster incident: - Medications and related supplies - Medical/surgical supplies -			disaster incident: - Medicatio
	Medical gases including oxygen and supplies - Potable or bottled water and			Medical gases, including oxyg
	nutrition - Non-potable water - Laboratory equipment and supplies - Personal			nutrition - Non-potable water
	protective equipment - Fuel for operations - Equipment and nonmedical supplies			protective equipment - Fuel f
	to sustain operations Note: The critical access hospital should be aware of the			to sustain operations Note: T
	resources and assets it has readily available and what resources and assets may			resources and assets it has re
	be quickly depleted depending on the type of emergency or disaster incident.			be quickly depleted dependin
	CoPs: §482.15(e)(3), §482.41(d)(2), §485.625(e)(3)			CoPs: §482.15(e)(3), §485.625
EM.12.02.09, EP 3	The critical access hospital's plan for managing its resources and assets describes	Moved and Revised	NPG.03.02.06, EP 1	The critical access hospital's
	in writing the actions the critical access hospital will take to sustain the needs of			in writing the actions the critic
	the critical access hospital for up to 96 hours based on calculations of current			the critical access hospital for
	resource consumptions.			resource consumptions.
	Note 1: Hospitals are not required to remain fully functional for 96 hours or			Note 1: Critical access hospit
	stockpile 96 hours' worth of supplies.			hours or stockpile 96 hours' w
	Note 2: The 96-hour time frame provides a framework for hospitals to evaluate their			Note 2: The 96-hour time fram
	capability to be self-sufficient for at least 96 hours. For example, if a critical access			to evaluate their capability to
	hospital loses electricity and has backup generators, the emergency response plan			a critical access hospital lose
	for resources and assets establishes how much fuel is on hand and how long those			emergency response plan for
	generators can be operated before determining next steps. The plan may also			on hand and how long those g
	address conservation of resources and assets, such as rationing existing			steps. The plan may also addr
	resources, canceling noncritical procedures, or redirecting resources.			rationing existing resources, c
	Co.Det \$492,41/c)			resources.
EM 14 01 01 ED 1	CoPs: §482.41(a)	Moved and Device of		
EM.14.01.01, EP 1	The critical access hospital has a disaster recovery plan that describes in writing its	Moved and Revised	NPG.03.03.01, EP 1	The critical access hospital ha
	strategies for when and how it will do the following:			strategies for when and how it
	- Conduct hospitalwide damage assessments			- Conduct critical access hosp
	- Restore critical systems and essential services			- Restore critical systems and
	- Return to full operations			- Return to full operations

affing plan describes how it will provide employee nich includes the following:

ample, housing, transportation) taff (for example, child care, elder care) as needs

's plan for providing patient care and clinical support s for managing individuals that may present during a are not in need of medical care (such as visitors).

coordinates with the local medical examiner's office, d other local, regional, or state services when there is a eased patients.

has a plan for safety and security measures. The plan nmunity security agencies (for example, police, sheriff, the event of an emergency and how the critical access surity activities with these agencies.

's plan for managing its resources and assets describes ent, track, monitor, and locate the following resources ories) and assets during and after an emergency or tions and related supplies - Medical/surgical supplies ygen and supplies - Potable or bottled water and ter - Laboratory equipment and supplies - Personal el for operations - Equipment and nonmedical supplies e: The critical access hospital should be aware of the readily available and what resources and assets may ling on the type of emergency or disaster incident.

25(e)(3)

's plan for managing its resources and assets describes itical access hospital will take to sustain the needs of for up to 96 hours based on calculations of current

bitals are not required to remain fully functional for 96 worth of supplies.

ame provides a framework for critical access hospitals to be self-sufficient for at least 96 hours. For example, if ses electricity and has backup generators, the or resources and assets establishes how much fuel is e generators can be operated before determining next ddress conservation of resources and assets, such as s, canceling noncritical procedures, or redirecting

has a disaster recovery plan that describes in writing its r it will do the following:

spitalwide damage assessments

nd essential services

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.41(a)			
EM.14.01.01, EP 2	The critical access hospital's disaster recovery plan describes in writing how the critical access hospital will address family reunification and coordinate with its local community partners to help locate and assist with the identification of adults and unaccompanied children.	Moved	NPG.03.03.01, EP 2	The critical access hospital's critical access hospital will ac local community partners to h and unaccompanied children
EM.15.01.01, EP 4	The critical access hospital requires that incident command staff participate in education and training specific to their duties and responsibilities in the incident command structure. Note: The critical access hospital may choose to develop its own training, or it may require incident command staff to take an incident command–related course(s) such as those offered by the Federal Emergency Management Agency.	Moved and Revised	NPG.03.04.01, EP 1	The critical access hospital re education and training specifi command structure. Note: The critical access hosp require incident command sta such as those offered by the F
EM.16.01.01, EP 3	 Each accredited freestanding outpatient care building that provides patient care, treatment, and services is required to conduct at least one operations-based or discussion-based exercise per year to test its emergency response procedures, if not conducted in conjunction with the critical access hospital's emergency exercises. Exercises and actual emergency or disaster incidents are documented. 	Moved and Revised	NPG.03.05.01, EP 1	Each accredited freestanding treatment, and services is req discussion-based exercise pe not conducted in conjunction exercises. Exercises and actu
EM.17.01.01, EP 2	The after-action reports, identified opportunities for improvement, and recommended actions to improve the emergency management program are forwarded to senior critical access hospital leaders for review.	Moved and Revised	NPG.03.06.01, EP 1	The after-action reports, ident recommended actions to imp forwarded to senior critical ac
HR.01.01.01, EP 1	The critical access hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the critical access hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix B for 409.17 requirements. CoPs: \$412.27(d)(5), \$412.27(d)(6)(ii), \$412.29(f), \$482.23(b)(5), \$482.24(a), \$482.26, \$482.28, \$482.28(a)(1)(iii), \$482.53(a)(2), \$482.54(b)(2), \$482.51(a)(1), \$482.51(a)(2), \$482.51(a)(3), \$482.53(a)(2), \$482.54(b)(2), \$482.55(b)(2), \$482.56(a)(2), \$482.56(b)(2), \$482.57(a)(2), \$482.57(b)(1), \$483.21(b)(3)(ii), \$485.635(e), \$485.640(a)(1), \$485.642(a)(5), \$485.645(d)(4), \$485.645(d)(5)	Moved and Revised	HR.11.02.01, EP 1	The critical access hospital de responsibilities. Note 1: Qualifications for infe training, experience, and/or co Board for Infection Control). Note 2: For rehabilitation and hospitals: Qualified physical to therapists, occupational thera audiologists, as defined in 42 therapy, speech-language pat provided by the critical access therapist, physical therapist a therapy assistant, speech-land Note 3: For rehabilitation and hospitals: If respiratory care s specific respiratory care proce carry out the specific procedu CoPs: §482.42(a)(1), §482.56(
HR.01.01.01, EP 2	 The critical access hospital verifies and documents the following: Credentials of staff using the primary source when licensure, certification, or registration is required by law and regulation to practice their profession. This is done at the time of hire and at the time credentials are renewed. Credentials of staff (primary source not required) when licensure, certification, or registration is not required by law and regulation. This is done at the time of hire and at the time and regulation. This is done at the time of hire and at the time and regulation. This is done at the time of hire and at the time credentials are renewed. 	Consolidation of HR.01.01.01, EP 2; HR.01.01.01, EP 3; HR.01.02.07, EP 1	HR.11.01.03, EP 1	All staff who provide patient c possess a current license, cer regulation. CoPs: §482.11(c), §485.608(d

's disaster recovery plan describes in writing how the address family reunification and coordinate with its o help locate and assist with the identification of adults en.

requires that incident command staff participate in cific to their duties and responsibilities in the incident

ospital may choose to develop its own training, or it may staff to take an incident command–related course(s) e Federal Emergency Management Agency.

ng outpatient care building that provides patient care, equired to conduct at least one operations-based or per year to test its emergency response procedures, if on with the critical access hospital's emergency tual emergency or disaster incidents are documented.

entified opportunities for improvement, and nprove the emergency management program are access hospital leaders for review. defines staff qualifications specific to their job

fection control may be met through ongoing education, certification (such as that offered by the Certification

nd psychiatric distinct part units in critical access al therapists, physical therapist assistants, occupational erapy assistants, speech-language pathologists, or 42 CFR 484, provide physical therapy, occupational bathology, or audiology services, if these services are ess hospital. See Glossary for definitions of physical t assistant, occupational therapist, occupational anguage pathologist, and audiologist.

nd psychiatric distinct part units in critical access e services are provided, staff qualified to perform ocedures and the amount of supervision required to edures is designated in writing.

56(a)(2), §482.57(b)(1), §485.635(e), §485.640(a)(1)

t care, treatment, and services are qualified and certification, or registration, in accordance with law and

(d)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	Note 1: It is acceptable to verify current licensure, certification, or registration with			
	the primary source via a secure electronic communication or by telephone, if this			
	verification is documented.			
	Note 2: A primary verification source may designate another agency to			
	communicate credentials information. The designated agency can then be used as			
	a primary source.			
	Note 3: An external organization (for example, a credentials verification			
	organization [CVO]) may be used to verify credentials information. A CVO must			
	meet the CVO guidelines identified in the Glossary.			
	CoPs: §482.11(c), §482.23(b)(2), §482.28, §485.608(d), §485.635(e)			
HR.01.01.01, EP 3	The critical access hospital verifies and documents that the applicant has the	Consolidation of	HR.11.01.03, EP 1	All staff who provide patient of
· · · , ·	education and experience required by the job responsibilities.	HR.01.01.01, EP 2;		possess a current license, ce
		HR.01.01.01, EP 3;		regulation.
	CoPs: §482.11(c), §482.28, §482.28(a)(1)(iii), §482.28(a)(2), §482.51(a)(1),	HR.01.02.07, EP 1		
	\$482.54(b)(2), \$482.55(b)(2), \$482.56(a)(1), \$482.56(a)(2), \$482.56(b)(2),			CoPs: §482.11(c), §485.608(c
	\$482.57(a)(2), \$483.21(b)(3)(ii), \$485.635(e), \$485.645(d)(4), \$485.645(d)(5)			
HR.01.01.01, EP 4	The critical access hospital obtains a criminal background check on the applicant	Moved	NPG.12.04.01, EP 1	The critical access hospital o
	as required by law and regulation or critical access hospital policy. Criminal			as required by law and regula
	background checks are documented.			background checks are docu
	CoPs: §485.635(e)			
HR.01.01.01, EP 5	Staff comply with applicable health screening as required by law and regulation or	Moved	NPG.12.04.01, EP 2	Staff comply with applicable
	critical access hospital policy. Health screening compliance is documented.	Deleted	N1/A	critical access hospital policy
HR.01.01.01, EP 7	Before providing care, treatment, and services, the critical access hospital	Deleted	N/A	N/A
	confirms that nonemployees who are brought into the critical access hospital by a			
	physician or other licensed practitioner to provide care, treatment, or services have the same qualifications and competencies required of employed individuals			
	performing the same or similar services at the critical access hospital.			
	Note 1: This confirmation can be accomplished either through the critical access			
	hospital's regular process or with the physician or other licensed practitioner who			
	brought in the individual.			
	Note 2: When the care, treatment, and services provided by the nonemployee are			
	not currently performed by anyone employed by the critical access hospital,			
	leadership consults the appropriate professional critical access hospital guidelines			
	for the required credentials and competencies.			
HR.01.01.01, EP 18	For swing beds in critical access hospitals: The facility does not employ individuals	Moved and Revised	HR.11.02.01, EP 4	For swing beds in critical acc
TIN.01.01.01, LF 10	who have been found guilty by a court of law of abusing, neglecting, exploiting,	Hoved and Newsed	1111.11.02.01, LF 4	employ individuals who have
	misappropriating property, or mistreating residents or who have had a finding			neglecting, exploiting, misap
	entered into the state nurse aide registry concerning abuse, neglect, exploitation,			have had a finding entered int
	mistreatment of residents, or misappropriation of residents' property.			neglect, exploitation, mistrea
				property.
	CoPs: §483.12(a)(3)(i), §483.12(a)(3)(ii), §485.645(d)(3)			property.
				CoPs: §483.12(a)(3)(i), §483.7
HR.01.01.01, EP 30	For psychiatric distinct part units in critical access hospitals: The director of	Moved and Revised	NPG.12.02.01, EP 6	For psychiatric distinct part u
IIN.01.01.01, EP 30				psychiatric nursing is a register
	psychiatric nursing is a registered nurse who has a master's degree in psychiatric or			
	psychiatric nursing is a registered nurse who has a master's degree in psychiatric or mental health nursing, or its equivalent, from a school of nursing accredited by the			
	psychiatric nursing is a registered nurse who has a master's degree in psychiatric or mental health nursing, or its equivalent, from a school of nursing accredited by the National League for Nursing, or is qualified by education and experience in the care			mental health nursing, or its e National League for Nursing of

t care, treatment, and services are qualified and certification, or registration, in accordance with law and

3(d)

l obtains a criminal background check on the applicant Ilation or critical access hospital policy. Criminal cumented.

le health screening as required by law and regulation or icy. Health screening compliance is documented.

ccess hospitals: The critical access hospital does not ve been found guilty by a court of law of abusing, appropriating property, or mistreating residents or who into the state nurse aide registry concerning abuse, eatment of residents, or misappropriation of residents'

3.12(a)(3)(ii), §485.645(d)(3)

t units in critical access hospitals: The director of stered nurse who has a master's degree in psychiatric or s equivalent, from a school of nursing accredited by the g or is qualified by education and experience in the care stor of psychiatric nursing demonstrates competence to

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	participate in interdisciplinary formulation of individual treatment plans; to give			participate in interdisciplinar
	skilled nursing care and therapy; and to direct, monitor, and evaluate the nursing			skilled nursing care and thera
	care furnished.			care provided.
	CoPs: §412.27(d)(3), §412.27(d)(3)(i)			CoPs: §412.27(d)(3), §412.27
HR.01.01.01, EP 32	Technologists who perform diagnostic computed tomography (CT) exams have	Moved and Revised	NPG.13.01.01, EP 1	Technologists who perform d
	advanced-level certification by the American Registry of Radiologic Technologists			advanced-level certification l
	(ARRT) or the Nuclear Medicine Technology Certification Board (NMTCB) in			(ARRT) or the Nuclear Medici
	computed tomography or have one of the following qualifications:			computed tomography or hav
	- State licensure that permits them to perform diagnostic CT exams and			- State licensure that permits
	documented training on the provision of diagnostic CT exams or			documented training on the p
	- Registration and certification in radiography by ARRT and documented training on			- Registration and certificatio
	the provision of diagnostic CT exams or			the provision of diagnostic C
	- Certification in nuclear medicine technology by ARRT or NMTCB and documented			- Certification in nuclear med
	training on the provision of diagnostic CT exams			training on the provision of di
	Note 1: This element of performance does not apply to CT exams performed for			Note 1: This element of perfo
	therapeutic radiation treatment planning or delivery, or for calculating attenuation			therapeutic radiation treatme
	coefficients for nuclear medicine studies.			coefficients for nuclear medi
	Note 2: This element of performance does not apply to dental cone beam CT			Note 2: This element of perfo
	radiographic imaging studies performed for diagnosis of conditions affecting the			radiographic imaging studies
	maxillofacial region or to obtain guidance for the treatment of such conditions.			maxillofacial region or to obta
HR.01.01.01, EP 33	The critical access hospital verifies and documents that diagnostic medical	Moved and Revised	NPG.13.01.01, EP 2	The critical access hospital v
,	physicists who support computed tomography (CT) services have board		,	physicists who support comp
	certification in diagnostic radiologic physics or radiologic physics by the American			certification in diagnostic rad
	Board of Radiology, or in Diagnostic Imaging Physics by the American Board of			Board of Radiology, or in diag
	Medical Physics, or in Diagnostic Radiological Physics by the Canadian College of			Medical Physics, or in diagno
	Physicists in Medicine, or meet all of the following requirements:			Physicists in Medicine, or me
	- A graduate degree in physics, medical physics, biophysics, radiologic physics,			- A graduate degree in physics
	medical health physics, or a closely related science or engineering discipline from			medical health physics, or a d
	an accredited college or university			an accredited college or univ
	- College coursework in the biological sciences with at least one course in biology			- College coursework in the b
	or radiation biology and one course in anatomy, physiology, or a similar topic			or radiation biology and one of
	related to the practice of medical physics			related to the practice of med
	- Documented experience in a clinical CT environment conducting at least 10 CT			- Documented experience in
	performance evaluations under the direct supervision of a board-certified medical			performance evaluations und
	physicist			physicist
	Note: This element of performance does not apply to dental cone beam CT			Note: This element of perform
	radiographic imaging studies performed for diagnosis of conditions affecting the			radiographic imaging studies
	maxillofacial region or to obtain guidance for the treatment of such conditions.			maxillofacial region or to obta
HR.01.02.05, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Moved	NPG.12.01.01, EP 9	For rehabilitation and psychia
	critical access hospital has a qualified dietitian on a full-time, part-time, or	1 loved		critical access hospital has a
	consultative basis.			consultative basis.
	$C_{2} D_{2} (SAP2, 20, SAP2, 20(2)(2), SAP2, 20(2)(1))$			$C_{2} D_{2} \in S(0,2,0)(2)$
	CoPs: \$482.28, \$482.28(a)(2), \$482.28(b)(1)	Moved and Device d		CoPs: §482.28(a)(2)
HR.01.02.05, EP 3	In coordination with area emergency response systems, the critical access hospital	Moved and Revised	LD.13.01.09, EP 8	In coordination with area eme
	establishes procedures under which a doctor of medicine or osteopathy is			establishes procedures unde
	immediately available by telephone or radio contact on a 24-hour-a-day basis to			immediately available by tele
	receive emergency calls, provide information on treatment of emergency patients,			to receive emergency calls, p
	and refer patients to the critical access hospital or other appropriate locations for			patients, and refer patients to

ary formulation of individual treatment plans; to give grapy; and to direct, monitor, and evaluate the nursing

27(d)(3)(i)

diagnostic computed tomography (CT) exams have n by the American Registry of Radiologic Technologists cine Technology Certification Board (NMTCB) in ave one of the following qualifications:

- ts them to perform diagnostic CT exams and
- provision of diagnostic CT exams
- ion in radiography by ARRT and documented training on CT exams
- edicine technology by ARRT or NMTCB and documented diagnostic CT exams
- formance does not apply to CT exams performed for nent planning or delivery or for calculating attenuation dicine studies.
- formance does not apply to dental cone beam CT es performed for diagnosis of conditions affecting the otain guidance for the treatment of such conditions.
- verifies and documents that diagnostic medical nputed tomography (CT) services have board
- adiologic physics or radiologic physics by the American agnostic imaging physics by the American Board of nostic radiological physics by the Canadian College of neet all of the following requirements:
- ics, medical physics, biophysics, radiologic physics, a closely related science or engineering discipline from iversity
- biological sciences with at least one course in biology course in anatomy, physiology, or a similar topic edical physics
- n a clinical CT environment conducting at least 10 CT nder the direct supervision of a board-certified medical

rmance does not apply to dental cone beam CT es performed for diagnosis of conditions affecting the otain guidance for the treatment of such conditions.

niatric distinct part units in critical access hospitals: The a qualified dietitian on a full-time, part-time, or

mergency response systems, the critical access hospital der which a doctor of medicine or osteopathy is dephone or radio contact 24 hours a day, 7 days a week, provide information on treatment of emergency to the critical access hospital or other appropriate

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	treatment.			locations for treatment.
HR.01.02.05, EP 4	CoPs: §485.618(e) A doctor of medicine or osteopathy, a physician assistant, a nurse practitioner, or a	Consolidation of	NPG.12.01.01, EP 5	CoPs: §485.618(e) A doctor of medicine or osted
TIN.01.02.03, EF 4	clinical nurse specialist with training or experience in emergency care is on call and immediately available by telephone or radio contact, and available on-site within	HR.01.02.05, EP 4; HR.01.02.05, EP 5		clinical nurse specialist with immediately available by tele
	30 minutes, 24 hours a day, if the critical access hospital is located in an area other than an area described in 42 CFR 485.618(d)(1)(ii).			within 30 minutes, 24 hours a Note: If all of the following cri within 60 minutes:
	CoPs: §485.618(d)(1)(i)			- The critical access hospital an area with fewer than six re population data published by criteria for a remote location approved by the Centers for N 1820(b) of the Social Security - The state has determined up
				emergency response time lor providing emergency care to hospital.
				- The state maintains docume minutes at a particular design
				other available alternatives w
				an emergency.
				CoPs: §485.618(d)(1), §485.6 §485.618(d)(1)(ii)(C)
HR.01.02.05, EP 5	A doctor of medicine or osteopathy, a physician assistant, a nurse practitioner, or a clinical nurse specialist with training or experience in emergency care is on call and immediately available by telephone or radio contact, and available on site within 60 minutes, 24 hours a day. Note: This element of performance is applicable only if all of the following are met: - The critical access hospital is located in an area designated as a frontier (that is, an area with fewer than six residents per square mile based on the latest population data published by the Bureau of the Census) or in an area that meets the criteria for a remote location adopted by the state in its rural health care plan and approved by Centers for Medicare & Medicaid Services (CMS) under section 1820(b) of the Social Security Act. - The state has determined under criteria in its rural health plan that allowing an emergency response time longer than 30 minutes is the only feasible method of providing emergency care to residents of the area served by the critical access hospital. - The state maintains documentation showing that the response time of up to 60 minutes at a particular designated critical access hospital is justified because other available alternatives would increase the time needed to stabilize a patient in an emergency.	Consolidation of HR.01.02.05, EP 4; HR.01.02.05, EP 5	NPG.12.01.01, EP 5	A doctor of medicine or osted clinical nurse specialist with immediately available by tele within 30 minutes, 24 hours a Note: If all of the following cri within 60 minutes: - The critical access hospital an area with fewer than six re population data published by criteria for a remote location approved by the Centers for N 1820(b) of the Social Security - The state has determined un emergency response time lor providing emergency care to hospital. - The state maintains docume minutes at a particular design other available alternatives w
	CoPs: \$485.618(d)(1)(ii)(A), \$485.618(d)(1)(ii)(B), \$485.618(d)(1)(ii)(C)			an emergency. CoPs: §485.618(d)(1), §485.6 §485.618(d)(1)(ii)(C)

eopathy, a physician assistant, a nurse practitioner, or a th training or experience in emergency care is on call and elephone or radio contact, and they are available on site s a day, 7 days a week.

criteria are met, these practitioners are available on site

al is located in an area designated as a frontier (that is, residents per square mile based on the latest

by the US Census Bureau) or in an area that meets the n adopted by the state in its rural health care plan and r Medicare & Medicaid Services (CMS) under section ity Act.

under criteria in its rural health plan that allowing an onger than 30 minutes is the only feasible method for o residents of the area served by the critical access

mentation showing that the response time of up to 60 ignated critical access hospital is justified because would increase the time needed to stabilize a patient in

.618(d)(1)(i), \$485.618(d)(1)(ii)(A), \$485.618(d)(1)(ii)(B),

eopathy, a physician assistant, a nurse practitioner, or a th training or experience in emergency care is on call and elephone or radio contact, and they are available on site s a day, 7 days a week.

criteria are met, these practitioners are available on site

al is located in an area designated as a frontier (that is, residents per square mile based on the latest by the US Census Bureau) or in an area that meets the in adopted by the state in its rural health care plan and r Medicare & Medicaid Services (CMS) under section ity Act.

under criteria in its rural health plan that allowing an onger than 30 minutes is the only feasible method for o residents of the area served by the critical access

mentation showing that the response time of up to 60 ignated critical access hospital is justified because would increase the time needed to stabilize a patient in

.618(d)(1)(i), \$485.618(d)(1)(ii)(A), \$485.618(d)(1)(ii)(B),

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
HR.01.02.05, EP 6	The critical access hospital has a professional health care staff that includes one or	Moved and Revised	NPG.12.01.01, EP 3	The critical access hospital ha
	more doctors of medicine or osteopathy and that may include one or more			more doctors of medicine or o
	physician assistants, nurse practitioners, or clinical nurse specialists.			assistants, nurse practitioners
	CoPs: §485.631(a)(1)			CoPs: §485.631(a)(1)
HR.01.02.05, EP 7	A doctor of medicine or osteopathy, physician's assistant, nurse practitioner, or	Moved and Revised	NPG.12.01.01, EP 4	A doctor of medicine or osteo
	clinical nurse specialist is available to provide patient care when the critical access			clinical nurse specialist is ava
	hospital is in operation.			critical access hospital is in o
	CoPs: §485.631(a)(4)			CoPs: §485.631(a)(4)
HR.01.02.05, EP 14	A registered nurse, clinical nurse specialist, or licensed practical nurse is on duty	Moved and Revised	NPG.12.02.01, EP 3	A registered nurse, clinical nu
	whenever the critical access hospital has one or more patients.			whenever the critical access h
	CoPs: §485.631(a)(5)			CoPs: §485.631(a)(5)
HR.01.02.05, EP 15	A registered nurse satisfies the personnel requirements in 42 CFR 485.618(d)(1) for	Moved and Revised	NPG.12.02.01, EP 8	A registered nurse satisfies th
	a temporary period if all of the following conditions are met:			485.618(d)(1) for a temporary
	- The critical access hospital has no more than 10 beds.			- The critical access hospital h
	- The critical access hospital is located in an area designated as a frontier area or			- The critical access hospital i
	remote location as described in 42 CFR 485.618(d)(1)(ii)(A).			remote location as described
	- The state in which the critical access hospital is located submits a letter to the			- The state in which the critica
	Centers for Medicare & Medicaid Services (CMS) signed by the governor, following			Centers for Medicare & Medic
	consultation on the issue of using registered nurses on a temporary basis as part of			consultation on the issue of u
	its state rural health care plan with the State Boards of Medicine and Nursing, and			its state rural health care plan
	in accordance with state law, requesting that a registered nurse with training and			accordance with state law, re-
	experience in emergency care be included in the list of personnel specified in 42			experience in emergency care
	CFR 485.618(d)(1). The letter from the governor must attest that they have			CFR 485.618(d)(1). The letter 1
	consulted with the State Boards of Medicine and Nursing about issues related to			with the state boards of medic
	access to and the quality of emergency services in the state. The letter from the			and the quality of emergency
	governor must also describe the circumstances and duration of the temporary			describes the circumstances
	request to include the registered nurses on the list of personnel specified in 42 CFR			registered nurses on the list o
	485.618(d)(1).			- Once the governor submits a
	- Once a governor submits a letter, as specified in 42 CFR 485.618(d)(3)(ii), a critical			documentation to the state su
	access hospital must submit documentation to the state survey agency			due to the shortage of such pe
	demonstrating that it has been unable, due to the shortage of such personnel in the			specified in 42 CFR 485.618(d
	area, to provide adequate coverage as specified in 42 CFR 485.618(d).			Note: The critical access hosp
	Note: The critical access hospital's request for using RNs on a temporary basis or			temporary basis or its withdra
	its withdrawal of this request can be submitted to CMS at any time and is effective			time and is effective upon sub
	upon submission.			CoPs: §485.618(d)(3)(i), §485.
	CoPs: §485.618(d)(3)(i), §485.618(d)(3)(ii), §485.618(d)(3)(iii), §485.618(d)(3)(iv),			§485.618(d)(4)
	\$485.618(d)(4)			
HR.01.02.05, EP 16	A registered nurse with training and experience in emergency care can be used to	Moved and Revised	HR.11.01.01, EP 2	A registered nurse with trainin
	conduct specific medical screening examinations only if both of the following			conduct specific medical scre
	conditions are met:			conditions are met:
	- The registered nurse is on site and immediately available at the critical access			- The registered nurse is on sit
	hospital when a patient requests medical care.			hospital when a patient reque
	- The patient's request for medical care is within the scope of practice of a			- The patient's request for mee
	registered nurse and consistent with applicable state laws and the critical access			registered nurse and consiste
	hospital's bylaws and rules and regulations.			hospital's bylaws and rules ar

has a professional health care staff that includes one or r osteopathy and may include one or more physician ers, or clinical nurse specialists.

eopathy, physician's assistant, nurse practitioner, or vailable to provide patient care at all times when the operation.

nurse specialist, or licensed practical nurse is on duty s hospital has one or more inpatients.

the personnel availability requirements in 42 CFR ry period if all of the following conditions are met: al has no more than 10 beds.

al is located in an area designated as a frontier area or ed in 42 CFR 485.618(d)(1)(ii)(A).

cal access hospital is located submits a letter to the dicaid Services (CMS) signed by the governor, following f using registered nurses on a temporary basis as part of an with the state boards of medicine and nursing and in requesting that a registered nurse with training and are be included in the list of personnel specified in 42 er from the governor attests that they have consulted dicine and nursing about issues related to access to by services in the state. The letter from the governor also es and duration of the temporary request to include the t of personnel specified in 42 CFR 485.618(d)(1). s a letter, the critical access hospital submits

survey agency demonstrating that it has been unable, personnel in the area, to provide adequate coverage as B(d).

spital's request for using registered nurses on a rawal of this request can be submitted to CMS at any ubmission.

35.618(d)(3)(ii), §485.618(d)(3)(iii), §485.618(d)(3)(iv),

ing and experience in emergency care is allowed to creening examinations only if both of the following

- site and immediately available at the critical access Jests medical care.
- nedical care is within the scope of practice of a tent with applicable state laws and the critical access and regulations.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §485.618(d)(2)(i), §485.618(d)(2)(ii)			CoPs: §485.618(d)(2)(i), §485.
HR.01.02.05, EP 17	The critical access hospital designates an individual who is responsible for medical record services.	Consolidation of HR.01.02.05, EP 17; LD.04.01.05, EP 1	RC.11.01.01, EP 7	The critical access hospital de the maintenance of its medic professional staff is responsib
	CoPs: §485.638(a)(3)			CoPs: §485.638(a)(1), §485.63
HR.01.02.05, EP 28	For rehabilitation and psychiatric distinct part units in critical access hospitals: A full-time, part-time, or consulting pharmacist develops, supervises, and coordinates all the activities of the pharmacy department or pharmacy service. CoPs: §482.25(a)(1)	Moved and Revised	NPG.12.01.01, EP 11	For rehabilitation and psychia critical access hospital has a responsible for developing, su activities.
				CoPs: §482.25(a)(1)
HR.01.02.05, EP 43	Staff that provide care, treatment, and services meet the personnel qualifications required by the Centers for Medicare & Medicaid Services' (CMS) regulations at 42 CFR 485.604. Note: The following terms are defined in the Glossary: clinical nurse specialist, nurse practitioner, physician assistant.	Moved	NPG.12.01.01, EP 2	Staff that provide care, treatm required by the Centers for Me CFR 485.604. Note: The following terms are nurse practitioner, physician a
	CoPs: §485.604			CoPs: §485.604, §485.604(a), §485.604(b)(1), §485.604(b)(2) §485.604(b)(2)(iii), §485.604(b) §485.604(c)(2)(i), §485.604(c)
HR.01.02.07, EP 1	All staff who provide patient care, treatment, and services possess a current license, certification, or registration, in accordance with law and regulation. CoPs: §485.608(d)	Consolidation of HR.01.01.01, EP 2; HR.01.01.01, EP 3; HR.01.02.07, EP 1	HR.11.01.03, EP 1	All staff who provide patient c possess a current license, cer regulation.
				CoPs: §482.11(c), §485.608(d
HR.01.02.07, EP 2	Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation.	Moved and Revised	NPG.12.04.01, EP 3	Staff who provide patient care their license, certification, or
	CoPs: §482.23(c)(3), §482.23(c)(3)(ii), §482.51(a)(2), §482.51(a)(3), §482.52(a)(5), §482.56(b)(2)			
HR.01.03.01, EP 11	Professional staff supervise ancillary personnel.	Moved and Revised	HR.11.01.03, EP 2	Professional staff supervise a
	CoPs: §485.631(a)(2)			CoPs: §485.631(a)(2)
HR.01.04.01, EP 1	The critical access hospital orients its staff to the key safety content it identifies before staff provides care, treatment, and services. Completion of this orientation is documented. Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, or services; the environment of care; and infection control.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.23(b)(6), §482.41(b)(5)			
HR.01.04.01, EP 3	 The critical access hospital orients staff on the following: Relevant critical access hospitalwide and unit-specific policies and procedures Their specific job duties, including those related to infection prevention and control and assessing and managing pain Sensitivity to cultural diversity based on their job duties and responsibilities 	Moved and Revised	NPG.12.05.01, EP 1	The critical access hospital of - Relevant hospitalwide and u - Their specific job duties, inc control and assessing and ma - Sensitivity to cultural diversi

35.618(d)(2)(ii)

develops and implements policies and procedures for lical records system(s). A designated member of the sible for maintaining the records.

.638(a)(3)

niatric distinct part units in critical access hospitals: The a full-time, part-time, or consulting pharmacist who is supervising, and coordinating all pharmacy services

tment, and services meet the personnel qualifications Medicare & Medicaid Services' (CMS) regulations at 42

re defined in the Glossary: clinical nurse specialist, n assistant.

a), §485.604(a)(1), §485.604(a)(2), §485.604(b),)(2), §485.604(b)(2)(i), §485.604(b)(2)(ii), 4(b)(3), §485.604(c), §485.604(c)(1), §485.604(c)(2), (c)(2)(ii), §485.604(c)(2)(iii), §485.604(c)(3)

t care, treatment, and services are qualified and certification, or registration, in accordance with law and

(d)

are, treatment, and services practice within the scope of or registration, in accordance with law and regulation.

ancillary staff.

orients staff on the following: d unit-specific policies and procedures ncluding those related to infection prevention and managing pain rsity based on their job duties and responsibilities

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Patient rights, including ethical aspects of care, treatment, or services and the			- Patient rights, including ethi
	process used to address ethical issues based on their job duties and			process used to address ethi
	responsibilities			responsibilities
	Completion of this orientation is documented.			Completion of this orientatio
	CoPs: §483.21(b)(3)(iii), §485.635(b)(3)			
HR.01.05.03, EP 1	Staff participate in ongoing education and training to maintain or increase their	Moved	HR.11.03.01, EP 1	Staff participate in ongoing e
	competency and, as needed, when staff responsibilities change. Staff participation is documented.			competency and, as needed, is documented.
	CoPs: §482.42(c)(2)(iv), §482.51, §485.639, §485.640(c)(2)(iv)			CoPs: §482.42(c)(2)(iv), §485.
HR.01.05.03, EP 14	The critical access hospital verifies and documents that individuals who perform	Moved and Revised	NPG.13.01.01, EP 3	The critical access hospital v
······, _····	diagnostic computed tomography (CT) examinations participate in ongoing			diagnostic computed tomogr
	education that includes annual training on the following:			education that includes annu
	- Radiation dose optimization techniques and tools for pediatric and adult patients			- Radiation dose optimization
	addressed in the Image Gently® and Image Wisely® campaigns			addressed in the Image Gent
	- Safe procedures for operation of the types of CT equipment they will use			- Safe procedures for operation
	Note 1: Information on the Image Gently and Image Wisely initiatives can be found			Note 1: Information on the Im
	online at https://www.imagegently.org and https://www.imagewisely.org,			online at https://www.imageg
	respectively.			respectively.
	Note 2: This element of performance does not apply to CT systems used for			Note 2: This element of perfo
	therapeutic radiation treatment planning or delivery, or for calculating attenuation			therapeutic radiation treatme
	coefficients for nuclear medicine studies.			coefficients for nuclear medi
	Note 3: This element of performance does not apply to dental cone beam CT			Note 3: This element of perfo
	radiographic imaging studies performed for diagnosis of conditions affecting the			radiographic imaging studies
	maxillofacial region or to obtain guidance for the treatment of such conditions.			maxillofacial region or to obta
HR.01.05.03, EP 25	The critical access hospital verifies and documents that technologists who perform	Moved and Revised	NPG.13.01.01, EP 4	The critical access hospital v
	magnetic resonance imaging (MRI) examinations participate in ongoing education			magnetic resonance imaging
	that includes annual training on safe MRI practices in the MRI environment,			including annual training on s
	including the following:			addresses the following:
	- Patient screening criteria that address ferromagnetic items, electrically			- Patient screening criteria the
	conductive items, medical implants and devices, and risk for nephrogenic systemic fibrosis (NSF)			conductive items, medical in fibrosis (NSF)
	- Proper patient and equipment positioning activities to avoid thermal injuries			- Proper patient and equipme
	- Equipment and supplies that have been determined to be acceptable for use in			- Equipment and supplies the
	the MRI environment (MR safe or MR conditional) *			the MRI environment (MR safe
	- MRI safety response procedures for patients who require urgent or emergent			- MRI safety response proced
	medical care			medical care
	- MRI system emergency shutdown procedures, such as MRI system quench and			- MRI system emergency shut
	cryogen safety procedures			cryogen safety procedures
	- Patient hearing protection			- Patient hearing protection
	- Management of patients with claustrophobia, anxiety, or emotional distress			- Management of patients wit
	Footnote *: Terminology for defining the safety of items in the magnetic resonance			Note: Terminology for definin
	environment is provided in ASTM F2503 Standard Practice for Marking Medical			environment is provided in AS
	Devices and Other Items for Safety in the Magnetic Resonance Environment			Devices and Other Items for S
	(http://www.astm.org).			(http://www.astm.org).
HR.01.05.03, EP 29	As part of its workplace violence prevention program, the critical access hospital	Moved and Revised	NPG.02.04.01, EP 2	As part of its workplace viole
	provides training, education, and resources (at time of hire, annually, and whenever			provides training, education,
	changes occur regarding the workplace violence prevention program) to			changes occur regarding the

hical aspects of care, treatment, or services and the hical issues based on their job duties and

ion is documented.

education and training to maintain or increase their d, when staff responsibilities change. Staff participation

5.640(c)(2)(iv)

l verifies and documents that individuals who perform graphy (CT) examinations participate in ongoing nual training on the following:

on techniques and tools for pediatric and adult patients ntly® and Image Wisely® campaigns

ition of the types of CT equipment they will use Image Gently and Image Wisely initiatives can be found gegently.org and https://www.imagewisely.org,

formance does not apply to CT systems used for nent planning or delivery or for calculating attenuation dicine studies.

formance does not apply to dental cone beam CT es performed for diagnosis of conditions affecting the otain guidance for the treatment of such conditions.

verifies and documents that technologists who perform ng (MRI) examinations participate in ongoing education, n safe MRI practices in the MRI environment that

hat address ferromagnetic items, electrically implants and devices, and risk for nephrogenic systemic

nent positioning activities to avoid thermal injuries hat have been determined to be acceptable for use in afe or MR conditional)

edures for patients who require urgent or emergent

utdown procedures, such as MRI system quench and

vith claustrophobia, anxiety, or emotional distress ing the safety of items in the magnetic resonance ASTM F2503 Standard Practice for Marking Medical r Safety in the Magnetic Resonance Environment

lence prevention program, the critical access hospital n, and resources (at time of hire, annually, and whenever e workplace violence prevention program) to leaders,

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	leadership, staff, and licensed practitioners. The critical access hospital			staff, and licensed practitione
	determines what aspects of training are appropriate for individuals based on their			aspects of training are approp
	roles and responsibilities. The training, education, and resources address			responsibilities. The training,
	prevention, recognition, response, and reporting of workplace violence as follows:			recognition, response, and re
	- What constitutes workplace violence			- What constitutes workplace
	- Education on the roles and responsibilities of leadership, clinical staff, security			- Education on the roles and r
	personnel, and external law enforcement			personnel, and external law e
	- Training in de-escalation, nonphysical intervention skills, physical intervention			- Training in de-escalation, no
	techniques, and response to emergency incidents			techniques, and response to
	- The reporting process for workplace violence incidents	Calitta		- The reporting process for wo
HR.01.06.01, EP 1	The critical access hospital defines the competencies it requires of its staff who	Split to	HR.11.01.01, EP 1	The critical access hospital's
	provide patient care, treatment, or services.	HR.11.01.01, EP 1;		technical staff are competent
		HR.11.02.01, EP 3		
	CoPs: §412.27(d)(5), §482.23(b)(5), §482.23(c)(1), §482.26, §482.28(a)(3),			CoPs: §482.28(a)(3)
	\$482.42(c)(2)(iv), \$482.51, \$482.53(a)(2), \$482.54(b)(2), \$482.55(b)(2),			
	§482.56(a)(1), §482.56(a)(2), §482.56(b)(2), §482.57(a)(2), §482.57(b)(1), §485.639,			
	§485.640(c)(2)(iv)			
HR.01.06.01, EP 1	The critical access hospital defines the competencies it requires of its staff who	Split to	HR.11.02.01, EP 3	For rehabilitation and psychia
	provide patient care, treatment, or services.	HR.11.01.01, EP 1;		director of rehabilitation servi
		HR.11.02.01, EP 3		to supervise and administer t
	CoPs: §412.27(d)(5), §482.23(b)(5), §482.23(c)(1), §482.26, §482.28(a)(3),			
	\$482.42(c)(2)(iv), \$482.51, \$482.53(a)(2), \$482.54(b)(2), \$482.55(b)(2),			CoPs: §482.56(a)(1)
	\$482.56(a)(1), \$482.56(a)(2), \$482.56(b)(2), \$482.57(a)(2), \$482.57(b)(1), \$485.639,			
	§485.640(c)(2)(iv)			
HR.01.06.01, EP 3	An individual with the educational background, experience, or knowledge related to	Deleted EP -	N/A	N/A
,	the skills being reviewed assesses competence.	Replaced with more		
	Note: When a suitable individual cannot be found to assess staff competence, the	direct EP(s) or		
	critical access hospital can utilize an outside individual for this task. If a suitable	moved to guidance		
	individual inside or outside the critical access hospital cannot be found, the critical	within SPG		
	access hospital may consult the competency guidelines from an appropriate			
	professional organization to make its assessment.			
	CoPs: §482.23(b)(5), §482.23(b)(6), §482.23(c)(1), §482.42(c)(2)(iv), §482.51,			
	\$485.639, \$485.640(c)(2)(iv)	Mayod and Dayland		Ctoff compotence is initially a
HR.01.06.01, EP 5	Staff competence is initially assessed and documented as part of orientation.	Moved and Revised	HR.11.04.01, EP 1	Staff competence is initially a
				once every three years, or mo
	CoPs: §482.23(b)(5), §482.23(b)(6), §482.23(c)(1), §482.28(a)(3), §482.42(c)(2)(iv),			policy or in accordance with la
	\$482.51, \$485.639, \$485.640(c)(2)(iv)			
				CoPs: §482.42(c)(2)(iv), §485.4
HR.01.06.01, EP 6	Staff competence is assessed and documented once every three years, or more	Consolidation of	HR.11.04.01, EP 1	Staff competence is initially a
	frequently as required by critical access hospital policy or in accordance with law	HR.01.06.01, EP 5;		once every three years, or mo
	and regulation.	HR.01.06.01, EP 6		policy or in accordance with la
	CoPs: §482.23(b)(5), §482.23(c)(1), §482.28(a)(3), §482.42(c)(2)(iv), §482.51,			CoPs: §482.42(c)(2)(iv), §485.
	\$485.639, \$485.640(c)(2)(iv)			
HR.01.07.01, EP 2	The critical access hospital evaluates staff performance once every three years, or	Moved and Revised	NPG.12.05.01, EP 2	The critical access hospital ev
HR.01.07.01, EP 2		Moved and Revised	NPG.12.05.01, EP 2	The critical access hospital ev more frequently as required b
HR.01.07.01, EP 2	The critical access hospital evaluates staff performance once every three years, or	Moved and Revised	NPG.12.05.01, EP 2	-

oners. The critical access hospital determines what opriate for individuals based on their roles and g, education, and resources address prevention, reporting of workplace violence as follows: ce violence

I responsibilities of leaders, clinical staff, security enforcement

nonphysical intervention skills, physical intervention to emergency incidents

workplace violence incidents

's food and dietetic services administrative and ent to perform their responsibilities.

niatric distinct part units in critical access hospitals: The rvices has the knowledge, experience, and capabilities r the services.

assessed and documented as part of orientation and nore frequently as required by critical access hospital a law and regulation.

5.640(c)(2)(iv)

assessed and documented as part of orientation and nore frequently as required by critical access hospital a law and regulation.

5.640(c)(2)(iv)

evaluates staff performance once every three years, or by critical access hospital policy or in accordance with e evaluated based on performance expectations that ities. This evaluation is documented.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
N/A	N/A	New, more-direct EP	HR.11.01.03, EP 3	The critical access hospital d
		for CoP requirement		document the following:
				- Credentials of staff using th
				registration is required by fed
				the time of hire and at the tim
				- Credentials of staff (primary
				registration is not required by
				at the time credentials are re
				Note 1: It is acceptable to ve
				the primary source via a secu
				verification is documented.
				Note 2: A primary verification
				communicate credentials in
				a primary source.
				Note 3: An external organizat
				organization [CVO]) may be u
				meet the CVO guidelines ider
				Note 4: The critical access he
				based on job responsibilities
				CoPs: §482.23(b)(2)
IC.04.01.01, EP 1	The critical access hospital's governing body, or responsible individual, based on	Moved	NPG.12.01.01, EP	The critical access hospital's
	the recommendation of the medical staff and nursing leaders, appoints an		12	the recommendation of the r
	infection preventionist(s) or infection control professional(s) qualified through			infection preventionist(s) or i
	education, training, experience, or certification in infection prevention to be			education, training, experien
	responsible for the infection prevention and control program.			responsible for the infection
	CoPs: §482.42(a)(1), §485.640(a)(1)			CoPs: §482.42(a)(1), §485.64
IC.04.01.01, EP 2	The infection preventionist(s) or infection control professional(s) is responsible for	Revised	IC.04.01.01, EP 2	The infection preventionist(s)
10.04.01.01, El 2	the following: - Development and implementation of hospitalwide infection	neviseu	10.04.01.01, El 2	the following: - Developmen
	surveillance, prevention, and control policies and procedures that adhere to law			surveillance, prevention, and
	and regulation and nationally recognized guidelines - Documentation of the			
	infection prevention and control program and its surveillance, prevention, and			and regulation and nationally
				infection prevention and con
	control activities - Competency-based training and education of critical access			control activities - Compete
	hospital staff on infection prevention and control policies and procedures and their			hospital personnel and staff,
	application - Prevention and control of health care-associated infections and other			providing contracted service
	infectious diseases, including auditing staff adherence to infection prevention and			prevention and control guide
	control policies and procedures - Communication and collaboration with all			Prevention and control of hea
	components of the critical access hospital involved in infection prevention and			diseases, including auditing
	control activities, including but not limited to the antibiotic stewardship program,			policies and procedures - C
	sterile processing department, and water management program - Communication			of the critical access hospita
	and collaboration with the critical access hospital's quality assessment and			including but not limited to th
	performance improvement program to address infection prevention and control			department, and water mana
	issues Note: The outcome of competency-based training is the staff's ability to			with the critical access hosp
	demonstrate the skills and tasks specific to their roles and responsibilities.			improvement program to add
	Examples of competencies may include donning/doffing of personal protective			The outcome of competency
	equipment and the ability to correctly perform the processes for high-level			skills and tasks specific to th
	disinfection. (For more information on competency requirements, refer to			competencies may include d
	HR.01.06.01 EPs 1, 3, 5, 6).			the ability to correctly perform

develops and implements a procedure to verify and

- the primary source when licensure, certification, or ederal, state, or local law and regulation. This is done at me credentials are renewed.
- rry source not required) when licensure, certification, or by law and regulation. This is done at the time of hire and renewed.
- rerify current licensure, certification, or registration with cure electronic communication or by telephone, if this
- on source may designate another agency to nformation. The designated agency can then be used as
- ation (for example, a credentials verification used to verify credentials information. A CVO must entified in the Glossary.
- hospital determines the required qualifications for staff es.

's governing body, or responsible individual, based on e medical staff and nursing leaders, appoints an r infection control professional(s) qualified through ence, or certification in infection prevention to be n prevention and control program.

640(a)(1)

s) or infection control professional(s) is responsible for nt and implementation of hospitalwide infection nd control policies and procedures that adhere to law lly recognized guidelines - Documentation of the ontrol program and its surveillance, prevention, and ency-based training and education of critical access ff, including medical staff and, as applicable, personnel es in the critical access hospital, on infection lelines, policies and procedures and their application ealth care–associated infections and other infectious g staff adherence to infection prevention and control Communication and collaboration with all components tal involved in infection prevention and control activities, the antibiotic stewardship program, sterile processing nagement program - Communication and collaboration pital's quality assessment and performance ddress infection prevention and control issues Note: cy-based training is the staff's ability to demonstrate the their roles and responsibilities. Examples of donning/doffing of personal protective equipment and orm the processes for high-level disinfection. (For more

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				information on competency r
	CoPs: §482.42, §482.42(c)(2)(i), §482.42(c)(2)(ii), §482.42(c)(2)(iii), §482.42(c)(2)(iv),			
	\$482.42(c)(2)(v), \$482.42(c)(2)(vi), \$485.640, \$485.640(c)(2)(i), \$485.640(c)(2)(ii),			CoPs: §482.42, §482.42(c)(2)
	\$485.640(c)(2)(iii), \$485.640(c)(2)(iv), \$485.640(c)(2)(v), \$485.640(c)(2)(vi)			§482.42(c)(2)(v), §482.42(c)(2
				\$485.640(c)(2)(iii), \$485.640(c
IC.04.01.01, EP 5	The infection prevention and control program reflects the scope and complexity of	Revised	IC.04.01.01, EP 5	The infection prevention and
	the critical access hospital services provided by addressing all locations, patient			the critical access hospital se
	populations, and staff.			populations, and staff.
	0-D \$400.40.\$400.40(-)(4) \$405.640.\$405.640(-)(4)			0-D \$400.40.\$400.40(-)(4)
	CoPs: §482.42, §482.42(a)(4), §485.640, §485.640(a)(4)	Mayod and Daviagd		CoPs: §482.42, §482.42(a)(4),
IC.06.01.01, EP 1	To prioritize the program's activities, the critical access hospital identifies risks for	Moved and Revised	NPG.05.01.01, EP 1	To prioritize the program's act
	infection, contamination, and exposure that pose a risk to patients and staff based			infection, contamination, and
	on the following: - Its geographic location, community, and population served			on the following: - Its geographic location, com
	- The care, treatment, and services it provides			- The care, treatment, and ser
	- The analysis of surveillance activities and other infection control data			- The analysis of surveillance
	- Relevant infection control issues identified by the local, state, or federal public			- Relevant infection control is
	health authorities that could impact the critical access hospital			health authorities that could i
	Note: Risks may include organisms with a propensity for transmission within health			Note: Risks may include organ
	care facilities based on published reports and the occurrence of clusters of			care facilities based on public
	patients (for example, norovirus, respiratory syncytial virus [RSV], influenza,			patients (for example, norovir
	measles, organisms with antimicrobial resistance such as Carbapenem-resistant			organisms with antimicrobial
	Enterobacterales [CRE] and Candida auris).			Enterobacterales [CRE] and C
IC.06.01.01, EP 2	The critical access hospital reviews identified risks at least annually or whenever	Moved	NPG.05.01.01, EP 2	The critical access hospital re
	significant changes in risk occur.			significant changes in risk oc
IC.06.01.01, EP 3	The critical access hospital implements activities for the surveillance, prevention,	Revised	IC.06.01.01, EP 3	The critical access hospital in
,	and control of health care-associated infections and other infectious diseases,		,	and control of health care–as
	including maintaining a clean and sanitary environment to avoid sources and			including maintaining a clean
	transmission of infection, and addresses any infection control issues identified by			transmission of infection, and
	public health authorities that could impact the critical access hospital.			public health authorities that
	CoPs: §482.42, §482.42(a)(3), §482.51, §485.639, §485.640, §485.640(a)(3)			CoPs: §482.42, §482.42(a)(3),
IC.07.01.01, EP 1	The critical access hospital develops and implements protocols for high-	Moved	NPG.05.02.01, EP 1	The critical access hospital d
	consequence infectious diseases or special pathogens. The protocols are readily			consequence infectious dise
	available for use at the point of care and address the following:			available for use at the point of
	- Identify: Procedures for screening at the points of entry to the critical access			- Identify: Procedures for scre
	hospital for respiratory symptoms, fever, rash, and travel history to identify or			hospital for respiratory sympt
	initiate evaluation for high-consequence infectious diseases or special pathogens			initiate evaluation for high-co
	- Isolate: Procedures for transmission-based precautions			- Isolate: Procedures for trans
	- Inform: Procedures for informing public health authorities and key critical access			- Inform: Procedures for inform
	hospital staff			hospital staff
	- Required personal protective equipment and proper donning and doffing			- Required personal protectiv
	techniques			techniques
	- Infection control procedures to support continued and safe provision of care while the patient is in isolation and to reduce exposure among staff, patients, and			- Infection control procedures while the patient is in isolatio
	visitors using the hierarchy of controls			-
	- Procedures for managing waste and cleaning and disinfecting patient care			visitors using the hierarchy of - Procedures for managing wa
	spaces, surfaces, and equipment			spaces, surfaces, and equipn
	Note 1: Points of entry may include the emergency department, urgent care, and			Note 1: Points of entry may in
	Note it i onto or entry may metude the emergency department, digent cale, and			

/ requirements, refer to HR.11.04.01 EP 1).

2)(i), §482.42(c)(2)(ii), §482.42(c)(2)(iii), §482.42(c)(2)(iv), (2)(vi), §485.640, §485.640(c)(2)(i), §485.640(c)(2)(ii), D(c)(2)(iv), §485.640(c)(2)(v), §485.640(c)(2)(vi)

d control program reflects the scope and complexity of services provided by addressing all locations, patient

4), §485.640, §485.640(a)(4)

nctivities, the critical access hospital identifies risks for nd exposure that pose a risk to patients and staff based

- ommunity, and population served
- ervices it provides
- e activities and other infection control data
- issues identified by the local, state, or federal public d impact the critical access hospital
- ganisms with a propensity for transmission within health olished reports and the occurrence of clusters of
- virus, respiratory syncytial virus, influenza, measles,
- al resistance such as Carbapenem-resistant
- l Candida auris).

reviews identified risks at least annually or whenever occur.

implements activities for the surveillance, prevention, associated infections and other infectious diseases, an and sanitary environment to avoid sources and nd addresses any infection control issues identified by at could impact the critical access hospital.

3), §485.640, §485.640(a)(3)

develops and implements protocols for high-

- seases or special pathogens. The protocols are readily at of care and address the following:
- creening at the points of entry to the critical access ptoms, fever, rash, and travel history to identify or
- consequence infectious diseases or special pathogens nsmission-based precautions
- orming public health authorities and key critical access

tive equipment and proper donning and doffing

- res to support continued and safe provision of care ion and to reduce exposure among staff, patients, and of controls
- waste and cleaning and disinfecting patient care pment
- include the emergency department, urgent care, and

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	ambulatory clinics.			ambulatory clinics.
	Note 2: See the Glossary for a definition of hierarchy of controls.			Note 2: See the Glossary for a
IC.07.01.01, EP 2	The critical access hospital develops and implements education and training and	Moved	NPG.05.02.01, EP 2	The critical access hospital d
	assesses competencies for staff who will implement protocols for high-			assesses competencies for s
	consequence infectious diseases or special pathogens.			consequence infectious dise
IM.01.01.01, EP 2	The critical access hospital identifies how data and information enter, flow within,	Deleted EP -	N/A	N/A
	and leave the organization.	Replaced with more		
	$C_{2} D_{2} S_{4} S_{2} D_{4} h_{2} (2) S_{4} S_{5} C_{2} D_{4} h_{1} (2)$	direct EP(s) or		
	CoPs: §482.24(b)(2), §485.638(a)(1)	moved to guidance within SPG		
IM.01.01.01, EP 5	The critical access hospital has an agreement with at least one hospital for the	Deleted EP -	N/A	N/A
· · · · ·	development and use of its communications systems, including, where feasible,	Replaced with more		
	medical records, telemetry systems, and systems for electronic sharing of patient	direct EP(s) or		
	data. When the critical access hospital is a member of a rural health network, the	moved to guidance		
	agreement is with a member of the network.	within SPG		
	0-0-10-10-010(-)(0)			
IM.01.01.03, EP 1	CoPs: §485.616(a)(2) The critical access hospital follows a written plan for managing interruptions to its	Moved and Revised	IM.11.01.01, EP 1	The critical access hospital d
11.01.01.00, EF 1	information processes (paper-based, electronic, or a mix of paper-based and	rioved and newsed		regarding medical document
	electronic).			other interruptions to informa
				availability of patient records
	CoPs: §482.15(b)(5), §485.625(b)(5)			Note: These policies and pro-
				assessment, and emergency
				least every 2 years.
				0 - D 8400 45(L)(E) - 8405 00
	The evidence of a second base with the relation for many single interview with the to inform string.	Deleted ED	N1/A	CoPs: §482.15(b)(5), §485.62
IM.01.01.03, EP 2	The critical access hospital's plan for managing interruptions to information processes addresses the following:	Deleted EP - Replaced with more	N/A	N/A
	- Scheduled and unscheduled interruptions of electronic information systems	direct EP(s) or		
	- Training for staff on alternative procedures to follow when electronic information	moved to guidance		
	systems are unavailable	within SPG		
	- Backup of electronic information systems	Within St O		
	CoPs: §482.15(b)(5), §485.625(b)(5)			
IM.02.01.01, EP 1	The critical access hospital follows a written policy addressing the privacy and	Moved and Revised	IM.12.01.01, EP 1	The critical access hospital d
	confidentiality of health information.			addressing the privacy and co
				Note: For swing beds in critic
	CoPs: §482.13(d)(1), §482.15(b)(5), §482.24(b)(3), §483.10(h), §483.10(h)(1),			address the resident's persor
	\$483.10(h)(3), \$485.614(d)(1), \$485.625(b)(5), \$485.638(a)(1), \$485.638(b)(1), \$485.638(b)(1), \$485.638(b)(2), \$485.638(b)(b)(2), \$485.638(b)(b)(b)(b)(b)(b)(b)(b)(b)(b)(b)(b)(b)(Co Do: \$400.12(d)(1) \$400.04
	§485.638(b)(2), §485.638(b)(3), §485.645(d)(1)			CoPs: §482.13(d)(1), §482.24 §485.638(b)(1), §485.645(d)(1
IM.02.01.01, EP 3	The critical access hospital uses health information only for purposes permitted by	Deleted EP -	N/A	N/A
	law and regulation or as further limited by its policy on privacy.	Replaced with more		
		direct EP(s) or		
		moved to guidance		
	CoPs: §482.13(d)(1), §482.24(b)(3), §483.10(h), §483.10(h)(1), §483.10(h)(3),	within SPG		
	§485.638(a)(1), §485.638(b)(3), §485.645(d)(1)			
IM.02.01.01, EP 4	The critical access hospital discloses health information only as authorized by the	Moved and Revised	IM.12.01.01, EP 2	The critical access hospital d
	patient or as otherwise consistent with law and regulation.			patient with the patient's writ

r a definition of hierarchy of controls.
develops and implements education and training and
r staff who will implement protocols for high-
seases or special pathogens.

l develops and implements policies and procedures
entation and patient information during emergencies and
mation management systems, including security and
ds to support continuity of care.

rocedures are based on the emergency plan, risk cy communication plan and are reviewed and updated at

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l develops and implements policies and procedures confidentiality of health information. tical access hospitals: Policies and procedures also sonal records.

24(b)(3), §483.10(h), §483.10(h)(3), §485.614(d)(1), l)(1)

l discloses health information only as authorized by the rritten consent or as otherwise required by law and

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.13(d)(1), §482.15(b)(5), §482.24(b)(3), §482.43(b), §483.10(h), §483.10(h)(1), §483.10(h)(3)(i), §483.10(h)(3)(ii), §485.625(b)(5), §485.638(a)(1), §485.638(b)(3), §485.642(b), §485.645(d)(1)			regulation. Note: For swing beds in critic allows representatives of the examine a resident's medica with state law.
IM.02.01.03, EP 1	The critical access hospital follows a written policy that addresses the security of health information, including access, use, and disclosure. CoPs: \$482.13(d)(1), \$482.15(b)(5), \$482.24(b), \$485.625(b)(5), \$485.638(a)(1), \$485.638(b)(2)	Consolidation of IM.02.01.03, EP 1; IM.02.01.03, EP 2	IM.12.01.03, EP 1	CoPs: §483.10(h)(3)(i), §483. The critical access hospital of addresses the security of hea - Access and use - Integrity of health information use, unintentional change, and - Intentional destruction of h - When and by whom the removal refers to thos
IM.02.01.03, EP 2	The critical access hospital implements a written policy addressing the following: - The integrity of health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction - The intentional destruction of health information - When and by whom the removal of health information is permitted Note: Removal refers to those actions that place health information outside the critical access hospital's control.	Consolidation of IM.02.01.03, EP 1; IM.02.01.03, EP 2	IM.12.01.03, EP 1	critical access hospital's con CoPs: §482.24(b)(3), §485.63 The critical access hospital d addresses the security of hea - Access and use - Integrity of health informatio use, unintentional change, ar - Intentional destruction of he - When and by whom the rem Note: Removal refers to those
IM.02.01.03, EP 5	CoPs: §482.13(d)(1), §482.24(b), §485.638(a)(1), §485.638(b)(1), §485.638(b)(2) The critical access hospital protects against unauthorized access, use, and disclosure of health information.	Deleted EP - Replaced with more	N/A	critical access hospital's con CoPs: §482.24(b)(3), §485.63 N/A
	CoPs: §482.15(b)(5), §485.625(b)(5), §485.638(a)(1)	direct EP(s) or moved to guidance within SPG		
IM.02.01.03, EP 6	The critical access hospital protects health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction. CoPs: §482.24(b), §485.638(a)(1), §485.638(b)(1), §485.638(b)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
IM.02.01.03, EP 7	The critical access hospital controls the intentional destruction of health information. CoPs: §485.638(a)(1), §485.638(b)(1), §485.638(b)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
IM.02.02.01, EP 3	The critical access hospital follows its list of prohibited abbreviations, acronyms, symbols, and dose designations, which includes the following: - U,u - IU - Q.D., QD, q.d., qd	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

ical access hospitals: The critical access hospital ne Office of the State Long-Term Care Ombudsman to cal, social, and administrative records in accordance

3.10(h)(3)(ii), \$485.638(b)(3), \$485.645(d)(1) I develops and implements a written policy that realth information, including the following:

ation against loss, damage, unauthorized alteration or and accidental destruction

health information

emoval of health information is permitted

ose actions that place health information outside the ontrol.

638(b)(2)

l develops and implements a written policy that ealth information, including the following:

ation against loss, damage, unauthorized alteration or and accidental destruction

health information

emoval of health information is permitted

ose actions that place health information outside the ontrol.

638(b)(2)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Q.O.D., QOD, q.o.d, qod			
	- Trailing zero (X.0 mg)			
	- Lack of leading zero (.X mg)			
	- MS			
	- MSO4			
	- MgSO4			
	Note 1: A trailing zero may be used only when required to demonstrate the level of			
	precision of the value being reported, such as for laboratory results, imaging			
	studies that report the size of lesions, or catheter/tube sizes. It may not be used in			
	medication orders or other medication-related documentation.			
	Note 2: The prohibited list applies to all orders, preprinted forms, and medication-			
	related documentation. Medication-related documentation can be either			
	handwritten or electronic.			
IM.02.02.03, EP 2	The critical access hospital's storage and retrieval systems make health	Deleted EP -	N/A	N/A
11.02.02.00, ET 2	information accessible when needed for patient care, treatment, and services.	Replaced with more		
	Note: For rehabilitation and psychiatric distinct part units in critical access	direct EP(s) or		
	hospitals: The medical records system allows for timely retrieval of patient	moved to guidance		
	information by diagnosis and procedure.	within SPG		
		Within or O		
	CoPs: §482.21(d)(2), §482.24(a), §482.24(b), §482.24(b)(2), §485.638(a)(2)			
IM.02.02.03, EP 3	The critical access hospital disseminates data and information in useful formats	Deleted EP -	N/A	N/A
· · · · · · · · · · · ·	within time frames that are defined by the critical access hospital and consistent	Replaced with more		
	with law and regulation.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.24(a), §482.24(b)(2), §485.638(a)(2)	within SPG		
IM.02.02.07, EP 1	The critical access hospital demonstrates that its electronic health records system	Moved and Revised	IM.13.01.05, EP 1	The critical access hospital c
,	(or other electronic administrative system) has a fully operational notification			system's (or other electronic
	capacity and is used in accordance with applicable state and federal laws and			operational and is used in ac
	regulations for the exchange of patient health information.			regulations for the exchange
	CoPs: §482.24(d)(1), §485.638(d)(1)			CoPs: §482.24(d)(1), §485.63
IM.02.02.07, EP 2	The critical access hospital demonstrates that its electronic health records system	Moved and Revised	IM.13.01.05, EP 2	The critical access hospital of
	(or other electronic administrative system) sends notifications that include at least			(or other electronic administ
	the patient's name, treating licensed practitioner's name, and sending institution's			minimum, the patient's name
	name.			institution's name.
	CoPs: §482.24(d)(2), §485.638(d)(2)			CoPs: \$482.24(d)(2), \$485.63
IM.02.02.07, EP 3	In accordance with the patient's expressed privacy preferences and applicable	Moved and Revised	IM.13.01.05, EP 3	In accordance with the patie
	laws and regulations, the critical access hospital's electronic health records			laws and regulations, the crit
	system (or other electronic administrative system) sends notifications directly, or			system (or other electronic a
	through an intermediary that facilitates exchange of health information, at the time			through an intermediary that
	of the patient's emergency department registration or inpatient admission.			following times, when applic
				- The patient's emergency de
	CoPs: §482.24(d)(3), §482.24(d)(3)(i), §482.24(d)(3)(ii), §485.638(d)(3),			- The patient's inpatient adm
	§485.638(d)(3)(i), §485.638(d)(3)(ii)			
				CoPs: §482.24(d)(3), §482.24
				§485.638(d)(3)(i), §485.638(d
IM.02.02.07, EP 4	In accordance with the patient's expressed privacy preferences and applicable	Moved	IM.13.01.05, EP 4	In accordance with the patie
	laws and regulations, the critical access hospital's electronic health records			laws and regulations, the crit

Il demonstrates that its electronic health records nic administrative system's) notification capacity is fully accordance with applicable state and federal laws and ge of patient health information.

638(d)(1)

Il demonstrates that its electronic health records system istrative system) sends notifications that include, at a me, treating licensed practitioner's name, and sending

638(d)(2)

tient's expressed privacy preferences and applicable critical access hospital's electronic health records c administrative system) sends notifications directly, or nat facilitates exchange of health information, at the licable:

department registration mission

24(d)(3)(i), §482.24(d)(3)(ii), §485.638(d)(3), 3(d)(3)(ii)

tient's expressed privacy preferences and applicable critical access hospital's electronic health records

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	system (or other electronic administrative system) sends notifications directly, or			system (or other electronic ad
	through an intermediary that facilitates exchange of health information, either			through an intermediary that
	immediately prior to or at the time of the patient's discharge or transfer from the			immediately prior to or at the
	critical access hospital's emergency department or inpatient services.			critical access hospital's eme
	CoPs: §482.24(d)(4), §482.24(d)(4)(i), §482.24(d)(4)(ii), §485.638(d)(4),			CoPs: §482.24(d)(4), §482.24
	\$485.638(d)(4)(i), \$485.638(d)(4)(ii)			§485.638(d)(4)(i), §485.638(d)
IM.02.02.07, EP 5	The critical access hospital makes a reasonable effort to confirm that its electronic	Moved and Revised	IM.13.01.05, EP 5	The critical access hospital m
	health records system (or other electronic administrative system) sends the			health records system (or oth
	notifications to all applicable post-acute care services providers and suppliers, as			notifications to all applicable
	well as any of the following who need to receive notification of the patient's status			well as any of the following w
	for treatment, care coordination, or quality improvement purposes:			for treatment, care coordinat
	- The patient's established primary care licensed practitioner			- Patient's established primar
	- The patient's established primary care practice group or entity			- Patient's established primar
	- Other licensed practitioners, or other practice groups or entities, identified by the			- Other licensed practitioners
	patient as primarily responsible for the patient's care			patient as primarily responsib
	Note: The term "reasonable effort" means that a critical access hospital has a			Note: The term "reasonable e
	process to send patient event notifications while working within the constraints of			process to send patient event
	its technology infrastructure. There may be instances in which a critical access			its technology infrastructure.
	hospital (or its intermediary) cannot identify an applicable recipient for a patient			hospital (or its intermediary)
	event notification despite establishing processes for identifying recipients. In			event notification despite est
	addition, some recipients may not be able to receive patient event notifications in a			addition, some recipients ma
	manner consistent with a critical access hospital system's capabilities.			manner consistent with the c
	CoPs: \$482.24(d)(5), \$482.24(d)(5)(i), \$482.24(d)(5)(ii), \$482.24(d)(5)(iii),			CoPs: §482.24(d)(5), §482.24
	§485.638(d)(5), §485.638(d)(5)(i), §485.638(d)(5)(ii), §485.638(d)(5)(iii)			§485.638(d)(5), §485.638(d)(5
IM.03.01.01, EP 1	The critical access hospital provides access to knowledge-based information	Deleted EP -	N/A	N/A
	resources 24 hours a day, 7 days a week.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.25(b)(8)	moved to guidance		
		within SPG		
N/A	N/A	New, more-direct EP	IM.13.01.01, EP 1	The critical access hospital u
		for CoP requirement		abbreviations, acronyms, syn
N/A	N/A	Moved and Revised	IM.13.01.03, EP 1	The critical access hospital h
				to make health information a
				and services.
				Note: For rehabilitation and p
				hospitals: The medical record
				information by diagnosis and
				CoPs: §482.24(b)(2)
LD.01.01.01, EP 1	The critical access hospital identifies those responsible for governance.	Deleted EP -	N/A	N/A
		Replaced with more		
	CoPs: §482.12	direct EP(s) or		
		moved to guidance		
		within SPG		
LD.01.01.01, EP 2	The governing body identifies those responsible for planning, management, and	Deleted EP -	N/A	N/A
······	operational activities.	Replaced with more		
		direct EP(s) or		

administrative system) sends notifications directly, or at facilitates exchange of health information, either ne time of the patient's discharge or transfer from the mergency department or inpatient services.

24(d)(4)(i), §482.24(d)(4)(ii), §485.638(d)(4), (d)(4)(ii)

makes a reasonable effort to confirm that its electronic ther electronic administrative system) sends the le post–acute care service providers and suppliers, as who need to receive notification of the patient's status

- ation, or quality improvement purposes:
- ary care licensed practitioner
- ary care practice group or entity
- ers, or other practice groups or entities, identified by the sible for the patient's care

e effort" means that the critical access hospital has a ent notifications while working within the constraints of e. There may be instances in which the critical access y) cannot identify an applicable recipient for a patient establishing processes for identifying recipients. In may not be able to receive patient event notifications in a e critical access hospital system's capabilities.

24(d)(5)(i), §482.24(d)(5)(ii), §482.24(d)(5)(iii),)(5)(i), §485.638(d)(5)(ii), §485.638(d)(5)(iii)

uses standardized terminology, definitions, ymbols, and dose designations.

has a system for coding and indexing medical records accessible when needed for patient care, treatment,

I psychiatric distinct part units in critical access ords system allows for timely retrieval of patient nd procedure.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		moved to guidance		
	CoPs: §482.12, §482.12(d)(7)(ii)	within SPG		
LD.01.01.01, EP 3	The governing body identifies those responsible for the provision of care, treatment,	Deleted EP -	N/A	N/A
	and services.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.22	moved to guidance		
		within SPG		
LD.01.02.01, EP 1	Senior managers and leaders of the organized medical staff work with the	Deleted EP -	N/A	N/A
	governing body to define their shared and unique responsibilities and	Replaced with more		
	accountabilities.	direct EP(s) or		
		moved to guidance		
	CoPs: \$485.635(c)(4)(i)	within SPG		
LD.01.03.01, EP 1	The governing body defines in writing its responsibilities.	Deleted EP -	N/A	N/A
		Replaced with more		
	CoPs: §482.12, §485.627(a), §485.635(c)(4)(i)	direct EP(s) or		
		moved to guidance		
		within SPG		
LD.01.03.01, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Moved and Revised	LD.11.01.01, EP 5	For rehabilitation and psychia
	governing body provides for organization management and planning.			governing body consults direc
				the organization and conduct
	CoPs: §412.25(a)(13), §482.12, §482.12(d)(7)(i)			the individual's designee. At a
				periodically throughout the fig
				matters related to the quality
				hospital's patients. For a mult
				single multihospital system g
				responsible for the organized
				hospital within its system.
				CoPs: §482.12(a)(10)
LD.01.03.01, EP 3	The governing body approves the critical access hospital's written scope of	Split to LD.13.03.01,	LD.13.03.01, EP 11	For rehabilitation and psychia
	services.	EP 11; LD.13.03.01,		surgical services are consiste
		EP 14		
	CoPs: §482.12(f)(1), §482.26, §482.27(a)(2), §482.51(a), §482.52, §482.52(a),			CoPs: §482.51(a), §482.51(b)
	§482.52(b), §482.53, §482.53, §482.53(a), §482.54, §482.54, §482.55, §482.56,			
	§482.56(a), §482.57(a), §485.635(b)(1)(i), §485.635(c)(4)(i), §485.639			
LD.01.03.01, EP 3	The governing body approves the critical access hospital's written scope of	Split to LD.13.03.01,	LD.13.03.01, EP 14	For rehabilitation and psychia
·	services.	EP 11; LD.13.03.01,		critical access hospital maint
		EP 14		services provided that is avail
	CoPs: §482.12(f)(1), §482.26, §482.27(a)(2), §482.51(a), §482.52, §482.52(a),			
	§482.52(b), §482.53, §482.53, §482.53(a), §482.54, §482.54, §482.55, §482.56,			CoPs: §482.27(a)(2)
	§482.56(a), §482.57(a), §485.635(b)(1)(i), §485.635(c)(4)(i), §485.639			
LD.01.03.01, EP 4	The governing body selects the chief executive responsible for managing the critical	Moved and Revised	LD.11.01.01, EP 6	The governing body appoints
· · · · ,	access hospital.			the critical access hospital.
				CoPs: §482.12(b)
	CoPs: §482.12(b)			
LD.01.03.01, EP 5	The governing body provides for the resources needed to maintain safe, quality	Consolidation of	LD.13.03.03, EP 2	The governing body is respons
22.01.00.01, 21.0	care, treatment, and services.	LD.01.03.01, EP 5;		hospital, including contracted
				are provided in a safe and effe
				are provided in a sale and elle

hiatric distinct part units in critical access hospitals: The rectly with the individual assigned the responsibility for act of the critical access hospital's medical staff or with it a minimum, this direct consultation occurs fiscal or calendar year and includes a discussion of ity of medical care provided to the critical access ultihospital system using a single governing body, the n governing body consults directly with the individual ed medical staff (or the individual's designee) of each

hiatric distinct part units in critical access hospitals: The stent with the resources available.

niatric distinct part units in critical access hospitals: The intains a written description of the scope of laboratory ailable to the medical staff.

ts the chief executive officer responsible for managing

onsible for all services provided in the critical access ted services. The governing body assesses that services effective manner and takes action to address issues

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: \$482.12, \$482.12(e)(1), \$482.21(e)(1), \$482.21(e)(4), \$482.52(b), \$482.53, \$482.53, \$482.53(a), \$482.53(c), \$482.54, \$482.54, \$482.55, \$482.56(a), \$482.57(a), \$485.618, \$485.627(a)	LD.04.03.09, EP 6; LD.04.03.09, EP 7		pertaining to quality and perf Note: For rehabilitation and p hospitals: The governing body one for shared services and ju access hospital to that comp Services (CMS) Conditions of
				CoPs: §482.12(e), §482.12(e)
LD.01.03.01, EP 6	The governing body works with the senior managers and leaders of the organized medical staff to annually evaluate the critical access hospital's performance in relation to its mission, vision, and goals. CoPs: §482.21(e)(1), §485.627(a)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LD.01.03.01, EP 8	The governing body provides the organized medical staff with the opportunity to participate in governance. CoPs: \$482.12(a)(10), \$482.12(d)(7)(ii)	Deleted EP - Replaced with more direct EP(s) or moved to guidance	N/A	N/A
LD.01.03.01, EP 9	The governing body provides the organized medical staff with the opportunity to be represented at governing body meetings (through attendance and voice) by one or more of its members, as selected by the organized medical staff.	within SPG Moved	LD.11.01.01, EP 3	The governing body provides represented at governing bod more of its members, as sele
	CoPs: §482.12(a)(10)			
LD.01.03.01, EP 10	Organized medical staff members are eligible for full membership in the critical access hospital's governing body, unless legally prohibited.	Moved	LD.11.01.01, EP 4	Organized medical staff mem access hospital's governing b
	CoPs: §482.12(a)(10)			
LD.01.03.01, EP 12	The critical access hospital has a governing body that assumes full legal responsibility for the operation of the critical access hospital. CoPs: §482.12, §485.627(a)	Moved and Revised	LD.11.01.01, EP 1	The critical access hospital h legal responsibility for detern governing the critical access policies to provide quality hes CoPs: §482.12, §485.627(a)
LD.01.03.01, EP 14	If a critical access hospital is part of a system consisting of multiple separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals using a system governing body that is legally responsible for the conduct of two or more hospitals, critical access hospitals, and/or rural emergency hospitals, the system governing body can elect to have a unified and integrated quality assessment and performance improvement program for all of its member facilities after determining that such decision is in accordance with all applicable state and local laws. The system governing body is responsible and accountable for making certain that each of its separately certified critical access hospitals meets the requirements for quality assessment and performance improvement at 42 CFR 485.641. Each separately certified critical access 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 critical access hospital's unique circumstances and	Moved and Revised	LD.11.01.01, EP 9	If a critical access hospital is accredited hospitals, critical using a system governing body more hospitals, critical access system governing body can e assessment and performanc after determining that such d local laws. Each separately c governing body demonstrates and performance improveme - Accounts for each member any significant differences in - Establishes and implements needs and concerns of each practice or location, are giver integrated program has mech

rformance.

d psychiatric distinct part units in critical access ody makes certain that a contractor of services (including d joint ventures) provides services that permit the critical nply with applicable Centers for Medicare & Medicaid of Participation and standards for contract services.

e)(1)

es the organized medical staff with the opportunity to be ody meetings (through attendance and voice) by one or lected by the organized medical staff.

embers are eligible for full membership in the critical g body, unless legally prohibited.

l has a governing body or an individual that assumes full rmining, implementing, and monitoring policies as hospital's total operation and for administering those nealth care in a safe environment.

is part of a system consisting of multiple separately al access hospitals, and/or rural emergency hospitals ody that is legally responsible for the conduct of two or sess hospitals, and/or rural emergency hospitals, the elect to have a unified and integrated quality nee improvement program for all of its member facilities decision is in accordance with all applicable state and certified critical access hospital subject to the system tes that the unified and integrated quality assessment nent program does the following:

er critical access hospital's unique circumstances and in patient populations and services offered nts policies and procedures to make certain that the ch of its separately certified hospitals, regardless of ven due consideration, and that the unified and chanisms in place to ensure that issues localized to

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	any significant differences in patient populations and services offered in each			particular critical access hos
	critical access hospital			Note: The system governing b
	- Establishes and implements policies and procedures to make certain that the			certain that each of its separa
	needs and concerns of each of its separately certified hospitals, regardless of			requirements for quality asse
	practice or location, are given due consideration, and that the unified and			485.641.
	integrated program has mechanisms in place to ensure that issues localized to			
	particular hospitals are duly considered and addressed			CoPs: §482.21(f), §482.21(f)(
				\$485.641(f)(2)
	CoPs: \$485.641(f), \$485.641(f)(1), \$485.641(f)(2)			
LD.01.03.01, EP 20	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved	LD.11.01.01, EP 11	For critical access hospitals t
	Home option: The primary care medical home evaluates the effectiveness of how			Home option: The primary ca
	the primary care clinician and the interdisciplinary team partner with the patient to			the primary care clinician and
	support continuity of care and comprehensive, coordinated care.			support continuity of care an
LD.01.03.01, EP 21	The governing body is responsible for the performance improvement program. The	Moved and Revised	LD.11.01.01, EP 8	The governing body or design
	governing body makes sure that performance improvement activities reflect the			quality assessment and perfo
	complexity of the critical access hospital's organization and services; are ongoing			makes sure that performance
	and comprehensive; involve all departments and services, including those services			critical access hospital's orga
	provided under contract; and use objective measures to evaluate its organizational			comprehensive; involve all de
	processes, functions, and services. (For more information on contracted services,			provided under contract or an
	see Standard LD.04.03.09)			improved health outcomes a
	Note: For rehabilitation and psychiatric distinct part units in critical access			objective measures to evalua
	hospitals: The critical access hospital is not required to participate in a quality			services. (For more informati
	improvement organization (QIO) cooperative project, but its own projects are			Note: For rehabilitation and p
	required to be of comparable effort.			hospitals: If the hospital does
	Q=D=: \$400.04. \$400.04/d) \$405.044/b)(4) \$405.044/b)(0) \$405.041/b)(0)			structure that is responsible t
	CoPs: §482.21, §482.21(d)(4), §485.641(b)(1), §485.641(b)(2), §485.641(b)(3),			CoDe: \$492.21 \$495.041/b//
	§485.641(b)(4), §485.641(c)			CoPs: §482.21, §485.641(b)(1 §485.641(c)
LD.01.03.01, EP 27	If a critical access hospital is part of a multihospital system with separately	Moved and Revised	LD.11.01.01, EP 10	If a critical access hospital is
LD.01.03.01, EP 27	accredited hospitals, critical access hospitals, and/or rural emergency hospitals	Moveu allu Reviseu		accredited hospitals, critical
	using a system governing body that is legally responsible for the conduct of two or			using a system governing boc
	more hospitals, critical access hospitals, and/or rural emergency hospitals, the			more hospitals, critical acces
	system governing body can elect to have unified and integrated infection prevention			system governing body can e
	and control and antibiotic stewardship programs for all of its member facilities			and control and antibiotic ste
	after determining that such a decision is in accordance with applicable law and			after determining that such a
	regulation. The system governing body is responsible and accountable for making			regulation.
	certain that each of its separately certified critical access hospitals meet all of the			Each separately certified crit
	requirements at 42 CFR 485.640(g).			body demonstrates that the u
	Each separately certified critical access hospital subject to the system governing			program and the antibiotic st
	body demonstrates that the unified and integrated infection prevention and control			- Account for each member of
	program and the antibiotic stewardship program do the following:			any significant differences in
	- Account for each member critical access hospital's unique circumstances and			- Establish and implement p
	any significant differences in patient populations and services offered at each			and concerns of each separa
	critical access hospital			practice or location, are giver
	- Establish and implement policies and procedures to make certain that the needs			- Have mechanisms in place
	and concerns of each separately certified critical access hospital, regardless of			access hospitals are duly cor
	practice or location, are given due consideration			- Designate a qualified individ
	- Have mechanisms in place to ensure that issues localized to particular critical			infection prevention and cont
	access hospitals are duly considered and addressed			communicating with the unifi
		L	1	

ospitals are duly considered and addressed g body is responsible and accountable for making arately certified critical access hospitals meets the sessment and performance improvement at 42 CFR

)(1), §482.21(f)(2), §485.641(f), §485.641(f)(1),

s that elect The Joint Commission Primary Care Medical care medical home evaluates the effectiveness of how nd the interdisciplinary team partner with the patient to and comprehensive, coordinated care.

gnated individual is responsible and accountable for the rformance improvement program. The governing body ce improvement activities reflect the complexity of the ganization and services; are ongoing and departments and services, including those services

arrangement; and focuses on indicators related to and the prevention and reduction of medical errors and uate its organizational processes, functions, and ation on contracted services, see Standard LD.14.03.03) d psychiatric distinct part units in critical access bes not have a governing body, it identifies the leadership e for these activities.

)(1), §485.641(b)(2), §485.641(b)(3), §485.641(b)(4),

is part of a multihospital system with separately al access hospitals, and/or rural emergency hospitals ody that is legally responsible for the conduct of two or ess hospitals, and/or rural emergency hospitals, the elect to have unified and integrated infection prevention stewardship programs for all of its member facilities a decision is in accordance with applicable law and

itical access hospital subject to the system governing e unified and integrated infection prevention and control stewardship program do the following:

r critical access hospital's unique circumstances and in patient populations and services offered

policies and procedures to make certain that the needs rately certified critical access hospital, regardless of en due consideration

e to ensure that issues localized to particular critical onsidered and addressed

vidual(s) at the critical access hospital with expertise in ontrol and in antibiotic stewardship as responsible for nified infection prevention and control and antibiotic

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Designate a qualified individual(s) at the critical access hospital with expertise in infection prevention and control and in antibiotic stewardship as responsible for			stewardship programs, imple governing infection preventio
	communicating with the unified infection prevention and control and antibiotic			by the unified infection preve
	stewardship programs, implementing and maintaining the policies and procedures			programs), and providing edu
	governing infection prevention and control and antibiotic stewardship (as directed by the unified infection prevention and control and antibiotic stewardship			infection prevention and cont
	programs), and providing education and training on the practical applications of			hospital staff Note: The system governing b
	infection prevention and control and antibiotic stewardship to critical access			certain that each of its separa
	hospital staff			requirements at 42 CFR 485.0
	CoPs: \$485.640(g), \$485.640(g)(1), \$485.640(g)(2), \$485.640(g)(3), \$485.640(g)(4)			CoPs: §482.42(d), §482.42(d) §485.640(g), §485.640(g)(1), §
LD.01.04.01, EP 1	The chief executive provides for the following:	Deleted EP -	N/A	N/A
	- Information and support systems	Replaced with more		
	- Physical and financial assets	direct EP(s) or		
		moved to guidance		
	CoPs: \$485.635(c)(4)(i), \$485.635(c)(4)(ii)	within SPG		
LD.01.04.01, EP 5	The chief executive identifies a nurse leader at the executive level who participates	Deleted EP -	N/A	N/A
	in decision making.	Replaced with more		
	CoPs: §485.635(d), §485.635(d)(1), §485.635(d)(2)	direct EP(s) or moved to guidance		
	COPS. 9465.055(u), 9465.055(u)(1), 9465.055(u)(2)	within SPG		
LD.01.05.01, EP 1	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Deleted EP -	N/A	N/A
	There is a single organized medical staff.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.22	moved to guidance		
LD.01.05.01, EP 4	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	within SPG	LD.11.02.01, EP 2	Ear robabilitation and payabi
LD.01.05.01, EP 4	governing body approves the structure of the organized medical staff.	Moved	LD.11.02.01, EP 2	For rehabilitation and psychia governing body approves the
	CoPs: §482.22(b), §482.22(b)(1)			CoPs: §482.22(b)(1)
LD.01.05.01, EP 6	The organized medical staff is accountable to the governing body for the quality of	Moved and Revised	LD.11.02.01, EP 1	The critical access hospital h
	care provided to patients.			the governing body for the qu
	CoPs: §482.12(a)(5), §482.22, §482.22(b), §485.616(c)(1)(v)			CoPs: §482.22(b)
LD.01.05.01, EP 7	For rehabilitation and psychiatric distinct part units in critical access hospitals: A	Moved and Revised	LD.11.02.01, EP 3	For rehabilitation and psychia
	doctor of medicine or osteopathy, or, if permitted by state law, a doctor of dental			doctor of medicine or osteop
	surgery or dental medicine, or a doctor of podiatric medicine is responsible for the			surgery or dental medicine, o organization and conduct of t
	organization and conduct of the medical staff.			
	CoPs: §482.22(b)(3)(i), §482.22(b)(3)(ii), §482.22(b)(3)(iii)			CoPs: §482.22(b)(3)(i), §482.2
LD.02.01.01, EP 1	The governing body, senior managers, and leaders of the organized medical staff	Moved and Revised	NPG.02.01.01, EP 1	The governing body, senior m
	work together to create the critical access hospital's mission, vision, and goals,			work together to create the c
	which guide the leaders' actions and are communicated to staff and the			which guide the leaders' action
	population(s) the critical access hospital serves.			to staff and the population(s)
LD.02.02.01, EP 1	The governing body, senior managers, and leaders of the organized medical staff	Moved	NPG.02.02.01, EP 1	The governing body, senior m
	work together to define in writing conflicts of interest that could affect safety and			work together to define in wri
	quality of care, treatment, and services.			quality of care, treatment, an

blementing and maintaining the policies and procedures tion and control and antibiotic stewardship (as directed vention and control and antibiotic stewardship ducation and training on the practical applications of pontrol and antibiotic stewardship to critical access

g body is responsible and accountable for making arately certified critical access hospitals meet all of the 5.640(g).

(d)(1), §482.42(d)(2), §482.42(d)(3), §482.42(d)(4),), §485.640(g)(2), §485.640(g)(3), §485.640(g)(4)

hiatric distinct part units in critical access hospitals: The ne structure of the organized medical staff.

l has an organized medical staff that is accountable to quality of care provided to patients.

hiatric distinct part units in critical access hospitals: A opathy or, if permitted by state law, a doctor of dental , or a doctor of podiatric medicine is responsible for the of the medical staff.

2.22(b)(3)(ii), §482.22(b)(3)(iii)

managers, and leaders of the organized medical staff critical access hospital's mission, vision, and goals, stions. The mission, vision, and goals are communicated (s) served.

managers, and leaders of the organized medical staff writing conflicts of interest that could affect safety and and services.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LD.02.02.01, EP 2	The governing body, senior managers, and leaders of the organized medical staff work together to develop a written policy that defines how conflicts of interest will be addressed.	Moved and Revised	NPG.02.02.01, EP 3	Conflicts of interest are disclo
LD.02.02.01, EP 3	Conflicts of interest are disclosed as defined by the critical access hospital.	Moved and Revised	NPG.02.02.01, EP 2	The governing body, senior ma work together to develop a wr be addressed.
LD.02.04.01, EP 1	Senior managers and leaders of the organized medical staff work with the governing body to develop and implement an ongoing process for managing conflict among leadership groups that has the potential to adversely affect patient safety or quality of care.	Moved	NPG.02.02.01, EP 4	Senior managers and leaders governing body to develop and conflict among leadership gro safety or quality of care.
LD.03.01.01, EP 1	Leaders regularly evaluate the culture of safety and quality using valid and reliable tools.	Consolidation of LD.03.01.01, EP 1; LD.03.01.01, EP 2	NPG.02.03.01, EP 11	Leaders regularly evaluate the tools. Possible issues are ider improvements are prioritized a
LD.03.01.01, EP 2	Leaders prioritize and implement changes identified by the evaluation. CoPs: §482.21(b)(2)(ii)	Consolidation of LD.03.01.01, EP 1; LD.03.01.01, EP 2	NPG.02.03.01, EP 11	Leaders regularly evaluate the tools. Possible issues are ider improvements are prioritized a
LD.03.01.01, EP 4	Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of safety.	Moved	NPG.02.03.01, EP 12	Leaders develop a code of con that undermine a culture of sa
LD.03.01.01, EP 5	Leaders create and implement a process for managing behaviors that undermine a culture of safety.	Moved	NPG.02.03.01, EP 13	Leaders create and implemen culture of safety.
	CoPs: §482.12, §485.627(a)			
LD.03.01.01, EP 9	 The critical access hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following: Policies and procedures to prevent and respond to workplace violence A process to report incidents in order to analyze incidents and trends A process for follow up and support to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary Reporting of workplace violence incidents to the governing body 	Moved and Revised	NPG.02.04.01, EP 1	The critical access hospital had designated individual and dev following: - Policies and procedures to p - A process to report incidents - A process for follow up and s workplace violence, including - Reporting of workplace viole
LD.03.02.01, EP 1	Leaders set expectations for using data and information, including patient care data and other relevant data, for the following: - Improving the safety and quality of care, treatment, or services in order to achieve the goals of the performance improvement program - Creating a culture of safety and quality - Decision making that supports the safety and quality of care, treatment, and services - Identifying and responding to internal and external changes in the environment CoPs: \$482.12(a)(10), \$482.21, \$482.21(a)(1), \$482.21(b)(1), \$482.21(b)(2)(i), \$485.641, \$485.641(e)	Moved and Revised	LD.12.01.01, EP 3	For rehabilitation and psychia critical access hospital's gove assumes full legal authority an hospital), medical staff, and a accountable for the following: - An ongoing program for quali- reduction of medical errors, is - The hospitalwide quality ass address priorities for improve improvement actions are eval - Clear expectations for safety - Adequate resources are allow sustaining the critical access - The determination of the nur annually CoPs: §482.21(e)(1), §482.21(
	Leaders evaluate how effectively data and information are used throughout the	Deleted EP -	N/A	N/A

closed as defined by the critical access hospital.

managers, and leaders of the organized medical staff written policy that defines how conflicts of interest will

ers of the organized medical staff work with the and implement an ongoing process for managing groups that has the potential to adversely affect patient

the culture of safety and quality using valid and reliable lentified by the culture of safety evaluation. Proposed ed and implemented.

the culture of safety and quality using valid and reliable lentified by the culture of safety evaluation. Proposed ed and implemented.

conduct that defines acceptable behavior and behaviors ^ssafety.

ent a process for managing behaviors that undermine a

has a workplace violence prevention program led by a leveloped by a multidisciplinary team that includes the

o prevent and respond to workplace violence nts in order to analyze incidents and trends d support to victims and witnesses affected by ing trauma and psychological counseling, if necessary

plence incidents to the governing body

niatric distinct part units in critical access hospitals: The overning body (or organized group or individual who and responsibility for operations of the critical access d administrative officials are responsible and ng:

ality improvement and patient safety, including the , is defined, implemented, and maintained

ssessment and performance improvement efforts

ved quality of care and patient safety, and all valuated

ety are established

located for measuring, assessing, improving, and ss hospital's performance and reducing risk to patients number of distinct improvement projects is conducted

21(e)(2), §482.21(e)(3), §482.21(e)(4), §482.21(e)(5)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.21(b)(1)	direct EP(s) or moved to guidance within SPG		
LD.03.02.01, EP 5	The performance improvement program addresses outcome indicators related to improved health outcomes and the prevention and reduction of medical errors, adverse events, sentinel events, critical access hospital–acquired conditions, and transitions of care, including unplanned readmissions. CoPs: §485.641(b)(5)	Moved and Revised	PI.11.01.01, EP 1	The performance improvement the following: - Improved health outcomes and - Adverse events - Sentinel events - Health care–acquired conditi - Transitions of care, including CoPs: §485.641(b)(5)
LD.03.03.01, EP 1	Planning activities focus on the following: - Improving patient safety and health care quality - Supporting a culture of safety and quality - Adapting to changes in the environment CoPs: §412.27(d)(6)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LD.03.03.01, EP 2	Planning is hospitalwide, systematic, and involves designated individuals and information sources.CoPs: §412.25(a)(13), §412.27(d)(4), §412.27(d)(6)(i), §485.618	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LD.03.03.01, EP 3	Leaders evaluate the effectiveness of planning activities. CoPs: §482.12(a)(10)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LD.03.04.01, EP 1	Communication processes are effective in doing the following: - Fostering the safety of the patient and their quality of care - Supporting a culture of safety and quality - Meeting the needs of internal and external users - Informing those who work in the critical access hospital of changes in the environment	Consolidation of LD.03.04.01, EP 1; LD.03.09.01, EP 9	NPG.02.03.01, EP 9	Communication processes are - Fostering the safety of the pat - Supporting a culture of safety - Meeting the needs of internal - Informing those who work in t environment - Disseminating lessons learne example, root cause analyses) assessments to all affected sta
LD.03.04.01, EP 2	Leaders evaluate the effectiveness of communication methods.	Moved	NPG.02.03.01, EP 10	Leaders evaluate the effectiver
LD.03.05.01, EP 1	The critical access hospital has a systematic approach to change and performance improvement.CoPs: §482.21, §482.21(a)(1), §482.21(d), §482.21(d)(1), §482.21(e)(1), §485.641	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LD.03.05.01, EP 2	Structures for managing change and performance improvement do the following: - Foster the safety of the patient and the quality of care, treatment, and services - Support a culture of safety and quality - Adapt to changes in the environment	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

ent program	addresses ou	utcome i	ndicators	related to

es and the prevention and reduction of medical errors

ditions ing unplanned readmissions

s are effective in doing the following: patient and their quality of care ifety and quality

rnal and external users

in the critical access hospital of changes in the

arned from comprehensive systematic analyses (for ses), system or process failures, and proactive risk d staff

iveness of communication methods.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.12(a)(10), §482.21, §482.21(a)(1), §482.21(d)(1), §485.641			
LD.03.05.01, EP 3	Leaders evaluate the effectiveness of processes for the management of change and performance improvement. CoPs: §482.12(a)(10), §482.21, §482.21(a)(1), §482.21(c)(3), §482.21(e)(2),	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LD.03.06.01, EP 1	§485.641 Leaders design work processes to focus individuals on safety and quality issues.	Moved to Standard	Standard NPG.02.03.01	The critical access hospital's safety and quality issues.
LD.03.06.01, EP 2	Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. CoPs: \$412.25(a)(13), \$412.27(d), \$412.27(d)(1), \$412.27(d)(1)(i), \$412.27(d)(3), \$412.27(d)(3)(ii), \$412.27(d)(6)(ii), \$412.29(f), \$482.12, \$482.23(a), \$482.23(b), \$482.23(b)(1), \$482.24(a), \$482.25(a)(2), \$482.28, \$482.28(a)(2), \$482.51(a)(1), \$482.51(a)(3), \$482.52(a), \$482.53(a)(2), \$482.54(b)(2), \$482.55(b)(2), \$482.56, \$482.57(a)(2), \$483.21(b)(3)(ii), \$483.65(b), \$485.618, \$485.627(a), \$485.631(a)(3), \$485.635(a)(3)(iv), \$485.635(d)(1), \$485.635(d)(2), \$485.635(e), \$485.638(a)(3), \$485.639, \$485.645(d)(4), \$485.645(d)(5), \$485.645(d)(6)	Moved and Revised	NPG.12.01.01, EP 1	Leaders provide for an adequa safe, quality care, treatment, a Note 1: The number and mix of complexity of the services off following: - Rehabilitation services - Emergency services - Outpatient services - Outpatient services - Pharmaceutical services, ind - Diagnostic and therapeutic r Note 2: Emergency services se Note 3: For rehabilitation and hospitals: As of the first day of exclusion requirements are m capable of providing hospital of whether there are any inpat
LD.03.06.01, EP 3	Those who work in the critical access hospital are competent to complete their assigned responsibilities. CoPs: §412.27(d), §412.27(d)(1), §412.27(d)(1)(i), §412.27(d)(3), §412.27(d)(6)(ii), §412.29(f), §482.51(a)(1), §482.51(a)(3), §482.53(a)(2), §482.55(b)(2), §482.56(a)(2), §482.56(b)(2), §482.57(a), §483.21(b)(3)(ii), §483.65(b), §485.635(a)(3)(iv), §485.635(b)(1)(i), §485.645(d)(4), §485.645(d)(5), §485.645(d)(6)	Split to PC.14.02.01, EP 2; PC.14.02.01, EP 8	PC.14.02.01, EP 2	For swing beds in critical acce medically related social servic and psychosocial well-being c CoPs: §483.40(d), §485.645(d
LD.03.06.01, EP 3	Those who work in the critical access hospital are competent to complete their assigned responsibilities. CoPs: \$412.27(d), \$412.27(d)(1), \$412.27(d)(1)(i), \$412.27(d)(3), \$412.27(d)(6)(ii), \$412.29(f), \$482.51(a)(1), \$482.51(a)(3), \$482.53(a)(2), \$482.55(b)(2), \$482.56(a)(2), \$482.56(b)(2), \$482.57(a), \$483.21(b)(3)(ii), \$483.65(b), \$485.635(a)(3)(iv), \$485.635(b)(1)(i), \$485.645(d)(4), \$485.645(d)(5), \$485.645(d)(6)	Split to PC.14.02.01, EP 2; PC.14.02.01, EP 8	PC.14.02.01, EP 8	For swing beds in critical accel care requires specialized reha physical therapy, speech-lang therapy, and rehabilitative ser or services of a lesser intensit required services from a provi excluded from participating in section 1128 and 1156 of the CoPs: §483.65(a)(1), §483.65(
LD.03.07.01, EP 1	The critical access hospital has an effective, ongoing, data-driven performance improvement program that occurs organizationwide.	Moved and Revised	LD.12.01.01, EP 1	The critical access hospital de effective, ongoing, data-driver improvement program.

's leaders design work processes to focus individuals on

quate number and mix of qualified individuals to support t, and services.

x of individuals is appropriate to the scope and offered. Services may include but are not limited to the

including emergency pharmaceutical services c radiology services

staff are qualified in emergency care.

nd psychiatric distinct part units in critical access y of the first cost reporting period for which all other met, the unit is fully equipped and staffed and is al inpatient psychiatric or rehabilitation care regardless patients in the unit on that date.

.27(d)(6)(ii), \$482.25(a)(2), \$482.26, \$482.26(a),), \$482.57(a)(2), \$485.631(a)(3), \$485.635(b)(3)

ccess hospitals: The critical access hospital provides rvices to attain or maintain the optimal physical, mental, g of each resident.

(d)(4)

ccess hospitals: If a resident's comprehensive plan of chabilitative services, including but not limited to inguage pathology, occupational therapy, respiratory services for a mental disorder and intellectual disability sity, the critical access hospital provides or obtains the ovider of specialized rehabilitative services and is not g in any federal or state health care programs pursuant to ne Social Security Act.

65(a)(2), §485.645(d)(6)

develops, implements, maintains, and documents an ven, hospitalwide quality assessment and performance

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.21, §482.21(a)(1), §482.21(d), §482.21(d)(2), §482.21(e)(1), §485.641			Note: For rehabilitation and p hospitals: The critical access QAPI program for review by C
LD.03.07.01, EP 2	As part of performance improvement, leaders (including the governing body) do the following: - Set priorities for performance improvement activities and patient health outcomes - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities - Reprioritize performance improvement activities in response to changes in the internal or external environment CoPs: §482.21, §482.21(a)(1), §482.21(a)(2), §482.21(b)(3), §482.21(c)(1)(i), §482.21(c)(1)(ii), §482.21(c)(1)(iii), §482.21(d), §482.21(d)(1), §482.21(d)(3), §482.21(e)(1), §482.21(e)(2), §482.21(e)(3), §482.21(e)(5), §485.641, §485.641(d)(1), §485.641(d)(2)	Moved and Revised	LD.12.01.01, EP 2	CoPs: §482.21, §485.641 As part of performance impro- following: - Set priorities for performance outcomes that are shown to b safety, and quality of care - Give priority to high-volume performance improvement are severity of problems in those - Identify the frequency and d activities - Use measures to analyze are CoPs: §482.21(b)(3), §482.21 §485.641(d)(1), §485.641(d)(2)
LD.03.07.01, EP 4	 §485.641(d)(3) For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team actively participates in performance improvement activities. 	Moved	LD.12.01.01, EP 4	For critical access hospitals Home option: The interdiscip improvement activities.
LD.03.07.01, EP 21	For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: Leaders use qualitative data collection methods to involve patients in performance improvement activities. Note: Qualitative data collection methods are used to provide insight into patients' opinions, along with underlying reasons, and motivations. Examples of qualitative methods include focus groups, telephonic or in-person patient interviews or patient rounding, and patient participation on performance improvement committees.	Moved and Revised	LD.12.01.01, EP 5	For critical access hospitals t Home option: Leaders use qu in performance improvement Note: Qualitative data collect opinions, along with underlyi methods include focus group patient rounding, and patient committees.
LD.03.08.01, EP 1	The critical access hospital's design of new or modified services or processes incorporates the following: - The needs of patients, staff, and others - The results of performance improvement activities - Information about potential risks to patients - Evidence-based information in the decision-making process - Information about sentinel events Note 1: A proactive risk assessment is one of several ways to assess potential risks to patients. For suggested components, refer to the "Proactive Risk Assessment" section at the beginning of this chapter. Note 2: Evidence-based information could include practice guidelines, successful practices, information from current literature, and clinical standards. CoPs: §482.21(c)(2), §482.25(a), §483.21(b)(3)(i), §485.645(d)(5)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LD.03.09.01, EP 1	 The leaders implement a critical access hospitalwide patient safety program as follows: One or more qualified individuals or an interdisciplinary group manage the safety program. All departments, programs, and services within the critical access hospital 	Moved	NPG.02.03.01, EP 1	The leaders implement a criti follows: - One or more qualified indivi program. - All departments, programs,

I psychiatric distinct part units in critical access ss hospital maintains and demonstrates evidence of its CMS.

provement, leaders (including the governing body) do the

nce improvement activities related to improved health o be predictive of desired patient outcomes, patient

ne, high-risk, or problem-prone processes for activities and consider the incidence, prevalence, and se areas

I detail of data collection for performance improvement

and track performance

21(c)(1)(i), §482.21(c)(1)(ii), §482.21(c)(1)(iii), l)(2), §485.641(d)(3)

Is that elect The Joint Commission Primary Care Medical ciplinary team actively participates in performance

Is that elect The Joint Commission Primary Care Medical qualitative data collection methods to involve patients ent activities.

ection methods are used to provide insight into patients' ying reasons and motivations. Examples of qualitative ups, telephonic or in-person patient interviews or

nt participation on performance improvement

ritical access hospitalwide patient safety program as

ividuals or an interdisciplinary group manage the safety

is, and services within the critical access hospital

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	participate in the safety program. - The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as close calls ["near misses"] or good catches) to hazardous conditions and sentinel events.			participate in the safety progr - The scope of the safety prog potential or no-harm errors (s good catches) to hazardous c
	CoPs: §482.21, §482.21(a)(1), §482.21(d)(2), §482.21(e)(1), §482.21(e)(2), §482.21(e)(3)			
LD.03.09.01, EP 2	As part of the safety program, the leaders create procedures for responding to system or process failures. Note: Responses might include continuing to provide care, treatment, and services to those affected, containing the risk to others, and preserving factual information for subsequent analysis. CoPs: §482.21(e)(1)	Moved and Revised	NPG.02.03.01, EP 3	As part of the safety program, system or process failures. Note: Responses might inclue to those affected, containing for subsequent analysis.
LD.03.09.01, EP 3	The leaders provide and encourage the use of systems for blame-free internal reporting of a system or process failure, or the results of a proactive risk assessment. Note: This EP is intended to minimize staff reluctance to report errors in order to help an organization understand the source and results of system and process failures. The EP does not conflict with holding individuals accountable for their blameworthy errors.	Moved and Revised	NPG.02.03.01, EP 4	The leaders provide and enco system or process failure, or t risk of retaliation. Note: This EP is intended to m help an organization understa failures. The EP does not cont due to negligence.
LD.03.09.01, EP 4	CoPs: \$482.21(c)(2), \$482.21(e)(1), \$485.635(a)(3)(v) The leaders define patient safety event and communicate this definition throughout the organization. Note: At a minimum, the organization's definition includes those events subject to review as described in the "Sentinel Event Policy" (SE) chapter of this manual.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LD.03.09.01, EP 5	CoPs: §482.21(c)(2), §482.21(e)(1) The critical access hospital conducts thorough and credible comprehensive systematic analyses (for example, root cause analyses) in response to sentinel events as described in the "Sentinel Event Policy" (SE) chapter of this manual.	Moved	NPG.02.03.01, EP 5	The critical access hospital c systematic analyses (for exan events as described in the "Se
LD.03.09.01, EP 6	CoPs: §482.21(a)(2), §482.21(c)(2), §482.21(e)(1)The leaders make support systems available for staff who have been involved in an adverse or sentinel event.Note: Support systems recognize that conscientious health care workers who are involved in sentinel events are themselves victims of the event and require support.Support systems provide staff with additional help and support as well as additional resources through the human resources function or an employee assistance program. Support systems also focus on the process rather than blaming the involved individuals.CoPs: §482.21(e)(1)	Moved and Revised	NPG.02.03.01, EP 6	The leaders make support sys adverse or sentinel event. Note: Support systems recog sentinel events may be negat Support systems provide staf resources through the human program. Support systems als involved individuals.
LD.03.09.01, EP 7	At least every 18 months, the critical access hospital selects one high-risk process and conducts a proactive risk assessment. Note: For suggested components, refer to the "Proactive Risk Assessment" section at the beginning of this chapter.	Moved and Revised	NPG.02.03.01, EP 7	At least every 18 months, the and conducts a proactive risk Note: For suggested compon- the beginning of this chapter.

ogram. ogram includes the full range of safety issues, from ogram includes the full range of safety issues, from ogram (sometimes and sentinel events).

m, the leaders create procedures for responding to

lude continuing to provide care, treatment, and services ng the risk to others, and preserving factual information

courage the use of systems for internal reporting of a or the results of a proactive risk assessment, without the

o minimize staff reluctance to report errors in order to stand the source and results of system and process onflict with holding individuals accountable for errors

l conducts thorough and credible comprehensive ample, root cause analyses) in response to sentinel 'Sentinel Event Policy'' (SE) chapter of this manual.

systems available for staff who have been involved in an

ognize that health care workers who are involved in gatively affected by the event and require support. aff with help and support as well as additional an resources function or an employee assistance also focus on the process rather than blaming the

ne critical access hospital selects one high-risk process isk assessment.

onents, refer to the Proactive Risk Assessment section at er.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.21(c)(2), §482.21(e)(1)			
LD.03.09.01, EP 8	To improve safety and to reduce the risk of medical errors, the critical access hospital analyzes and uses information about system or process failures and the results of proactive risk assessments.	Moved and Revised	NPG.02.03.01, EP 8	To improve safety and to redu hospital analyzes and uses in results of proactive risk asses
	CoPs: \$482.21(a)(1), \$482.21(b)(2)(i), \$482.21(c)(2), \$482.21(d)(1), \$482.21(e)(1)			
LD.03.09.01, EP 9	The leaders disseminate lessons learned from comprehensive systematic analyses (for example, root cause analyses), system or process failures, and the results of proactive risk assessments to all staff who provide services for the specific situation. CoPs: §482.21(c)(2), §482.21(e)(1)	Consolidation of LD.03.04.01, EP 1; LD.03.09.01, EP 9	NPG.02.03.01, EP 9	Communication processes a - Fostering the safety of the p - Supporting a culture of safe - Meeting the needs of interna - Informing those who work in environment - Disseminating lessons learn
				example, root cause analyses
LD.03.09.01, EP 10	At least once a year, the critical access hospital provides governance with written reports on the following: - All system or process failures - The number and type of sentinel events - Whether the patients and the families were informed of the event - All actions taken to improve safety, both proactively and in response to actual occurrences	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	Assessments to all affected s
	 For rehabilitation and psychiatric distinct part units in critical access hospitals: The determined number of distinct improvement projects to be conducted annually 			
LD.03.09.01, EP 11	CoPs: §482.21(c)(2), §482.21(d)(1), §482.21(d)(3), §482.21(e)(1), §482.21(e)(5)The leaders encourage external reporting of significant adverse events, including voluntary reporting programs in addition to mandatory programs. Note: Examples of voluntary programs include The Joint Commission Sentinel Event Database and the US Food and Drug Administration (FDA) MedWatch. Mandatory programs are often state initiated.	Moved and Revised	NPG.02.03.01, EP 2	The leaders encourage extern voluntary reporting programs Note: Examples of voluntary Event Database and the US F
	CoPs: §482.21(d)(4)			
LD.03.10.01, EP 1	For critical access hospitals that elect The Joint Commission Primary Care Medical Home option or rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital considers using clinical practice guidelines when designing or improving processes.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.25(a), §482.28(b)(1), §482.51, §482.51(a), §482.53, §482.53, §482.54, §482.54, §482.56(b)(2), §482.57			
LD.03.10.01, EP 3	 For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: When clinical practice guidelines will be used in the design or modification of processes, the following occurs: The critical access hospital follows criteria to manage guideline selection and implementation. The leaders of the critical access hospital and the organized medical staff review, approve, and modify the clinical practice guidelines as needed. 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

duce the risk of medical errors, the critical access information about system or process failures and the sessments.

- are effective in doing the following: patient and their quality of care
- fety and quality
- nal and external users
- in the critical access hospital of changes in the

arned from comprehensive systematic analyses (for ses), system or process failures, and proactive risk d staff

ernal reporting of significant adverse events, including ns in addition to mandatory programs. ry programs include The Joint Commission Sentinel S Food and Drug Administration (FDA) MedWatch.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LD.04.01.01, EP 1	The critical access hospital is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the critical access hospital is seeking accreditation from The Joint Commission. Note 1: Each service location that performs laboratory testing (waived or nonwaived) must have a Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate as specified by the federal CLIA regulations (42 CFR 493.55 and 493.3) and applicable state law. Note 2: For more information on how to obtain a CLIA certificate, see http://www.cms.gov/Regulations-and- Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_L aboratories.html.	Moved and Revised	LD.13.01.01, EP 2	The critical access hospital is provide the care, treatment, of seeking accreditation from Th Note: For rehabilitation or psy The critical access hospital is licensing established by the s CoPs: §412.25(a)(5), §482.11
	CoPs: §412.25(a)(5), §482.11(b)(1), §482.11(b)(2), §482.27, §482.27(a), §482.53(b)(3), §482.57(b)(2), §485.608, §485.608(c), §485.635(b)(2)(i), §485.635(b)(2)(ii), §485.635(b)(2)(iii), §485.635(b)(2)(iv), §485.635(b)(2)(v), §485.635(b)(2)(vi)			
LD.04.01.01, EP 2	The critical access hospital provides care, treatment, and services in accordance with licensure requirements, laws (including state law), and rules and regulations. CoPs: §482.11(a), §482.12(d)(5), §482.12(d)(5) continued, §482.12(d)(5)(i), §482.12(d)(5)(ii), §482.12(d)(5)(iii), §482.12(d)(5)(iv), §482.12(d)(5)(v), §482.12(f)(1), §482.13(b)(3), §482.27, §482.56(b)(2), §485.608, §485.608(a), §485.608(b), §485.614(b)(3), §485.635(a)(1), §485.635(c)(4)(ii), §485.638(a)(4)(i)	Moved and Revised	LD.13.01.01, EP 1	The critical access hospital p with licensure requirements a regulations. CoPs: §482.1(a)(1)(i), §482.1(§485.608(b)
LD.04.01.01, EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies. CoPs: §482.12, §485.608, §485.608(a), §485.627(a)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LD.04.01.01, EP 5	The critical access hospital has an agreement with respect to credentialing and quality assurance with at least one of the following: - One hospital that is a member of the network - One quality improvement organization (QIO) or equivalent entity - One other appropriate and qualified entity in the state rural health care plan CoPs: §485.616(b)(1), §485.616(b)(2), §485.616(b)(3)	Moved and Revised	LD.13.03.03, EP 9	If the critical access hospital agreement with respect to cri- the following organizations: - Hospital that is a member o - Quality improvement organi - Other appropriate and quali CoPs: §485.616(b)(1), §485.6
LD.04.01.01, EP 6	 Except as permitted for critical access hospitals having distinct part units under 42 CFR 485.647, the critical access hospital maintains no more than 25 inpatient beds that can be used for either inpatient or swing bed services. Note: Any bed in a unit of the facility that is licensed as a distinct-part skilled nursing facility at the time the facility applies to the state for designation as a critical access hospital is not counted in this 25-bed count. CoPs: §485.620(a), §485.645(a)(2) 	Moved and Revised	LD.13.01.01, EP 3	Except as permitted for critic CFR 485.647, the critical acc that can be used for either in Note: Any bed in a unit of the nursing facility at the time the critical access hospital is not CoPs: \$485.620(a), \$485.645
LD.04.01.01, EP 7	The critical access hospital provides acute inpatient care for a period that does not exceed, on an annual average basis, 96 hours per patient.	Moved	LD.13.01.01, EP 5	The critical access hospital p exceed, on an annual average
	CoPs: \$485.620(b)			CoPs: §485.620(b)

l is licensed in accordance with law and regulation to t, or services for which the critical access hospital is The Joint Commission. osychiatric distinct part units in critical access hospitals: l is licensed or approved as meeting the standards for e state or responsible locality. 11(b)(1), §482.11(b)(2), §485.608(c)

l provides care, treatment, and services in accordance is and federal, state, and local laws, rules, and

.1(a)(1)(ii), \$482.1(b), \$482.11(a), \$485.608, \$485.608(a),

tal is a member of a rural health network, it has an credentialing and quality assurance with at least one of

of the network

nization (QIO) or equivalent entity alified entity in the state rural health care plan

.616(b)(2), §485.616(b)(3)

ical access hospitals having distinct part units under 42 ccess hospital maintains no more than 25 inpatient beds inpatient or swing bed services.

ne facility that is licensed as a distinct part skilled he facility applies to the state for designation as a ot counted in this 25-bed count.

45(a)(2)

l provides acute inpatient care for a period that does not ge basis, 96 hours per patient.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LD.04.01.01, EP 9	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has utilization review standards appropriate to rehabilitation or psychiatric services, or verification that the quality improvement organization (QIO) is conducting review activities.	Moved and Revised	LD.13.01.03, EP 11	For rehabilitation and psychia critical access hospital has u offered in the unit(s). CoPs: §412.25(a)(6)
LD.04.01.01, EP 11	CoPs: §412.25(a)(6)For rehabilitation and psychiatric distinct part units in critical access hospitals: The rehabilitation or psychiatric distinct part unit(s) beds are physically separate from the critical access hospital's other beds.CoPs: §412.25(a)(7)	Consolidation of LD.04.01.01, EP 11; LD.04.01.01, EP 12	LD.13.01.01, EP 4	For rehabilitation and psychia critical access hospital provid beds are physically separate Note 1: Beds in the rehabilitat from the 25 inpatient-bed cou Note 2: The average annual 90 CFR 485.620(b) does not app 42 CFR 485.647(b)(1). Admiss units are not taken into accou compliance with the limits or 485.620.
LD.04.01.01, EP 12	 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital provides no more than 10 beds in a distinct part unit. Note 1: Beds in the rehabilitation and psychiatric distinct part units are excluded from the 25 inpatient-bed count limits specified in the CoP from 42 CFR 485.620(a). Note 2: The average annual 96-hour length of stay requirement specified under the CoP from 42 CFR 485.620(b) does not apply to the 10 beds in the distinct part units specified in 42 CFR 485.620(b) (1). Admissions and days of inpatient care in the distinct part units are not taken into account in determining the critical access hospital's compliance with the limits on the number of beds and length of stay in the CoP from 42 CFR 485.647(b)(1), §485.647(b)(2), §485.647(b)(3) 	Consolidation of LD.04.01.01, EP 11; LD.04.01.01, EP 12	LD.13.01.01, EP 4	CoPs: §412.25(a)(7), §485.64 For rehabilitation and psychia critical access hospital provid beds are physically separate Note 1: Beds in the rehabilitat from the 25 inpatient-bed cou Note 2: The average annual 9 CFR 485.620(b) does not app 42 CFR 485.647(b)(1). Admiss units are not taken into accou compliance with the limits or 485.620.
LD.04.01.01, EP 17	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The critical access hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).	Moved and Revised	LD.13.01.03, EP 1	CoPs: §412.25(a)(7), §485.64For rehabilitation and psychia critical access hospital has a services provided by the critic entitled to benefits under the Note: The critical access hos either a quality improvement critical access hospital or the determined that the utilizatio title XIX of the Social Security section, and has required crit utilization review plan require CoPs: §482.30, §482.30(a)(1).
	§482.30(b)(1)(ii), §482.30(b)(1)(ii)(A), §482.30(b)(1)(ii)(B), §482.30(b)(2),			

niatric distinct part units in critical access hospitals: The utilization review standards appropriate to the services

niatric distinct part units in critical access hospitals: The vides no more than 10 beds in a distinct part unit. The re from the critical access hospital's other beds. tation and psychiatric distinct part units are excluded ount limits specified in 42 CFR 485.620(a). 96-hour length of stay requirement specified under 42 oply to the 10 beds in the distinct part units specified in issions and days of inpatient care in the distinct part ount in determining the critical access hospital's on the number of beds and length of stay in 42 CFR

647(b)(1), §485.647(b)(2), §485.647(b)(3)

niatric distinct part units in critical access hospitals: The vides no more than 10 beds in a distinct part unit. The re from the critical access hospital's other beds. tation and psychiatric distinct part units are excluded ount limits specified in 42 CFR 485.620(a).

96-hour length of stay requirement specified under 42 oply to the 10 beds in the distinct part units specified in issions and days of inpatient care in the distinct part ount in determining the critical access hospital's on the number of beds and length of stay in 42 CFR

647(b)(1), \$485.647(b)(2), \$485.647(b)(3)

niatric distinct part units in critical access hospitals: The a utilization review plan that provides for review of tical access hospital and the medical staff to patients ne Medicare and Medicaid programs.

ospital does not need to have a utilization review plan if nt organization (QIO) has assumed binding review for the he Centers for Medicare & Medicaid Services (CMS) has ion review procedures established by the state under ity Act are superior to the procedures required in this ritical access hospitals in that state to meet the irements under 42 CFR 456.50 through 42 CFR 456.245.

1), §482.30(a)(2)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	$\begin{array}{l} \$482.30(b)(3)(i), \$482.30(b)(3)(ii), \$482.30(c)(1)(i), \$482.30(c)(1)(ii),\\ \$482.30(c)(1)(iii), \$482.30(c)(2), \$482.30(c)(3), \$482.30(c)(4)(i), \$482.30(c)(4)(ii),\\ \$482.30(d)(1)(i), \$482.30(d)(1)(ii), \$482.30(d)(2), \$482.30(d)(3), \$482.30(e)(1),\\ \$482.30(e)(1)(i), \$482.30(e)(1)(ii), \$482.30(e)(2), \$482.30(e)(3), \$482.30(f)\\ \end{array}$			
LD.04.01.01, EP 18	For rehabilitation and psychiatric distinct part units in critical access hospitals: Utilization review activities are implemented by the critical access hospital in accordance with the plan. Note 1: The critical access hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB). CoPs: \$482.30(a)(1), \$482.30(a)(2), \$482.30(b), \$482.30(b)(1)(i), \$482.30(b)(1)(ii), \$482.30(b)(3)(ii), \$482.30(c)(1)(i), \$482.30(c)(1)(iii), \$482.30(c)(2), \$482.30(c)(3), \$482.30(c)(1)(i), \$482.30(c)(1)(iii), \$482.30(c)(2), \$482.30(d)(2), \$482.30(c)(1)(ii), \$482.30(c)(1)(iii), \$482.30(c)(2), \$482.30(d)(2), \$482.30(d)(3), \$482.30(c)(1)(ii), \$482.30(d)(1)(ii), \$482.30(d)(1)(ii), \$482.30(d)(2), \$482.30(d)(3), \$482.30(c)(1)(iii), \$482.30(d)(1)(ii), \$482.30(d)(1)(ii), \$482.30(d)(2), \$482.30(d)(3), \$482.30(c)(1), \$482.30(c)(1)(ii), \$482.30(d)(1)(ii), \$482.30(d)(2), \$482.30(d)(3), \$482.30(c)(1), \$482.30(c)(1)(ii), \$482.30(d)(1)(ii), \$482.30(d)(2), \$482.30(d)(3), \$482.30(c)(1), \$482.30(e)(1)(ii), \$482.30(e)(1)(ii), \$482.30(d)(2), \$482.30(d)(3), \$482.30(c)(1), \$482.30(e)(1)(ii), \$482.30(e)(1)(ii), \$482.30(e)(2), \$482.30(e)(3), \$482.30(f)	Split to LD.13.01.03, EP 2; LD.13.01.03, EP 3; LD.13.01.03, EP 4; LD.13.01.03, EP 5; LD.13.01.03, EP 6; LD.13.01.03, EP 7; LD.13.01.03, EP 8; LD.13.01.03, EP 9; LD.13.01.03, EP 9; LD.13.01.03,	LD.13.01.03, EP 2	For rehabilitation and psychia critical access hospital's utili and Medicaid patients with re - Admissions to the critical ac - Duration of stays - Professional services provid Note 1: The critical access ho during, or after hospital admi Note 2: The critical access ho for reviews of extended stay of CoPs: §482.30(c)(1), §482.30 §482.30(c)(2), §482.30(c)(3)
LD.04.01.01, EP 18	For rehabilitation and psychiatric distinct part units in critical access hospitals: Utilization review activities are implemented by the critical access hospital in accordance with the plan. Note 1: The critical access hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB). CoPs: \$482.30(a)(1), \$482.30(a)(2), \$482.30(b), \$482.30(b)(1)(i), \$482.30(b)(1)(ii), \$482.30(b)(3)(ii), \$482.30(c)(1)(ii), \$482.30(c)(1)(iii), \$482.30(c)(2), \$482.30(c)(3), \$482.30(c)(1)(ii), \$482.30(c)(1)(iii), \$482.30(c)(2), \$482.30(d)(2), \$482.30(c)(1)(ii), \$482.30(c)(1)(iii), \$482.30(c)(2), \$482.30(d)(2), \$482.30(d)(3), \$482.30(c)(1)(iii), \$482.30(c)(1)(ii), \$482.30(c)(1)(ii), \$482.30(c)(1)(ii), \$482.30(c)(1)(ii), \$482.30(c)(1)(ii), \$482.30(c)(2), \$482.30(c)(3), \$482.30(c)(4)(i), \$482.30(c)(1)(ii), \$482.30(c)(1	Split to LD.13.01.03, EP 2; LD.13.01.03, EP 3; LD.13.01.03, EP 4; LD.13.01.03, EP 5; LD.13.01.03, EP 6; LD.13.01.03, EP 7; LD.13.01.03, EP 8; LD.13.01.03, EP 9; LD.13.01.03, EP 10	LD.13.01.03, EP 3	For rehabilitation and psychia critical access hospital has a committee or a group outside medical society and some or approved by the Centers for N Note: If, because of the small to have a properly functioning established by a group outsic 482.30(b)(1)(ii). CoPs: §482.30(b)(1)(i), §482.3 §482.30(b)(2)
LD.04.01.01, EP 18	For rehabilitation and psychiatric distinct part units in critical access hospitals: Utilization review activities are implemented by the critical access hospital in accordance with the plan.	Split to LD.13.01.03, EP 2; LD.13.01.03, EP 3; LD.13.01.03,	LD.13.01.03, EP 4	For rehabilitation and psychia critical access hospital's utili licensed practitioners, and at

hiatric distinct part units in critical access hospitals: The tilization review plan provides for the review of Medicare respect to the medical necessity of the following: access hospital

vided, including drugs and biologicals

- hospital may perform reviews of admissions before, mission.
- hospital may perform reviews on a sample basis, except y cases.

30(c)(1)(i), \$482.30(c)(1)(ii), \$482.30(c)(1)(iii),

hiatric distinct part units in critical access hospitals: The a utilization review committee that is either a staff de the critical access hospital established by the local or all the hospitals in the locality or in a manner r Medicare & Medicaid Services.

all size of the critical access hospital, it is impracticable ing staff committee, the utilization review committee is side the critical access hospital, as specified in 42 CFR

2.30(b)(1)(ii), §482.30(b)(1)(ii)(A), §482.30(b)(1)(ii)(B),

hiatric distinct part units in critical access hospitals: The tilization review committee consists of two or more at least two of the members of the committee are

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	 Note 1: The critical access hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB). CoPs: \$482.30(a)(1), \$482.30(a)(2), \$482.30(b), \$482.30(b)(1)(i), \$482.30(b)(1)(ii), \$482.30(b)(1)(ii), \$482.30(c)(2), \$482.30(c)(1)(ii), \$482.30(c)(2), \$482.30(c)(1)(ii), \$482.30(c)(2), \$482.30(c)(1)(ii), \$482.30(c)(2), \$482.30(c)(1)(ii), \$482.30(c)(2), \$482.30(c)(1)(ii), \$482.30(c)(2), \$	EP 4; LD.13.01.03, EP 5; LD.13.01.03, EP 6; LD.13.01.03, EP 7; LD.13.01.03, EP 8; LD.13.01.03, EP 9; LD.13.01.03, EP 9; LD.13.01.03,		doctors of medicine or osteo types of practitioners specific Note: The committee or grou has a direct financial interest access hospital or who was p case is being reviewed. CoPs: §482.30(b), §482.30(b)
	\$482.30(c)(3), \$482.30(c)(4)(i), \$482.30(c)(4)(ii), \$482.30(d)(1)(i), \$482.30(d)(1)(ii), \$482.30(d)(2), \$482.30(d)(3), \$482.30(e)(1), \$482.30(e)(1)(i), \$482.30(e)(1)(ii), \$482.30(e)(2), \$482.30(e)(3), \$482.30(f)			
LD.04.01.01, EP 18	 For rehabilitation and psychiatric distinct part units in critical access hospitals: Utilization review activities are implemented by the critical access hospital in accordance with the plan. Note 1: The critical access hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB). CoPs: \$482.30(a)(1), \$482.30(a)(2), \$482.30(b)(2), \$482.30(b)(1)(ii), \$482.30(b)(1)(iii), \$482.30(c)(2), \$482.30(c)(1)(ii), \$482.30(c)(2), \$482.30(c)(1)(ii), \$482.30(c)(2), \$482.30(c)(1)(ii), \$482.30(c)(1)(ii), \$482.30(c)(1)(ii), \$482.30(c)(2), \$482.30(c)(1)(ii), \$482.30(c)	Split to LD.13.01.03, EP 2; LD.13.01.03, EP 3; LD.13.01.03, EP 4; LD.13.01.03, EP 5; LD.13.01.03, EP 6; LD.13.01.03, EP 7; LD.13.01.03, EP 8; LD.13.01.03, EP 9; LD.13.01.03, EP 10	LD.13.01.03, EP 5	For rehabilitation and psychia critical access hospital's utili services provided to determin efficient use of available hea CoPs: §482.30(f)
LD.04.01.01, EP 18	 For rehabilitation and psychiatric distinct part units in critical access hospitals: Utilization review activities are implemented by the critical access hospital in accordance with the plan. Note 1: The critical access hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 	Split to LD.13.01.03, EP 2; LD.13.01.03, EP 3; LD.13.01.03, EP 4; LD.13.01.03, EP 5; LD.13.01.03, EP 6; LD.13.01.03, EP 7; LD.13.01.03, EP 8; LD.13.01.03, EP 9; LD.13.01.03, EP 9; LD.13.01.03,	LD.13.01.03, EP 6	For rehabilitation and psychia critical access hospital devel admission or continued stay made by one of the following - One member of the utilizatio responsible for the patient's the determination or fails to p - At least two members of the Note: Before determining that necessary, the utilization revi

eopathy. The other members may be any of the other ified in 42 CFR 482.12(c)(1). oup's reviews are not conducted by any individual who st (for example, an ownership interest) in that critical professionally involved in the care of the patient whose (b)(3), §482.30(b)(3)(i), §482.30(b)(3)(ii) hiatric distinct part units in critical access hospitals: The tilization review committee reviews professional nine medical necessity and to promote the most ealth facilities and services.

hiatric distinct part units in critical access hospitals: The relops and implements a process to determine if an by is not medically necessary. This determination is ng:

ation review committee if the licensed practitioner(s) 's care, as specified in 42 CFR 482.12(c), concurs with o present their views when afforded the opportunity the utilization review committee in all other cases hat an admission or continued stay is not medically eview committee consults the licensed practitioner(s)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	through 42 CFR 456.245.			responsible for the patient's
	Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to			present their views.
	"Appendix B: Medicare Requirements for Critical Access Hospitals with			
	Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).			CoPs: §482.30(d)(1)(i), §482.3
	CoPs: §482.30(a)(1), §482.30(a)(2), §482.30(b), §482.30(b)(1)(i), §482.30(b)(1)(ii),			
	\$482.30(b)(1)(ii)(A), \$482.30(b)(1)(ii)(B), \$482.30(b)(2), \$482.30(b)(3)(i),			
	\$482.30(b)(3)(ii), \$482.30(c)(1)(i), \$482.30(c)(1)(ii), \$482.30(c)(1)(iii), \$482.30(c)(2), \$482.30(c)(3), \$482.30(c)(4)(i), \$482.30(c)(4)(ii), \$482.30(d)(1)(i), \$482.30(d)(1)			
	\$482.30(d)(2), \$482.30(d)(3), \$482.30(e)(1), \$482.30(e)(1)(i), \$482.30(e)(1)(ii),			
	\$482.30(e)(2), \$482.30(e)(3), \$482.30(f)			
LD.04.01.01, EP 18	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Split to LD.13.01.03,	LD.13.01.03, EP 7	For rehabilitation and psychia
	Utilization review activities are implemented by the critical access hospital in	EP 2; LD.13.01.03,		the critical access hospital is
	accordance with the plan.	EP 3; LD.13.01.03,		prospective payment system
	Note 1: The critical access hospital does not need to implement utilization review	EP 4; LD.13.01.03,		duration of stays and a review
	activities itself if either a Quality Improvement Organization (QIO) has assumed	EP 5; LD.13.01.03,		- For duration of stays, the cri
	binding review for the critical access hospital or the Centers for Medicare &	EP 6; LD.13.01.03,		determines to be outlier case
	Medicaid Services (CMS) has determined that the utilization review procedures	EP 7; LD.13.01.03,		CFR 412.80(a)(1)(i).
	established by the state under title XIX of the Social Security Act are superior to the	EP 8; LD.13.01.03,		- For professional services, th
	procedures required in this section, and has required critical access hospitals in	EP 9; LD.13.01.03,		determines to be outlier case
	that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245.	EP 10		42 CFR 412.80(a)(1)(ii).
	Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to			CoPs: §482.30(c)(4), §482.30
	"Appendix B: Medicare Requirements for Critical Access Hospitals with			
	Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).			
	CoPs: §482.30(a)(1), §482.30(a)(2), §482.30(b), §482.30(b)(1)(i), §482.30(b)(1)(ii),			
	\$482.30(b)(1)(ii)(A), \$482.30(b)(1)(ii)(B), \$482.30(b)(2), \$482.30(b)(3)(i),			
	§482.30(b)(3)(ii), §482.30(c)(1)(i), §482.30(c)(1)(ii), §482.30(c)(1)(iii), §482.30(c)(2),			
	§482.30(c)(3), §482.30(c)(4)(i), §482.30(c)(4)(ii), §482.30(d)(1)(i), §482.30(d)(1)(ii),			
	§482.30(d)(2), §482.30(d)(3), §482.30(e)(1), §482.30(e)(1)(i), §482.30(e)(1)(ii),			
	§482.30(e)(2), §482.30(e)(3), §482.30(f)			
LD.04.01.01, EP 18	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Split to LD.13.01.03,	LD.13.01.03, EP 8	For rehabilitation and psychia
	Utilization review activities are implemented by the critical access hospital in	EP 2; LD.13.01.03,		critical access hospitals that
	accordance with the plan.	EP 3; LD.13.01.03,		the utilization review (UR) co
	Note 1: The critical access hospital does not need to implement utilization review	EP 4; LD.13.01.03,		plan, each current inpatient o
	activities itself if either a Quality Improvement Organization (QIO) has assumed	EP 5; LD.13.01.03,		scheduling of the periodic rev
	binding review for the critical access hospital or the Centers for Medicare &	EP 6; LD.13.01.03,		different classes of cases.
	Medicaid Services (CMS) has determined that the utilization review procedures	EP 7; LD.13.01.03,		Note: The UR committee con
	established by the state under title XIX of the Social Security Act are superior to the	EP 8; LD.13.01.03,		required in the UR plan.
	procedures required in this section, and has required critical access hospitals in	EP 9; LD.13.01.03,		
	that state to meet the utilization review plan requirements under 42 CFR 456.50	EP 10		CoPs: §482.30(e)(1), §482.30
	through 42 CFR 456.245.			
	Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to			
	"Appendix B: Medicare Requirements for Critical Access Hospitals with			
	Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).			
	CoPs: §482.30(a)(1), §482.30(a)(2), §482.30(b), §482.30(b)(1)(i), §482.30(b)(1)(ii),			
	\$482.30(b)(1)(ii)(A), \$482.30(b)(1)(ii)(B), \$482.30(b)(2), \$482.30(b)(3)(i),			

s care and affords the practitioner(s) the opportunity to

2.30(d)(1)(ii), §482.30(d)(2)

hiatric distinct part units in critical access hospitals: If is paid for inpatient hospital services under the m set forth in 42 CFR Part 412, it conducts a review of ew of professional services as follows: critical access hospital reviews only cases that it ses based on extended length of stay, as described in 42

the critical access hospital reviews only cases that it ses based on extraordinarily high costs, as described in

30(c)(4)(i), §482.30(c)(4)(ii)

hiatric distinct part units in critical access hospitals: In at are not paid under the prospective payment system, committee periodically reviews, as specified in the UR t during a continuous period of extended duration. The reviews may be the same for all cases or differ for

onducts its review no later than 7 days after the day

30(e)(1)(i), §482.30(e)(1)(ii)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	$\begin{array}{l} \$482.30(b)(3)(ii), \$482.30(c)(1)(i), \$482.30(c)(1)(ii), \$482.30(c)(1)(iii), \$482.30(c)(2),\\ \$482.30(c)(3), \$482.30(c)(4)(i), \$482.30(c)(4)(ii), \$482.30(d)(1)(i), \$482.30(d)(1)(i),\\ \$482.30(d)(2), \$482.30(d)(3), \$482.30(e)(1), \$482.30(e)(1)(i), \$482.30(e)(1)(ii),\\ \$482.30(e)(2), \$482.30(e)(3), \$482.30(f) \end{array}$			
LD.04.01.01, EP 18	For rehabilitation and psychiatric distinct part units in critical access hospitals: Utilization review activities are implemented by the critical access hospital in accordance with the plan. Note 1: The critical access hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB). CoPs: \$482.30(a)(1), \$482.30(a)(2), \$482.30(b), \$482.30(b)(1)(i), \$482.30(b)(3)(i), \$482.30(b)(3)(ii), \$482.30(c)(1)(i), \$482.30(c)(1)(iii), \$482.30(c)(2), \$482.30(c)(3), \$482.30(c)(1)(i), \$482.30(c)(1)(iii), \$482.30(c)(1)(iii), \$482.30(c)(2), \$482.30(d)(2), \$482.30(d)(3), \$482.30(c)(1)(iii), \$482.30(c)(1)(iii)	Split to LD.13.01.03, EP 2; LD.13.01.03, EP 3; LD.13.01.03, EP 4; LD.13.01.03, EP 5; LD.13.01.03, EP 6; LD.13.01.03, EP 7; LD.13.01.03, EP 8; LD.13.01.03, EP 9; LD.13.01.03, EP 10	LD.13.01.03, EP 9	For rehabilitation and psychia paid under the prospective pareviews all cases where the e for the diagnosis, as describe hospital is not required to rev threshold for the diagnosis. Note: The UR committee con required in the UR plan. CoPs: §482.30(e)(2), §482.30
LD.04.01.01, EP 18	For rehabilitation and psychiatric distinct part units in critical access hospitals: Utilization review activities are implemented by the critical access hospital in accordance with the plan. Note 1: The critical access hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB). CoPs: \$482.30(a)(1), \$482.30(a)(2), \$482.30(b), \$482.30(b)(1)(i), \$482.30(b)(1)(ii), \$482.30(b)(3)(ii), \$482.30(c)(1)(i), \$482.30(c)(1)(ii), \$482.30(c)(2), \$482.30(c)(3), \$482.30(c)(1)(i), \$482.30(c)(1)(ii), \$482.30(c)(1)(ii), \$482.30(c)(2), \$482.30(d)(2), \$482.30(d)(3), \$482.30(c)(1)(ii), \$	Split to LD.13.01.03, EP 2; LD.13.01.03, EP 3; LD.13.01.03, EP 4; LD.13.01.03, EP 5; LD.13.01.03, EP 6; LD.13.01.03, EP 7; LD.13.01.03, EP 8; LD.13.01.03, EP 9; LD.13.01.03, EP 10	LD.13.01.03, EP 10	For rehabilitation and psychia the utilization review commit the critical access hospital is notification to the critical acc practitioner(s) responsible fo no later than 2 days after the CoPs: §482.30(d)(3)
LD.04.01.01, EP 25	If the critical access hospital is a member of a rural health network, the network meets the criteria required by the Centers for Medicare & Medicaid Services' (CMS) regulations at 42 CFR 485.603.	Moved	LD.13.01.01, EP 6	If the critical access hospital meets the criteria required by regulations at 42 CFR 485.60

hiatric distinct part units: In critical access hospitals payment system, the utilization review (UR) committee extended length of stay exceeds the threshold criteria bed in 42 CFR 412.80 (a)(1)(i). The critical access eview an extended stay that does not exceed the outlier

onducts its review no later than 7 days after the day

30(e)(3)

hiatric distinct part units in critical access hospitals: If hittee determines that admission to or continued stay in is not medically necessary, the committee gives written ccess hospital, the patient, and the licensed for the patient's care, as specified in 42 CFR 482.12(c), ne determination.

cal is a member of a rural health network, the network by the Centers for Medicare & Medicaid Services' (CMS) 603.

Note: See the Glossary for a definition of rural health network. CoPs: \$485.603Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPGLD.04.01.03, EP 1For rehabilitation and psychiatric distinct part units in critical access hospitals: Leaders solici comments from those who work in the critical access hospital when developing the operational and capital budgets. CoPs: \$482.12(d)(7)(ii)Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPGLD.04.01.03, EP 3For rehabilitation and psychiatric distinct part units in critical access hospital's goals and objectives. Note: The critical access hospital meets the Centers for Medicare & Medicaid Services' (CMS) Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d)(2), \$482.12(d)(3), \$482.12(d)(4), \$482.12(d)(4)(ii), \$482.12(d)(4)(ii), \$482.12(d)(5)(iii), \$482.12(d)(5)(v)LD.13.01.05, EP 2 EP 3; LD.13.01.05, EP 4	Note: See the Glossary for a cCoPs: §485.603, §485.603(a),§485.603(b)(1), §485.603(b)(2)§485.603(c)(2), §485.603(c)(3)N/AFor rehabilitation and psychiainstitutional plan includes ananticipated sources of financof \$600,000 (or a lesser amou1122(g)(1) of the Social Secuncritical access hospital is loc- Acquisition of land- Improvement of land, buildi- Replacement, modernizatioCoPs: §482.12(d)(4), §482.12
LD.04.01.03, EP 1For rehabilitation and psychiatric distinct part units in critical access hospitals: Leaders solicit comments from those who work in the critical access hospital when developing the operational and capital budgets.Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPGLD.04.01.03, EP 3For rehabilitation and psychiatric distinct part units in critical access hospitals: note: The critical access hospital meets the Centers for Medicare & Medicaid Services' (CMS) Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d)(2), \$482.12(d)(3), \$482.12(d)(4), \$482.12(d)(4)(i), \$482.12(d)(4)(ii), \$482.12(d)(4)(iii), \$482.12(d)(5)(ii),State 1000000000000000000000000000000000000	§485.603(b)(1), §485.603(b)(2) §485.603(c)(2), §485.603(c)(3) N/A For rehabilitation and psychia institutional plan includes an anticipated sources of finance of \$600,000 (or a lesser amout) 1122(g)(1) of the Social Securd critical access hospital is loc - Acquisition of land - Improvement of land, buildi - Replacement, modernization
LD.04.01.03, EP 1For rehabilitation and psychiatric distinct part units in critical access hospitals: Leaders solicit comments from those who work in the critical access hospital when developing the operational and capital budgets.Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPGN/ALD.04.01.03, EP 3For rehabilitation and psychiatric distinct part units in critical access hospitals: noperating budget reflects the critical access hospital's goals and objectives. Note: The critical access hospital meets the Centers for Medicare & Medicaid Services' (CMS) Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d)(2), \$482.12(d)(3), \$482.12(d)(4), \$482.12(d)(4)(i), \$482.12(d)(4)(ii), \$482.12(d)(4)(iii), \$482.12(d)(4)(iii), \$482.12(d)(4)(iii), \$482.12(d)(4)(iii), \$482.12(d)(4)(iii), \$482.12(d)(5)(ii), \$482.12(d)(5)(§485.603(b)(1), §485.603(b)(2) §485.603(c)(2), §485.603(c)(3) N/A For rehabilitation and psychia institutional plan includes an anticipated sources of finance of \$600,000 (or a lesser amout) 1122(g)(1) of the Social Securd critical access hospital is loc - Acquisition of land - Improvement of land, buildi - Replacement, modernization
Leaders solicit comments from those who work in the critical access hospital when developing the operational and capital budgets.Replaced with more direct EP(s) or moved to guidance within SPGLD.04.01.03, EP 3For rehabilitation and psychiatric distinct part units in critical access hospitals: The operating budget reflects the critical access hospital's goals and objectives. Note: The critical access hospital meets the Centers for Medicare & Medicaid Services' (CMS) Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d)(2), \$482.12(d)(3), \$482.12(d)(4), \$482.12(d)(4)(i), \$482.12(d)(4)(ii), \$482.12(d)(4)(iii), \$482.12(d)(5) continued, \$482.12(d)(5)(i), \$482.12(d)(5)(ii),Replaced with more direct EP(s) or moved to guidance within SPGLD.04.01.03, EP 3For rehabilitation and psychiatric distinct part units in critical access hospitals: The operating budget reflects the critical access hospital's goals and objectives. Note: The critical access hospital meets the Centers for Medicare & Medicaid Services' (CMS) Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d)(2), \$482.12(d)(3), \$482.12(d)(4), \$482.12(d)(4)(ii), \$482.12(d)(4)(ii), \$482.12(d)(4)(ii), \$482.12(d)(4)(ii), \$482.12(d)(4)(ii), \$482.12(d)(5)(ii), \$482.12(d)(5)(ii)	§485.603(c)(2), §485.603(c)(3)N/AFor rehabilitation and psychia institutional plan includes an anticipated sources of finance of \$600,000 (or a lesser amou 1122(g)(1) of the Social Secur critical access hospital is loc - Acquisition of land - Improvement of land, buildi - Replacement, modernizatio
Leaders solicit comments from those who work in the critical access hospital when developing the operational and capital budgets.Replaced with more direct EP(s) or moved to guidance within SPGLD.04.01.03, EP 3For rehabilitation and psychiatric distinct part units in critical access hospitals: The operating budget reflects the critical access hospital's goals and objectives. Note: The critical access hospital meets the Centers for Medicare & Medicaid Services' (CMS) Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d)(2), \$482.12(d)(3), \$482.12(d)(4), \$482.12(d)(4)(i), \$482.12(d)(4)(ii), \$482.12(d)(4)(iii), \$482.12(d)(5) continued, \$482.12(d)(5)(i), \$482.12(d)(5)(ii),Belaced with more direct EP(s) or moved to guidance within SPGLD.04.01.03, EP 3For rehabilitation and psychiatric distinct part units in critical access hospitals: The operating budget reflects the critical access hospital's goals and objectives. Note: The critical access hospital meets the Centers for Medicare & Medicaid Services' (CMS) Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d)(2), \$482.12(d)(3), \$482.12(d)(4), \$482.12(d)(4)(ii), \$482.12(d)(4)(ii), \$482.12(d)(4)(ii), \$482.12(d)(4)(ii), \$482.12(d)(4)(ii), \$482.12(d)(5)(ii),	N/A For rehabilitation and psychia institutional plan includes an anticipated sources of financ of \$600,000 (or a lesser amou 1122(g)(1) of the Social Secur critical access hospital is loc - Acquisition of land - Improvement of land, buildi - Replacement, modernizatio
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LD.04.01.03, EP 3For rehabilitation and psychiatric distinct part units in critical access hospitals: The operating budget reflects the critical access hospital's goals and objectives. Note: The critical access hospital meets the Centers for Medicare & Medicaid Services' (CMS) Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d). (See Appendix B [AXB] for the language of this CMS requirement.)Split to LD.13.01.05, EP 2; LD.13.01.05, EP 3; LD.13.01.05, EP 4LD.13.01.05, EP 2; LD.13.01.05, EP 4CoPs: \$482.12(d)(2), \$482.12(d)(3), \$482.12(d)(4), \$482.12(d)(4)(i), \$482.12(d)(4)(ii), \$482.12(d)(4)(iii), \$482.12(d)(5)(ii), \$482.12(d)(5)(ii),Cops: \$482.12(d)(4)(iii), \$482.12(d)(5)(ii),Cops: \$482.12(d)(4)(iii), \$482.12(d)(5)(ii), \$482.12(d)(5	institutional plan includes an anticipated sources of finance of \$600,000 (or a lesser amou 1122(g)(1) of the Social Secur critical access hospital is loc - Acquisition of land - Improvement of land, buildi - Replacement, modernizatio
operating budget reflects the critical access hospital's goals and objectives. Note: The critical access hospital meets the Centers for Medicare & Medicaid Services' (CMS) Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d). (See Appendix B [AXB] for the language of this CMS requirement.)EP 2; LD.13.01.05, EP 3; LD.13.01.05, EP 4CoPs: \$482.12(d)(2), \$482.12(d)(3), \$482.12(d)(4), \$482.12(d)(4)(i), \$482.12(d)(4)(ii), \$482.12(d)(5) continued, \$482.12(d)(5)(i), \$482.12(d)(5)(ii),EV 2; LD.13.01.05, EV 3; LD.13.01.05, EV 4	institutional plan includes an anticipated sources of finance of \$600,000 (or a lesser amou 1122(g)(1) of the Social Secur critical access hospital is loc - Acquisition of land - Improvement of land, buildi - Replacement, modernizatio
Note: The critical access hospital meets the Centers for Medicare & Medicaid Services' (CMS) Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d). (See Appendix B [AXB] for the language of this CMS requirement.)EP 3; LD.13.01.05, EP 4CoPs: \$482.12(d)(2), \$482.12(d)(3), \$482.12(d)(4), \$482.12(d)(4)(i), \$482.12(d)(4)(ii), \$482.12(d)(4)(iii), \$482.12(d)(5)(ii), \$482.12(anticipated sources of finance of \$600,000 (or a lesser amount 1122(g)(1) of the Social Secur critical access hospital is loc - Acquisition of land - Improvement of land, buildi - Replacement, modernization
Services' (CMS) Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d). (See Appendix B [AXB] for the language of this CMS requirement.)EP 4CoPs: \$482.12(d)(2), \$482.12(d)(3), \$482.12(d)(4), \$482.12(d)(4)(i), \$482.12(d)(4)(ii), \$482.12(d)(4)(iii), \$482.12(d)(5) continued, \$482.12(d)(5)(i), \$482.12(d)(5)(ii), \$482.12(d)(5	of \$600,000 (or a lesser amou 1122(g)(1) of the Social Secur critical access hospital is loc - Acquisition of land - Improvement of land, buildi - Replacement, modernizatio
CoPs: §482.12(d)(2), §482.12(d)(3), §482.12(d)(4), §482.12(d)(4)(i), §482.12(d)(4)(ii), §482.12(d)(4)(iii), §482.12(d)(5) continued, §482.12(d)(5)(i), §482.12(d)(5)(ii),	critical access hospital is loc - Acquisition of land - Improvement of land, buildi - Replacement, modernizatio
§482.12(d)(4)(iii), §482.12(d)(5) continued, §482.12(d)(5)(i), §482.12(d)(5)(ii),	 Acquisition of land Improvement of land, buildi Replacement, modernizatio
§482.12(d)(4)(iii), §482.12(d)(5) continued, §482.12(d)(5)(i), §482.12(d)(5)(ii),	- Improvement of land, buildi - Replacement, modernizatio
	- Replacement, modernizatio
9482.12(d)(5)(11), 9482.12(d)(5)(10), 9482.12(d)(5)(0)	
	CoPs: §482.12(d)(4). §482.12
LD.04.01.03, EP 3 For rehabilitation and psychiatric distinct part units in critical access hospitals: The Split to LD.13.01.05, LD.13.01.05, EP 3	For rehabilitation and psychia
operating budget reflects the critical access hospital's goals and objectives. EP 2; LD.13.01.05,	institutional plan is prepared
Note: The critical access hospital meets the Centers for Medicare & Medicaid EP 3; LD.13.01.05,	governing body, the administ
Services' (CMS) Institutional Plan and Budget requirements in accordance with 42 EP 4	of the governing body. The ins
CFR 482.12(d). (See Appendix B [AXB] for the language of this CMS requirement.)	$C_{0}D_{0}$, \$492, 12(d)(C), \$492, 12
CoPs: §482.12(d)(2), §482.12(d)(3), §482.12(d)(4), §482.12(d)(4)(i), §482.12(d)(4)(ii),	CoPs: §482.12(d)(6), §482.12
§482.12(d)(4)(iii), §482.12(d)(5) continued, §482.12(d)(5)(i), §482.12(d)(5)(ii),	
\$482.12(d)(5)(iii), \$482.12(d)(5)(iv), \$482.12(d)(5)(v)	
LD.04.01.03, EP 3 For rehabilitation and psychiatric distinct part units in critical access hospitals: The Split to LD.13.01.05, LD.13.01.05, EP 4	For rehabilitation and psychia
operating budget reflects the critical access hospital's goals and objectives. EP 2; LD.13.01.05,	institutional plan is submitte
Note: The critical access hospital meets the Centers for Medicare & Medicaid EP 3; LD.13.01.05,	accordance with section 112
Services' (CMS) Institutional Plan and Budget requirements in accordance with 42 EP 4	or if an agency is not designat
CFR 482.12(d). (See Appendix B [AXB] for the language of this CMS requirement.)	state. A capital expenditure is
CoPs: §482.12(d)(2), §482.12(d)(3), §482.12(d)(4), §482.12(d)(4)(i), §482.12(d)(4)(ii),	the health care facility's patie capital expenditure is made a
\$482.12(d)(4)(iii), \$482.12(d)(5) continued, \$482.12(d)(5)(i), \$482.12(d)(4)(i),	organization (HMO) or compe
\$482.12(d)(5)(iii), \$482.12(d)(5)(iv), \$482.12(d)(5)(v)	requirements of section 1876
	and if the US Department of H
	capital expenditure is for serv
	in order to operate efficiently
	accessible to the HMO or CM
	- The facilities do not provide
	- The facilities are not availab
	- Full and equal medical staff - Arrangements with these fac
	- The purchase of these service
	the services directly.

definition of rural health network.

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a), §485.603(a)(1), §485.603(a)(2), §485.603(b),
)(2), §485.603(b)(3), §485.603(c), §485.603(c)(1),
)(3)
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hiatric distinct part units in critical access hospitals: The and identifies in detail the objective of, and the ncing for, each anticipated capital expenditure in excess ount that is established, in accordance with section surity Act [42 U.S.C. 1320a–1], by the state in which the ocated) that relates to any of the following:

dings, and equipment ion, and expansion of buildings and equipment

2(d)(4)(i), §482.12(d)(4)(ii), §482.12(d)(4)(iii) niatric distinct part units in critical access hospitals: The

by representatives of the critical access hospital's strative staff, and the medical staff under the direction nstitutional plan is reviewed and updated annually.

2(d)(7)(i), §482.12(d)(7)(ii)

niatric distinct part units in critical access hospitals: The ted for review to the planning agency designated in 22(b) of the Social Security Act (42 U.S.C. 1320a-1(b)), nated, to the appropriate health planning agency in the is not subject to section 1122 review if 75 percent of tients who are expected to use the service for which the e are individuals enrolled in a health maintenance petitive medical plan (CMP) that meets the 76(b) of the Social Security Act (42 U.S.C. 1395mm(b)), Health and Human Services determines that the ervices and facilities that are needed by the HMO or CMP ly and economically and that are not otherwise readily MP because of one of the following: le common services at the same site. able under a contract of reasonable duration. aff privileges in the facilities are not available. facilities are not administratively feasible. vices is more costly than if the HMO or CMP provided

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				CoPs: §482.12(d)(5), §482.12(§482.12(d)(5)(iv), §482.12(d)(5)
LD.04.01.03, EP 4	 For rehabilitation and psychiatric distinct part units in critical access hospitals: The governing body approves an annual operating budget and, when needed, a long-term capital expenditure plan. CoPs: \$482.12(d)(1), \$482.12(d)(2), \$482.12(d)(3), \$482.12(d)(4), \$482.12(d)(4)(i), \$482.12(d)(4)(ii), \$482.12(d)(4)(iii), \$482.12(d)(6) 	Split to LD.13.01.05, EP 2; LD.13.01.05, EP 3; LD.13.01.05, EP 4	LD.13.01.05, EP 2	For rehabilitation and psychia institutional plan includes an anticipated sources of financ of \$600,000 (or a lesser amou 1122(g)(1) of the Social Secur critical access hospital is loca - Acquisition of land - Improvement of land, buildin - Replacement, modernizatio
	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Split to LD.13.01.05,	LD.13.01.05, EP 3	CoPs: §482.12(d)(4), §482.12 For rehabilitation and psychia
LD.04.01.03, EP 4	governing body approves an annual operating budget and, when needed, a long- term capital expenditure plan.	EP 2; LD.13.01.05, EP 3; LD.13.01.05, EP 4	LD. 13.01.03, EF 3	institutional plan is prepared governing body, the administr of the governing body. The ins
	CoPs: §482.12(d)(1), §482.12(d)(2), §482.12(d)(3), §482.12(d)(4), §482.12(d)(4)(i), §482.12(d)(4)(ii), §482.12(d)(4)(iii), §482.12(d)(6)			CoPs: §482.12(d)(6), §482.12
LD.04.01.03, EP 4	For rehabilitation and psychiatric distinct part units in critical access hospitals: The governing body approves an annual operating budget and, when needed, a long- term capital expenditure plan. CoPs: §482.12(d)(1), §482.12(d)(2), §482.12(d)(3), §482.12(d)(4), §482.12(d)(4)(i), §482.12(d)(4)(ii), §482.12(d)(4)(iii), §482.12(d)(6)	Split to LD.13.01.05, EP 2; LD.13.01.05, EP 3; LD.13.01.05, EP 4	LD.13.01.05, EP 4	For rehabilitation and psychia institutional plan is submitted accordance with section 112: or if an agency is not designat state. A capital expenditure is the health care facility's patie capital expenditure is made a organization (HMO) or compered requirements of section 1876 and if the US Department of H capital expenditure is for serving in order to operate efficiently accessible to the HMO or CM - The facilities do not provide - The facilities are not availab - Full and equal medical staff - Arrangements with these fac - The purchase of these service the services directly.
		Concelidation of	DO 11 01 01 ED 7	CoPs: §482.12(d)(5), §482.12(d)(5), §482.12(d)(5)(iv), §482.12(d)(5)(i
LD.04.01.05, EP 1	Leaders of the program, service, site, or department oversee operations. CoPs: \$412.27(d)(2), \$412.27(d)(5), \$482.12, \$482.26(c)(1), \$482.28, \$482.28(a)(1)(i), \$482.28(a)(1)(ii), \$482.28(a)(1)(iii), \$482.52, \$482.53(a)(2), \$482.56(a)(1), \$485.618, \$485.627(a), \$485.635(a)(3)(iv), \$485.638(a)(3)	Consolidation of HR.01.02.05, EP 17; LD.04.01.05, EP 1	RC.11.01.01, EP 7	The critical access hospital d the maintenance of its medic professional staff is responsi CoPs: §485.638(a)(1), §485.63
LD.04.01.05, EP 2	S402.00(a)(1), 3400.010, 3400.027(a), 3400.000(a)(0)(10, 3400.000(a)(0)For rehabilitation and psychiatric distinct part units in critical access hospitals:Programs, services, sites, or departments providing patient care are directed by	Consolidation of HR.01.06.01, EP 1;	HR.11.02.01, EP 3	For rehabilitation and psychia director of rehabilitation servi

l2(d)(5)(i), §482.12(d)(5)(ii), §482.12(d)(5)(iii), l)(5)(v)

niatric distinct part units in critical access hospitals: The and identifies in detail the objective of, and the ncing for, each anticipated capital expenditure in excess ount that is established, in accordance with section surity Act [42 U.S.C. 1320a–1], by the state in which the ocated) that relates to any of the following:

dings, and equipment ion, and expansion of buildings and equipment

2(d)(4)(i), §482.12(d)(4)(ii), §482.12(d)(4)(iii)

niatric distinct part units in critical access hospitals: The ed by representatives of the critical access hospital's strative staff, and the medical staff under the direction nstitutional plan is reviewed and updated annually.

2(d)(7)(i), §482.12(d)(7)(ii)

niatric distinct part units in critical access hospitals: The ted for review to the planning agency designated in 122(b) of the Social Security Act (42 U.S.C. 1320a–1(b)), nated, to the appropriate health planning agency in the is not subject to section 1122 review if 75 percent of tients who are expected to use the service for which the e are individuals enrolled in a health maintenance petitive medical plan (CMP) that meets the 76(b) of the Social Security Act (42 U.S.C. 1395mm(b)), f Health and Human Services determines that the ervices and facilities that are needed by the HMO or CMP ly and economically and that are not otherwise readily CMP because of one of the following:

le common services at the same site.

able under a contract of reasonable duration.

aff privileges in the facilities are not available.

facilities are not administratively feasible.

vices is more costly than if the HMO or CMP provided

2(d)(5)(i), §482.12(d)(5)(ii), §482.12(d)(5)(iii), l)(5)(v)

develops and implements policies and procedures for lical records system(s). A designated member of the sible for maintaining the records.

.638(a)(3)

niatric distinct part units in critical access hospitals: The rvices has the knowledge, experience, and capabilities

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	one or more qualified professionals or by a qualified licensed practitioner with clinical privileges.	LD.04.01.05, EP 2; LD.04.01.05, EP 3		to supervise and administer t
	CoPs: §412.27(d)(2), §412.27(d)(5), §412.29(g), §412.29(g)(1), §412.29(g)(2), §412.29(g)(3), §412.29(g)(4), §482.24, §482.28, §482.28(a)(1)(i), §482.28(a)(1)(ii), §482.28(a)(1)(iii), §482.51(a)(1), §482.56(a)(1)			CoPs: §482.56(a)(1)
LD.04.01.05, EP 3	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: This includes the full-time employee who directs and manages dietary services. CoPs: §412.27(d)(2)(ii), §412.27(d)(5), §412.29(g), §412.29(g)(1), §412.29(g)(2),	Split to HR.11.02.01, EP 3; NPG.12.01.01, EP 7; NPG.12.01.01, EP 8	HR.11.02.01, EP 3	For rehabilitation and psychia director of rehabilitation servi to supervise and administer th CoPs: §482.56(a)(1)
	\$412.29(g)(3), \$412.29(g)(4), \$482.24, \$482.25(a), \$482.26(c)(1), \$482.28, \$482.28(a)(1), \$482.28(a)(1), \$482.28(a)(1)(ii), \$482.28(a)(1)(iii), \$482.56(a)(1)			
LD.04.01.05, EP 3	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: This includes the full-time employee who directs and manages dietary services.	Split to HR.11.02.01, EP 3; NPG.12.01.01, EP 7; NPG.12.01.01, EP 8	NPG.12.01.01, EP 7	For rehabilitation and psychia critical access hospital has di staffed by qualified personnel Note: For critical access hosp services, the contracted servi hospital full-time, part-time, c critical access hospital medic
	CoPs: §412.27(d)(2)(ii), §412.27(d)(5), §412.29(g), §412.29(g)(1), §412.29(g)(2), §412.29(g)(3), §412.29(g)(4), §482.24, §482.25(a), §482.26(c)(1), §482.28, §482.28(a)(1), §482.28(a)(1)(i), §482.28(a)(1)(ii), §482.28(a)(1)(ii), §482.56(a)(1)			affect patient care, treatment CoPs: §482.28
LD.04.01.05, EP 3	 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: This includes the full-time employee who directs and manages dietary services. 	Split to HR.11.02.01, EP 3; NPG.12.01.01, EP 7; NPG.12.01.01, EP 8	NPG.12.01.01, EP 8	The critical access hospital ha training, or experience, who s food and dietetic services. CoPs: §482.28(a)(1)(i), §482.2
	CoPs: §412.27(d)(2)(ii), §412.27(d)(5), §412.29(g), §412.29(g)(1), §412.29(g)(2), §412.29(g)(3), §412.29(g)(4), §482.24, §482.25(a), §482.26(c)(1), §482.28, §482.28(a)(1), §482.28(a)(1)(i), §482.28(a)(1)(ii), §482.28(a)(1)(iii), §482.56(a)(1)			
LD.04.01.05, EP 5	For rehabilitation and psychiatric distinct part units in critical access hospitals: Leaders provide for the coordination of care, treatment, and services among the critical access hospital's different programs, services, sites, or departments. CoPs: §482.54(a), §482.55(a)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LD.04.01.05, EP 6	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital's emergency services are directed and supervised by a qualified member of the medical staff.	Moved and Revised	LD.13.01.07, EP 1	For rehabilitation and psychia critical access hospital's eme of the medical staff.
LD.04.01.05, EP 7	CoPs: §482.55(a)(1), §482.55(b)(1)For rehabilitation and psychiatric distinct part units in critical access hospitals: A qualified doctor of medicine or osteopathy directs the following services: - Anesthesia	Moved and Revised	LD.13.01.07, EP 3	CoPs: §482.55(b)(1) For rehabilitation and psychia qualified doctor of medicine of provided:

r the services.

hiatric distinct part units in critical access hospitals: The rvices has the knowledge, experience, and capabilities r the services.

hiatric distinct part units in critical access hospitals: The dietetic services that are directed and adequately nel.

ospitals that provide dietetic services through contracted rvice has a dietician who serves the critical access e, or on a consultant basis and acts as a liaison to dical staff for recommendations on dietetic policies that ent, and services.

l has a full-time employee, qualified through education, o serves as director to oversee the daily management of

2.28(a)(1)(ii), §482.28(a)(1)(iii)

hiatric distinct part units in critical access hospitals: The mergency services are supervised by a qualified member

hiatric distinct part units in critical access hospitals: A e or osteopathy directs the following services, when

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Nuclear medicine			- Anesthesia
	- Respiratory care			- Nuclear medicine
				- Respiratory care
	CoPs: §482.52, §482.53(a)(1), §482.57(a)(1)			Note 1: The anesthesia servic
				critical access hospital.
				Note 2: For respiratory care s
				part-time basis.
				CoPs: §482.52, §482.53(a)(1)
LD.04.01.05, EP 8	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Moved	LD.13.01.07, EP 2	For rehabilitation and psychia
	critical access hospital assigns one or more individuals who are responsible for			critical access hospital assig
	outpatient services.			outpatient services.
	CoPs: §482.54(b)(1)			CoPs: §482.54(b)(1)
LD.04.01.05, EP 9	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Deleted EP -	N/A	N/A
	anesthesia service is responsible for all anesthesia administered in the critical	Replaced with more		
	access hospital.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.52	within SPG		
LD.04.01.05, EP 10	For psychiatric distinct part units in critical access hospitals: The critical access	Moved and Revised	NPG.12.03.01, EP 6	For psychiatric distinct part u
	hospital has a director of social work services who monitors and evaluates the			hospital has a director of soc
	social work services furnished.			and appropriateness of socia
	Note: Social work services are furnished in accordance with accepted standards of			responsibilities include but a
	practice and established policies and procedures.			- Participating in discharge pl
				- Arranging for follow-up care
	CoPs: §412.27(d)(5)			- Developing mechanisms for
				outside the critical access ho
				Note: Social services are prov
				practice and established poli
				CoPs: §412.27(d)(5)
LD.04.01.05, EP 25	The critical access hospital designates an individual to serve as the radiation safety	Moved and Revised	NPG.13.02.01, EP 1	The critical access hospital d
	officer who is responsible for making certain that radiologic services are provided in			officer who is responsible for
	accordance with law, regulation, and organizational policy. This individual has the			accordance with law, regulat
	necessary authority and leadership support to do the following:			has the necessary authority a
	- Monitor and verify compliance with established radiation safety practices			- Monitor and verify complian
	(including oversight of dosimetry monitoring)			(including oversight of dosime
	- Provide recommendations for improved radiation safety			- Provide recommendations f
	- Intervene as needed to stop unsafe practices			- Intervene as needed to stop
	- Implement corrective action			- Implement corrective action
LD.04.01.06, EP 1	For critical access hospitals that elect The Joint Commission Primary Care Medical	Consolidation of	MS.16.01.01, EP 1	For rehabilitation and psychia
	Home option: Primary care clinicians have the educational background and broad-	LD.04.01.06, EP 1;		critical access hospital has a
	based knowledge and experience necessary to handle most medical and other	MS.01.01.01, EP 5;		approved by the governing bo
	health care needs of the patients who selected them. This includes resolving	MS.01.01.01, EP 7		care provided by the critical a
	conflicting recommendations for care.			CoPs: §482.22
LD.04.01.07, EP 1	Leaders review, approve, and manage the implementation of policies and	Consolidation of	LD.13.01.09, EP 1	The critical access hospital d
22.04.01.07, EF 1	procedures that guide and support patient care, treatment, and services.	LD.04.01.07, EP 1;		procedures that guide health
		MS.03.01.03, EP 4		consistent with state law and
		190.00.01.00, EF 4	1	

vice is responsible for all anesthesia administered in the

services, the director may serve on either a full-time or

1), §482.57(a)(1)

niatric distinct part units in critical access hospitals: The igns one or more individuals who are responsible for

- units in critical access hospitals: The critical access ocial services who monitors and evaluates the quality ial services provided. Social services staff
- are not limited to the following:
- planning
- re
- for the exchange of appropriate information with sources hospital
- rovided in accordance with accepted standards of olicies and procedures.

l designates an individual to serve as the radiation safety or making certain that radiologic services are provided in ation, and critical access hospital policy. This individual y and leadership support to do the following:

- ance with established radiation safety practices metry monitoring)
- for improved radiation safety
- op unsafe practices
- on

hiatric distinct part units in critical access hospitals: The an organized medical staff that operates under bylaws body and that is responsible for the quality of medical l access hospital.

develops and implements written policies and th care services. The policies and procedures are nd include the following:

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: \$412.25(a)(4), \$412.27(d)(4), \$482.12, \$482.23(c)(2), \$482.23(c)(4), \$482.25,			- Description of the services fu
	§482.26(b), §482.51(a)(3), §482.51(b), §482.52(b), §482.55(a)(3), §482.57(b),			those provided through agreem
	§482.57(b)(1), §485.627(a), §485.631(c)(2)(i), §485.635(a)(1), §485.635(a)(3)(ii),			- Emergency medical services
	§485.635(a)(3)(iii), §485.635(a)(3)(iv), §485.635(a)(3)(vi), §485.635(b)(3),			- Guidelines for the medical m
	§485.635(d)(3), §485.639			conditions requiring medical c
				of health care records, and pro
				services provided by the critica
				- Rules for the storage, handlin
				biologicals
				- Guidelines for addressing pos
				access hospital services
				Note: If patients are transferre
				agreement or arrangement, the
				been accepted and treated.
				CoPs: §485.635(a)(1), §485.63
				§485.635(a)(3)(iv), §485.635(a)
LD.04.01.07, EP 4	The doctor of medicine or osteopathy, in conjunction with the physician assistant,	Moved and Revised	LD.13.01.09, EP 2	The doctor of medicine or oste
,	nurse practitioner, or clinical nurse specialist, participates in developing,		,	nurse practitioner, or clinical n
	executing, and periodically reviewing the critical access hospital's written policies			executing, and periodically rev
	governing the services furnished.			governing the services provide
	CoPs: \$485.631(b)(1)(ii), \$485.631(c)(1)(i), \$485.631(c)(2)			CoPs: §485.631(b)(1)(ii), §485.
LD.04.01.07, EP 5	Whenever a patient is admitted to the critical access hospital by a nurse	Moved	MS.16.01.03, EP 7	Whenever a patient is admitted
	practitioner, physician assistant, or clinical nurse specialist, a doctor of medicine			practitioner, physician assistar
	or osteopathy on the staff is notified of the admission.			or osteopathy on the staff is no
	CoPs: §485.631(c)(3)			CoPs: §485.631(c)(3)
LD.04.01.07, EP 6	Health care service policies are developed with the advice of members of the	Moved and Revised	LD.13.01.09, EP 3	The critical access hospital de
	critical access hospital's professional health care staff, including one or more			with the advice of members of
	doctors of medicine or osteopathy and one or more physician assistants, nurse			more doctors of medicine or os
	practitioners, or clinical nurse specialists if they are on staff.			nurse practitioners, or clinical
	CoPs: §485.635(a)(2)			CoPs: §485.635(a)(2)
LD.04.01.07, EP 7	The critical access hospital's policies are reviewed at least every two years by the	Moved and Revised	LD.13.01.09, EP 4	The critical access hospital's p
20.04.01.07, 217	group of professional personnel required under LD.04.01.07, EP 6, and reviewed as			group of professional personne
	necessary by the critical access hospital.			necessary.
				necessary.
	CoPs: \$485.635(a)(4)			CoPs: §485.635(a)(4)
LD.04.01.10, EP 2	Senior critical access hospital leadership directs implementation of selected	Deleted EP -	N/A	N/A
	hospitalwide improvements in emergency management based on the following:	Replaced with more		
	- Examine the emergency management planning reviews at least every two years	direct EP(s) or		
	- Review of the evaluations of all emergency response exercises and all responses	moved to guidance		
	to actual emergencies	within SPG		
	- Determination of which emergency management improvements will be prioritized			
	for implementation, recognizing that some emergency management improvements			
	might be a lower priority and not taken up in the near term			
		Deleted FD	N1/A	
LD.04.01.11, EP 2	The arrangement and allocation of space supports safe, efficient, and effective	Deleted EP -	N/A	N/A

es furnished by the critical access hospital, including reement or arrangement ces

al management of health problems that include the cal consultation and/or patient referral, the maintenance

procedures for the periodic review and evaluation of the itical access hospital

dling, dispensation, and administration of drugs and

post-acute care needs of the patients receiving critical

erred or discharged to a provider for which there is no , the critical access hospital verifies that the patient has

.635(a)(3)(i), §485.635(a)(3)(ii), §485.635(a)(3)(iii), 5(a)(3)(viii), §485.635(c)(2)

osteopathy, in conjunction with the physician assistant, al nurse specialist, participates in developing, reviewing the critical access hospital's written policies ided.

85.631(c)(1)(i)

itted to the critical access hospital by a nurse istant, or clinical nurse specialist, a doctor of medicine s notified of the admission.

l develops health care service policies and procedures s of its professional health care staff, including one or or osteopathy and one or more physician assistants, ical nurse specialists if they are on staff.

I's policies are reviewed at least every two years by the onnel required under LD.13.01.09, EP 3, and updated as

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		direct EP(s) or		
	CoPs: §412.25(a)(13), §482.41(d), §482.41(d)(1), §482.41(d)(3), §482.51(b),	moved to guidance		
	\$482.51(b)(4), \$482.53(a), \$482.54, \$482.54, \$482.56(a), \$482.57(a), \$485.623(a)	within SPG		
LD.04.01.11, EP 3	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Deleted EP -	N/A	N/A
	interior and exterior space provided for care, treatment, and services meets the	Replaced with more		
	needs of patients.	direct EP(s) or		
	Note: The extent and complexity of facilities must be determined by the services	moved to guidance		
	offered.	within SPG		
	oncica.	Within Si O		
	CoPs: §482.41(d), §482.41(d)(1), §482.41(d)(3)			
LD.04.01.11, EP 5	The leaders provide for equipment, information systems, supplies, and other	Deleted EP -	N/A	N/A
20.04.01.11, 21.0	resources.	Replaced with more		
		direct EP(s) or		
	CoPs: §412.25(a)(13), §482.21(e)(4), §482.41(d)(2), §482.51(b), §482.51(b)(4),	moved to guidance		
	\$482.52(a), \$482.53(a), \$482.53(c), \$482.54, \$482.54, \$482.56, \$482.56(a),	within SPG		
	\$482.57(a), \$485.618	Within or o		
LD.04.02.03, EP 1	The critical access hospital develops and implements a process that allows staff,	Moved and Revised	NPG.02.02.01, EP 5	The critical access hospital d
,	patients, and families to address ethical issues or issues prone to conflict.			patients, and families to addr
LD.04.02.03, EP 5	Care, treatment, and services are provided based on patient needs, regardless of	Deleted	N/A	N/A
	compensation or financial risk-sharing with those who work in the critical access			
	hospital.			
LD.04.02.03, EP 13	For swing beds in critical access hospitals: Each resident who is entitled to	Moved and Revised	LD.13.02.01, EP 2	For swing beds in critical acc
	Medicaid benefits is informed in writing, either at the time of admission or when the			informed in writing, either at t
	resident becomes eligible for Medicaid, of the following:			eligible for Medicaid, of the fo
	- The items and services included in the state plan for which the resident may not			- Items and services included
	be charged			charged
	- Those items and services that the facility offers and for which the resident may be			- Items and services that the
	charged, and the amount of charges for those services			resident may be charged, and
				Note: The critical access hos
	CoPs: §483.10(g)(17)(i)(A), §483.10(g)(17)(i)(B), §485.645(d)(1)			the items and services.
				CoPs: §483.10(g)(17)(i)(A), §4
LD.04.02.03, EP 14	For swing beds in critical access hospitals: Residents are informed when changes	Deleted EP -	N/A	N/A
	are made to the services that are specified in LD.04.02.03, EP 13.	Replaced with more		
		direct EP(s) or		
	CoPs: §483.10(g)(17)(ii), §485.645(d)(1)	moved to guidance		
		within SPG		
LD.04.02.03, EP 16	For swing beds in critical access hospitals: Residents are informed before or at the	Moved and Revised	LD.13.02.01, EP 3	For swing beds in critical acce
	time of admission, and periodically during the resident's stay, of services available			residents before or at the time
	in the facility and of charges for those services not covered under Medicare or by			stay, of services available in t
	the facility's per diem rate.			services not covered under M
				per diem rate.
	CoPs: §483.10(g)(18), §485.645(d)(1)			
				CoPs: §483.10(g)(18), §485.64
LD.04.02.03, EP 23	The critical access hospital discloses the names and addresses of the following:	Moved and Revised	LD.13.02.01, EP 1	The critical access hospital d
· · · · · · · · · · · · · · · · · · ·	- The person principally responsible for the operation of the critical access hospital			- Person principally responsib
	- The person responsible for medical direction of the critical access hospital			- Person responsible for medi
	CoPs: §485.627(b)(1), §485.627(b)(2)			CoPs: §485.627(b)(1), §485.62
		1	1	

l develops and implements a process that allows staff, dress ethical issues or issues prone to conflict.

ccess hospitals: Each Medicaid-eligible resident is at the time of admission or when the resident becomes following:

ed in the state plan for which the resident may not be

e critical access hospital offers, those for which the nd the amount of charges for those services ospital informs the resident when changes are made to

§483.10(g)(17)(i)(B), §483.10(g)(17)(ii), §485.645(d)(1)

ccess hospitals: The critical access hospital informs me of admission, and periodically during the resident's n the critical access hospital and of charges for those Medicare, Medicaid, or by the critical access hospital's

.645(d)(1)

l discloses the names and addresses of the following: sible for the operation of the critical access hospital edical direction of the critical access hospital

.627(b)(2)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LD.04.03.01, EP 1	The needs of the population(s) served guide decisions about which services will be	Consolidation of	LD.13.01.05, EP 1	For rehabilitation and psychia
	provided directly or through referral, consultation, contractual arrangements, or	LD.04.03.01, EP 1;		critical access hospital has a
	other agreements.	LD.04.03.01, EP 3		conditions:
				- The plan includes an annual
	CoPs: §412.27(d)(4), §482.26, §482.26(a), §482.27, §482.51(b), §482.54, §482.54,			generally accepted accountir
	§482.56, §482.57, §485.635(a)(3)(i), §485.635(b)(1)(i)			expenses. This provision does
				components of each anticipa
				- The plan provides for capital
				the year in which the operatin
				CoPs: §482.12(d)(1), §482.12
LD.04.03.01, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Moved and Revised	NPG.12.01.01, EP 6	For rehabilitation and psychia
	critical access hospital provides essential services, including the following:			critical access hospital has a
	- Diagnostic radiology			responsibility for medical rec
	- Dietary			staff to support the prompt co
	- Emergency			
	- Medical records			CoPs: §482.24(a)
	- Nuclear medicine			
	- Nursing care			
	- Pathology and clinical laboratory			
	- Pharmaceutical			
	- Physical rehabilitation			
	- Respiratory care			
	- Social work			
	Note 1: Critical access hospitals that provide only psychiatric and addiction			
	treatment services are not required to provide nuclear medicine, physical			
	rehabilitation, and respiratory care services.			
	Note 2: For rehabilitation and psychiatric distinct part units in critical access			
	hospitals: For the provision of emergency services, the critical access hospital			
	complies with the requirements of 42 CFR 482.55. For more information on 42 CFR			
	482.55, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals			
	with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).			
	Note 3: The diagnostic radiology services provided by the critical access hospital,			
	as well as staff qualifications, meet professionally approved standards.			
	0 - D- 5400 40/()/4) 5400 00 5400 04 5400 04/(-) 5400 05 5400 05 5400 00			
	CoPs: §482.12(f)(1), §482.23, §482.24, §482.24(a), §482.25, §482.25, §482.26,			
	\$482.26(a), \$482.27, \$482.27(a), \$482.28, \$482.53, \$482.53, \$482.55, \$482.56,			
	\$482.57	0		
LD.04.03.01, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Split to LD.13.03.01,	LD.13.03.01, EP 2	The critical access hospital h
	critical access hospital provides essential services, including the following:	EP 2; LD.13.03.01,		administrative authority and o
	- Diagnostic radiology	EP 5; LD.13.03.01,		provides nursing services to r
	- Dietary	EP 7; LD.13.03.01,		Note: For rehabilitation and p
	- Emergency	EP 8; NPG.12.01.01,		hospitals: Rural hospitals with
	- Medical records	EP 6; NPG.12.01.01,		488.54(c) are not required to I
	- Nuclear medicine	EP 7; NPG.13.02.01,		
	- Nursing care	EP 2		CoPs: §482.23, §482.23(a), §4
	- Pathology and clinical laboratory			
	- Pharmaceutical			
	- Physical rehabilitation			

hiatric distinct part units in critical access hospitals: The an overall institutional plan that meets the following

al operating budget that is prepared according to ting principles and that has all anticipated income and bes not require that the budget identify item by item the pated income or expense.

tal expenditures for at least a 3-year period, including ting budget is applicable.

12(d)(2), §482.12(d)(3)

hiatric distinct part units in critical access hospitals: The a medical record service that has administrative ecords. The critical access hospital employs adequate completion, filing, and retrieval of records.

l has an organized nursing service, with a plan of d delineation of responsibility for patient care, that o meet the needs of its patients.

d psychiatric distinct part units in critical access with a 24-hour nursing waiver granted under 42 CFR to have 24-hour nursing services.

§482.23(b)(1), §485.635(d)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Respiratory care			
	- Social work			
	Note 1: Critical access hospitals that provide only psychiatric and addiction			
	treatment services are not required to provide nuclear medicine, physical			
	rehabilitation, and respiratory care services.			
	Note 2: For rehabilitation and psychiatric distinct part units in critical access			
	hospitals: For the provision of emergency services, the critical access hospital			
	complies with the requirements of 42 CFR 482.55. For more information on 42 CFR			
	482.55, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals			
	with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).			
	Note 3: The diagnostic radiology services provided by the critical access hospital,			
	as well as staff qualifications, meet professionally approved standards.			
	CoPs: §482.12(f)(1), §482.23, §482.24, §482.24(a), §482.25, §482.25, §482.26,			
	§482.26(a), §482.27, §482.27(a), §482.28, §482.53, §482.53, §482.55, §482.56,			
	\$482.57			
LD.04.03.01, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Split to LD.13.03.01,	LD.13.03.01, EP 5	For rehabilitation and psychia
	critical access hospital provides essential services, including the following:	EP 2; LD.13.03.01,		the critical access hospital p
	- Diagnostic radiology	EP 5; LD.13.03.01,		with inpatient services.
	- Dietary	EP 7; LD.13.03.01,		
	- Emergency	EP 8; NPG.12.01.01,		CoPs: §482.54(a)
	- Medical records	EP 6; NPG.12.01.01,		
	- Nuclear medicine	EP 7; NPG.13.02.01,		
	- Nursing care	EP 2		
	- Pathology and clinical laboratory			
	- Pharmaceutical			
	- Physical rehabilitation			
	- Respiratory care			
	- Social work			
	Note 1: Critical access hospitals that provide only psychiatric and addiction			
	treatment services are not required to provide nuclear medicine, physical			
	rehabilitation, and respiratory care services.			
	Note 2: For rehabilitation and psychiatric distinct part units in critical access			
	hospitals: For the provision of emergency services, the critical access hospital			
	complies with the requirements of 42 CFR 482.55. For more information on 42 CFR			
	482.55, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals			
	with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).			
	Note 3: The diagnostic radiology services provided by the critical access hospital,			
	as well as staff qualifications, meet professionally approved standards.			
	CoPs: §482.12(f)(1), §482.23, §482.24, §482.24(a), §482.25, §482.25, §482.26,			
	§482.26(a), §482.27, §482.27(a), §482.28, §482.53, §482.53, §482.55, §482.56,			
	§482.57			
LD.04.03.01, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Split to LD.13.03.01,	LD.13.03.01, EP 7	For rehabilitation and psychi
	critical access hospital provides essential services, including the following:	EP 2; LD.13.03.01,		the critical access hospital p
	- Diagnostic radiology	EP 5; LD.13.03.01,		the direction of a qualified m
	- Dietary	EP 7; LD.13.03.01,		other departments of the crit
	- Emergency	EP 8; NPG.12.01.01,		
	- Medical records	EP 6; NPG.12.01.01,		CoPs: §482.55, §482.55(a)(1)

chiatric distinct part units in critical access hospitals: If al provides outpatient services, the services are integrated

chiatric distinct part units in critical access hospitals: If al provides emergency services, the services are under I member of the medical staff and are integrated with critical access hospital.

)(1), §482.55(a)(2)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Nuclear medicine	EP 7; NPG.13.02.01,		
	- Nursing care	EP 2		
	- Pathology and clinical laboratory			
	- Pharmaceutical			
	- Physical rehabilitation			
	- Respiratory care			
	- Social work			
	Note 1: Critical access hospitals that provide only psychiatric and addiction			
	treatment services are not required to provide nuclear medicine, physical			
	rehabilitation, and respiratory care services.			
	Note 2: For rehabilitation and psychiatric distinct part units in critical access			
	hospitals: For the provision of emergency services, the critical access hospital			
	complies with the requirements of 42 CFR 482.55. For more information on 42 CFR			
	482.55, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals			
	with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).			
	Note 3: The diagnostic radiology services provided by the critical access hospital,			
	as well as staff qualifications, meet professionally approved standards.			
	CoPs: §482.12(f)(1), §482.23, §482.24, §482.24(a), §482.25, §482.25, §482.26,			
	§482.26(a), §482.27, §482.27(a), §482.28, §482.53, §482.53, §482.55, §482.56,			
	§482.57			
LD.04.03.01, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Split to LD.13.03.01,	LD.13.03.01, EP 8	For rehabilitation and psychi
	critical access hospital provides essential services, including the following:	EP 2; LD.13.03.01,		emergency services are prov
	- Diagnostic radiology	EP 5; LD.13.03.01,		hospital complies with the re
	- Dietary	EP 7; LD.13.03.01,		
	- Emergency	EP 8; NPG.12.01.01,		CoPs: §482.12(f)(1)
	- Medical records	EP 6; NPG.12.01.01,		
	- Nuclear medicine	EP 7; NPG.13.02.01,		
	- Nursing care	EP 2		
	- Pathology and clinical laboratory			
	- Pharmaceutical			
	- Physical rehabilitation			
	- Respiratory care			
	- Social work			
	Note 1: Critical access hospitals that provide only psychiatric and addiction			
	treatment services are not required to provide nuclear medicine, physical			
	rehabilitation, and respiratory care services.			
	Note 2: For rehabilitation and psychiatric distinct part units in critical access			
	hospitals: For the provision of emergency services, the critical access hospital			
	complies with the requirements of 42 CFR 482.55. For more information on 42 CFR			
	482.55, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals			
	with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).			
	Note 3: The diagnostic radiology services provided by the critical access hospital,			
	as well as staff qualifications, meet professionally approved standards.			
	CoPs: §482.12(f)(1), §482.23, §482.24, §482.24(a), §482.25, §482.25, §482.26,			
	\$482.26(a), \$482.27, \$482.27(a), \$482.28, \$482.53, \$482.53, \$482.55, \$482.56,			
	\$482.57			
	5702.07		1	

chiatric distinct part units in critical access hospitals: If rovided at the critical access hospital, the critical access e requirements of 42 CFR 482.55.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LD.04.03.01, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Split to LD.13.03.01,	NPG.12.01.01, EP 7	For rehabilitation and psychia
	critical access hospital provides essential services, including the following:	EP 2; LD.13.03.01,		critical access hospital has c
	- Diagnostic radiology	EP 5; LD.13.03.01,		staffed by qualified personne
	- Dietary	EP 7; LD.13.03.01,		Note: For critical access hos
	- Emergency	EP 8; NPG.12.01.01,		services, the contracted serv
	- Medical records	EP 6; NPG.12.01.01,		hospital full-time, part-time,
	- Nuclear medicine	EP 7; NPG.13.02.01,		critical access hospital medi
	- Nursing care	EP 2		affect patient care, treatmen
	-			
	- Pathology and clinical laboratory			CoDo: \$492.20
	- Pharmaceutical			CoPs: §482.28
	- Physical rehabilitation			
	- Respiratory care			
	- Social work			
	Note 1: Critical access hospitals that provide only psychiatric and addiction			
	treatment services are not required to provide nuclear medicine, physical			
	rehabilitation, and respiratory care services.			
	Note 2: For rehabilitation and psychiatric distinct part units in critical access			
	hospitals: For the provision of emergency services, the critical access hospital			
	complies with the requirements of 42 CFR 482.55. For more information on 42 CFR			
	482.55, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals			
	with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).			
	Note 3: The diagnostic radiology services provided by the critical access hospital,			
	as well as staff qualifications, meet professionally approved standards.			
	CoPs: §482.12(f)(1), §482.23, §482.24, §482.24(a), §482.25, §482.25, §482.26,			
	§482.26(a), §482.27, §482.27(a), §482.28, §482.53, §482.53, §482.55, §482.56,			
	\$482.57			
LD.04.03.01, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Split to LD.13.03.01,	NPG.13.02.01, EP 2	The critical access hospital p
	critical access hospital provides essential services, including the following:	EP 2; LD.13.03.01,	,	approved by nationally recog
	- Diagnostic radiology	EP 5; LD.13.03.01,		diagnostic radiology services
	- Dietary	EP 7; LD.13.03.01,		access hospital provides ser
	- Emergency	EP 8; NPG.12.01.01,		Note: If the critical access ho
				therapeutic radiology, the rec
	- Medical records	EP 6; NPG.12.01.01,		
	- Nuclear medicine	EP 7; NPG.13.02.01,		to those services.
	- Nursing care	EP 2		
	- Pathology and clinical laboratory			
	- Pharmaceutical			
	- Physical rehabilitation			
	- Respiratory care			
	- Social work			
	Note 1: Critical access hospitals that provide only psychiatric and addiction			
	treatment services are not required to provide nuclear medicine, physical			
	rehabilitation, and respiratory care services.			
	Note 2: For rehabilitation and psychiatric distinct part units in critical access			
	hospitals: For the provision of emergency services, the critical access hospital			
	complies with the requirements of 42 CFR 482.55. For more information on 42 CFR			
	482.55, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals			
	with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).			
	Note 3: The diagnostic radiology services provided by the critical access hospital,			

hiatric distinct part units in critical access hospitals: The s dietetic services that are directed and adequately nel.

ospitals that provide dietetic services through contracted ervice has a dietician who serves the critical access ne, or on a consultant basis and acts as a liaison to edical staff for recommendations on dietetic policies that ent, and services.

Il provides radiology services that meet safety standards ognized professional organizations. At a minimum, ses are maintained and available at all times the critical ervices, including emergency services.

hospital also provides other radiology services, such as requirements of this element of performance also apply

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	as well as staff qualifications, meet professionally approved standards.			
	CoPs: §482.12(f)(1), §482.23, §482.24, §482.24(a), §482.25, §482.25, §482.26, §482.26(a), §482.27, §482.27(a), §482.28, §482.53, §482.53, §482.55, §482.56, §482.57			
LD.04.03.01, EP 3	S462.37 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital provides at least one of the following acute care clinical services: - Child, adolescent, or adult psychiatry - Medicine - Obstetrics and gynecology - Pediatrics - Treatment for addictions - Surgery Note: When the critical access hospital provides surgical or obstetric services, anesthesia services are also available. CoPs: \$482.51, \$482.51(a)	Consolidation of LD.04.03.01, EP 1; LD.04.03.01, EP 3	LD.13.01.05, EP 1	For rehabilitation and psychia critical access hospital has an conditions: - The plan includes an annual generally accepted accountin expenses. This provision does components of each anticipa - The plan provides for capital the year in which the operatin CoPs: §482.12(d)(1), §482.12(
LD.04.03.01, EP 4	Emergency services are provided on site and are available on a 24-hour basis. CoPs: §485.618, §485.618(a), §485.635(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LD.04.03.01, EP 5	The critical access hospital provides services directly or by arrangement, for the procurement, safekeeping, and transfusion of blood, and services for making blood products available for emergencies on a 24-hour basis. CoPs: §485.618(c)(1)	Moved and Revised	LD.13.03.01, EP 16	The critical access hospital procurement, safekeeping, ar making blood products availa
LD.04.03.01, EP 6	The critical access hospital provides blood storage facilities, either directly or by arrangement, that meet the requirements of 42 CFR part 493, subpart K, and are under the control and supervision of a pathologist or other qualified doctor of medicine or osteopathy. CoPs: \$485.618(c)(2)	Moved and Revised	LD.13.03.01, EP 17	The critical access hospital pr arrangement, that meet the re under the control and supervi medicine or osteopathy. Note: If blood banking service arrangement is approved by th persons directly responsible f
LD.04.03.01, EP 7	The critical access hospital provides outpatient services. CoPs: §485.635(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LD.04.03.01, EP 8	The critical access hospital furnishes services that include medical history, physical examination, specimen collection, assessment of health status, and treatment for a variety of medical conditions. CoPs: §483.65(a)(1), §483.65(a)(2), §485.635(b)(1)(i), §485.645(d)(6)	Moved and Revised	LD.13.03.01, EP 4	The critical access hospital per therapeutic services and supp office or at another entry poin intensity hospital outpatient of services include medical hist assessment of health status,

hiatric distinct part units in critical access hospitals: The an overall institutional plan that meets the following

al operating budget that is prepared according to ting principles and that has all anticipated income and bes not require that the budget identify item by item the pated income or expense.

tal expenditures for at least a 3-year period, including ting budget is applicable.

12(d)(2), §482.12(d)(3)

l provides services, directly or by arrangement, for the and transfusion of blood and provides services for ilable for emergencies on a 24-hour basis.

l provides blood storage facilities, either directly or by e requirements of 42 CFR part 493, subpart K, and are rvision of a pathologist or other qualified doctor of

ices are provided under an arrangement, the y the critical access hospital's medical staff and by the le for the operation of the critical access hospitals.

I provides basic outpatient services (diagnostic and upplies that are commonly provided in a physician's pint into the health care delivery system, such as low at department or emergency department). These istory, physical examination, specimen collection, us, and treatment for a variety of medical conditions.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				CoPs: §485.635(b)(1)(i)
LD.04.03.01, EP 9	The critical access hospital provides the following basic laboratory services essential to the immediate diagnosis and treatment of the patient: - The chemical examination of urine by the stick method, the tablet method, or both - Hemoglobin or hematocrit tests - Blood glucose tests - Examination of stool specimens for occult blood - Pregnancy tests - Primary culturing for transmittal to a certified laboratory CoPs: §485.635(b)(2)(i), §485.635(b)(2)(ii), §485.635(b)(2)(iii), §485.635(b)(2)(iv), §485.635(b)(2)(v), §485.635(b)(2)(vi)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LD.04.03.01, EP 10	The critical access hospital provides radiology services by staff qualified in accordance with state law. These services do not expose patients or staff to radiation hazards. CoPs: \$485.635(b)(3)	Consolidation of LD.04.03.01, EP 10; MS.03.01.03, EP 6	LD.13.03.01, EP 1	The critical access hospital p consultation, contractual arra of the population(s) served, a of services offered, and are ir Services may include but are - Outpatient - Emergency - Medical records - Diagnostic and therapeutic - Nuclear medicine - Surgical - Anesthesia - Laboratory - Respiratory - Dietetic CoPs: \$482.24, \$482.24(a), \$482.51 \$482.51, \$482.51(a), \$482.51 \$482.53(a), \$482.54, \$482.55 \$485.635(b)(3), \$485.639
LD.04.03.01, EP 11	The critical access hospital provides medical services as a first response to common life-threatening injuries and acute illnesses. CoPs: §485.635(b)(4)	Moved and Revised	LD.13.03.01, EP 6	The critical access hospital p needs of its inpatients and ou threatening injuries and acut Note: Emergency services ar
				CoPs: §485.618, §485.618(a)
LD.04.03.01, EP 12	The critical access hospital's agreement for quality assurance includes medical record review for quality and medical necessity of care. CoPs: §485.616(b)(1), §485.616(b)(2), §485.616(b)(3)	Deleted EP - Replaced with more direct EP(s) or moved to guidance	N/A	N/A
LD.04.03.01, EP 14	For psychiatric distinct part units in critical access hospitals: The critical access hospital provides psychological services, social work services, psychiatric nursing, and therapeutic activities.	within SPG Moved and Revised	LD.13.03.01, EP 18	For psychiatric distinct part u hospital provides psychologic and therapeutic activities pro patients.

l provides services directly or through referral, irrangements, or other agreements that meet the needs , are organized appropriate to the scope and complexity in accordance with accepted standards of practice. re not limited to the following:

ic radiology

. \$482.26, \$482.26(a), \$482.27, \$482.27(a), \$482.28, 51(b), \$482.52, \$482.52(a), \$482.52(b), \$482.53, 55, \$482.55(a)(1), \$482.55(a)(2), \$482.57, \$482.57(a),

l provides emergency medical services that meet the outpatients as a first response to common lifeute illnesses. are available 24-hours a day, 7 days a week.

a), §485.635(b)(4)

t units in critical access hospitals: The critical access gical services, social work services, psychiatric nursing, provided by qualified staff to meet the needs of its

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				Note 1: The therapeutic activit
	CoPs: §412.27(b), §412.27(d)(4), §412.27(d)(5), §412.27(d)(6), §412.27(d)(6)(i)			of patients and is directed tow
				physical and psychosocial fur
				Note 2: The psychological ser
				standards of practice, service
				CoPs: §412.27(b), §412.27(d)(
LD.04.03.01, EP 15	When a critical access hospital provides rehabilitation therapy services, these	Deleted EP -	N/A	N/A
	services are provided by staff qualified according to state law and the requirements	Replaced with more		
	for therapy services from 42 CFR 409.17.	direct EP(s) or		
	Note: Rehabilitation therapy services include physical therapy, occupational	moved to guidance		
	therapy, and speech-language pathology.	within SPG		
	CoPs: §412.29(f), §485.635(e)			
LD.04.03.01, EP 26	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Moved	LD.13.03.01, EP 13	For rehabilitation and psychia
	Emergency laboratory services are available 24 hours a day, 7 days a week.			Emergency laboratory service
	CoPs: §482.27(a)(1)			CoPs: §482.27(a)(1)
LD.04.03.01, EP 27	The critical access hospital provides acute care inpatient services.	Moved and Revised	LD.13.03.01, EP 3	The critical access hospital pr
	CoPs: §485.635(b)(1)(ii)			CoPs: §485.635(b)(1)(ii)
LD.04.03.07, EP 1	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Deleted EP -	N/A	N/A
,,	Variances in staff, setting, or payment source do not affect outcomes of care,	Replaced with more		
	treatment, and services in a negative way.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.51	within SPG		
LD.04.03.07, EP 3	The quality of the outpatient surgical services at a critical access hospital is	Consolidation of	LD.13.03.01, EP 10	If the critical access hospital p
	consistent with its inpatient surgical services.	LD.04.03.07, EP 3		consistent with the quality of i
	CoPs: §485.639			CoPs: §482.51, §485.639
LD.04.03.09, EP 1	Clinical leaders and medical staff have an opportunity to provide advice about the	Deleted EP -	N/A	N/A
20.04.00.00, 21 1	sources of clinical services to be provided through contractual agreement.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.22(a)(4), §482.28, §485.618(c)(2), §485.635(c)(1)(i), §485.635(c)(1)(ii),	moved to guidance		
	\$485.635(c)(2), \$485.635(c)(4)(i)	within SPG		
LD.04.03.09, EP 2	The critical access hospital describes, in writing, the nature and scope of services	Moved and Revised	LD.13.03.03, EP 1	The critical access hospital m
	provided through contractual agreements.			provided under contract, arra
				scope of services provided.
	CoPs: §482.12(a)(8), §482.12(a)(9), §482.12(e), §482.12(e)(2), §482.21,			
	§482.22(a)(4), §482.22(a)(4)(i), §482.23(b)(6), §482.26, §482.26(a), §482.27(a),			CoPs: §482.12(e), §482.12(e)(
	§482.27(a)(2), §482.28, §485.616(c)(1), §485.616(c)(2), §485.616(c)(4),			
	\$485.616(c)(4)(i), \$485.616(c)(4)(ii), \$485.616(c)(4)(iv), \$485.618(c)(2),			
	\$485.635(a)(3)(i), \$485.635(c)(1)(i), \$485.635(c)(1)(ii), \$485.635(c)(2),			
	\$485.635(c)(3), \$485.635(c)(4)(i)			
LD.04.03.09, EP 3	Designated leaders approve contractual agreements.	Deleted EP -	N/A	N/A
		Replaced with more		
	CoPs: §482.12(a)(9), §482.12(e), §482.22(a)(4), §482.28, §485.618(c)(2),	direct EP(s) or		
	\$485.635(c)(1)(i), \$485.635(c)(1)(ii), \$485.635(c)(2), \$485.635(c)(4)(i)	moved to guidance		
		within SPG		

vities program is appropriate to the needs and interests
ward restoring and maintaining optimal levels of
unctioning.

services are provided in accordance with accepted ice objectives, and established policies and procedures.

(d)(4), §412.27(d)(6), §412.27(d)(6)(i)

hiatric distinct part units in critical access hospitals: ices are available 24 hours a day, 7 days a week.

l provides acute care inpatient services.

tal provides outpatient surgical services, the services are of inpatient surgical care.

l maintains a current list of all patient care services rrangement, or agreement. The list describes nature and

(e)(2), §485.635(c)(3)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LD.04.03.09, EP 4	Leaders monitor contracted services by establishing expectations for the	Deleted EP -	N/A	N/A
	performance of the contracted services.	Replaced with more		
	Note 1: When the critical access hospital contracts with another accredited	direct EP(s) or		
	organization for patient care, treatment, and services to be provided off site, it can	moved to guidance		
	do the following:	within SPG		
	- Verify that all physicians and other licensed practitioners who will be providing			
	patient care, treatment, and services have appropriate privileges by obtaining, for			
	example, a copy of the list of privileges.			
	- Specify in the written agreement that the contracted organization will ensure that			
	all contracted services provided by physicians and other licensed practitioners will			
	be within the scope of their privileges.			
	Note 2: The leaders who monitor the contracted services are the governing body.			
	CoPs: §482.12(a)(8), §482.12(a)(9), §482.12(e), §482.21, §482.22(a)(4),			
	\$482.22(a)(4)(i), \$482.26, \$482.27(a), \$482.28, \$485.616(c)(1), \$485.616(c)(2),			
	\$485.616(c)(4), \$485.616(c)(4)(i), \$485.616(c)(4)(ii), \$485.616(c)(4)(iv),			
	\$485.631(d)(2)(iv), \$485.631(d)(2)(v), \$485.635(c)(1)(i), \$485.635(c)(1)(ii),			
	\$485.635(c)(2), \$485.635(c)(4)(i), \$485.635(c)(4)(ii)			
LD.04.03.09, EP 5	Leaders monitor contracted services by communicating the expectations in writing	Deleted EP -	N/A	N/A
	to the provider of the contracted services.	Replaced with more		
	Note: A written description of the expectations can be provided either as part of the	direct EP(s) or		
	written agreement or in addition to it.	moved to guidance		
		within SPG		
	CoPs: §482.12(a)(9), §482.12(e), §482.21, §482.22(a)(4), §482.26, §482.28,			
	\$485.635(c)(1)(i), \$485.635(c)(1)(ii), \$485.635(c)(2), \$485.635(c)(4)(ii)			
LD.04.03.09, EP 6	Leaders monitor contracted services by evaluating these services in relation to the	Consolidation of	LD.13.03.03, EP 2	The governing body is respor
	critical access hospital's expectations.	LD.01.03.01, EP 5;		hospital, including contracte
		LD.04.03.09, EP 6;		are provided in a safe and ef
	CoPs: §482.12(a)(9), §482.12(e), §482.12(e)(1), §482.21, §482.21(e)(1),	LD.04.03.09, EP 7		pertaining to quality and per
	\$482.22(a)(4), \$482.23(b)(6), \$482.26, \$482.28, \$485.635(c)(1)(i), \$485.635(c)(1)(ii),			Note: For rehabilitation and
	\$485.635(c)(2), \$485.635(c)(4)(ii)			hospitals: The governing boc
				one for shared services and
				access hospital to that com
				Services (CMS) Conditions o
				CoPs: §482.12(e), §482.12(e
LD.04.03.09, EP 7	Leaders take steps to improve contracted services that do not meet expectations.	Consolidation of	LD.13.03.03, EP 2	The governing body is respor
	Note: Examples of improvement efforts to consider include the following:	LD.01.03.01, EP 5;		hospital, including contracte
	- Increase monitoring of the contracted services	LD.04.03.09, EP 6;		are provided in a safe and ef
	- Provide consultation or training to the contractor	LD.04.03.09, EP 7		pertaining to quality and per
	- Renegotiate the contract terms			Note: For rehabilitation and
	- Apply defined penalties			hospitals: The governing boo
	- Terminate the contract			one for shared services and
				access hospital to that comp
	CoPs: §482.12(e)(1), §482.21, §482.23(b)(6), §482.26, §482.28, §485.635(c)(1)(i),			Services (CMS) Conditions of
	\$485.635(c)(1)(ii), \$485.635(c)(2), \$485.635(c)(4)(ii)			CoDe: 8402 12(a) 8402 12(a
LD.04.03.09, EP 8	When contractual agreements are renegotiated or terminated, the critical access	Deleted EP -	N/A	CoPs: §482.12(e), §482.12(e)
LD.04.03.09, EP 0	hospital maintains the continuity of patient care.			
		Replaced with more		

oonsible for all services provided in the critical access cted services. The governing body assesses that services effective manner and takes action to address issues erformance.

d psychiatric distinct part units in critical access ody makes certain that a contractor of services (including id joint ventures) provides services that permit the critical mply with applicable Centers for Medicare & Medicaid s of Participation and standards for contract services.

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oonsible for all services provided in the critical access cted services. The governing body assesses that services effective manner and takes action to address issues erformance.

d psychiatric distinct part units in critical access ody makes certain that a contractor of services (including id joint ventures) provides services that permit the critical mply with applicable Centers for Medicare & Medicaid s of Participation and standards for contract services.

(e)(1)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		direct EP(s) or		
	CoPs: §482.26, §482.26(a)	moved to guidance		
		within SPG		
LD.04.03.09, EP 10	Reference and contract laboratory services meet the federal regulations for clinical	Deleted EP -	N/A	N/A
	laboratories and maintain evidence of the same.	Replaced with more		
	Note: For law and regulation guidance on the Clinical Laboratory Improvement	direct EP(s) or		
	Amendments of 1988, refer to 42 CFR 493.	moved to guidance		
		within SPG		
	CoPs: §482.27(a)			
LD.04.03.09, EP 18	The critical access hospital has an agreement with at least one hospital regarding	Deleted EP -	N/A	N/A
· · · · · · · · · · · · · · · · · · ·	patient referral and transfer. When the critical access hospital is a member of a	Replaced with more		
	rural health network, the agreement is with a member of the network.	direct EP(s) or		
		moved to guidance		
	CoPs: §485.616(a)(1), §485.635(c)(1)(i), §485.635(c)(1)(ii), §485.635(c)(2)	within SPG		
LD.04.03.09, EP 19	The critical access hospital has an agreement with at least one hospital regarding	Deleted EP -	N/A	N/A
20.04.00.00, 21 10	the provision of emergency and non-emergency transportation. When the critical	Replaced with more		
	access hospital is a member of a rural health network, the agreement is with a	direct EP(s) or		
	member of the network.	moved to guidance		
		within SPG		
	CoPs: §485.616(a)(3)	within SFG		
LD.04.03.09, EP 20	The critical access hospital has agreements or arrangements, as appropriate, with	Moved and Revised	LD.13.03.03, EP 7	The critical access hospital h
LD.04.03.09, EP 20	one or more providers or suppliers participating under Medicare to furnish other	Moveu allu Reviseu	LD. 13.03.03, EF /	one or more providers or sup
	services to its patients, including the following:			not directly provided by the cl limited to the following:
	- Services of doctors of medicine or osteopathy			0
	- Additional or specialized diagnostic and clinical laboratory services not available			- Services of doctors of medic
	at the critical access hospital			- Additional or specialized dia
	- Food and other services to meet inpatient nutritional needs to the extent they are			at the critical access hospital
	not provided directly by the critical access hospital			- Food and other services to r
				not provided directly by the c
	CoPs: \$485.635(c)(1)(i), \$485.635(c)(1)(ii), \$485.635(c)(1)(iii), \$485.635(c)(2)			
				CoPs: §485.635(c)(1)(i), §485
LD.04.03.09, EP 23	When telemedicine services are furnished to the critical access hospital's patients,	Moved and Revised	LD.13.03.03, EP 3	When telemedicine services
	the originating site has a written agreement with the distant site that specifies the			the originating site has a writt
	following:			following:
	- The distant site is a contractor of services to the critical access hospital.			- The distant site is a contract
	- The distant site furnishes services in a manner that permits the originating site to			- The distant site furnishes se
	be in compliance with the Medicare Conditions of Participation			be in compliance with all app
	- The originating site makes certain through the written agreement that all distant-			contracted services, in accor
	site telemedicine providers' credentialing and privileging processes meet, at a			- The originating site makes c
	minimum, the Medicare Conditions of Participation at 42 CFR 485.616(c)(1)(i)			site telemedicine providers' o
	through (c)(1)(vii).			minimum, the Medicare Cond
	Note: For the language of the Medicare Conditions of Participation pertaining to			through (c)(1)(vii).
	telemedicine, see Appendix A.			Note: For the language of the
	If the originating site chooses to use the credentialing and privileging decision of			telemedicine, refer to https://
	the distant-site telemedicine provider, then the following requirements apply:			If the originating site chooses
	- The governing body of the distant site is responsible for having a process that is			the distant-site telemedicine
	consistent with the credentialing and privileging requirements in the "Medical			- The governing body of the di
	Staff" (MS) chapter (Standards MS.06.01.01 through MS.06.01.13).			consistent with the credentia
	- The governing body of the originating site grants privileges to a distant-site			Staff" (MS) chapter (Standard
		L		

l has agreements or arrangements, as appropriate, with appliers participating under Medicare to furnish services a critical access hospital to its patients, including but not

- dicine or osteopathy
- diagnostic and clinical laboratory services not available tal
- o meet inpatient nutritional needs to the extent they are critical access hospital

35.635(c)(1)(ii), §485.635(c)(1)(iii)

- es are furnished to the critical access hospital's patients, ritten agreement with the distant site that specifies the
- actor of services to the critical access hospital.
- services in a manner that permits the originating site to pplicable Medicare Conditions of Participation for the ordance with 42 CFR 485.635(c)(4)(ii).
- certain through the written agreement that all distantcredentialing and privileging processes meet, at a onditions of Participation at 42 CFR 485.616(c)(1)(i)
- ne Medicare Conditions of Participation pertaining to ://www.ecfr.gov.
- es to use the credentialing and privileging decision of ne provider, then the following requirements apply: distant site is responsible for having a process that is tialing and privileging requirements in the "Medical Irds MS.17.01.01 through MS.17.04.01).

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	physician or other licensed practitioner based on the originating site's medical staff			- The governing body of the or
	recommendations, which rely on information provided by the distant site.			physician or other licensed p
				recommendations, which rely
	CoPs: §482.12(a)(8), §482.12(a)(9), §482.22(a)(3)(i), §482.22(a)(4), §482.22(a)(4)(i),			The written agreement includ
	\$482.22(c)(6), \$485.616(c)(1), \$485.616(c)(1)(i), \$485.616(c)(1)(ii),			the distant-site hospital to me
	\$485.616(c)(1)(iii), \$485.616(c)(1)(iv), \$485.616(c)(1)(v), \$485.616(c)(1)(vi),			
	\$485.616(c)(1)(vii), \$485.616(c)(2), \$485.616(c)(2)(i), \$485.616(c)(3), \$485.616(c)(4),			CoPs: §482.12(a)(9), §485.61
	\$485.616(c)(4)(i)			
LD.04.03.11, EP 1	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Deleted EP -	N/A	N/A
	critical access hospital has processes that support the flow of patients throughout	Replaced with more		
	the critical access hospital.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.55(a)(2)	within SPG		
LD.04.03.13, EP 1	The critical access hospital has a leader or leadership team that is responsible for	Moved	NPG.06.01.01, EP 1	The critical access hospital h
,	pain management and safe opioid prescribing, as well as developing and			pain management and safe o
	monitoring performance improvement activities.			monitoring performance imp
LD.04.03.13, EP 2	The critical access hospital provides nonpharmacologic pain treatment modalities.	Moved	NPG.06.01.01, EP 2	The critical access hospital p
LD.04.03.13, EP 3	The critical access hospital provides staff with educational resources and	Moved	NPG.06.01.01, EP 3	The critical access hospital p
	programs to improve pain assessment, pain management, and the safe use of			programs to improve pain ass
	opioid medications based on the identified needs of its patient population.			opioid medications based on
LD.04.03.13, EP 4	The critical access hospital provides information to staff on available services for	Moved	NPG.06.01.01, EP 4	The critical access hospital p
	consultation and referral of patients with complex pain management needs.			consultation and referral of p
LD.04.03.13, EP 5	The critical access hospital identifies opioid treatment programs that can be used	Moved	NPG.06.01.01, EP 5	The critical access hospital ic
	for patient referrals.			for patient referrals.
LD.04.03.13, EP 6	The critical access hospital facilitates licensed practitioner and pharmacist access	Moved	NPG.06.01.01, EP 6	The critical access hospital fa
,	to the Prescription Drug Monitoring Program databases.			to the Prescription Drug Moni
	Note: This element of performance is applicable in any state that has a Prescription			Note: This element of perform
	Drug Monitoring Program database, whether querying is voluntary or is mandated			Drug Monitoring Program data
	by state regulations for all patients prescribed opioids.			by state regulations for all par
LD.04.03.13, EP 7	Critical access hospital leadership works with its clinical staff to identify and	Moved	NPG.06.01.01, EP 7	Critical access hospital leade
,	acquire the equipment needed to monitor patients who are at high risk for adverse			acquire the equipment neede
	outcomes from opioid treatment.			outcomes from opioid treatm
N/A	N/A	New, more-direct EP	LD.11.01.03, EP 1	The person responsible for th
		for CoP requirement	,	CFR 485.627(b)(2) is also res
				- Services provided in the crit
				under arrangements or agree
				- Ensuring that contractors of
				and joint ventures) provide se
				comply with all applicable Ce
				Participation and standards f
				CoPs: §485.616(c)(3), §485.65
N/A	N/A	New, more-direct EP	LD.13.01.09, EP 6	For rehabilitation and psychia
		for CoP requirement		critical access hospital devel
				procedures that maintain hig
				CoPs: §482.51(b)
N/A	N/A	New, more-direct EP	LD.13.01.09, EP 7	For rehabilitation and psychia
		for CoP requirement		respiratory care services are

originating site grants privileges to a distant-site practitioner based on the originating site's medical staff ely on information provided by the distant site.

udes that it is the responsibility of the governing body of meet the requirements of this element of performance.

616(c)(3)

has a leader or leadership team that is responsible for opioid prescribing, as well as developing and provement activities.

provides nonpharmacologic pain treatment modalities. provides staff with educational resources and ssessment, pain management, and the safe use of

on the identified needs of its patient population.

provides information to staff on available services for

patients with complex pain management needs.

identifies opioid treatment programs that can be used

facilitates licensed practitioner and pharmacist access nitoring Program databases.

rmance is applicable in any state that has a Prescription atabase, whether querying is voluntary or is mandated patients prescribed opioids.

dership works with its clinical staff to identify and ded to monitor patients who are at high risk for adverse ment.

the operation of the critical access hospital under 42 esponsible for the following:

ritical access hospital whether or not they are furnished eements

of services (including contractors for shared services services that enable the critical access hospital to Centers for Medicare & Medicaid (CMS) Conditions of s for the contracted services

.635(c)(4)(i), §485.635(c)(4)(ii)

niatric distinct part units in critical access hospitals: The elops and implements surgical care policies and igh standards for medical practice and patient care.

niatric distinct part units in critical access hospitals: If e provided, services are delivered in accordance with

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				policies and procedures appr
				CoPs: §482.57(b)
N/A	N/A	New, more-direct EP	LD.13.03.01, EP 9	For rehabilitation and psychia
		for CoP requirement		the critical access hospital p
				medicine staff perform labora
				requirements for laboratory s
				CoPs: §482.53(b)(3)
N/A	N/A	New, more-direct EP	LD.13.03.01, EP 12	The critical access hospital p
		for CoP requirement		essential to the immediate di
				- Chemical examination of u
				(including urine ketones)
				- Hemoglobin or hematocrit t
				- Blood glucose tests
				- Examination of stool specin
				- Pregnancy tests - Primary culturing for transm
				Note 1: The laboratory meets
				Public Health Service Act (42
				specified in 42 CFR 493)
				Note 2: For rehabilitation and
				hospitals: The critical access
				directly or through a contract
				Improvement Amendments (
				requirements of 42 CFR 493.
				CoPs: §482.27, §482.27(a), §4
				§485.635(b)(2)(iv), §485.635(b)
N/A	N/A	New, more-direct EP	LD.13.03.01, EP 15	For rehabilitation and psychia
		for CoP requirement		the critical access hospital p
				staff perform blood gasses or
				requirements for laboratory s
				CoPs: §482.57(b)(2)
N/A	N/A	New, more-direct EP	LD.13.03.01, EP 19	For swing beds in critical acc
		for CoP requirement		arranges for culturally compe
				comprehensive care plan, th provided by qualified staff in
				provided by qualified start in
				CoPs: §483.21(b)(3)(i), §483.2
N/A	N/A	New, more-direct EP	LD.13.03.03, EP 4	When telemedicine services
		for CoP requirement		through an agreement with a
				governing body makes certain
				responsibility of the governin
				with regard to its physicians of
				services:
				- Determine, in accordance w
				eligible candidates for appoir

proved by the medical staff.

hiatric distinct part units in critical access hospitals: If provides nuclear medicine services, and nuclear pratory tests, the services meet the applicable y services specified in 42 CRF 482.27.

provides the following basic laboratory services diagnosis and treatment of the patient: urine by the stick method, the tablet method, or both

t tests

imens for occult blood

mittal to a certified laboratory ts the standards imposed under section 353 of the 42 U.S.C. 263a). (Refer to the laboratory requirements

nd psychiatric distinct part units in critical access ss hospital has laboratory services available, either ctual agreement with a Clinical Laboratory s (CLIA)–certified laboratory that meets the 3.

\$485.635(b)(2)(i), \$485.635(b)(2)(ii), \$485.635(b)(2)(iii), 5(b)(2)(v), \$485.635(b)(2)(vi)

hiatric distinct part units in critical access hospitals: If provides respiratory care services, and respiratory care or other clinical laboratory tests, the applicable y services specified in 42 CFR 482.27 are met.

ccess hospitals: The critical access hospital provides or petent and trauma-informed services, as outlined by the that meet professional standards of quality and are n accordance with each resident's written plan of care.

3.21(b)(3)(ii), §483.21(b)(3)(iii)

es are provided to the critical access hospital's patients a distant-site hospital, the critical access hospital's ain that the written agreement specifies that it is the ing body of the distant-site hospital to do the following s or other licensed practitioners providing telemedicine

with state law, which categories of practitioners are bintment to the medical staff

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				 Appoint members of the methe existing members of the methes are the existing members of the methes are an existing members of the methes are are are are are are are are are are
N/A	N/A	New, more-direct EP for CoP requirement	LD.13.03.03, EP 5	CoPs: §485.616(c)(1), §485.6 §485.616(c)(1)(iv), §485.616(c) For rehabilitation and psychia the critical access hospital ro collecting establishment, it n establishment that governs th blood components. The agree establishment notify the critic under the following circumsta - Within 3 calendar days if the blood components collected donation but tests reactive for hepatitis C virus (HCV) infect increased risk for transmitting - Within 45 days of the test for specific) test for HIV or HCV of Drug Administration -Within 3 calendar days after and blood components colle available
N/A	N/A	New, more-direct EP for CoP requirement	LD.13.03.03, EP 8	CoPs: §482.27(b)(3), §482.27 If the critical access hospital agreement with at least one h the following: - Patient referral and transfer - Development and use of ner sharing of patient data, telem operation such a system - Provision of emergency and and the hospital
LS.01.01.01, EP 1	The critical access hospital assigns an individual(s) to assess compliance with the Life Safety Code and manage the Statement of Conditions (SOC) when addressing survey-related deficiencies. Note 1: The critical access hospital complies with the 2012 Life Safety Code.	Deleted EP - Replaced with more direct EP(s) or	N/A	CoPs: §485.616(a)(1), §485.6 N/A

nedical staff after considering the recommendations of emotions of

taff has bylaws

aws and other medical staff rules and regulations lical staff is accountable to the governing body for the patients

eria for selection for appointment to the medical staff are etence, training, experience, and judgment

o circumstances is the accordance of staff membership I the critical access hospital dependent solely upon membership in a specialty body or society

.616(c)(1)(i), §485.616(c)(1)(ii), §485.616(c)(1)(iii), 6(c)(1)(v), §485.616(c)(1)(vi), §485.616(c)(1)(vii)

hiatric distinct part units in critical access hospitals: If routinely uses the services of an outside blood t must have an agreement with the blood collecting the procurement, transfer, and availability of blood and reement includes that the blood collecting itical access hospital within the specified timeframes stances:

he blood collecting establishment supplied blood and ed from a donor who tested negative at the time of for evidence of human immunodeficiency virus (HIV) or ction on a later donation or who is determined to be at ing HIV or HCV infection

for the results of the supplemental (additional, more / or other follow-up testing required by the US Food and

er the blood collecting establishment supplied blood lected from an infectious donor, whenever records are

27(b)(3)(i), §482.27(b)(3)(ii), §482.27(b)(3)(iii) al is a member of a rural health network, it has an e hospital that is a member of the network to address

er

network communications systems, including electronic emetry, and medical records, if the network has in

nd nonemergency transportation between the facility

.616(a)(2), §485.616(a)(3)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	Note 2: For rehabilitation and psychiatric distinct part units in critical access	moved to guidance		
	hospitals: The provisions of the Life Safety Code do not apply in a state where the	within SPG		
	Centers for Medicare & Medicaid Services finds that a fire and safety code imposed			
	by state law adequately protects patients in critical access hospitals.			
	CoPs: §482.41(b)(1)(i), §482.41(b)(3), §485.623(c)(1)(i)			
LS.01.01.01, EP 2	In time frames defined by the critical access hospital, the critical access hospital	Deleted EP -	N/A	N/A
	performs a building assessment to determine compliance with the "Life Safety"	Replaced with more		
	(LS) chapter.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(2), §485.623(c)(2)	within SPG		
LS.01.01.01, EP 3	The critical access hospital maintains current and accurate drawings denoting	Moved	PE.03.01.01, EP 1	The critical access hospital m
	features of fire safety and related square footage. Fire safety features include the			features of fire safety and rela
	following:			following:
	- Areas of the building that are fully sprinklered (if the building is partially			- Areas of the building that are
	sprinklered)			sprinklered)
	- Locations of all hazardous storage areas			- Locations of all hazardous s
	- Locations of all fire-rated barriers			- Locations of all fire-rated ba
	- Locations of all smoke-rated barriers			- Locations of all smoke-rated
	- Sleeping and non-sleeping suite boundaries, including the size of the identified			- Sleeping and non-sleeping s
	suites			suites
	- Locations of designated smoke compartments			- Locations of designated smo
	- Locations of chutes and shafts			- Locations of chutes and sha
	- Any approved equivalencies or waivers			- Any approved equivalencies
LS.01.01.01, EP 4	When the critical access hospital plans to resolve a deficiency through a Survey-	Deleted EP -	N/A	N/A
	Related Plan for Improvement (SPFI), the critical access hospital meets the 60-day	Replaced with more		
	time frame.	direct EP(s) or		
	Note 1: If the corrective action will exceed the 60-day time frame, the critical	moved to guidance		
	access hospital must request a time-limited waiver within 30 days from the end of	within SPG		
	survey.			
	Note 2: If there are alternative systems, methods, or devices considered			
	equivalent, the critical access hospital may submit an equivalency request using			
	its Statement of Conditions (SOC).			
	Note 3: For further information on waiver and equivalency requests, see			
	https://www.jointcommission.org/resources/patient-safety-topics/the-physical-			
	environment/life-safety-code-information-and-resources/ and NFPA 101-2012: 1.4.			
	CoPs: \$482.41(b)(2), \$485.623(c)(2)			
LS.01.01.01, EP 5	The critical access hospital maintains documentation of any inspections and	Moved and Revised	PE.03.01.01, EP 5	The critical access hospital m
	approvals made by state or local fire control agencies.			approval by state or local fire
	CoPs: §482.41(b)(6), §485.623(c)(4)			CoPs: §482.41(b)(6), §485.623
LS.01.01.01, EP 6	The critical access hospital does not remove or minimize an existing life safety	Deleted EP -	N/A	N/A
	feature when such feature is a requirement for new construction. Existing life safety	Replaced with more		
	features, if not required by the Life Safety Code, can be either maintained or	direct EP(s) or		
	removed. (For full text, refer to NFPA 101-2012: 4.6.12.2; 4.6.12.3; 18/19.7.9)	moved to guidance		
		within SPG		
				The exiting language heavital m
LS.01.01.01, EP 7	The critical access hospital maintains current Basic Building Information (BBI)	Moved	PE.03.01.01, EP 2	The critical access hospital m

l maintains current and accurate drawings denoting elated square footage. Fire safety features include the

are fully sprinklered (if the building is partially

s storage areas barriers ed barriers g suite boundaries, including the size of the identified

moke compartments hafts es or waivers

l maintains written evidence of regular inspection and re control agencies.

623(c)(4)

l maintains current Basic Building Information (BBI) nditions (SOC).

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.01.01.01, EP 8	The critical access hospital complies with the Life Safety Code (NFPA 101-2012 and	Moved and Revised	PE.03.01.01, EP 3	The critical access hospital m
	Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).			(NFPA 101-2012 and Tentative
				4).
	CoPs: §482.15(e)(1), §482.15(h)(1)(ix), §482.15(h)(1)(vii), §482.15(h)(1)(viii),			Note 1: Outpatient surgical de
	§482.15(h)(1)(x), §482.15(h)(1)(xi), §482.41(e)(1)(ix), §482.41(e)(1)(vii),			ambulatory health care occup
	\$482.41(e)(1)(viii), \$482.41(e)(1)(x), \$482.41(e)(1)(xi), \$485.623(e)(1)(ix),			Note 2: The provisions of the I
	\$485.623(e)(1)(vii), \$485.623(e)(1)(viii), \$485.623(e)(1)(x), \$485.623(e)(1)(xi),			Centers for Medicare & Medic
	\$485.625(e)(1), \$485.625(g)(1)(ix), \$485.625(g)(1)(vii), \$485.625(g)(1)(viii), \$485.625(imposed by state law adequa
	§485.625(g)(1)(x), §485.625(g)(1)(xi)			Note 3: In consideration of a r
				accrediting organization or at
				of Health & Human Services,
				specific provisions of the Life
				hardship upon a critical acces
				affect the health and safety of
				Note 4: After consideration of
			provisions of the Life Safety C	
				unreasonable hardship on the
				not adversely affect the healt
				Note 5: All inspecting activitie
				of the activity; inventory of de
				name and contact information
				standard(s) referenced for the
				CoPs: §482.15(e)(1), §482.15(
				§482.15(h)(1)(x), §482.15(h)(1
				\$482.41(b)(3), \$482.41(e)(1)(i)
				§482.41(e)(1)(x), §482.41(e)(1
				§485.623(e)(1)(ix), §485.623(e
				§485.623(e)(1)(xi), §485.625(e
				§485.625(g)(1)(viii), §485.625(
LS.01.02.01, EP 1	The critical access hospital has a written interim life safety measures (ILSM) policy	Moved and Revised	PE.03.02.01, EP 1	The critical access hospital ha
	that covers situations when Life Safety Code deficiencies cannot be immediately			that covers situations when Li
	corrected or during periods of construction. The policy includes criteria for			corrected or during periods of
	evaluating when and to what extent the critical access hospital implements			evaluating when and to what
	LS.01.02.01, EPs 2–15, to compensate for increased life safety risk. The criteria			PE.03.02.01, EPs 2–15, to con
	include the assessment process to determine when interim life safety measures			include the assessment proce
	are implemented.			are implemented.
	Note: For any Life Safety Code (LSC) deficiency that cannot be immediately			Note: For any Life Safety Code
	corrected during survey, the critical access hospital identifies which ILSMs in its			corrected during survey, the c
	policy will be implemented until the issue is corrected.			policy will be implemented ur
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.01.02.01, EP 2	When the critical access hospital identifies Life Safety Code deficiencies that	Moved and Revised	PE.03.01.01, EP 8	When a sprinkler system is sh
	cannot be immediately corrected or during periods of construction, the critical			hospital either evacuates the
	access hospital evacuates the building or notifies the fire department (or other			system outage until the system
	emergency response group) and initiates a fire watch when a fire alarm system is			establishes a fire watch until t
	out of service more than 4 out of 24 hours or a sprinkler system is out of service			
	more than 10 hours in a 24-hour period in an occupied building. Notification and			CoPs: §482.41(b)(8)(i), §482.4
	fire watch times are documented. (For full text, refer to NFPA 101-2012: 9.6.1.6;			

meets the applicable provisions of the Life Safety Code ve Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-

departments meet the provisions applicable to upancies, regardless of the number of patients served. e Life Safety Code do not apply in a state where the licaid Services (CMS) finds that a fire and safety code uately protects patients in critical access hospitals. a recommendation by the state survey agency or at the discretion of the Secretary for the US Department s, CMS may waive, for periods deemed appropriate, fe Safety Code, which would result in unreasonable ess hospital, but only if the waiver will not adversely of the patients.

of state survey agency findings, CMS may waive specific Code that, if rigidly applied, would result in

he critical access hospital, but only if the waiver does Ith and safety of patients.

ties are documented with the name of the activity; date levices, equipment, or other items; required frequency; ion of person who performed the activity; NFPA he activity; and results of the activity.

5(h)(1)(ix), §482.15(h)(1)(vii), §482.15(h)(1)(viii), (1)(xi), §482.41(b), §482.41(b)(1)(i), §482.41(b)(2), (ix), §482.41(e)(1)(vii), §482.41(e)(1)(viii), (1)(xi), §485.623(c)(1)(i), §485.623(c)(2), §485.623(c)(3), (e)(1)(vii), §485.623(e)(1)(viii), §485.623(e)(1)(x),

(e)(1), §485.625(g)(1)(ix), §485.625(g)(1)(vii),

5(g)(1)(x), §485.625(g)(1)(xi)

has a written interim life safety measures (ILSM) policy Life Safety Code deficiencies cannot be immediately of construction. The policy includes criteria for at extent the critical access hospital implements ompensate for increased life safety risk. The criteria ocess to determine when interim life safety measures

de (LSC) deficiency that cannot be immediately critical access hospital identifies which ILSMs in its until the issue is corrected.

shut down for more than 10 hours, the critical access e building or portion of the building affected by the em is back in service, or the critical access hospital il the system is back in service.

.41(b)(8)(ii), §485.623(c)(6)(i), §485.623(c)(6)(ii)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	9.7.6; NFPA 25-2011: 15.5.2)			
	CoPs: §482.41(b)(1)(i), §482.41(b)(8), §482.41(b)(8)(i), §482.41(b)(8)(ii),			
	§485.623(c)(1)(i), §485.623(c)(6)(i), §485.623(c)(6)(ii)			
LS.01.02.01, EP 2	When the critical access hospital identifies Life Safety Code deficiencies that	Split to PE.03.01.01,	PE.03.02.01, EP 2	When the critical access hosp
	cannot be immediately corrected or during periods of construction, the critical	EP 8; PE.03.02.01,		cannot be immediately correc
	access hospital evacuates the building or notifies the fire department (or other	EP 2		access hospital evacuates the
	emergency response group) and initiates a fire watch when a fire alarm system is			emergency response group) a
	out of service more than 4 out of 24 hours or a sprinkler system is out of service			out of service more than 4 out
	more than 10 hours in a 24-hour period in an occupied building. Notification and			fire watch times are documen
	fire watch times are documented. (For full text, refer to NFPA 101-2012: 9.6.1.6;			9.7.6; NFPA 25-2011: 15.5.2)
	9.7.6; NFPA 25-2011: 15.5.2)			
	CoPs: §482.41(b)(1)(i), §482.41(b)(8), §482.41(b)(8)(i), §482.41(b)(8)(ii),			
	§485.623(c)(1)(i), §485.623(c)(6)(i), §485.623(c)(6)(ii)			
LS.01.02.01, EP 3	When the critical access hospital identifies Life Safety Code deficiencies that	Moved and Revised	PE.03.02.01, EP 3	When the critical access hosp
	cannot be immediately corrected or during periods of construction, the critical			cannot be immediately correc
	access hospital does the following: Posts signage identifying the location of			access hospital posts signage
	alternative exits to everyone affected.			everyone affected.
LS.01.02.01, EP 4	When the critical access hospital identifies Life Safety Code deficiencies that	Moved and Revised	PE.03.02.01, EP 4	When the critical access hosp
	cannot be immediately corrected or during periods of construction, the critical			cannot be immediately correc
	access hospital does the following: Inspects exits in affected areas on a daily basis. The need for these inspections is based on criteria in the critical access hospital's			access hospital inspects exits inspections is based on criter
	interim life safety measures (ILSM) policy.			measures (ILSM) policy.
LS.01.02.01, EP 5	When the critical access hospital identifies Life Safety Code deficiencies that	Moved and Revised	PE.03.02.01, EP 5	When the critical access hose
,	cannot be immediately corrected or during periods of construction, the critical		,	cannot be immediately correc
	access hospital does the following: Provides temporary but equivalent fire alarm			access hospital provides tem
	and detection systems for use when a fire system is impaired. The need for			systems for use when a fire sy
	equivalent systems is based on criteria in the critical access hospital's interim life			based on criteria in the critica
	safety measures (ILSM) policy.			policy.
LS.01.02.01, EP 6	When the critical access hospital identifies Life Safety Code deficiencies that	Moved and Revised	PE.03.02.01, EP 6	When the critical access hosp
	cannot be immediately corrected or during periods of construction, the critical			cannot be immediately correc
	access hospital does the following: Provides additional firefighting equipment. The			access hospital provides add
	need for this equipment is based on criteria in the critical access hospital's interim			equipment is based on criteria
	life safety measures (ILSM) policy.	Moved and Deviced		measures (ILSM) policy.
LS.01.02.01, EP 7	When the critical access hospital identifies Life Safety Code deficiencies that	Moved and Revised	PE.03.02.01, EP 7	When the critical access hosp
	cannot be immediately corrected or during periods of construction, the critical access hospital does the following: Uses temporary construction partitions that are			cannot be immediately correct access hospital uses tempora
	smoke-tight, or made of noncombustible or limited-combustible material that will			made of noncombustible or li
	not contribute to the development or spread of fire. The need for these partitions is			the development or spread of
	based on criteria in the critical access hospital's interim life safety measures (ILSM)			in the critical access hospital
	policy.			
LS.01.02.01, EP 8	When the critical access hospital identifies Life Safety Code deficiencies that	Moved and Revised	PE.03.02.01, EP 8	When the critical access hosp
	cannot be immediately corrected or during periods of construction, the critical			cannot be immediately correc
	access hospital does the following: Increases surveillance of buildings, grounds,			access hospital increases sur
	and equipment, giving special attention to construction areas and storage,			giving special attention to cor
	excavation, and field offices. The need for increased surveillance is based on			offices. The need for increase
	criteria in the critical access hospital's interim life safety measures (ILSM) policy.			access hospital's interim life s

ospital identifies Life Safety Code deficiencies that rected or during periods of construction, the critical the building or notifies the fire department (or other) and initiates a fire watch when a fire alarm system is but of 24 hours in an occupied building. Notification and ented. (For full text, refer to NFPA 101-2012: 9.6.1.6; 2)

ospital identifies Life Safety Code deficiencies that rected or during periods of construction, the critical age identifying the location of alternative exits to

ospital identifies Life Safety Code deficiencies that rected or during periods of construction, the critical kits in affected areas on a daily basis. The need for these teria in the critical access hospital's interim life safety

ospital identifies Life Safety Code deficiencies that rected or during periods of construction, the critical emporary but equivalent fire alarm and detection system is impaired. The need for equivalent systems is cal access hospital's interim life safety measures (ILSM)

ospital identifies Life Safety Code deficiencies that rected or during periods of construction, the critical dditional firefighting equipment. The need for this eria in the critical access hospital's interim life safety

ospital identifies Life Safety Code deficiencies that rected or during periods of construction, the critical orary construction partitions that are smoke-tight or r limited-combustible material that will not contribute to of fire. The need for these partitions is based on criteria cal's interim life safety measures (ILSM) policy.

ospital identifies Life Safety Code deficiencies that rected or during periods of construction, the critical surveillance of buildings, grounds, and equipment, construction areas and storage, excavation, and field sed surveillance is based on criteria in the critical fe safety measures (ILSM) policy.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.01.02.01, EP 9	When the critical access hospital identifies Life Safety Code deficiencies that	Moved and Revised	PE.03.02.01, EP 9	When the critical access hos
	cannot be immediately corrected or during periods of construction, the critical			cannot be immediately corre
	access hospital does the following: Enforces storage, housekeeping, and debris-			access hospital enforces sto
	removal practices that reduce the building's flammable and combustible fire load			reduce the building's flamma
	to the lowest feasible level. The need for these practices is based on criteria in the			level. The need for these prac
	critical access hospital's interim life safety measures (ILSM) policy.			hospital's interim life safety n
	CoPs: §485.623(b)(2), §485.623(b)(4)			
LS.01.02.01, EP 10	When the critical access hospital identifies Life Safety Code deficiencies that	Moved and Revised	PE.03.02.01, EP 10	When the critical access hos
	cannot be immediately corrected or during periods of construction, the critical			cannot be immediately corre
	access hospital does the following: Provides additional training to those who work			access hospital provides add
	in the critical access hospital on the use of firefighting equipment. The need for			hospital on the use of firefigh
	additional training is based on criteria in the critical access hospital's interim life			based on criteria in the critica
	safety measures (ILSM) policy.			policy.
LS.01.02.01, EP 11	When the critical access hospital identifies Life Safety Code deficiencies that	Moved and Revised	PE.03.02.01, EP 11	When the critical access hos
,	cannot be immediately corrected or during periods of construction, the critical		,	cannot be immediately corre
	access hospital does the following: Conducts one additional fire drill per shift per			access hospital conducts on
	quarter. The need for additional drills is based on criteria in the critical access			additional drills is based on c
	hospital's interim life safety measures (ILSM) policy.			safety measures (ILSM) polic
LS.01.02.01, EP 12	When the critical access hospital identifies Life Safety Code deficiencies that	Moved and Revised	PE.03.02.01, EP 12	When the critical access hos
20.01.02.01, 21 12	cannot be immediately corrected or during periods of construction, the critical			cannot be immediately corre
	access hospital does the following: Inspects and tests fire protection systems			access hospital inspects and
	monthly. The completion date of the tests is documented. The need for these			completion date of the tests
	inspections and tests is based on criteria in the critical access hospital's interim			tests is based on criteria in th
	life safety measures (ILSM) policy.			measures (ILSM) policy.
LS.01.02.01, EP 13	The critical access hospital conducts education to promote awareness of building	Moved	PE.03.02.01, EP 13	The critical access hospital c
LO.01.02.01, LI 10	deficiencies, construction hazards, and temporary measures implemented to	Hoved	1 2.00.02.01, 21 10	deficiencies, construction ha
	maintain fire safety. The need for education is based on criteria in the critical			maintain fire safety. The need
				access hospital's interim life
	access hospital's interim life safety measures (ILSM) policy.	Mayad		
LS.01.02.01, EP 14	The critical access hospital trains those who work in the critical access hospital to	Moved	PE.03.02.01, EP 14	The critical access hospital to
	compensate for impaired structural or compartmental fire safety features. The			compensate for impaired stru
	need for training is based on criteria in the critical access hospital's interim life			need for training is based on
	safety measures (ILSM) policy.			safety measures (ILSM) polic
	Note: Compartmentalization is the concept of using various building components			Note: Compartmentalization
	(for example, fire-rated walls and doors, smoke barriers, fire-rated floor slabs) to			(for example, fire-rated walls
	prevent the spread of fire and the products of combustion so as to provide a safe			prevent the spread of fire and
	means of egress to an approved exit. The presence of these features varies,			means of egress to an approv
	depending on the building occupancy classification.			depending on the building oc
LS.01.02.01, EP 15	The critical access hospital's policy allows the use of other ILSMs not addressed in	Moved and Revised	PE.03.02.01, EP 15	The critical access hospital's
	EPs 2–14.			measures (ILSMs) not addres
	Note: The "other" ILSMs used are documented by selecting "other" and annotating			Note: The other ILSMs used a
	the associated text box in the critical access hospital's Survey-Related Plan for			the associated text box in the
	Improvement (SPFI) within the Statement of Conditions™ (SOC).			Improvement (SPFI) within th
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.10, EP 1	Buildings meet requirements for construction type and height. In Types I and II	Deleted EP -	N/A	N/A
	construction, alternative protection measures are permitted to be substituted for	Replaced with more		
	sprinkler protection in specific areas where state or local regulations prohibit	direct EP(s) or		
	sprinklers. All new buildings contain approved automatic sprinkler systems.			

ospital identifies Life Safety Code deficiencies that rected or during periods of construction, the critical corage, housekeeping, and debris-removal practices that nable and combustible fire load to the lowest feasible actices is based on criteria in the critical access measures (ILSM) policy.

ospital identifies Life Safety Code deficiencies that rected or during periods of construction, the critical dditional training to those who work in the critical access ghting equipment. The need for additional training is ical access hospital's interim life safety measures (ILSM)

ospital identifies Life Safety Code deficiencies that rected or during periods of construction, the critical one additional fire drill per shift per quarter. The need for a criteria in the critical access hospital's interim life icy.

ospital identifies Life Safety Code deficiencies that rected or during periods of construction, the critical nd tests fire protection systems monthly. The is is documented. The need for these inspections and the critical access hospital's interim life safety

conducts education to promote awareness of building nazards, and temporary measures implemented to ed for education is based on criteria in the critical fe safety measures (ILSM) policy.

l trains those who work in the critical access hospital to tructural or compartmental fire safety features. The n criteria in the critical access hospital's interim life icy.

on is the concept of using various building components ls and doors, smoke barriers, fire-rated floor slabs) to nd the products of combustion so as to provide a safe oved exit. The presence of these features varies, occupancy classification.

's policy allows the use of other interim life safety essed in EPs 3–14.

l are documented by selecting "other" and annotating ne critical access hospital's Survey-Related Plan for the Statement of Conditions™ (SOC).

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	Existing buildings contain approved automatic sprinkler systems as required by the	moved to guidance		
	construction type. (For full text, refer to NFPA 101-2012: 18/19.1.6; 18.3.5.1;	within SPG		
	19.3.5.3; 18/19.3.5.4; 18/19.3.5.5; 18.3.5.6)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.10, EP 2	When building rehabilitation occurs, the critical access hospital incorporates NFPA	Deleted EP -	N/A	N/A
	101-2012: Chapters 18, 19, and 43. (For full text, refer to NFPA 101-2012: Chapter	Replaced with more		
	43; 18/19.1.1.4.3; 18.4.3.1–18.4.3.5; 19.4.3)	direct EP(s) or		
		moved to guidance		
		within SPG		
LS.02.01.10, EP 3	Any building undergoing change of use or change of occupancy classification	Deleted EP -	N/A	N/A
	complies with NFPA 101-2012: 43.7, unless permitted by NFPA 101-2012:	Replaced with more		
	18/19.1.1.4.2.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.02.01.10, EP 4	When an addition is made to a building, the building is in compliance with NFPA	Deleted EP -	N/A	N/A
	101-2012: 43.8 and Chapter 18.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.02.01.10, EP 5	Buildings without protection from automatic sprinkler systems comply with NFPA	Deleted EP -	N/A	N/A
	101-2012: 18.4.3.2; 18.4.3.3; and 18.4.3.8. When a nonsprinklered smoke	Replaced with more		
	compartment has undergone major rehabilitation, the automatic sprinkler	direct EP(s) or		
	requirements of Chapter 18.3.5 will apply.	moved to guidance		
	Note: Major rehabilitation involves the modification of more than 50 percent, or	within SPG		
	4500 square feet, of the area of the smoke compartment. (For full text, refer to			
	NFPA 101-2012: 18/19.1.1.4.3.3)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.10, EP 6	Fire barriers are continuous from outside wall to outside wall or from one fire	Deleted EP -	N/A	N/A
	barrier to another, or a combination thereof, including continuity through all	Replaced with more		
	concealed spaces, such as those found above a ceiling, including interstitial	direct EP(s) or		
	spaces. For those fire barriers terminating at the bottom side of an interstitial	moved to guidance		
	space, the construction assembly forming the bottom of the interstitial space must	within SPG		
	have a fire resistance rating not less than that of the fire barrier. (For full text, refer			
	to NFPA 101-2012: 8.3.1.2)			
LS.02.01.10, EP 7	Common walls are fire rated for two hours that are within buildings (occupancy	Deleted EP -	N/A	N/A
	separation), between buildings (two health care occupancy buildings), or the	Replaced with more		
	building has a common wall with a nonconforming building (for example, a health	direct EP(s) or		
	care occupancy and a business occupancy). (For full text, refer to NFPA 101-2012:	moved to guidance		
	43.8; 18/19.1.1.4; 18/19.1.3.3; 18/19.1.3.4; 8.2.2.2)	within SPG		
LS.02.01.10, EP 8	When multiple occupancies are identified, they are in accordance with NFPA 101-	Deleted EP -	N/A	N/A
	2012: 18/19.1.3.2 or 18/19.1.3.4, and the most stringent occupancy requirements	Replaced with more		
	are followed throughout the building.	direct EP(s) or		
	Note 1: If a two-hour separation is provided in accordance with NFPA 101-2012:	moved to guidance		
	8.2.1.3, the construction type is determined as follows:	within SPG		
	- The construction type and supporting construction of the health care occupancy			
	The second se		1	
	is based on the story in which it is located in the building in accordance with NFPA 101-2012: 18/19.1.6 and Tables 18/19.1.6.1.			

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- The construction type of the areas of the building enclosing the other			
	occupancies are based on NFPA 101-2012: 18/19.1.3.5; 8.2.1.3.			
	Note 2: Outpatient surgical departments must be classified as ambulatory health			
	care occupancy regardless of the number of patients served. (For full text, refer to			
	NFPA 101-2012: 18/19.1.3.4.1)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.10, EP 9	The fire protection ratings for opening protectives in fire barriers and fire-rated	Deleted EP -	N/A	N/A
	smoke barriers are as follows:	Replaced with more		
	- Three hours in three-hour barriers	direct EP(s) or		
	- Ninety minutes in two-hour barriers	moved to guidance		
	- Forty-five minutes in one-hour barriers	within SPG		
	- Twenty minutes in thirty-minute barriers			
	(For full text, refer to NFPA 101-2012: 8.3.3.2; 8.3.4; Table 8.3.4.2)			
	Note 1: Labels on fire door assemblies must be maintained in legible condition.			
	Note 2: The critical access hospital meets the applicable provisions of the Life			
	Safety Code Tentative Interim Amendment (TIA) 12-1.			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.10, EP 10	In existing buildings that are not a high rise and are protected with automatic	Deleted EP -	N/A	N/A
,	sprinkler systems, exit stairs (or new exit stairs connecting three or fewer floors) are	Replaced with more		
	fire rated for one hour. In new construction, exit stairs connecting four or more	direct EP(s) or		
	floors are fire rated for two hours. (For full text, refer to NFPA 101-2012: 7.1.3.2.1)	moved to guidance		
		within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.10, EP 11	Fire-rated doors within walls and floors have functioning hardware, including	Deleted EP -	N/A	N/A
	positive latching devices and self-closing or automatic-closing devices (either kept	Replaced with more		
	closed or activated by release device complying with NFPA 101-2012: 7.2.1.8.2).	direct EP(s) or		
	Gaps between meeting edges of door pairs are no more than 1/8 of an inch wide,	moved to guidance		
	and undercuts are no larger than 3/4 of an inch. Fire-rated doors within walls do not	within SPG		
	have unapproved protective plates greater than 16 inches from the bottom of the			
	door. Blocking or wedging open fire-rated doors is prohibited. (For full text, refer to			
	NFPA 101-2012: 8.3.3.1; 7.2.1.8.2; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.10, EP 12	Doors requiring a fire rating of 3/4 of an hour or longer are free of coverings,	Deleted EP -	N/A	N/A
10.02.01.10, LI 12	decorations, or other objects applied to the door face, with the exception of	Replaced with more		
	informational signs, which are applied with adhesive only. (For full text, refer to	direct EP(s) or		
	NFPA 80-2010: 4.1.4)	moved to guidance		
		within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.10, EP 13	Ducts penetrating the walls or floors with a fire resistance rating of less than 3	Deleted EP -	N/A	N/A
· · · · · · · · · · · · · · · · · · ·	hours are protected by dampers that are fire rated for 1 1/2 hours; ducts	Replaced with more		
	penetrating the walls or floors with a fire resistance rating of 3 hours or greater are	direct EP(s) or		
	protected by dampers that are fire rated for 3 hours. (For full text, refer to NFPA 101-	moved to guidance		
	2012: 8.3.5.7; 9.2.1; NFPA 90A-2012: 5.4.1; 5.4.2)	within SPG		

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.02.01.10, EP 14	The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material. Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.10, EP 15	The critical access hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 18/19.1. CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 1	Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101- 2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6) Note: The critical access hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 2	Doors to patient sleeping rooms are not locked unless the clinical needs of patients require specialized security or where patients pose a security threat and staff can readily unlock doors at all times. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.2; 18/19.2.2.2.5.1; 18/19.2.2.2.5.2) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 3	Horizontal sliding doors permitted by NFPA 101-2012: 7.2.1.14 that are not automatic closing are limited to a single leaf and have a latch or other mechanism to prevent the door from rebounding. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.10.1) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 4	 Horizontal sliding doors serving an occupant load fewer than 10 are permitted, as long as they comply with NFPA 101-2012: 18/19.2.2.2.10.2 and meet the following criteria: Area served by the door has no hazards. Door is operable from either side without special knowledge or effort. Force required to operate the door in the direction of travel is less than or equal to 30 pounds-force (lbf) to set the door in motion and less than or equal to 15 lbf to close or open to the required width. Assembly is appropriately fire rated and is self- or automatic-closing by smoke detection per 7.2.1.8; assembly is installed per NFPA 80-2010. Where required to latch, the door has a latch or other mechanism to prevent the door from rebounding. 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	1	1	

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.02.01.20, EP 5	Walls containing horizontal exits are fire rated for two or more hours, extend from the lowest floor slab to the floor or roof slab above, and extend continuously from exterior wall to exterior wall. (For full text, refer to NFPA 101-2012: 7.2.4.3.1; 18/19.2.2.5)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.20, EP 6	Doors in new buildings that are a part of horizontal exits have approved vision panels, are installed without a center mullion, and swing in the opposite direction of one another. Doors in existing construction are not required to swing with egress travel. (For full text, refer to NFPA 101-2012: 18.2.2.5.6; 18.2.2.5.4; 19.2.2.5.3) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 7	When horizontal exit walls in new buildings terminate at outside walls at an angle of less than 180 degrees, the outside walls are fire rated for 1 hour for a distance of 10 or more feet. Openings in the walls in the 10-foot span are fire rated for 3/4 of an hour. (For full text, refer to NFPA 101-2012: 7.2.4.3.4) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 8	Outside exit stairs are separated from the interior of the building by walls with the same fire rating required for enclosed stairs. The wall extends vertically from the ground to a point 10 feet or more above the top landing of the stairs or roofline (whichever is lower) and extends 10 feet or more horizontally. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.2.2.6.3)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.20, EP 9	Stairs and ramps serving as a required means of egress have handrails and guards on both sides in new buildings and on at least one side in existing buildings. Ramps, exit passageways, fire and slide escapes, alternating tread devices, and areas of refuge are in accordance with NFPA 101-2012: 7.2.5–7.5.12. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 18/19.2.2.6–18/19.2.2.10; 7.2.2.4; 7.2.5–7.2.12)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.20, EP 10	New stairs serving three or more stories and existing stairs serving five or more stories have signs on each floor landing in the stairwell that identify the story, the stairwell, the top and bottom, and the direction to and story of exit discharge. Floor level information is also presented in tactile lettering. The signs are placed five feet above the floor landing in a position that is easily visible when the door is open or closed. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.2.2.5.4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.20, EP 11	The capacity of the means of egress is in accordance with NFPA 101-2012: 7.3. (For full text, refer to NFPA 101-2012: 18/19.2.3.1) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 12	Exits discharge to the outside at grade level or through an approved exit passageway that is continuous and provides a level walking surface. The exit discharge is a hard-packed, all-weather travel surface that is free from obstructions and terminates at a public way or at an exterior exit discharge. (For full text, refer to	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	NFPA 101-2012: 18/19.2.7; 7.1.7; 7.1.10.1; 7.2.6; 7.7.2)	moved to guidance within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.20, EP 13	An exit enclosure is not used for any purpose that has the potential to interfere with its use as an exit and, if so designated, as an area of refuge. Open space within the exit enclosure is not used for any purpose that has the potential to interfere with egress. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.1.3.2.3; 7.2.2.5.3.1)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 14	 Exits, exit accesses, and exit discharges (means of egress) are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text, refer to NFPA 101-2012: 18/19.2.5.1; 7.1.10.1; 7.5.1.1) Note 1: Wheeled equipment (such as equipment and carts currently in use, equipment used for patient lift and transport, and medical emergency equipment not in use) that maintains at least five feet of clear and unobstructed corridor width is allowed, provided there is a fire plan and training program addressing its relocation in a fire or similar emergency. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (4)) Note 2: Where the corridor width is at least eight feet and the smoke compartment is fully protected by an electrically supervised smoke detection system or is in direct supervision of facility staff, furniture that is securely attached is allowed provided it does not reduce the corridor width to less than six feet, is only on one side of the corridor, does not exceed 50 square feet, is in groupings spaced at least 10 feet apart, and does not restrict access to building service and fire protection equipment. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (5)) CoPs: §482.41(b)(1)(i), §485.623(b)(4), §485.623(c)(1)(i) 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 15	When stair doors are held open and the sprinkler or fire alarm system activates the release of one door in a stairway, all doors serving that stairway close. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.7; 18/19.2.2.2.8) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 16	Each floor of a building has at least two exits that are remote from each other and accessible from every part of the floor. Each smoke compartment has two distinct egress paths to exits that do not require entry into the same adjacent smoke compartment. (For full text, refer to NFPA 101-2012: 18/19.2.4.1–18/19.2.4.4) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 17	Every corridor provides access to at least two approved exits in accordance with NFPA 101-2012: 7.4 and 7.5 without passing through any intervening rooms or spaces other than corridors or lobbies. (For full text, refer to NFPA 101-2012: 18/19.2.5.4) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 18	In new buildings, exit corridors are at least eight feet wide, unless otherwise permitted by the Life Safety Code. (For full text, refer to NFPA 101-2012: 18.2.3.4; 18.2.3.5) CoPs: §482.41(b)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.02.01.20, EP 19	In existing buildings, exit corridors are at least 48 inches in clear width where	Deleted EP -	N/A	N/A
	serving as a means of egress from patient sleeping rooms. If modifying existing	Replaced with more		
	buildings with exit corridors that exceed eight feet, the exit corridors cannot be	direct EP(s) or		
	reduced to less than eight feet. (For full text, refer to NFPA 101-2012: 4.6.12.2;	moved to guidance		
	19.2.3.4)	within SPG		
LS.02.01.20, EP 20	Existing exit access doors and exit doors are of the swinging type and are at least 32	Deleted EP -	N/A	N/A
	inches in clear width. Exceptions are provided for existing 34-inch doors and for	Replaced with more		
	existing 28-inch doors where the fire plan does not require evacuation by bed,	direct EP(s) or		
	gurney, or wheelchair. (For full text, refer to NFPA 101-2012: 19.2.3.6, 19.2.3.7)	moved to guidance		
		within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.20, EP 21	New exit access doors and exit doors are of the swinging type and are at least 41	Deleted EP -	N/A	N/A
	1/2 inches in clear width. Doors not subject to patient use, in exit stairway	Replaced with more		
	enclosures, or serving newborn nurseries are at least 32 inches in clear width. If	direct EP(s) or		
	using a pair of doors, the doors have a rabbet, bevel, or astragal at the meeting	moved to guidance		
	edge, and at least one of the doors provides 32 inches in clear width, while the	within SPG		
	inactive leaf of the pair is secured with automatic flush bolts. (For full text, refer to			
	NFPA 101-2012: 18.2.3.6; 18.2.3.7)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.20, EP 22	Exit access doors and exit doors are free of mirrors, hangings, or draperies that	Deleted EP -	N/A	N/A
	might conceal, obscure, or confuse the direction of exit. (For full text, refer to NFPA	Replaced with more		
	101-2012: 18/19.2.1; 18/19.2.5.1; 7.1.10.2; 7.5.2.2.1)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG	N1/A	
LS.02.01.20, EP 23	Doors to new boiler rooms, new heater rooms, and new mechanical equipment	Deleted EP -	N/A	N/A
	rooms located in a means of egress are not held open by an automatic release	Replaced with more		
	device. (For full text, refer to NFPA 101-2012: 18.2.2.2.7)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG	N1/A	
LS.02.01.20, EP 24	The corridor width is not obstructed by wall projections.	Deleted EP -	N/A	N/A
	Note: When corridors are six feet wide or more, it is allowable for certain objects to	Replaced with more		
	project into the corridor, such as hand rub dispensers or computer desks that are	direct EP(s) or		
	retractable. The objects must be no more than 36 inches wide and cannot project more than 6 inches into the corridor. These items must be installed at least 48	moved to guidance within SPG		
		within SPG		
	inches apart and above the handrail height. (For full text, refer to NFPA 101-2012:			
	18/19.2.3.4)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.20, EP 25	In new buildings, no dead-end corridor is longer than 30 feet, and the common path	Deleted EP -	N/A	N/A
LU.UZ.UT.ZU, LF ZJ	of travel does not exceed 100 feet. (For full text, refer to NFPA 101-2012: 18.2.5.2)	Replaced with more		
	Note: Existing dead-end corridors longer than 30 feet are permitted to be used if it	direct EP(s) or		
	is impractical and unfeasible to alter them. (For full text, refer to NFPA 101-2012:	moved to guidance		
	19.2.5.2)	within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.20, EP 26	Patient sleeping rooms open directly onto an exit access corridor. Patient sleeping	Deleted EP -	N/A	N/A
	rooms with less than eight beds may have one intervening room to reach an exit	Replaced with more		
	access corridor provided the intervening room is equipped with an approved	direct EP(s) or		
			1	

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	automatic smoke detection system. (For full text, refer to NFPA 101-2012: 18/19.2.5.6.1–18/19.2.5.6.4)	moved to guidance within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.20, EP 27	Patient sleeping rooms that are larger than 1,000 square feet have at least two exit access doors remotely located from each other. Rooms not used as patient sleeping rooms that are larger than 2,500 square feet have at least two exit access doors remotely located from each other. (For full text, refer to NFPA 101-2012: 18/19.2.5.5)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.20, EP 28	Suites are separated from the remainder of the building by corridor walls or existing barriers and doors that limit the transfer of smoke. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.1.2; 18/19.3.6)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 29	Suites are subdivided by means of noncombustible or limited-combustible partitions or partitions constructed with fire retardant–treated wood enclosed with noncombustible or limited-combustible materials. These partitions are not required to be fire rated. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.1.4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 30	Suites of patient sleeping rooms larger than 1,000 square feet are provided with at least two exit access doors remotely located from each other, with one exiting directly to a corridor. The second exit may go into another suite (provided the two suites are separated with a corridor wall), an exit stair, exit passageway, or exit door to the exterior. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.2.1(B); 18/19.2.5.7.2.2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 31	Suites not used as patient sleeping rooms that are larger than 2,500 square feet have at least two exit access doors remotely located from each other, with one directly exiting to a corridor. The second exit may go into another suite (provided the two suites are separated with a corridor wall), an exit stair, exit passageway, or exit door to the exterior. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.3.2; 18/19.2.5.7.3.1(B))	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 32	For existing buildings, suites of patient sleeping rooms are limited to 5,000 square feet or less. If the existing building has an approved electrically supervised sprinkler system and total coverage automatic smoke detection system, the suite is permitted to be increased to 7,500 square feet. (For full text, refer to NFPA 101- 2012: 9.6.2.9; 19.3.4; 19.3.5.7; 19.3.5.8.) If the suite is provided with direct visual supervision, an approved electrically supervised sprinkler system, and a total coverage (complete) smoke detection system, the suite is permitted to be increased to 10,000 square feet. (For full text, refer to NFPA 101-2012: 9.6.2.9; 19.2.5.7.2.1(D)(1)(a); 19.2.5.7.2.3; 19.3.4; 19.3.5.8)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 33	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i) For new buildings, patient sleeping suites are allowed to be 7,500 square feet. If the suite has total coverage smoke detection and direct visual supervision, the suite can be up to 10,000 square feet. (For full text, refer to NFPA 101-2012: 18.2.5.7.2.3; 18.2.5.7.2.1(D)(1)(a); 18.3.4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.02.01.20, EP 34	Patient care suites not used for sleeping are limited to 10,000 square feet. (For full text, refer to NFPA 101-2012: 18/19.2.5.7.3.3)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 35	For new buildings, sleeping and non-sleeping patient care suites have a travel distance to an exit access door of 100 feet or less from any point in the suite. The travel distance between any point in the suite and an exit is 200 feet. (For full text, refer to NFPA 101-2012: 18.2.5.7.2.4; 18.2.5.7.3.4) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 36	For existing buildings, sleeping and non-sleeping patient care suites have a travel distance to an exit access door of 100 feet or less from any point in the suite. The travel distance between any point in the suite and an exit is either 150 feet if the building is not protected throughout by an approved electrically supervised sprinkler system or 200 feet if the building is fully protected by an approved electrically supervised sprinkler system. (For full text, refer to NFPA 101-2012: 19.2.5.7.2.4; 19.2.5.7.3.4) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 37	 Travel distances to exits are measured in accordance with NFPA 101-2012: 7.6. From any point in the room or suite to the exit is 150 feet or less (200 feet or less if the building is fully sprinklered) From any point in a room to the room door is 50 feet or less (For full text, refer to NFPA 101-2012: 18/19.2.6) 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 38	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i) Means of egress are adequately illuminated at all points, including angles and intersections of corridors and passageways, stairways, stairway landings, exit doors, and exit discharges. (For full text, refer to NFPA 101-2012: 18/19.2.8; 7.8.1.1) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 39	Illumination in the means of egress, including exit discharges, is arranged so that failure of any single light fixture or bulb will not leave the area in darkness (less than 0.2 foot candles). Emergency lighting of at least 1½-hours duration is provided automatically in accordance with NFPA 101-2012: 7.9. (For full text, refer to NFPA 101-2012: 18/19.2.8; 18/19.2.9.1; 7.8.1.4; 7.9.2) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 40	Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are four or more inches high (or six inches high if externally lit). Exit and directional signs displayed with continuous illumination are also served by the emergency lighting system unless the building is one story with less than 30 occupants, and the line of exit travel is obvious. (For full text, refer to NFPA 101-2012: 18/19.2.10; 7.10.1.4; 7.10.1.5.1; 7.10.5; 7.10.6; 7.10.7) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.20, EP 41	Signs reading "NO EXIT" are posted on any door, passage, or stairway that is neither an exit nor an access to an exit but may be mistaken for an exit. (For full text, refer	Deleted EP - Replaced with more	N/A	N/A

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	to NFPA 101-2012: 18/19.2.10.1; 7.10.8.3)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.02.01.20, EP 42	The critical access hospital meets all other Life Safety Code means of egress	Deleted EP -	N/A	N/A
	requirements related to NFPA 101-2012: 18/19.2.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.02.01.30, EP 1	In new construction, vertical openings, including exit stairs, are enclosed by one-	Deleted EP -	N/A	N/A
	hour fire-rated walls when connecting three or fewer floors and two-hour fire-rated	Replaced with more		
	walls when connecting four or more floors. In existing construction, vertical	direct EP(s) or		
	openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated	moved to guidance		
	construction.	within SPG		
	Note: These vertical openings include, but are not limited to, shafts (including			
	elevator, light and ventilation), communicating stairs, ramps, trash chutes, linen			
	chutes, and utility chases. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1;			
	7.1.3.2.1)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Mayord and Daviased		
LS.02.01.30, EP 2	All new hazardous areas have doors that are self-closing or automatic-closing,	Moved and Revised	PE.03.01.01, EP 6	Regardless of the provisions
	except for laboratories using flammable or combustible materials deemed less			rooms containing flammable
	than a severe hazard and storage rooms greater than 50 square feet, but less than			hardware. Roller latches are
	100 square feet that are used for storage of combustible material. Hazardous areas			$C_{0}D_{0}$; \$492,41/b)(1)(ii) \$495
	have a fire barrier with a one-hour fire-resistive rating. These areas include, but are			CoPs: §482.41(b)(1)(ii), §485.
	not limited to, boiler and fuel-fired heater rooms, central/bulk laundries larger than 100 square feet, paint shops, repair shops, soiled linen rooms, trash collection			
	rooms with containers exceeding 64 gallons, laboratories considered a severe			
	hazard, and storage rooms larger than 100 square feet that contain combustible			
	material. (For full text, refer to NFPA 101-2012: 18.3.2.1; 18.3.2.2; 18.3.2.3;			
	18.3.2.4; Table 18.3.2.1)			
	Note: Doors to rooms containing flammable or combustible materials are provided			
	with positive latching hardware. Roller latches are prohibited on such doors.			
	with positive latening hardware. Notier latenes are prombited on such doors.			
	CoPs: §482.41(b)(1)(ii), §485.623(c)(1)(ii)			
LS.02.01.30, EP 3	All existing hazardous areas have doors that are self-closing or automatic-closing.	Deleted EP -	N/A	N/A
	These areas are protected by either a fire barrier with one-hour fire-resistive rating	Replaced with more		
	or an approved electrically supervised automatic sprinkler system. Hazardous	direct EP(s) or		
	areas include, but are not limited to, boiler and fuel-fired heater rooms,	moved to guidance		
	central/bulk laundries larger than 100 square feet, paint shops, repair shops, soiled	within SPG		
	linen rooms, trash collection rooms with containers exceeding 64 gallons,			
	laboratories employing flammable or combustible materials deemed less than a			
	severe hazard, and storage rooms greater than 50 square feet used for storage of			
	equipment and combustible supplies. (For full text, refer to NFPA 101-2012:			
	19.3.2.1; 19.3.2.2; 19.3.2.3; 19.3.2.4)			
	Note: Doors to rooms containing flammable or combustible materials are provided			
	with positive latching hardware. Roller latches are prohibited on such doors.			
	$C_{0}P_{0}$: \$482.41(b)(1)(ii) \$485.623(c)(1)(ii)			
	CoPs: §482.41(b)(1)(ii), §485.623(c)(1)(ii)			1

ns of the Life Safety Code, corridor doors and doors to ble or combustible materials have positive latching are prohibited on these doors.

85.623(c)(1)(ii)

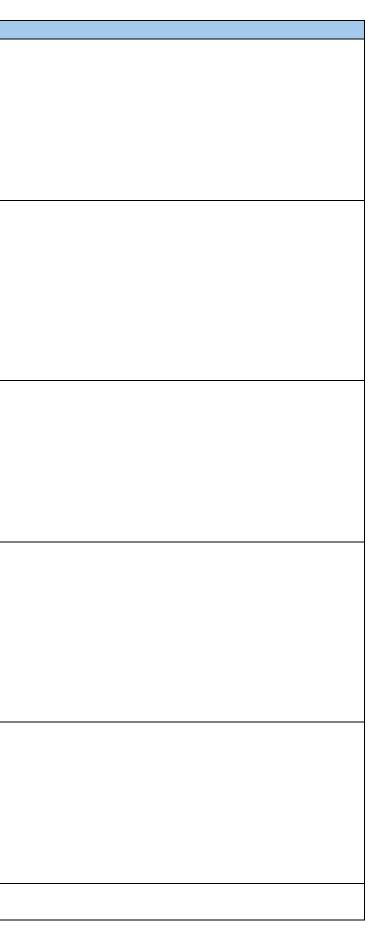
Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.02.01.30, EP 4	Laboratories using quantities of flammable, combustible, or hazardous materials that are considered a severe hazard are in accordance with NFPA 101-2012: 8.7 and NFPA 99 requirements applicable to administration, maintenance, and testing. (For full text refer to NFPA 101-2012: 18/19.3.2.2; NFPA 99-2012: 15.4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.30, EP 5	Where residential or commercial cooking equipment is used to prepare meals for less than 31 people in a smoke compartment, one cooking facility is permitted to be open to the corridor provided all criteria in NFPA 101-2012: 18/19.3.2.5 are met. Note: The critical access hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-2.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.30, EP 6	 Alcohol-based hand rubs (ABHR) are stored and handled in accordance with NFPA 101-2012: 8.7.3.1, unless all of the following conditions are met: Corridor is at least six feet wide. ABHR does not exceed 95% alcohol. Maximum individual dispenser capacity is 0.32 gallons of fluid (0.53 gallons in suites) or 18 ounces of NFPA Level 1–classified aerosols. Dispensers have a minimum of four feet of horizontal spacing between them. Dispensers are not installed within one inch of an ignition source. If floor is carpeted, the building is fully sprinkler protected. Operation of the dispenser complies with NFPA 101-2012: 18/19.3.2.6(11). ABHR is protected against inappropriate access. Not more than an aggregate of 10 gallons of fluid or 1135 ounces of aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room. Storing more than five gallons of fluid in a single smoke compartment complies with NFPA 30. 	Consolidation of LS.02.01.30, EP 6; LS.03.01.30, EP 5; LS.05.01.30, EP 3	PE.03.01.01, EP 7	When the critical access hos installs the dispensers in a m CoPs: §482.41(b)(7), §485.62
LS.02.01.30, EP 7	Existing wall and ceiling interior finishes are rated Class A or B for limiting smoke	Deleted EP -	N/A	N/A
L	development and the spread of flames. Newly installed wall and ceiling interior finishes are rated Class A. (For full text, refer to NFPA 101-2012: 18/19.3.3; 10.2) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Replaced with more direct EP(s) or moved to guidance within SPG		
LS.02.01.30, EP 8	Newly installed interior floor finishes in corridors of smoke compartments with an approved automatic sprinkler system is at least Class II. Existing floor finishes are not restricted. (For full text, refer to NFPA 101-2012: 18/19.3.3; 10.2.7)	Deleted EP - Replaced with more direct EP(s) or moved to guidance	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.02.01.30, EP 9	Corridors must be separated from all other areas by approved partitions, unless the space is permitted to be open in accordance with NFPA 101-2012: 18/19.3.6.1.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.30, EP 10	In existing buildings, corridor wall partitions are fire resistance rated for 1/2 hour, continuous from the floor slab to the floor or roof slab above, extended through any concealed spaces (such as those above suspended ceilings and interstitial	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A

ospital installs alcohol-based hand rub dispensers, it manner that protects against inappropriate access.

623(c)(5)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	spaces), properly sealed, and constructed to limit the transfer of smoke. (For full text, refer to NFPA 101-2012: 19.3.6.2)	moved to guidance within SPG		
LS.02.01.30, EP 11	Within corridors in smoke compartments that are protected throughout with an approved supervised sprinkler system, partitions are allowed to terminate at the ceiling if the ceiling is constructed to limit the passage of smoke. The passage of smoke can be limited by an exposed, suspended-grid acoustical tile ceiling with penetrating items such as sprinkler piping and sprinklers that penetrate the ceiling, ducted heating, ventilating, and air conditioning (HVAC) supply and return-air diffusers, speakers, and recessed lighting fixtures. (For full text, refer to NFPA 101-2012: 18/19.3.6.2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.30, EP 12	In new buildings, all corridor doors are constructed to resist the passage of smoke, hinged so that they swing, and the doors do not have ventilating louvers or transfer grills (with the exception of bathrooms, toilets, and sink closets that do not contain flammable or combustible materials). Undercuts are no larger than one inch. Positive latching hardware is required. Roller latches are prohibited. (For full text, refer to NFPA 101-2012: 18.3.6.3.1; 18.3.6.3.5; 18.3.6.4; 18.3.6.5; 18.3.6.3.10; 18.3.6.3.11)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(ii), §485.623(c)(1)(ii)			
LS.02.01.30, EP 13	In existing buildings, all corridor doors are constructed to resist the passage of smoke and constructed of 1 3/4-inch or thicker solid bonded wood core or constructed of material that resists fire for not less than 20 minutes, and the doors do not have ventilating louvers or transfer grills (with the exception of bathrooms, toilets, and sink closets that do not contain flammable or combustible materials). Positive latching hardware is required. Roller latches are prohibited. (For full text, refer to NFPA 101-2012: 19.3.6.3.1; 19.3.6.3.2; 19.3.6.3.5) Note 1: Powered corridor doors are equipped with positive latching hardware unless the organization can verify that this equipment is not an option provided by the door manufacturer. In instances where positive latching hardware is not an available option provided by the manufacturer, the device used must be capable of keeping the door fully closed when a force of 5 lbf is applied at the latch edge and in any direction to a sliding or folding door, whether or not power is applied in accordance with NFPA 101-2012: 19.3.6.3.7. Note 2: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials are not required to have a device capable of keeping the door fully closed if a force of 5 lbf is applied at the latch edge. In these cases, roller latches are permissible. CoPs: \$482.41(b)(1)(ii), \$485.623(c)(1)(ii)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.30, EP 14	In smoke compartments without sprinkler systems, fixed fire windows in corridor walls are 25% or less of the size of the corridor walls in which they are installed. Existing window installations that conform to previously accepted Life Safety Code criteria (such as a size of 1,296 square inches or less, made with wired glass or fire-rated glazing, and set in approved metal frames) are permitted. (For full text, refer to NFPA 101-2012: 19.3.6.2.7; 8.3.3.8; 8.3.3.9; 8.3.3.11)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.02.01.30, EP 15	Openings in vision panels or doors in corridor walls (other than in smoke	Deleted EP -	N/A	N/A
	compartments containing patient sleeping rooms) are installed at or below one half	Replaced with more		
	the distance from the floor to the ceiling. These openings may not be larger than 80	direct EP(s) or		
	square inches in new buildings or larger than 20 square inches in existing buildings.	moved to guidance		
	Note: Openings may include, but are not limited to, mail slots and pass-through	within SPG		
	windows in areas such as laboratories, pharmacies, and cashier stations. (For full			
	text, refer to NFPA 101-2012: 18/19.3.6.5)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.30, EP 16	Corridors serving adjoining areas are not used for a portion of an air supply, air	Deleted EP -	N/A	N/A
	return, or exhaust air plenum.	Replaced with more		
	Note: Incidental air movement between rooms and corridors (such as isolation	direct EP(s) or		
	rooms) because of the need for pressure differentials in hospitals is permitted. In	moved to guidance		
	such cases, the direction of airflow is not the focus for this element of	within SPG		
	performance. For the purpose of fire protection, air transfer should be limited to the			
	amount necessary to maintain positive or negative pressure differentials. (For full			
	text, refer to NFPA 101-2012: 19.5.2.1; NFPA 90A-2012: 4.3.12.1; 4.3.12.1.3.2)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.30, EP 17	In new buildings, at least two smoke compartments are provided for every story	Deleted EP -	N/A	N/A
	with patient sleeping or treatment rooms and for those stories that have an	Replaced with more		
	occupant capacity of 50 or more people, regardless of use. Smoke barriers have a	direct EP(s) or		
	minimum one-hour fire resistance rating; the maximum size of each smoke	moved to guidance		
	compartment is limited to 22,500 square feet. Space shall be provided on each	within SPG		
	side of smoke barriers to adequately accommodate the total number of occupants			
	in adjoining compartments. The travel distance from any point within the			
	compartment to a smoke barrier door is no more than 200 feet. (For full text, refer			
	to NFPA 101-2012: 18.3.7.1; 18.3.7.3; 18.3.7.5)			
LS.02.01.30, EP 18	In existing buildings, at least two smoke compartments are provided for every story	Deleted EP -	N/A	N/A
	that has more than 30 patients in sleeping rooms. Smoke barriers have a minimum	Replaced with more		
	1/2-hour fire resistance rating; the maximum size of each smoke compartment is	direct EP(s) or		
	limited to 22,500 square feet. Space shall be provided on each side of smoke	moved to guidance		
	barriers to adequately accommodate the total number of occupants in adjoining	within SPG		
	compartments. The travel distance from any point within the smoke compartment			
	to a smoke barrier door is no more than 200 feet. (For full text, refer to NFPA 101-			
	2012: 19.3.7.1; 19.3.7.3; 19.3.7.5)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.30, EP 19	Smoke barriers extend from the floor slab to the floor or roof slab above, through	Deleted EP -	N/A	N/A
	any concealed spaces (such as those above suspended ceilings and interstitial	Replaced with more		
	spaces), and extend continuously from exterior wall to exterior wall. All	direct EP(s) or		
	penetrations are properly sealed. (For full text, refer to NFPA 101-2012: 18/19.3.7.3;	moved to guidance		
	8.2.3; 8.5.2; 8.5.6; 8.7)	within SPG		
	Note: Polyurethane expanding foam is not an accepted fire-rated material for this			
	purpose.			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.30, EP 20	Doors in smoke barriers are self-closing or automatic-closing, constructed of 1 3/4-	Deleted EP -	N/A	N/A
	inch or thicker solid bonded wood core or constructed to resist fire for not less than	Replaced with more		



Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	20 minutes, and fitted to resist the passage of smoke. The gap between meeting edges of door pairs is no wider than 1/8 of an inch. In new buildings, undercuts are no larger than 3/4 of an inch, and doors in a means of egress swing in the opposite direction. (For full text, refer to NFPA 101-2012: 18.3.7.6; 18/19.3.7.8; 8.5.4.1; NFPA 80-2010: 4.8.4.1; 6.3.1.7.1)	direct EP(s) or moved to guidance within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.30, EP 21	In smoke compartments without sprinkler systems, fixed fire windows in smoke barrier doors are 25% or less of the size of the doors in which they are installed. Existing window installations that conform to previously accepted Life Safety Code criteria (such as 1,296 square inches or less, wired glass or fire-rated glazing, and are set in approved metal frames) are permitted. (For full text, refer to NFPA 101- 2012: 19.3.7.6; 8.3.3; 8.5.4.5)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.30, EP 22	In new buildings, the smoke damper is not required in the duct passing through a smoke barrier. In existing buildings, ducts that penetrate smoke barriers are protected by approved smoke dampers that close when a smoke detector is activated. The detector is located either within the duct system or in the area serving the smoke compartment. In existing buildings protected by an approved automatic sprinkler system, the damper is not required in the duct. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.3.5.1; 8.5.5; 8.5.5.7)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
<u> </u>	CoPs: \$482.41(b)(1)(i), \$485.623(c)(1)(i)			
LS.02.01.30, EP 23	Approved smoke dampers protect air transfer openings extending through smoke barriers in ceiling spaces that are used as an unducted common plenum for either supply or return air. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.5.5.2) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.30, EP 24	Every patient sleeping room has an outside window or outside door except newborn nurseries or rooms intended for less than 24-hour stays (such as obstetrical labor beds, recovery beds, and observation beds in the emergency department). Note: Windows in atrium walls are considered outside windows. CoPs: §482.41(b)(9), §482.41(b)(9)(i), §482.41(b)(9)(ii), §485.623(c)(7), §485.623(c)(7)(i)	Moved and Revised	PE.03.01.01, EP 9	Buildings have an outside wir building constructed after Jul above the floor. Note 1: Windows in atrium wa of this requirement. Note 2: The sill height require intended for occupancy for le Note 3: The sill height in spec exceed 60 inches. CoPs: §482.41(b)(9), §482.41 §485.623(c)(7)(i), §485.623(c)
LS.02.01.30, EP 25	In new buildings constructed after July 5, 2016, the window sill height in patient sleeping rooms does not exceed 36 inches from the floor, except in special nursing care areas (for example, intensive care units, coronary care units, hemodialysis units, and neonatal intensive care units), where window sill height does not exceed 60 inches above the floor. CoPs: §482.41(b)(9), §482.41(b)(9)(i), §482.41(b)(9)(ii), §485.623(c)(7), §485.623(c)(7)(ii)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

window or outside door in every sleeping room. For any July 5, 2016, the sill height does not exceed 36 inches

walls are considered outside windows for the purposes

rement does not apply to newborn nurseries and rooms less than 24 hours.

ecial nursing care areas of new occupancies does not

41(b)(9)(i), §482.41(b)(9)(ii), §485.623(c)(7), s(c)(7)(ii)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.02.01.30, EP 26	The critical access hospital meets all other Life Safety Code fire and smoke	Deleted EP -	N/A	N/A
	protection requirements related to NFPA 101-2012: 18/19.3.	Replaced with more		
		direct EP(s) or		
1	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.02.01.34, EP 1	A fire alarm system is installed with systems and components to provide effective	Deleted EP -	N/A	N/A
	warning of fire in any part of the building in accordance with NFPA 70-2011,	Replaced with more		
	National Electric Code and NFPA 72-2010, National Fire Alarm Code.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.02.01.34, EP 2	The master fire alarm control panel is located in an area with a smoke detector or in	Deleted EP -	N/A	N/A
	an area that is continuously occupied and protected, which is an area enclosed	Replaced with more		
	with one-hour fire-rated walls and 3/4-hour fire-rated doors. In areas not	direct EP(s) or		
	continuously occupied and protected, a smoke detector is installed at each fire	moved to guidance		
	alarm control unit. In a newly designated occupancy, detection is also installed at	within SPG		
	notification appliance circuit power extenders and supervising station transmitting			
	equipment. Fire alarm system wiring or other transmission paths are monitored for			
	integrity. (For full text, refer to NFPA 101-2012: 18/19.3.4.1; 9.6)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.34, EP 3	Initiation of the fire alarm system is by manual means and by any required sprinkler	Deleted EP -	N/A	N/A
	system alarm, detection device, or detection system. Manual alarm boxes are	Replaced with more		
	provided in the path of egress near each required exit. Manual alarm boxes in	direct EP(s) or		
	patient sleeping areas are not required at exits if manual alarm boxes are located at	moved to guidance		
	all nurse's stations or other continuously attended staff location, provided alarm	within SPG		
	boxes are visible, continuously accessible, and 200 feet of travel distance is not			
	exceeded. (For full text, refer to NFPA 101-2012: 18/19.3.4.2.1; 18/19.3.4.2.2;			
	9.6.2.5)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.34, EP 4	In new buildings, occupant notification is provided automatically in accordance	Deleted EP -	N/A	N/A
`	with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence	Replaced with more		
	in accordance with 9.6.3.4 is permitted in buildings protected throughout by a	direct EP(s) or		
	sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm	moved to guidance		
	system transmits the alarm automatically to notify emergency forces in the event of	within SPG		
	a fire. Annunciation zoning for the fire alarm and sprinklers is provided by audible			
	and visual indicators; zones are not larger than 22,500 square feet per zone. (For			
	full text, refer to NFPA 101-2012: 18.3.4.3–18.3.4.4.3; 9.6.4)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.34, EP 5	In existing buildings, occupant notification is provided automatically in accordance	Deleted EP -	N/A	N/A
20.02.01.07, 21 0	with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence	Replaced with more		
	in accordance with 9.6.3.4 is permitted in buildings protected throughout by a	direct EP(s) or		
	sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm	moved to guidance		
	system transmits the alarm automatically to notify emergency forces in the event of	within SPG		
	a fire. (For full text, refer to NFPA 101-2012: 19.3.4.3; 9.6.4; 9.7.1.1(1))			
	$C_{0}D_{0}$: \$492.41(b)(1)(i) \$495.622(c)(1)(i)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.02.01.34, EP 6	Activation of the required fire alarm control functions occurs automatically and is	Deleted EP -	N/A	N/A
	provided with an alternative power supply in accordance with NFPA 72-2010. (For	Replaced with more		
	full text, refer to NFPA 101-2012: 18/19.3.4.4; 9.6.1; 9.6.5)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.02.01.34, EP 7	The fire alarm signal automatically transmits using one of the provisions of NFPA	Deleted EP -	N/A	N/A
	101-2012: 9.6.4. (For full text, refer to NFPA 101-2012: 18/19.3.4)	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.02.01.34, EP 8	Smoke detection systems are provided in spaces open to corridors as required by	Deleted EP -	N/A	N/A
	NFPA 101-2012: Chapter 18/19. (For full text, refer to NFPA 101-2012:	Replaced with more		
	18/19.3.4.5.2; 18/19.3.6.1)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.02.01.34, EP 9	The ceiling membrane is installed and maintained in a manner that permits	Deleted EP -	N/A	N/A
,	activation of the smoke detection system. (For full text, refer to NFPA 101-2012:	Replaced with more		
	18/19.3.4.1)	direct EP(s) or		
		moved to guidance		
		within SPG		
LS.02.01.34, EP 10	The critical access hospital meets all other Life Safety Code fire alarm	Deleted EP -	N/A	N/A
20.02.01.04, 21 10	requirements related to NFPA 101-2012: 18/19.3.4.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.02.01.35, EP 1	The fire alarm system monitors approved automatic sprinkler system components.	Deleted EP -	N/A	N/A
20.02.01.00, 21 1	(For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.2.1)	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.02.01.35, EP 2	The fire alarm system is connected to water flow alarms. (For full text, refer to NFPA	Deleted EP -	N/A	N/A
L0.02.01.00, L1 2	101-2012: 18.3.5.1; 19.3.5.3; 9.7.2)	Replaced with more		
	101-2012. 10.0.0.1, 10.0.0.0, 0.7.2)	direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
	COPS. 9462.41(D)(1)(I), 9465.625(C)(1)(I)	within SPG		
LS.02.01.35, EP 3	Piping supports for approved automatic sprinkler systems are not damaged or	Deleted EP -	N/A	N/A
L3.02.01.33, LF 3	loose. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; NFPA 25-2011:	Replaced with more		N/A
	5.2.3.1; 5.2.3.2)	direct EP(s) or		
	5.2.5.1, 5.2.5.2)	moved to guidance		
	$C_{0}P_{0}$: \$492.41(b)(1)(i) \$495.622(c)(1)(i)	within SPG		
LS.02.01.35, EP 4	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i) Piping for approved automatic sprinkler systems is not used to support any other	Deleted EP -	N/A	N/A
L3.02.01.33, EP 4				
	item. (For full text, refer to NFPA 25-2011: 5.2.2.2)	Replaced with more		
	$C_{0}D_{0}$; \$482,41(b)(1)(i) \$485,622(c)(1)(i)	direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
	Convictions are not down and Theorem also find from the set of the	within SPG		
LS.02.01.35, EP 5	Sprinklers are not damaged. They are also free from corrosion, foreign materials,	Deleted EP -	N/A	N/A
	and paint and have necessary escutcheon plates installed. (For full text, refer to	Replaced with more		
	NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.5; NFPA 25-2011: 5.2.1.1.1; 5.2.1.1.2; NFPA	direct EP(s) or		
	13-2010: 6.2.6.2.2; 6.2.7.1)			

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.02.01.35, EP 6	There are 18 inches or more of open space maintained below the sprinkler to the	Deleted EP -	N/A	N/A
	top of storage.	Replaced with more		
	Note: Perimeter wall and stack shelving may extend up to the ceiling when not	direct EP(s) or		
	located directly below a sprinkler. (For full text, refer to NFPA 101-2012: 18.3.5.1;	moved to guidance		
	19.3.5.3; 9.7.1.1; NFPA 13-2010: 8.5.6)	within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.35, EP 7	At least six spare sprinkler heads that correspond to the types and temperature	Deleted EP -	N/A	N/A
	rating of the critical access hospital's sprinkler heads, with associated wrenches,	Replaced with more		
	are kept in a cabinet that will not exceed 100°F. (For full text, refer to NFPA 101-	direct EP(s) or		
	2012: 18.3.5.1; 19.3.5.3; 9.7.1.1; NFPA 25-2011: 5.4.1.4; 5.4.1.6; NFPA 13-2010:	moved to guidance		
	6.2.9; 6.2.9.1; 6.2.9.3; 6.2.9.6)	within SPG		
	Note: If the critical access hospital has more than 300 sprinklers, the minimum			
	spare sprinkler head requirement incrementally increases. (For full text, refer to			
	NFPA 13-2010: 6.2.9.5)			
LS.02.01.35, EP 8	In both new buildings and existing buildings, the clothing closets in patient sleeping	Deleted EP -	N/A	N/A
	rooms are not required to have sprinkler protection if the closet does not exceed six	Replaced with more		
	square feet. (For full text, refer to NFPA 101-2012: 18/19.3.5.10)	direct EP(s) or		
		moved to guidance		
		within SPG		
LS.02.01.35, EP 9	In new buildings, quick response sprinklers are installed in smoke compartments	Deleted EP -	N/A	N/A
20102101100, 21 0	with patient sleeping rooms. (For full text, refer to NFPA 101-2012: 18.3.5.6)	Replaced with more		
		direct EP(s) or		
		moved to guidance		
		within SPG		
LS.02.01.35, EP 10	The travel distance from any point to the nearest portable fire extinguisher is 75 feet	Deleted EP -	N/A	N/A
,,	or less. Portable fire extinguishers have appropriate signage, are installed either in a	Replaced with more		
	cabinet or secured on a hanger made for the extinguisher, and are at least four	direct EP(s) or		
	inches off the floor. Those fire extinguishers that are 40 pounds or less are installed	moved to guidance		
	so the top is not more than 5 feet above the floor. (For full text, refer to NFPA 101-	within SPG		
	2012: 18/19.3.5.12; 9.7.4.1; NFPA 10-2010: 6.2.1.1; 6.1.3.3.1; 6.1.3.4; 6.1.3.8)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.35, EP 11	Class K-type portable fire extinguishers are located within 30 feet of grease-	Deleted EP -	N/A	N/A
	producing ranges, griddles, broilers, or cooking appliances that use vegetable or	Replaced with more		
	animal oils or fats, such as deep fat fryers. A placard is conspicuously placed near	direct EP(s) or		
	the extinguisher stating that the fire protection system should be activated prior to	moved to guidance		
	using the fire extinguisher. (For full text, refer to NFPA 101-2012: 18/19.3.2.5.1;	within SPG		
	NFPA 96-2011: 10.10.2; NFPA 10-2010: 5.5.5; 6.6.2)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.35, EP 12	Grease-producing cooking devices such as deep fat fryers, ranges, griddles, or	Deleted EP -	N/A	N/A
	broilers have an exhaust hood, an exhaust duct system, and grease removal	Replaced with more		
	devices without mesh filters. (For full text, refer to NFPA 101-2012: 18/19.3.2.5.1;	direct EP(s) or		
	NFPA 96-2011: 6.1)	moved to guidance		
		-		1
		within SPG		

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.02.01.35, EP 13	The automatic fire extinguishing system for grease-producing cooking devices does the following: deactivates the fuel source, activates the building fire alarm system, and controls the exhaust fans as designed. (For full text, refer to NFPA 101-2012: 18/19.3.2.5.1; NFPA 96-2011: 10.4; 10.6.1; 10.6.2; 8.2.3) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.35, EP 14	The critical access hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012: 18/19.3.5. CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.40, EP 1	High-rise buildings have an approved automatic sprinkler system that meets the requirements of NFPA 101-2012: 18/19.4.2. (For full text, refer to NFPA 101-2012: 11.8) Note: Organizations that do not have approved automatic sprinkler systems in high- rise buildings (over 75 feet tall) as of July 5, 2016, have 12 years to install them. CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 1	Equipment using gas or gas piping complies with NFPA 54-2012, National Fuel Gas Code; electrical wiring and equipment complies with NFPA 70-2012, National Electric Code. Existing installations can continue in service provided there are no life-threatening hazards. (For full text, refer to NFPA 101-2012: 18/19.5.1.1; 9.1.1; 9.1.2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 2	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i) Heating, ventilation, and air conditioning comply with NFPA 101-2012: 9.2 and are installed in accordance with manufacturers' specifications. (For full text, refer to NFPA 101-2012: 18/19.5.2.1) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 3	Any heating device (other than a central heating plant) is designed and installed so combustible materials cannot be ignited by the device and safety features stop fuel and shut down equipment if it experiences excessive temperature or ignition failure. (For full text, refer to NFPA 101-2012: 18/19.5.2.2) Note: If fuel fired, the heating device is designed as follows: - Chimney or vent connected - Takes air for combustion from outside - Combustion system is separate from occupied area atmosphere CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP -	N/A	N/A
LS.02.01.50, EP 4	A suspended unit heater(s) is permitted provided the following conditions are met: - Not located in means of egress or in patient rooms - Located high enough to be out of reach of people in the area - Has a safety feature to stop fuel and shut down equipment if it experiences excessive temperature or ignition failure (For full text, refer to NFPA 101-2012: 18/19.5.2.3) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.02.01.50, EP 5	Direct-vent fireplaces in patient sleeping areas must meet the provisions of NFPA 101-2012: 18/19.5.2.2; 18/19.5.2.3.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 6	 Solid fuel-burning fireplaces are permitted in areas other than patient sleeping rooms when the following occurs: Areas are separated by a one-hour fire-resistant wall Fireplace complies with NFPA 101-2012: 9.2.2 Fireplace enclosure resists breakage up to 650°F and has heat-tempered glass Area has supervised carbon monoxide detection per NFPA 101-2012: 9.8 (For full text, refer to NFPA 101-2012: 18/19.5.2.3(3)) 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 7	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i) Elevators are equipped with the following: - Firefighters' service key recall - Smoke detector automatic recall - Firefighters' service emergency in-car key operation - Machine room smoke detectors - Elevator lobby smoke detectors Existing elevators that have a travel distance of 25 feet or more above or below the level that best serves the needs of firefighters also meet these requirements. (For full text, refer to NFPA 101-2012: 18/19.5.3; 9.4.2; 9.4.3)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 8	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i) Escalators, dumbwaiters, and moving walks comply with NFPA 101-2012: 9.4. In addition, existing escalators, dumbwaiters, and moving walks (including escalator emergency stop buttons and automatic skirt obstruction stop) conform with the requirements of ASME/ANSI A17.1, Safety Code for Elevators and Escalators and ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. (For full text, refer to NFPA 101-2012: 18/19.5.3; 9.4.2; 9.4.6)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 9	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i) In new buildings, the inlet door for linen- and waste-chute services assemblies are fire rated for one hour (or for 1 1/2 hours in chutes of four stories or more). In existing buildings, the inlet door assemblies for linen- and waste-chute services are fire rated for 3/4 of an hour (or for one hour if it opens into a corridor). (For full text, refer to NFPA 101-2012: 18/19.5.4; 8.3.3.1; 9.5; NFPA 82-2009: 5.2.3.1.3) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 10	All linen and waste chute inlet service doors have both self-closing and positive- latching devices. All linen and waste discharge service doors are self-closing. Note: Discharge doors may be held open with fusible links or electrical hold-open devices. (For full text, refer to NFPA 101-2012: 18/19.5.4; 8.3.3.1; 9.5; NFPA 82- 2009: 5.2.3.2.3; Tentative Interim Amendment [TIA] 09-1)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.50, EP 11	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i) Linen- and waste-chute discharge door assemblies are fire rated the same as the chute. (For full text, refer to NFPA 101-2012: 18/19.5.4; 9.5; NFPA 82-2009: 5.2.4;	Deleted EP - Replaced with more	N/A	N/A

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	5.2.3.2)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
S.02.01.50, EP 12	In buildings more than two stories high, an approved automatic sprinkler system is	Deleted EP -	N/A	N/A
	located above the top of the linen and waste chute service openings on the lowest	Replaced with more		
	service levels and above the service door opening on alternate floor levels. (For full	direct EP(s) or		
	text, refer to NFPA 101-2012: 18/19.5.4.3; 9.7; NFPA 82-2009: 5.2.6)	moved to guidance		
		within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
S.02.01.50, EP 13	Trash chutes discharge into collection rooms that are not used for any other	Deleted EP -	N/A	N/A
	purpose and are separated from the corridor and have a minimum fire resistance	Replaced with more		
	rating not less than that specified for the chute. In existing buildings, if the trash	direct EP(s) or		
	collection room is protected with an approved automatic sprinkler system, linen	moved to guidance		
	collection may also occur. (For full text, refer to NFPA 101-2012: 18/19.5.4.4;	within SPG		
	19.5.4.5; NFPA 82-2009: 5.2.4.1)			
	$O_{2} D_{2} = SA00 A1(h)(4)(1) SA05 C00(a)(4)(1)$			
	CoPs: \$482.41(b)(1)(i), \$485.623(c)(1)(i)	Deleted EP -	N1/A	
S.02.01.50, EP 14	The critical access hospital meets all other Life Safety Code building service		N/A	N/A
	requirements related to NFPA 101-2012: 18/19.5.	Replaced with more		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	direct EP(s) or moved to guidance		
		within SPG		
S.02.01.70, EP 1	Smoking is prohibited in any room, ward, or compartment where flammable	Deleted EP -	N/A	N/A
10.02.01.70, 11 1	liquids, combustible gases, or oxygen is used or stored; these areas have signs that	Replaced with more		
	read "NO SMOKING" or display the international symbol for no smoking. In	direct EP(s) or		
	facilities where smoking is prohibited and signs are prominently placed at all major	moved to guidance		
	entrances, secondary signs that prohibit smoking in hazardous areas are not	within SPG		
	required. (For full text, refer to NFPA 101-2012: 18/19.7.4)			
	Note: The secondary sign exception is not applicable to medical gas storage areas.			
S.02.01.70, EP 2	In areas where smoking is permitted, ashtrays are safely designed and made of	Deleted EP -	N/A	N/A
	noncombustible material. Metal containers with self-closing cover devices in	Replaced with more		
	which ashtrays can be emptied are readily available to all areas where smoking is	direct EP(s) or		
	permitted. (For full text, refer to NFPA 101-2012: 18/19.7.4)	moved to guidance		
		within SPG		
_S.02.01.70, EP 3	Draperies, curtains (including cubicle and shower curtains), and loosely hanging	Deleted EP -	N/A	N/A
	fabric comply with NFPA 101-2012: 10.3.1. (For full text, refer to NFPA 101-2012:	Replaced with more		
	18/19.7.5.1; 18/19.3.5.11; 10.3.1)	direct EP(s) or		
	Note: Exceptions include shower/bath curtains in addition to window coverings in	moved to guidance		
	patient sleeping rooms and non-patient sleeping rooms located in sprinklered	within SPG		
	compartments where individual drapery or curtain panels do not exceed 48 square			
	feet or total area does not exceed 20% of the wall.			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
S.02.01.70, EP 4	In buildings without sprinkler protection, upholstered furniture purchased on or	Deleted EP -	N/A	N/A
	after July 5, 2016, meets Class I or char length and heat release criteria in	Replaced with more		
	accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or	direct EP(s) or		
	after July 5, 2016, meet char length and heat release criteria in accordance with	moved to guidance		
	NFPA 101-2012: 10.3.2.2 and 10.3.4. (For full text, refer to NFPA 101-2012:	within SPG		
	18/19.7.5.2; 18/19.7.5.4)			
			1	

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.02.01.70, EP 5	Decorations (for example, photos, paintings, other art) directly attached to the walls, ceiling, and non-fire-rated doors are permitted provided they do not exceed 20% of the wall, ceiling, or door areas in spaces in nonsprinklered smoke compartments; 30% in spaces in sprinklered smoke compartments; 50% inside patient sleeping rooms that do not exceed four people in sprinklered smoke	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	compartments. (For full text, refer to NFPA 101-2012: 18/19.7.5.6)			
LS.02.01.70, EP 6	CoPs: \$482.41(b)(1)(i), \$485.623(c)(1)(i)Soiled linen and trash receptacles larger than 32 gallons are stored in a room protected as a hazardous area. (For full text, refer to NFPA 101-2012: 18/19.7.5.7) Note: Containers that are 96 gallons or less and are labeled and listed as meeting the requirements of FM Approval Standard 6921 (or equivalent) and are used solely for recycling clean waste (including patient records awaiting destruction) are permitted in an unprotected area. Those containers that are greater than 96 gallons are stored in a hazardous storage area.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.70, EP 7	CoPs: §482.41(b)(1)(i), §485.623(b)(2), §485.623(c)(1)(i) When installed, new engineered smoke control systems are tested in accordance with NFPA 92-2012, Standard for Smoke Control Systems. Existing engineered smoke control systems are tested in accordance with established engineering principles. (For full text, refer to NFPA 101-2012: 18/19.7.7)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.70, EP 8	CoPs: \$482.41(b)(1)(i), \$485.623(c)(1)(i)Portable space heaters are prohibited in smoke compartments containing sleeping rooms and patient treatment areas. Non-sleeping rooms that are occupied by staff and separated from the corridor are permitted to have portable space heaters, but must contain heating elements not exceeding 212°F. (For full text, refer to NFPA 101-2012: 18/19.7.8) Note: For this element of performance, nurses stations are considered patient treatment areas.CoPs: \$482.41(b)(1)(i), \$485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.02.01.70, EP 9	The critical access hospital meets all other Life Safety Code operating feature requirements related to NFPA 101-2012: 18.7/19.7. CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.10, EP 1	Buildings meet requirements for construction type and height. In Types I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. All new buildings contain approved automatic sprinkler systems. Existing buildings contain approved automatic sprinkler systems as required by the construction type. (For full text, refer to NFPA 101-2012: 20/21.1.6.1–20/21.1.6.6; 20/21.3.5) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.03.01.10, EP 2	Interior nonbearing walls in Types I or II construction are constructed of noncombustible or limited-combustible materials. Interior nonbearing walls that are required to have a minimum of two-hour fire resistance rating are made with fire retardant–treated wood and enclosed within noncombustible or limited- combustible materials, provided they are not used as shaft enclosures. (For full text, refer to NFPA 101-2012: 20.1.6.3; 20.1.6.4; 21.1.6.3; 21.1.6.4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.10, EP 3	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i) When building rehabilitation occurs, the critical access hospital incorporates NFPA 101-2012: Chapters 20, 21, and 43. (For full text, refer to NFPA 101-2012: Chapter 43; 20/21.1.1.4; 4.6.7) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.10, EP 4	Ambulatory occupancies located in multioccupancy buildings are separated from health care occupancies by two-hour fire-rated walls and from business occupancies by one-hour fire-rated walls. (For full text, refer to NFPA 101-2012: 20/21.1.3; 20/21.1.4; 20/21.3.7.1) Note: Per Centers for Medicare & Medicaid Services' regulation, outpatient surgical departments are classified as ambulatory health care occupancies, regardless of the number of patients served. (For full text, refer to NFPA 101-2012: 20/21.1.3.2; 20/21.3.7.1) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.10, EP 5	Fire barriers are continuous from outside wall to outside wall or from one fire barrier to another, or a combination thereof, including continuity through all concealed spaces, such as those found above a ceiling, including interstitial spaces. For those fire barriers terminating at the bottom side of an interstitial space, the construction assembly forming the bottom of the interstitial space must have a fire resistance rating not less than that of the fire barrier. (For full text, refer to NFPA 101-2012: 8.3.1.2) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.10, EP 6	 The fire protection ratings for opening protectives in fire barriers and fire-rated smoke barriers are as follows: Three hours in three-hour barriers Ninety minutes in two-hour barriers Forty-five minutes in one-hour barriers Note: Doors that separate the ambulatory health care occupancy from other tenants or other occupancies (except health care occupancies) do not need to meet the 45-minute rating as long as they are constructed of not less than 1¾-inch thick, solid bonded wood-core or equivalent and must be equipped with positive latches. Twenty minutes in thirty-minute barriers (For full text, refer to NFPA 101-2012: 8.3.3.2; 8.3.4.2; Table 8.3.4.2; 20/21.3.7.1; NFPA 80-2010: 5.2.13.3) Note 1: Labels on fire door assemblies must be maintained in legible condition. Note 2: The critical access hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-1. 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.10, EP 7	Doors within walls and floors that are required to be fire rated have functioning hardware, including positive latching devices and self-closing or automatic-closing devices. Gaps between meeting edges of door pairs are no more than 1/8-inch wide, and undercuts are no larger than 3/4 of an inch. Blocking or wedging open fire-rated doors is prohibited. Doors required to be fire rated in the walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. (For full text, refer to NFPA 101-2012: 8.3.3.1; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.10, EP 8	Doors requiring a minimum fire rating of 3/4 of an hour are free of coverings, decorations, or other objects applied to the door face. Informational signs, which are applied with adhesive only, are allowed provided that the informational signage does not exceed 5% of the door face area. (For full text, refer to NFPA 80-2010: 4.1.4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.10, EP 9	Ducts penetrating the walls and floors with a fire-resistance rating of less than three hours are protected by dampers that are fire rated for 1 1/2 hours; penetrations of three hours or greater are protected by fire dampers that are fire rated for three hours. (For full text, refer to NFPA 101-2012: 8.3.5.7; 9.2.1; NFPA 90A-2012: 5.4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.10, EP 10	The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material. Note: Non-approved polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: \$482.41(b)(1)(i), \$485.623(c)(1)(i)			
LS.03.01.10, EP 11	The critical access hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 20/21.1. CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.20, EP 1	Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 20/21.2.2) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.20, EP 2	Any door required to be self-closing, including those in an exit stair enclosure, may be held open provided there is an automatic release device that closes the door in response to the manual fire alarm system, loss of power, and smoke detectors. (For	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	full text, refer to NFPA 101-2012: 20/21.2.2.4; 20/21.2.2.5; 7.2.1.8.2)	moved to guidance		
		within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.20, EP 3	Exits discharge to the outside at grade level or through an approved exit	Deleted EP -	N/A	N/A
	passageway that is continuous and provides a level walking surface. The exit	Replaced with more		
	discharge is a hard-packed, all-weather travel surface that is free from obstructions	direct EP(s) or		
	and terminates at a public way or at an exterior exit discharge. (For full text, refer to	moved to guidance		
	NFPA 101-2012: 20/21.2.1; 20/21.2.7; 38/39.2.7; 7.1.7; 7.1.10.1; 7.2.6; 7.7)	within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.20, EP 4	The capacity of the means of egress complies with NFPA 101-2012: 7.3. (For full	Deleted EP -	N/A	N/A
	text, refer to NFPA 101-2012: 20/21.2.3.1)	Replaced with more		
	, ,	direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.03.01.20, EP 5	Exit corridors or passageways serving as a means of egress are 44 (or more) inches	Deleted EP -	N/A	N/A
	wide. Doors opening in the means of egress from diagnostic or treatment areas are	Replaced with more		
	32 (or more) inches wide (unless the existing door opening is 34 inches). (For full	direct EP(s) or		
	text, refer to NFPA 101-2012: 20/21.2.3.2; 2.3.4)	moved to guidance		
		within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.20, EP 6	Exits, exit accesses, and exit discharges are clear of obstructions or impediments	Deleted EP -	N/A	N/A
	to the public way, such as clutter (for example, equipment, carts, furniture),	Replaced with more		
	construction material, and snow and ice. (For full text, refer to NFPA 101-2012:	direct EP(s) or		
	7.1.10.1)	moved to guidance		
		within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.20, EP 7	Exit access doors and exit doors are free of mirrors, hangings, or draperies that	Deleted EP -	N/A	N/A
	might conceal, obscure, or confuse the direction of exit. (For full text, refer to NFPA	Replaced with more		
	101-2012: 20/21.2.1; 7.5.2.2.1)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.03.01.20, EP 8	Each floor of a building has at least two exits that are remote from each other and	Deleted EP -	N/A	N/A
	accessible from every part of the floor. Each smoke compartment has two distinct	Replaced with more		
	egress paths to exits that do not require entry into the same adjacent smoke	direct EP(s) or		
	compartment. Patient care suites larger than 2,500 square feet have two exits	moved to guidance		
	remotely located from each other. (For full text, refer to NFPA 101-2012:	within SPG		
	20/21.2.4.1; 2.4.2; 7.4; 38/39.2.4)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.20, EP 9	In new buildings protected throughout by an approved automatic sprinkler system,	Deleted EP -	N/A	N/A
	dead-end corridors are no longer than 50 feet. In new buildings not provided with	Replaced with more		
	automatic sprinklers throughout, dead-end corridors are no longer than 20 feet. In	direct EP(s) or		
	existing buildings, dead-end corridors are no longer than 50 feet. (For full text, refer	moved to guidance		
	to NFPA 101-2012: 20/21.2.5; 38/39.2.5.2)	within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
			1	1
LS.03.01.20, EP 10	The travel distance from any point in a room to an exit is 150 feet or less; the travel	Deleted EP -	N/A	N/A

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	automatic sprinkler system. (For full text, refer to NFPA 101-2012: 20/21.2.6)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.03.01.20, EP 11	Nothing is stored in any exit enclosure. (For full text, refer to NFPA 101-2012:	Deleted EP -	N/A	N/A
	20/21.2.1; 7.2.2.5)	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.03.01.20, EP 12	Means of egress are automatically and adequately illuminated at all points,	Deleted EP -	N/A	N/A
,	including angles and intersections of corridors and passageways, stairways,	Replaced with more		
	stairway landings, exit doors, and exit discharges. (For full text, refer to NFPA 101-	direct EP(s) or		
	2012: 20/21.2.8; 7.8)	moved to guidance		
		within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.20, EP 13	Illumination in the means of egress, including exit discharge, is arranged so that	Deleted EP -	N/A	N/A
	failure of any single lighting unit will not result in darkness (less than 0.2 foot-	Replaced with more		
	candles of illumination). Emergency lighting of at least 1½-hours duration is	direct EP(s) or		
	provided automatically in accordance with NFPA 101-2012: 7.9. (For full text, refer	moved to guidance		
	to NFPA 101-2012: 20/21.2.8; 7.8.1.4)	within SPG		
		Within or O		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.20, EP 14	Signs reading "NO EXIT" are posted on doors to stairs in areas that are not	Deleted EP -	N/A	N/A
,,,	conforming exits and that may be mistaken for exits. (For full text, refer to NFPA	Replaced with more		
	101-2012: 20/21.2.10; 7.10.8.3)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.03.01.20, EP 15	Exit signs are visible when the path to the exit is not readily apparent. Signs are	Deleted EP -	N/A	N/A
,	adequately lit and have letters that are 4 or more inches high or 6 inches high if	Replaced with more		
	externally lit. (See NFPA 101-2012: 20/21.2.10; 7.10.5)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.03.01.20, EP 16	New buildings equipped with or requiring the use of life support systems (electro-	Deleted EP -	N/A	N/A
20100101120, 21 10	mechanical or inhalation anesthetics) have illumination for the following: means of	Replaced with more		
	egress, emergency lighting equipment, exit, and directional signs supplied by the	direct EP(s) or		
	life safety branch of the electrical system described in NFPA 99-2012. (For full text,	moved to guidance		
	refer to NFPA 101-2012: 20.2.9.2; NFPA 99-2012: 6.4.2.2.3)	within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.20, EP 17	The critical access hospital meets all other Life Safety Code means of egress	Deleted EP -	N/A	N/A
· · · · · · ,	requirements related to NFPA 101-2012: 20/21.2.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.03.01.30, EP 1	In new construction, vertical openings, including exit stairs, are enclosed by one-	Deleted EP -	N/A	N/A
· · · · · · · · · · · · · · · · · · ·	hour fire-rated walls when connecting three or fewer floors and two-hour fire-rated	Replaced with more		-
	walls when connecting four or more floors. Existing vertical openings, including exit	direct EP(s) or		
	stairs, are enclosed with a minimum of one-hour fire-rated construction. (For full	moved to guidance		
	text, refer to NFPA 101-2012: 20/21.3.1; 8.6; 8.6.5; 38/39.3.1)	within SPG		
	Note: These vertical openings include, but are not limited to, shafts (including			

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	elevator, light, and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases.			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.30, EP 2	In buildings, exit stairs connecting three or fewer floors are fire rated for one hour; exit stairs connecting four or more floors are fire rated for two hours. (For full text, refer to NFPA 101-2012: 20/21.3.1; 38/39.3.1; 8.6.5)	Deleted EP - Replaced with more direct EP(s) or moved to guidance	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.03.01.30, EP 3	All hazardous areas are enclosed with one-hour fire-rated walls with ¾-hour fire- rated doors; or hazardous areas have sprinkler systems and are constructed to resist the passage of smoke with doors equipped with self-closing or automatic- closing devices. (For full text, refer to NFPA 101-2012: 20/21.3.2; 38/39.3.2; 8.7; NFPA 80-2010: 4.8.4.1; 6.3.1.7; 6.5)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.30, EP 4	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i) Laboratories using quantities of flammable, combustible, or hazardous materials that are considered as a severe hazard are protected in accordance with NFPA 101- 2012: 8.7 and NFPA 99-2012 requirements. (For full text, refer to NFPA 101-2012: 20/21.3.2.2) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.30, EP 5	 Alcohol-based hand rubs (ABHR) are stored and handled in accordance with NFPA 101-2012: 8.7.3.1, unless all of the following conditions are met: Corridor is at least six feet wide. ABHR does not exceed 95% alcohol. Maximum individual dispenser capacity is 0.32 gallons of fluid (0.53 gallons in suites) or 18 ounces of NFPA Level 1–classified aerosols. Dispensers have a minimum of four feet of horizontal spacing between them. Dispensers are not installed within one inch of an ignition source. If floor is carpeted, the building is fully sprinkler protected. Operation of the dispenser complies with NFPA 101-2012: 20/21.3.2.6(11). ABHR is protected against inappropriate access. Not more than an aggregate of 10 gallons of fluid or 1135 ounces of aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room. Storing more than five gallons of fluid in a single smoke compartment complies with NFPA 30. 	Consolidation of LS.02.01.30, EP 6; LS.03.01.30, EP 5; LS.05.01.30, EP 3	PE.03.01.01, EP 7	When the critical access hospita installs the dispensers in a mann CoPs: §482.41(b)(7), §485.623(c
LS.03.01.30, EP 6	Commercial cooking equipment is installed per NFPA 96-2011, unless only used for food warming or limited cooking. (For full text, refer to NFPA 101-2012: 20/21.3.2.4; 20/21.3.2.5; 9.2.3) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.30, EP 7	Wall and ceiling interior finishes of exits and enclosed corridors are rated Class A or B for limiting smoke development and the spread of flames. (For full text, refer to NFPA 101-2012: 20/21.3.3; 38/39.3.3.2; 10.2.3)	Deleted EP - Replaced with more direct EP(s) or moved to guidance	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		

s hospital installs alcohol-based hand rub dispensers, it n a manner that protects against inappropriate access.	
85.623(c)(5)	

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.03.01.30, EP 8	Newly installed interior floor finishes in exits and enclosed corridors have a Class I	Deleted EP -	N/A	N/A
	or II radiant flux rating. (For full text, refer to NFPA 101-2012: 20/21.3.3; 10.2.7)	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.03.01.30, EP 9	In new construction, openings in vision panels or doors are permitted without	Deleted EP -	N/A	N/A
	protection provided the openings are installed at or below one half the distance	Replaced with more		
	from the floor to the room ceiling and do not exceed 20 square inches. In rooms	direct EP(s) or		
	protected throughout by an approved automatic sprinkler system, the aggregate	moved to guidance		
	area of openings is limited to 80 square inches. In existing construction, openings	within SPG		
	are not limited. (For full text, refer to NFPA 101-2012: 20.3.6.2)			
	Note: Openings may include, but are not limited to, mail slots and pass-through			
	windows in areas such as laboratory, pharmacy, and cashier stations.			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.30, EP 10	In new construction, corridors that provide access to exits are separated from other	Deleted EP -	N/A	N/A
	areas by one-hour fire-rated barriers unless otherwise permitted by NFPA 101-	Replaced with more		
	2012: 38.3.6.1.	direct EP(s) or		
	Note: For existing construction, there are no requirements. (For full text, refer to	moved to guidance		
	NFPA 101-2012: 20.3.6.2; 38.3.6.1)	within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.30, EP 11	Ambulatory health care space must be separated from other tenants with a one-	Deleted EP -	N/A	N/A
	hour fire resistance-rated barrier, constructed from the floor slab below to the floor	Replaced with more		
	or roof above. Doors in the barrier are 1¾ inch thick, solid bonded (or equivalent),	direct EP(s) or		
	self-closing, and have positive latching. Doors are kept in the closed position	moved to guidance		
	except when in use. Windows in the barrier comply with NFPA 101-2012: 8.3. (For	within SPG		
	full text, refer to NFPA 101-2012: 20/21.3.7.1; 8.3)			
LS.03.01.30, EP 12	At least two smoke compartments are provided for every story unless one of the	Deleted EP -	N/A	N/A
	following conditions are met:	Replaced with more		
	- Facility is less than 5,000 square feet and protected by an approved smoke	direct EP(s) or		
	detection system	moved to guidance		
	- Facility is less than 10,000 square feet and protected by an approved, supervised	within SPG		
	sprinkler system per NFPA 101-2012: 9.7			
	- Adjoining occupancy is used as a smoke compartment if all of the following			
	conditions are met:			
	- Separating wall has a fire-resistive rating of one hour			
	- Doors in the one-hour fire-rated wall are 1 3/4-inch thick			
	- Doors in the one-hour fire-rated wall are self-closing			
	- Windows in the one-hour fire-rated wall are fixed fire window assemblies per			
	NFPA 101-2012: 8.3			
	- The ambulatory health care facility is less than 22,500 square feet			
	- Access from the ambulatory health care facility is unrestricted to another			
	occupancy (For full text, refer to NFPA 101-2012: 20/21.3.7.2)			
	$C_{0}P_{0}: 8482.41(b)(1)(i) 8485.623(c)(1)(i)$			
LS.03.01.30, EP 13	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i) Smoke barriers extend from the floor slab to the upper floor or roof slab above,	Deleted EP -	N/A	N/A
L0.00.01.00, EF 13	through any concealed spaces (such as those above suspended ceilings and	Replaced with more		
	Turough any conceated spaces (such as those above suspended ceitings and	Replaced with more		

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	interstitial spaces), continuously from exterior wall to exterior wall. All penetrations	direct EP(s) or		
	are sealed. New smoke barriers are constructed of one-hour fire-rated materials.	moved to guidance		
	(For full text, refer to NFPA 101-2012: 20/21.3.7.5; 20/21.3.7.6)	within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.30, EP 14	Ducts that penetrate smoke barriers, are protected by approved smoke dampers	Deleted EP -	N/A	N/A
	that close when a local smoke detector is activated. The detector is located either	Replaced with more		
	within the duct system or in the corridor.	direct EP(s) or		
	Note: In buildings with a fully ducted HVAC system and protected throughout by an	moved to guidance		
	approved automatic sprinkler system, dampers are not required. (For full text, refer	within SPG		
	to NFPA 101-2012: 20/21.3.7.6; 8.5.5)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.30, EP 15	Fixed fire window assemblies in smoke barrier walls or doors are fire rated for 20	Deleted EP -	N/A	N/A
	minutes and are 25% or less of the size of the fire barrier in which they are installed.	Replaced with more		
	Note: Existing window installations that have wired glass or fire-rated glazing, are	direct EP(s) or		
	1,296 square inches in size or smaller, and are set in approved metal frames are	moved to guidance		
	acceptable. (For full text, refer to NFPA 101-2012: 20/21.3.7.7, 8.3.3)	within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.30, EP 16	Doors in smoke barriers are constructed of 1 3/4 inch or thicker solid-bonded wood	Deleted EP -	N/A	N/A
	core (or equivalent) and are self-closing or automatic-closing. For new buildings,	Replaced with more		
	doors are required to swing in the direction of egress travel; rabbets, bevels, or	direct EP(s) or		
	astragals are at meeting edges; and stops are at the head and sides of door frames.	moved to guidance		
	Center mullions are prohibited in smoke barrier door openings. (For full text, refer	within SPG		
	to NFPA 101-2012: 20/21.3.7.9; 20/21.2.2.4; 20.3.7.9; 20.3.7.10; 3.7.13; 3.7.14)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.30, EP 17	The critical access hospital meets all other Life Safety Code fire and smoke	Deleted EP -	N/A	N/A
	protection requirements related to NFPA 101-2012: 20/21.3.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.03.01.34, EP 1	A fire alarm system is installed with systems and components to provide effective	Deleted EP -	N/A	N/A
	warning of fire in any part of the building in accordance with NFPA 70-2012,	Replaced with more		
	National Electric Code, and NFPA 72-2010, National Fire Alarm Code.	direct EP(s) or		
	$C_{0}D_{0}: 8492.41(h)(1)(i) 8495.622(n)(1)(i)$	moved to guidance within SPG		
LS.03.01.34, EP 2	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i) The master fire alarm control panel is located in an area with a smoke detector or in	Deleted EP -	N/A	N/A
20.00.01.07, 21 2	an area that is continuously occupied and protected, which is an area enclosed	Replaced with more		
	with one-hour fire-rated walls and 3/4-hour fire-rated doors. In areas not	direct EP(s) or		
	continuously occupied and protected, a smoke detector is installed at each fire	moved to guidance		
	alarm control unit. In a new building, detection is also installed at notification	within SPG		
	appliance circuit power extenders and supervising station transmitting equipment.			
	Fire alarm system wiring or other transmission paths are monitored for integrity.			
	(For full text, refer to NFPA 101-2012: 20/21.3.4.1; 9.6)			

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.03.01.34, EP 3	Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit and 200 feet of travel distance is not exceeded. (For full text, refer to NFPA 101-2012: 20/21.3.4.2.1; 20/21.3.4.2.2; 9.6.2.5)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.34, EP 4	For new buildings, occupant notification is provided automatically in accordance with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. Annunciation zoning for the fire alarm and sprinklers is provided by audible and visual indicators; zones are not larger than 22,500 square feet per zone. (For full text, refer to NFPA 101-2012: 20.3.4.3–20.3.4.4; 9.6.4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.34, EP 5	For existing buildings, occupant notification is provided automatically in accordance with NFPA 101-2012: 9.6.3 by audible and visual signals. Positive alarm sequence in accordance with 9.6.3.4 is permitted in buildings protected throughout by a sprinkler system. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. (For full text, refer to NFPA 101-2012: 21.3.4.3; 9.6.4; 9.7.1.1(1))	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.34, EP 6	Activation of the required fire alarm control functions occurs automatically and is provided with an alternative power supply in accordance with NFPA 72-2010. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; 9.6.1; 9.6.5) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.34, EP 7	 The fire alarm signal automatically transmits to one of the following: An auxiliary fire alarm system Central station fire alarm system A proprietary supervising station fire alarm system A remote supervising station fire alarm system (For full text, refer to NFPA 101-2012: 20/21.3.4.3.2; NFPA 101-2012: 9.6.4) 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.03.01.34, EP 8	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i) The remote ancillary annunciator panel is in a location approved by the local fire	Deleted EP -	N/A	N/A
L0.00.01.04, EF 0	department or its equivalent. (For full text, refer to NFPA 101-2012: 20/21.3.4.3, 9.6.3) CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Replaced with more direct EP(s) or moved to guidance within SPG		
LS.03.01.34, EP 9	The fire alarm system contains an audible and visual evacuation signal throughout the building and provides occupant notification without delay. (For full text, refer to NFPA 101-2012: 20/21.3.4.3, 9.6.3)	Deleted EP - Replaced with more direct EP(s) or moved to guidance	N/A	N/A
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.03.01.34, EP 10	The critical access hospital meets all other Life Safety Code fire alarm	Deleted EP -	N/A	N/A
	requirements related to NFPA 101-2012: 20.3.4/21.3.4.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.03.01.35, EP 1	For new construction, the fire alarm system monitors the components of any	Deleted EP -	N/A	N/A
	required approved automatic sprinkler system. (For full text, refer to NFPA 101-	Replaced with more		
	2012: 20/21.3.5.2; 9.7.1.1)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.03.01.35, EP 2	The fire alarm system is connected to water flow alarms of any required automatic	Deleted EP -	N/A	N/A
	sprinkler system. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; 20/21.3.5;	Replaced with more		
	9.7.1.1)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.03.01.35, EP 3	Piping supports for approved automatic sprinkler systems are not damaged or	Deleted EP -	N/A	N/A
	loose. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.1;	Replaced with more		
	5.2.2; 5.2.3)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.03.01.35, EP 4	Approved automatic sprinkler systems piping is not used to support any other item.	Deleted EP -	N/A	N/A
	(For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.2; NFPA 13-	Replaced with more		
	2010: 8.5.5.2; 8.5.5.3)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.03.01.35, EP 5	Sprinkler heads are not damaged and are free from corrosion, foreign materials,	Deleted EP -	N/A	N/A
	and paint. (For full text, refer to NFPA 101-2012: 20/21.3.4.4; NFPA 25-2011: 5.2.1;	Replaced with more		
	5.2.2; NFPA 13-2010: 6.2.6.2; 6.2.7.1)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.03.01.35, EP 6	There is 18 inches or more of open space maintained below a sprinkler deflector to	Deleted EP -	N/A	N/A
	the top of storage.	Replaced with more		
	Note: Perimeter wall shelving may extend up to the ceiling when not located	direct EP(s) or		
	directly below a sprinkler head. (For full text, refer to NFPA 101-2012: 20/21.3.4.4;	moved to guidance		
	NFPA 25-2011: 5.2.1; 5.2.2; NFPA 13-2010: 8.5.5; 8.5.6)	within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.35, EP 7	At least six spare sprinkler heads that correspond to the types and temperature	Deleted EP -	N/A	N/A
	rating of the critical access hospital's sprinkler heads, with associated wrenches,	Replaced with more		
	are kept in a cabinet that will not exceed 100°F. (For full text, refer to NFPA 101-	direct EP(s) or		
	2012: 9.7.1.1; NFPA 13-2010: 6.2.9; 6.2.9.1; 6.2.9.3; 6.2.9.6)	moved to guidance		
	Note: If the critical access hospital has more than 300 sprinklers, the minimum	within SPG		
	spare sprinkler head requirement incrementally increases. (For full text, refer to			
	NFPA 13-2010: 6.2.9.5)			
LS.03.01.35, EP 10	The travel distance from any point to the nearest portable fire extinguisher is 75 feet	Deleted EP -	N/A	N/A
	or less. Portable fire extinguishers have appropriate signage, are installed in a	Replaced with more		
	cabinet or secured on a hanger made for the extinguisher, and are at least four	direct EP(s) or		
	inches off the floor. Those fire extinguishers that are 40 pounds or less are installed	moved to guidance		
	so the top is not more than 5 feet above the floor. (For full text, refer to NFPA 101-	within SPG		

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	2012: 20/21.3.5.3; 9.7.4.1; NFPA 10-2010: 6.1.3; 6.2.1)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.35, EP 11	The critical access hospital meets all other Life Safety Code extinguishing	Deleted EP -	N/A	N/A
	requirements related to NFPA 101-2012: 20/21.3.5.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.03.01.40, EP 1	Windowless buildings or portions of windowless buildings meet the requirements	Deleted EP -	N/A	N/A
	of NFPA 101-2012: 20/21.4; 11.7.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.03.01.40, EP 2	Existing high-rise buildings have approved automatic sprinkler systems that meet	Deleted EP -	N/A	N/A
	the requirements of NFPA 101-2012: 20/21.4; 11.8; 9.7.1.1(1), or they have an	Replaced with more		
	engineered life safety system complying with NFPA 101-2012: 39.4.2.1(2). New	direct EP(s) or		
	high-rise buildings comply with NFPA 101-2012: 11.8. (For full text, refer to NFPA	moved to guidance		
	101-2012: 20/21.4; 11.8; 39.4.2.1)	within SPG		
	C_{2} D_{2} S_{4} S_{4			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted ED	N1/A	
LS.03.01.40, EP 3	The critical access hospital meets all other Life Safety Code extinguishing	Deleted EP -	N/A	N/A
	requirements related to NFPA 101-2012: 20/21.3.5.	Replaced with more		
	$C_{0}P_{0}$: \$482.41(b)(1)(i) \$485.622(c)(1)(i)	direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance within SPG		
LS.03.01.50, EP 1	Equipment using gas ar related gas piping complice with NEDA 54 2012 National	Deleted EP -	N/A	N/A
L3.03.01.50, EP 1	Equipment using gas or related gas piping complies with NFPA 54-2012, National Fuel Gas Code; electrical wiring and equipment complies with NFPA 70-2012,	Replaced with more	IN/A	IN/A
	National Electric Code. Existing installations can continue in service provided there	direct EP(s) or		
	are no life-threatening hazards. (For full text, refer to NFPA 101-2012: 20/21.5.1;	moved to guidance		
	9.1.1)	within SPG		
	9.1.1)	Within SFG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.50, EP 2	Heating, ventilation, and air conditioning comply with NFPA 101-2012: 9.2 and are	Deleted EP -	N/A	N/A
	installed in accordance with the manufacturers' specifications. (For full text, refer	Replaced with more		
	to NFPA 101-2012: 20/21.5.2.1; 9.2)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.03.01.50, EP 3	Any heating device (other than a central heating plant) is designed and installed so	Deleted EP -	N/A	N/A
,	combustible materials cannot be ignited by the device, and safety features stop	Replaced with more		
	fuel and shut down equipment if it experiences excessive temperature or ignition	direct EP(s) or		
	failure. (For full text, refer to NFPA 101-2012: 20/21.5.2.2)	moved to guidance		
	Note: If fuel fired, the heating device is designed as follows:	within SPG		
	- Chimney or vent connected			
	- Takes air for combustion from outside			
	- Combustion system that is separate from occupied area atmosphere			
	$C_{0}D_{0}$; \$492,41(b)(1)(i) \$495,622(c)(1)(i)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.50, EP 4	A suspended unit heater(s) is permitted provided the following conditions are met:	Deleted EP -	N/A	N/A

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Located high enough to be out of reach of people in the area	direct EP(s) or		
	- Has a safety feature to stop fuel and shut down equipment if it experiences	moved to guidance		
	excessive temperature or ignition failure	within SPG		
	(For full text, refer to NFPA 101-2012: 20/21.5.2.2)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.50, EP 5	New elevators are equipped with all of the following:	Deleted EP -	N/A	N/A
	- Firefighters service key recall and smoke detector automatic recall	Replaced with more		
	- Firefighters service emergency in-car key operation	direct EP(s) or		
	- Machine room smoke detectors	moved to guidance		
	- Elevator lobby smoke detectors	within SPG		
	Existing elevators meet these requirements when they have a travel distance of 25			
	feet or more above or below the level that best serves the needs of firefighters. (For			
	full text, refer to NFPA 101-2012: 20/21.5.3; 9.4)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.50, EP 6	Escalators, dumbwaiters, and moving walks comply with the provisions of 9.4. All	Deleted EP -	N/A	N/A
	existing escalators, dumbwaiters, and moving walks (including escalator	Replaced with more		
	emergency stop buttons and automatic skirt obstruction stop) conform to the	direct EP(s) or		
	requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and	moved to guidance		
	Escalators. (For full text, refer to NFPA 101-2012: 20/21.5.3; 9.4.2)	within SPG		
	CoPs: \$482.41(b)(1)(i), \$485.623(c)(1)(i)			
LS.03.01.50, EP 7	The critical access hospital does not allow unvented fuel-fired heaters. (For full	Deleted EP -	N/A	N/A
	text, refer to NFPA 101-2012: 20/21.5.2.2)	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.03.01.50, EP 8	All heating appliances are provided with safety features to stop the flow of fuel and	Deleted EP -	N/A	N/A
	turn off the appliance during times of excessive temperatures or ignition failure.	Replaced with more		
	(For full text, refer to NFPA 101-2012: 20/21.5.2.2)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.03.01.50, EP 9	Waste chutes are installed per NFPA 101-2012: 9.5 and meet the following	Deleted EP -	N/A	N/A
	requirements:	Replaced with more		
	- Walls, partitions, and inlet openings meet the requirements of NFPA 101-2012:	direct EP(s) or		
	8.3.	moved to guidance		
	- Doors of chutes open to a room designed exclusively for accessing the chute	within SPG		
	opening.			
	- Rooms used for accessing the chute opening(s) are separated from other spaces			
	per NFPA 101-2012: 8.7.			
	- Chutes are permitted to open into rooms not exceeding 400 cubic feet in size if			
	the room is sprinkler protected and not used for storage.			
	(For full text, refer to NFPA 101-2012: 20/21.5.4; 9.5; NFPA 82-2009)			
	Note: Existing installations having properly enclosed and maintained chute			
	openings are permitted to have inlets open to a corridor or normally occupied			
	space.			

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.03.01.50, EP 10	The critical access hospital meets all other Life Safety Code building service	Deleted EP -	N/A	N/A
	requirements related to NFPA 101-2012: 20/21.5.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.03.01.70, EP 1	In areas where smoking is permitted, ashtrays are safely designed and made of	Deleted EP -	N/A	N/A
	noncombustible material. Metal containers with self-closing cover devices in	Replaced with more		
	which ashtrays can be emptied are readily available to all areas where smoking is	direct EP(s) or		
	permitted. (For full text, refer to NFPA 101-2012: 20/21.7.4)	moved to guidance		
		within SPG		
LS.03.01.70, EP 2	Smoking is prohibited in any room, ward, or compartment where flammable	Deleted EP -	N/A	N/A
	liquids, combustible gases, or oxygen is used or stored; these areas have signs that	Replaced with more		
	read "NO SMOKING" or display the international symbol for no smoking. In	direct EP(s) or		
	facilities where smoking is prohibited and signs are prominently placed at all major	moved to guidance		
	entrances, secondary signs that prohibit smoking in hazardous areas are not	within SPG		
	required. (For full text, refer to NFPA 101-2012: 18/19.7.4)			
	Note: The secondary sign exception is not applicable to medical gas storage areas.			
LS.03.01.70, EP 3	Draperies, curtains (including cubicle curtains) and loosely hanging fabric comply	Deleted EP -	N/A	N/A
	with NFPA 101-2012: 10.3.1. (For full text, refer to NFPA 101-2012: 18/19.7.5.1;	Replaced with more		
	18/19.3.5.11; 10.3.1)	direct EP(s) or		
	Note: Exceptions include shower/bath curtains in addition to window coverings in	moved to guidance		
	patient sleeping rooms and in non-patient sleeping rooms located in sprinklered	within SPG		
	compartments where individual drapery or curtain panels do not exceed 48 square			
	feet or total area does not exceed 20% of the wall.			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.70, EP 4	In buildings without sprinkler protection, upholstered furniture purchased on or	Deleted EP -	N/A	N/A
	after July 5, 2016, meets Class I or char length and heat release criteria in	Replaced with more		
	accordance with NFPA 101-2012: 10.3.2.1 and 10.3.3. Mattresses purchased on or	direct EP(s) or		
	after July 5, 2016, meet char length and heat release criteria in accordance with	moved to guidance		
	NFPA 101-2012: 10.3.2.2 and 10.3.4. (For full text, refer to NFPA 101-2012:	within SPG		
	20/21.7.5.2; 20/21.7.5.4)			
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.70, EP 5	The critical access hospital prohibits all combustible decorations unless they meet	Deleted EP -	N/A	N/A
	the criteria of NFPA 101-2012: 20/21.7.5.4.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.03.01.70, EP 6	Soiled linen and trash receptacles larger than 32 gallons (including recycling	Deleted EP -	N/A	N/A
	containers) are located in a room protected as a hazardous area. (For full text, refer	Replaced with more		
	to NFPA 101-2012: 20/21.7.5.5)	direct EP(s) or		
		moved to guidance		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	within SPG		
LS.03.01.70, EP 7	When installed, new engineered smoke control systems are tested in accordance	Deleted EP -	N/A	N/A
	with NFPA 92-2012, Standard for Smoke Control Systems. Existing engineered	Replaced with more		
	smoke control systems are tested in accordance with established engineering	direct EP(s) or		
	principles. (For full text, refer to NFPA 101-2012: 20/21.7.7)	moved to guidance		
		within SPG		
		within SPG		

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	Deleted ED		
LS.03.01.70, EP 8	Portable space heaters are prohibited in smoke compartments containing staff	Deleted EP -	N/A	N/A
	sleeping rooms and patient treatment areas. Non-sleeping rooms occupied by staff	Replaced with more		
	and employee areas separated from the corridor are permitted to have portable	direct EP(s) or		
	space heaters that contain heating elements not exceeding 212°F. (For full text,	moved to guidance		
	refer to NFPA 101-2012: 20/21.7.8)	within SPG		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)			
LS.03.01.70, EP 9	The critical access hospital meets all other Life Safety Code operating feature	Deleted EP -	N/A	N/A
	requirements related to NFPA 101-2012: 20/21.7.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.41(b)(1)(i), §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.05.01.10, EP 1	When building rehabilitation occurs, the critical access hospital incorporates NFPA	Deleted EP -	N/A	N/A
· · · · · · · · · · · · · · · · · · ·	101-2012: Chapters 38, 39, and 43. (For full text, refer to NFPA 101-2012:	Replaced with more		
	38/39.1.1.3; 4.6.7)	direct EP(s) or		
		moved to guidance		
	CoPs: §485.623(c)(1)(i)	within SPG		
LS.05.01.10, EP 2	Business occupancies are separated from parking structures by a 2-hour or greater	Deleted EP -	N/A	N/A
L0.00.01.10, L1 Z	fire barrier. (For full text, refer to NFPA 101-2012: 38/39.1.3.2.1)	Replaced with more		
		direct EP(s) or		
	CoPs: §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.05.01.10, EP 3	The fire protection ratings for opening protectives in fire barriers are as follows:	Deleted EP -	N/A	N/A
	- Three hours in three-hour barriers	Replaced with more		
	- Ninety minutes in two-hour barriers	direct EP(s) or		
	- Forty-five minutes in one-hour barriers	moved to guidance		
	- Twenty minutes in thirty-minute barriers	within SPG		
	Labels on fire door assemblies must be maintained in legible condition. (For full			
	text, refer to NFPA 101-2012: 8.3.4.2; Table 8.3.4.2; 8.3.3.2.3; NFPA 80-2010:			
	5.2.13.3)			
	0.2.10.0)			
	CoPs: §485.623(c)(1)(i)			
LS.05.01.10, EP 5	The space around pipes, conduits, bus ducts, cables, wire, air ducts, or pneumatic	Deleted EP -	N/A	N/A
	tubes penetrating fire-rated walls or floors are protected with an approved fire-	Replaced with more		
	rated material. (For full text, refer to NFPA 101-2012: 8.3.5)	direct EP(s) or		
	Note: Non-approved polyurethane expanding foam is not an accepted fire-rated	moved to guidance		
	material for this purpose.	within SPG		
	CoPs: §485.623(c)(1)(i)			
LS.05.01.10, EP 6	Doors requiring a fire rating of 3/4 of an hour or longer are free of coverings,	Deleted EP -	N/A	N/A
·····, -···	decorations, or other objects applied to the door face, with the exception of	Replaced with more		
	informational signs, which are applied with adhesive only. (For full text, refer to	direct EP(s) or		
	NFPA 80-2010: 4.1.4)	moved to guidance		
		within SPG		
	CoPs: §485.623(c)(1)(i)			
LS.05.01.10, EP 7	The critical access hospital meets all other Life Safety Code requirements,	Deleted EP -	N/A	N/A
20.00.01.10, 21 /	The ontiout dooloo hospitat moote at other Ene outery oode requirements,			

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		direct EP(s) or		
	CoPs: \$485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.05.01.20, EP 1	Interior open stairways and ramps are permitted to serve as part of the egress	Deleted EP -	N/A	N/A
	system if not more than one level below the street floor. (For full text, refer to NFPA	Replaced with more		
	101-2012 38/39.2.1.3.2)	direct EP(s) or		
		moved to guidance		
	CoPs: §485.623(c)(1)(i)	within SPG		
LS.05.01.20, EP 2	In occupancies that serve 50 or more persons, the corridors or passageways must	Deleted EP -	N/A	N/A
	be a minimum of 44 inches of clear width. (For full text, refer to NFPA 101-2012:	Replaced with more		
	38/39.2.3.2)	direct EP(s) or		
		moved to guidance		
	CoPs: §485.623(c)(1)(i)	within SPG		
LS.05.01.20, EP 3	Dead-end corridors cannot exceed 50 feet in existing facilities. In new facilities,	Deleted EP -	N/A	N/A
	dead-end corridors cannot exceed 50 feet if fully sprinklered or cannot exceed 20	Replaced with more		
	feet if they are not fully sprinklered. (For full text, refer to NFPA 101-2012: 38/39.2.5)	direct EP(s) or		
		moved to guidance		
	CoPs: §485.623(c)(1)(i)	within SPG		
LS.05.01.20, EP 4	Travel distance to an exit must not exceed 200 feet unless the facility is fully	Deleted EP -	N/A	N/A
,	sprinklered, in which case the distance may be increased to 300 feet. (For full text,	Replaced with more		
	refer to NFPA 101-2012: 38/39.2.6)	direct EP(s) or		
		moved to guidance		
	CoPs: §485.623(c)(1)(i)	within SPG		
LS.05.01.20, EP 5	Means of egress must be continuously illuminated while occupied. (For full text,	Deleted EP -	N/A	N/A
	refer to NFPA 101-2012: 38/39.2.8)	Replaced with more		
	,	direct EP(s) or		
	CoPs: §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.05.01.20, EP 6	Emergency lighting for existing construction must be provided if the building is	Deleted EP -	N/A	N/A
	three or more stories in height, if the building has 100 occupants or more in the	Replaced with more		
	stories above or below the level of exit discharge, or the building has 1000 or more	direct EP(s) or		
	total occupants. (For full text, refer to NFPA 101-2012: 39.2.9)	moved to guidance		
		within SPG		
	CoPs: §485.623(c)(1)(i)			
LS.05.01.20, EP 7	Emergency lighting for new construction must be provided if the building is three or	Deleted EP -	N/A	N/A
	more stories in height, if the occupancy has 50 occupants or more in the stories	Replaced with more		
	above or below the level of exit discharge, or the building has 300 or more total	direct EP(s) or		
	occupants. (For full text, refer to NFPA 101-2012: 38.2.9)	moved to guidance		
		within SPG		
	CoPs: §485.623(c)(1)(i)			
LS.05.01.20, EP 8	Doors in a means of egress are not equipped with a latch or lock that requires the	Deleted EP -	N/A	N/A
	use of a tool or key from the egress side unless a compliant locking configuration is	Replaced with more		
	used, such as a delayed-egress locking system or an access-controlled egress	direct EP(s) or		
	door assembly. (For full text, refer to NFPA 101-2012: 38/39.2.2.2; 7.2.1.5.3;	moved to guidance		
	7.2.1.6.1; 7.2.1.6.2)	within SPG		
	Note: An exception to this requirement would be the principal entrance/exit doors			
		1		
	with key-operated locks that meet the criteria of NFPA 101-2012 7.2.1.5.5.			
	with key-operated locks that meet the criteria of NFPA 101-2012 7.2.1.5.5.			

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
LS.05.01.20, EP 9	The critical access hospital meets all other Life Safety Code means of egress	Deleted EP -	N/A	N/A
	requirements related to NFPA 101-2012: 38/39.2.	Replaced with more		
		direct EP(s) or		
	CoPs: §485.623(c)(1)(i)	moved to guidance		
		within SPG		
LS.05.01.30, EP 1	All hazardous areas are enclosed with one-hour fire-rated walls with ¾-hour fire-	Deleted EP -	N/A	N/A
	rated doors; or hazardous areas have sprinkler systems and are constructed to	Replaced with more		
	resist the passage of smoke with doors equipped with self-closing or automatic-	direct EP(s) or		
	closing devices. (For full text, refer to NFPA 101-2012: 38/39.3.2; 8.7; NFPA 80-	moved to guidance		
	2010: 4.8.4.1; 6.3.1.7; 6.5)	within SPG		
	CoPs: §485.623(c)(1)(ii)			
LS.05.01.30, EP 2	Interior wall and ceiling finishes must be Class A or B for exits and exit access	Deleted EP -	N/A	N/A
L3.05.01.30, EF Z	corridors. All other areas should be Class A, B, or C. (For full text, refer to NFPA 101-	Replaced with more	IN/A	N/A
	2012: 38/39.3.3)	direct EP(s) or		
	$C_{2} D_{2} S_{4} S_{5} C_{2} C_{2} (z) (1) (z)$	moved to guidance within SPG		
	CoPs: \$485.623(c)(1)(i)	Consolidation of	PE.03.01.01, EP 7	When the critical access hos
LS.05.01.30, EP 3	Alcohol-based hand rubs (ABHR) are stored and handled in accordance with NFPA		PE.03.01.01, EP /	
	101-2012: 8.7.3.1 and as follows:	LS.02.01.30, EP 6;		installs the dispensers in a m
	- Corridor clear width of 44 inches is not compromised by dispenser.	LS.03.01.30, EP 5;		CoDo: \$400 41(b)(7) \$405 65
	- ABHR does not exceed 95% alcohol.	LS.05.01.30, EP 3		CoPs: §482.41(b)(7), §485.62
	- Maximum individual dispenser capacity is 0.32 gallons of fluid (0.53 gallons in			
	suites or rooms separated from corridors) or 18 ounces of NFPA Level 1–classified			
	aerosols.			
	- Dispensers have a minimum of 4 feet of horizontal spacing between them.			
	- Dispensers are not installed within 1 inch of an ignition source.			
	- Operation of the dispensers must comply with the manufacturers' instructions for use.			
	- ABHR is protected against inappropriate access.			
	- Not more than an aggregate of 10 gallons of fluid or 1135 ounces of aerosol are			
	used on a single story or in a single fire compartment outside a storage cabinet,			
	excluding one individual dispenser per room.			
	- Storing more than 5 gallons of fluid on a single story or in a single fire			
	compartment complies with NFPA 30.			
	compartment compties with NFFA 50.			
	CoPs: §485.623(c)(5)			
LS.05.01.30, EP 4	The critical access hospital meets all other Life Safety Code fire and smoke	Deleted EP -	N/A	N/A
	protection requirements related to NFPA 101-2012: 38/39.3.	Replaced with more		
		direct EP(s) or		
	CoPs: §485.623(c)(1)(i), §485.623(c)(1)(ii), §485.623(c)(5)	moved to guidance		
		within SPG		
LS.05.01.34, EP 1	Fire alarm systems for existing construction are required if the building is three or	Deleted EP -	N/A	N/A
	more stories in height, there are 100 occupants or more below or above the level of	Replaced with more		
	exit discharge, or the building has 1000 or more occupants. The fire alarm system is	direct EP(s) or		
	initiated by manual means, a fire/smoke detection system, or a fire suppression	moved to guidance		
	system. The occupant notification system must activate a general alarm;	within SPG		
	notification can be made using voice communication or a public address system.			
	(For full text, refer to NFPA 101-2012: 39.3.4)			
		1	1	

nospital installs alcohol-based hand rub dispensers, it a manner that protects against inappropriate access.

.623(c)(5)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §485.623(c)(1)(i)			
LS.05.01.34, EP 2	Fire alarm systems for new construction are required if the building is three or more stories in height, there are 50 occupants or more below or above the level of exit discharge, or the building has 300 or more occupants. The fire alarm system is initiated by manual means, a fire/smoke detection system, or a fire suppression system. The occupant notification system must activate a general alarm. (For full text, refer to 2012 NFPA 101-2012: 38.3.4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.05.01.34, EP 3	CoPs: §485.623(c)(1)(i) The critical access hospital meets all other Life Safety Code fire alarm	Deleted EP -	N/A	N/A
L3.03.01.34, EF 3	requirements related to NFPA 101-2012: 38/39.4. CoPs: §485.623(c)(1)(i)	Replaced with more direct EP(s) or moved to guidance		
		within SPG		
LS.05.01.34, EP 4	For new construction, a process for emergency response notification is provided and includes notifying both of the following: - Fire department in accordance with NFPA 101-2012: 9.6.4 - Local emergency organization, if provided (For full text, refer to NFPA 101-2012: 38.3.4.4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §485.623(c)(1)(i)			
LS.05.01.34, EP 5	For existing construction, notification of emergency forces is accomplished in accordance with NFPA 101-2012: 9.6.4 when the existing fire alarm system is replaced. (For full text, refer to NFPA 101-2012: 39.3.4.4) CoPs: §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.05.01.35, EP 3	The travel distance from any point to the nearest portable fire extinguisher is 75 feet or less. Portable fire extinguishers have appropriate signage, are installed in a cabinet or secured on a hanger made for the extinguisher, and are at least 4 inches off the floor. Those fire extinguishers that are 40 pounds or less are installed so the top is not more than 5 feet above the floor. (For full text, refer to NFPA 101-2012: 38/39.3.5; 9.7.4.1) CoPs: §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.05.01.35, EP 4	Sprinklers are not damaged. They are also free from corrosion, foreign materials, and paint and have necessary escutcheon plates installed. CoPs: §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.05.01.35, EP 5	There are 18 inches or more of open space maintained below the sprinkler to the top of storage. Note: Perimeter wall and stack shelving may extend up to the ceiling when not located directly below a sprinkler head. CoPs: §485.623(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
LS.05.01.35, EP 6	The critical access hospital meets all other Life Safety Code extinguishing requirements related to NFPA 101-2012: 38/39.3.5.	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		moved to guidance		
	CoPs: \$485.623(c)(1)(i)	within SPG		
MM.01.01.01, EP 1	 COPS. 9483.023(c)(1)(1) The critical access hospital follows a written policy that describes that the following information about the patient is accessible to staff who participate in the management of the patient's medications: Age Age Sex Diagnoses Allergies Sensitivities Current medications Height and weight (when necessary) Pregnancy and lactation information (when necessary) Laboratory results (when necessary) Any additional information required by the organization 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	Note 1: This element of performance does not apply in emergency situations. Note 2: This element of performance is also applicable to sample medications.			
MM.01.01.03, EP 1	The critical access hospital identifies, in writing, its high-alert and hazardous medications. * Note: This element of performance is also applicable to sample medications. Footnote *: For a list of high-alert medications, see https://www.ismp.org/recommendations. For a list of hazardous drugs, see https://www.cdc.gov/niosh/docs/2016-161/pdfs/2016-161.pdf.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.26(b)(1), §482.53(b), §485.635(a)(3)(iv)			
MM.01.01.03, EP 2	The critical access hospital follows a process for managing high-alert and hazardous medications. Note: This element of performance is also applicable to sample medications. CoPs: §482.26(b)(1), §482.53(b), §485.635(a)(3)(iv)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.01.01.03, EP 5	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital reports abuses and losses of controlled substances, in accordance with law and regulation, to the individual responsible for the pharmacy department or service and, as appropriate, to the chief executive. Note: This element of performance is also applicable to sample medications.	Moved and Revised	MM.13.01.01, EP 3	For rehabilitation and psychia critical access hospital repor accordance with federal and for the pharmacy department officer. Note: This element of perform CoPs: §482.25(b)(7)
MM.01.02.01, EP 1	 The critical access hospital develops a list of look-alike/sound-alike medications it stores, dispenses, or administers. Note 1: One source of look-alike/sound-alike medication name pairs is the Institute for Safe Medication Practices (https://www.ismp.org/recommendations/confused-drug-names-list). Note 2: This element of performance is also applicable to sample medications. 	Consolidation of MM.01.02.01, EP 1; MM.01.02.01, EP 2; MM.01.02.01, EP 3; MM.04.01.01, EP 1	MM.14.01.01, EP 3	The critical access hospital d the following: - Specific types of medication - Minimum required elements medication name, medicatio - When indication for use is re - Precautions for ordering me - Actions to take when medic - Required elements for medic name, medication route, initi

chiatric distinct part units in critical access hospitals: The ports abuses and losses of controlled substances, in and state law and regulation, to the individual responsible ent or service and, as appropriate, to the chief executive

ormance is also applicable to sample medications.

l develops and implements a written policy that defines

- ion orders that it deems acceptable for use
- nts of a complete medication order, which includes tion dose, medication route, and medication frequency
- required on a medication order
- medications with look-alike or sound-alike names
- dication orders are incomplete, illegible, or unclear
- edication titration orders, including the medication nitial rate of infusion (dose/unit of time), incremental

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				units to which the rate or dos dose can be changed, the ma clinical measure to be used t Note 1: Examples of objective changes include blood press the Confusion Assessment M Note 2: Drugs and biologicals doses are automatically stop the medical staff.
MM.01.02.01, EP 2	The critical access hospital takes action to prevent errors involving the interchange of the medications on its list of look-alike/sound-alike medications. Note: This element of performance is also applicable to sample medications.	Consolidation of MM.01.02.01, EP 1; MM.01.02.01, EP 2; MM.01.02.01, EP 3; MM.04.01.01, EP 1	MM.14.01.01, EP 3	The critical access hospital d the following: - Specific types of medication - Minimum required elements medication name, medicatio - When indication for use is re - Precautions for ordering me - Actions to take when medic - Required elements for medi name, medication route, initia units to which the rate or dos dose can be changed, the ma clinical measure to be used to Note 1: Examples of objective changes include blood press the Confusion Assessment M Note 2: Drugs and biologicals doses are automatically stop the medical staff.
MM.01.02.01, EP 3	The critical access hospital annually reviews and, as necessary, revises its list of look-alike/sound-alike medications. Note: This element of performance is also applicable to sample medications.	Consolidation of MM.01.02.01, EP 1; MM.01.02.01, EP 2; MM.01.02.01, EP 3; MM.04.01.01, EP 1	MM.14.01.01, EP 3	CoPs: §482.25(a), §482.25(b) The critical access hospital d the following: - Specific types of medication - Minimum required elements medication name, medicatio - When indication for use is re - Precautions for ordering me - Actions to take when medic - Required elements for medi name, medication route, initia units to which the rate or dos dose can be changed, the ma clinical measure to be used to Note 1: Examples of objective changes include blood press the Confusion Assessment M Note 2: Drugs and biologicals

ose can be increased or decreased, how often the rate or naximum rate or dose of infusion, and the objective I to guide changes

ive clinical measures to be used to guide titration ssure, Richmond Agitation–Sedation Scale (RASS), and Method (CAM).

als not specifically prescribed as to time or number of opped after a reasonable time that is predetermined by

b)(5)

develops and implements a written policy that defines

on orders that it deems acceptable for use nts of a complete medication order, which includes ion dose, medication route, and medication frequency required on a medication order

nedications with look-alike or sound-alike names ication orders are incomplete, illegible, or unclear dication titration orders, including the medication itial rate of infusion (dose/unit of time), incremental

ose can be increased or decreased, how often the rate or naximum rate or dose of infusion, and the objective I to guide changes

ive clinical measures to be used to guide titration ssure, Richmond Agitation–Sedation Scale (RASS), and Method (CAM).

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nts of a complete medication order, which includes

ion dose, medication route, and medication frequency required on a medication order

nedications with look-alike or sound-alike names ication orders are incomplete, illegible, or unclear dication titration orders, including the medication

itial rate of infusion (dose/unit of time), incremental ose can be increased or decreased, how often the rate or naximum rate or dose of infusion, and the objective I to guide changes

ive clinical measures to be used to guide titration ssure, Richmond Agitation–Sedation Scale (RASS), and Method (CAM).

als not specifically prescribed as to time or number of

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				doses are automatically stop
				the medical staff.
				CoPs: §482.25(a), §482.25(b)
MM.02.01.01, EP 1	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Deleted EP -	N/A	N/A
	Members of the medical staff, licensed practitioners, pharmacists, and other staff	Replaced with more		
	involved in ordering, dispensing, administering, and/or monitoring the effects of	direct EP(s) or		
	medications develop written criteria for determining which medications are	moved to guidance		
	available for dispensing or administering to patients.	within SPG		
	Note: This element of performance is also applicable to sample medications.			
	CoPs: §482.25(b)(9)			
MM.02.01.01, EP 2	The critical access hospital develops and approves criteria for selecting	Deleted EP -	N/A	N/A
1 II 1.02.01.01, El 2	medications, which, at a minimum, include the following:	Replaced with more		
	- Indications for use	direct EP(s) or		
	- Effectiveness	moved to guidance		
	- Drug interactions	within SPG		
	- Potential for errors and abuse			
	- Adverse drug events			
	- Sentinel event advisories			
	- Other risks			
	- Costs			
	Note: This element of performance is also applicable to sample medications.			
	CoPs: §482.25(b)(9)			
MM.02.01.01, EP 4	The critical access hospital maintains a formulary, including medication strength	Moved and Revised	MM.12.01.01, EP 1	The critical access hospital n
· · · · ,	and dosage. The formulary is readily available to those involved in medication			strength and dosage. The forr
	management.			medication management.
	Note 1: Sample medications are not required to be on the formulary.			Note 1: Sample medications
	Note 2: In some settings, the term "list of medications available for use" is used			Note 2: In some settings, the
	instead of "formulary." The terms are synonymous.			instead of "formulary." The te
	CoPs: §482.25(b)(8), §482.25(b)(9)			$C_{0}D_{0}$; 8482, 25(b)(0)
MM.02.01.01, EP 6	The critical access hospital standardizes and limits the number of drug	Moved	NPG.14.02.01, EP 1	CoPs: §482.25(b)(9) The critical access hospital s
1111.02.01.01, EF 0	concentrations available to meet patient care needs.	110VCu	NI 0.14.02.01, EI 1	concentrations available to n
MM.02.01.01, EP 10	The critical access hospital follows a process to communicate medication	Moved	NPG.14.02.01, EP 2	The critical access hospital for
111.02.01.01, EF 10	shortages and outages to staff who participate in medication management.	110000	11 0.14.02.01, El 2	shortages and outages to sta
MM.02.01.01, EP 12		Consolidation of	NPG.14.02.01, EP 3	The critical access hospital for
	used in the event of a medication shortage or outage.	MM.02.01.01, EP 12;		used in the event of a medica
		MM.02.01.01, EP 14		medication substitution prote
MM.02.01.01, EP 14	The critical access hospital follows a process to communicate the medication	Consolidation of	NPG.14.02.01, EP 3	The critical access hospital for
· · · · ,	substitution protocols for shortages or outages to staff who participate in	MM.02.01.01, EP 12;	, -	used in the event of a medica
	medication management.	MM.02.01.01, EP 14		medication substitution prote
MM.03.01.01, EP 2	The critical access hospital stores medications according to the manufacturers'	Consolidation of	MM.11.01.01, EP 1	Drugs and biologicals are pro
	recommendations or, in the absence of such recommendations, according to a	MM.03.01.01, EP 2;		accordance with federal and
	pharmacist's instructions.	MM.03.01.01, EP 4;		
	Note: This element of performance is also applicable to sample medications.	MM.03.01.01, EP 7;		CoPs: §482.25(a), §482.25(b)
		MM.05.01.11, EP 2		

opped after a reasonable time that is predetermined by

l maintains a formulary that includes medication ormulary is readily available to those involved in

ns are not required to be on the formulary. ne term "list of medications available for use" is used terms are synonymous.

l standardizes and limits the number of drug meet patient care needs.

follows a process to communicate medication

taff who participate in medication management. I follows written medication substitution protocols to be cation shortage or outage and communicates the otocols for shortages or outages to all affected staff. I follows written medication substitution protocols to be cation shortage or outage and communicates the otocols for shortages or outages to all affected staff. rocured, stored, controlled, and distributed, in ad state laws and accepted standards of practice.

(b), §485.635(d)(3)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.23(c)(6)(i)(D), §482.23(c)(6)(ii)(D), §482.25(a), §485.623(b)(3),			
	\$485.635(a)(3)(iv)			
MM.03.01.01, EP 3	The critical access hospital stores all medications and biologicals, including	Moved and Revised	MM.13.01.01, EP 2	The critical access hospital st
	controlled (scheduled) medications, in a secured area to prevent diversion, and			controlled (scheduled) medic
	locked when necessary, in accordance with law and regulation.			to prevent diversion in accord
	Note 1: Scheduled medications include those listed in Schedules II–V of the			Note 1: Scheduled medicatio
	Comprehensive Drug Abuse Prevention and Control Act of 1970.			Comprehensive Drug Abuse I
	Note 2: This element of performance is also applicable to sample medications.			Note 2: This element of perfo
				Note 3: Only authorized staff
	CoPs: \$482.23(c)(6)(i)(D), \$482.23(c)(6)(ii)(D), \$482.25(a), \$482.25(a)(3), \$482.25(b),			
	\$482.25(b)(2)(i), \$482.25(b)(2)(ii), \$485.623(b)(3), \$485.635(a)(3)(iv)			CoPs: §482.25(b)(2)(i), §482.2
MM.03.01.01, EP 4	The critical access hospital follows a written policy addressing the control of	Split to	MM.11.01.01, EP 1	Drugs and biologicals are pro
	medication between receipt by a staff member and administration of the	MM.11.01.01, EP 1;		accordance with federal and
	medication, including safe storage, handling, wasting, security, disposition, and	MM.13.01.01, EP 1		
	return to storage.			CoPs: §482.25(a), §482.25(b)
	Note: This element of performance is also applicable to sample medications.			
	CoPs: §482.25(a), §482.25(a)(3), §482.25(b), §482.25(b)(2)(i), §482.53(d)(3),			
	\$485.635(a)(3)(iv)			
MM.03.01.01, EP 4	The critical access hospital follows a written policy addressing the control of	Split to	MM.13.01.01, EP 1	The critical access hospital m
	medication between receipt by a staff member and administration of the	MM.11.01.01, EP 1;		and disposition of all schedul
	medication, including safe storage, handling, wasting, security, disposition, and	MM.13.01.01, EP 1		
	return to storage.			CoPs: §482.25(a)(3), §485.63
	Note: This element of performance is also applicable to sample medications.			
	CoPs: §482.25(a), §482.25(a)(3), §482.25(b), §482.25(b)(2)(i), §482.53(d)(3),			
	§485.635(a)(3)(iv)			
MM.03.01.01, EP 6	The critical access hospital prevents unauthorized individuals from obtaining	Deleted EP -	N/A	N/A
	medications in accordance with its policy and law and regulation.	Replaced with more		
	Note: This element of performance is also applicable to sample medications.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.25(b)(2)(i), §482.25(b)(2)(iii), §485.635(a)(3)(iv)	within SPG		
MM.03.01.01, EP 7	All stored medications and the components used in their preparation are labeled	Consolidation of	MM.11.01.01, EP 1	Drugs and biologicals are pro
	with the contents, expiration date, and any applicable warnings.	MM.03.01.01, EP 2;		accordance with federal and
	Note: This element of performance is also applicable to sample medications.	MM.03.01.01, EP 4;		
		MM.03.01.01, EP 7;		CoPs: §482.25(a), §482.25(b)
	CoPs: §482.25(a), §485.635(a)(3)(iv)	MM.05.01.11, EP 2		
MM.03.01.01, EP 8	The critical access hospital removes all expired, damaged, and/or contaminated	Moved and Revised	MM.13.01.01, EP 4	The critical access hospital re
	medications and stores them separately from medications available for			contaminated, or otherwise u
	administration.			from medications available for
	Note: This element of performance is also applicable to sample medications.			Note: This element of perform
	CoPs: §482.25(b)(3), §482.53(d)(3), §485.635(a)(3)(iv)			CoPs: §482.25(b)(3), §485.63
MM.03.01.01, EP 18	The critical access hospital periodically inspects all medication storage areas.	Deleted EP -	N/A	N/A
	Note: This element of performance is also applicable to sample medications.	Replaced with more		
		direct EP(s) or		
	CoPs: §485.635(a)(3)(iv)	moved to guidance		
		within SPG		

l stores all medications and biologicals, including dications, in a secured area and locked when necessary ordance with law and regulation. tions include those listed in Schedules II–V of the

e Prevention and Control Act of 1970.

formance is also applicable to sample medications. Iff have access to locked areas.

2.25(b)(2)(ii), \$482.25(b)(2)(iii), \$485.623(b)(3)

rocured, stored, controlled, and distributed, in Ind state laws and accepted standards of practice.

b), §485.635(d)(3)

l maintains current and accurate records of the receipt Juled drugs.

635(a)(3)(iv)

rocured, stored, controlled, and distributed, in Id state laws and accepted standards of practice.

b), §485.635(d)(3)

l removes all expired, damaged, mislabeled, e unusable medications and stores them separately e for patient use.

rmance is also applicable to sample medications.

635(a)(3)(iv)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MM.03.01.01, EP 19	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a pharmacy directed by a registered pharmacist or a supervised drug storage area, in accordance with law and regulation. Note: This element of performance is also applicable to sample medications.	Moved and Revised	NPG.12.01.01, EP 10	For rehabilitation and psychia critical access hospital has a If the critical access hospital under competent supervisior Note: The pharmacy or drug s
	CoPs: §482.25, §482.25			accepted professional princip
		Marcal and David and		CoPs: §482.25
MM.03.01.01, EP 24	For rehabilitation and psychiatric distinct part units in critical access hospitals: The hospital maintains records of the receipt and disposition of radiopharmaceuticals. CoPs: §482.53(d)(3)	Moved and Revised	MM.13.01.01, EP 6	For rehabilitation and psychia critical access hospital maint radiopharmaceuticals.
				CoPs: §482.53(d)(3)
MM.03.01.03, EP 1	Critical access hospital leaders, in conjunction with members of the medical staff and licensed practitioners, decide which emergency medications and their associated supplies will be readily accessible in patient care areas based on the population served.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §485.618(b), §485.635(a)(3)(iv)			
MM.03.01.03, EP 4	Medications available for treating emergency cases include analgesics, local anesthetics, antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids, antiarrythmics, cardiac glycosides, antihypertensives, diuretics, and electrolytes and replacement solutions.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §485.618(b), §485.618(b)(1)	Within Si O		
MM.03.01.03, EP 6	When emergency medications or supplies are used or expired, the critical access hospital replaces them as soon as possible to maintain a full stock.	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A
	CoPs: §485.618(b), §485.635(a)(3)(iv)	moved to guidance within SPG		
MM.03.01.05, EP 1	The critical access hospital defines when medications brought into the critical access hospital by patients, their families, or licensed practitioners can be administered. Note: This element of performance is also applicable to sample medications.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.23(c)(6)(i)(A), §482.23(c)(6)(ii)(A)	within SFG		
MM.03.01.05, EP 2	Before use or administration of a medication brought into the critical access hospital by a patient, their family, or a licensed practitioner, the critical access hospital identifies the medication and visually evaluates the medication's integrity. Note: This element of performance is also applicable to sample medications. CoPs: §482.23(c)(6)(ii)(C)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.04.01.01, EP 1	 The critical access hospital follows a written policy that identifies the specific types of medication orders that it deems acceptable for use. Note: There are several different types of medication orders. Medication orders commonly used include the following: As needed (PRN) orders: Orders acted on based on the occurrence of a specific indication or symptom Standing orders: A prewritten medication order and specific instructions from the 	Consolidation of MM.01.02.01, EP 1; MM.01.02.01, EP 2; MM.01.02.01, EP 3; MM.04.01.01, EP 1	MM.14.01.01, EP 3	The critical access hospital de the following: - Specific types of medication - Minimum required elements medication name, medication - When indication for use is re - Precautions for ordering medication

hiatric distinct part units in critical access hospitals: The s a pharmacy that is directed by a registered pharmacist. cal does not have a pharmacy, it has a drug storage area ion, as defined by the critical access hospital. g storage area is administered in accordance with iciples.

hiatric distinct part units in critical access hospitals: The intains records of the receipt and distribution of

l develops and implements a written policy that defines

on orders that it deems acceptable for use nts of a complete medication order, which includes ion dose, medication route, and medication frequency required on a medication order nedications with look-alike or sound-alike names

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
Standard/EP	 physician or other licensed practitioner to administer a medication to a person in clearly defined circumstances Automatic stop orders: Orders that include a date or time to discontinue a medication Titrating orders: Orders in which the dose is either progressively increased or decreased in response to the patient's status Taper orders: Orders in which the dose is decreased by a particular amount with each dosing interval Range orders: Orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or patient's status Signed and held orders: New prewritten (held) medication orders and specific instructions from a physician or other licensed practitioner to administer medication(s) to a patient in clearly defined circumstances that become active upon the release of the orders on a specific date(s) and time(s) Orders for compounded drugs or drug mixtures not commercially available Orders for investigational medications Orders for herbal products 	Disposition	New Standard/EP	New EP Text - Actions to take when medic - Required elements for medianame, medication route, initiaunits to which the rate or dos dose can be changed, the machine of the changes include blood press the Confusion Assessment M Note 2: Drugs and biologicals doses are automatically stop the medical staff. CoPs: §482.25(a), §482.25(b)
	- Orders for medications at discharge or transfer CoPs: §482.23(c)(1), §482.25(b)(5)			
MM.04.01.01, EP 2	 The critical access hospital follows a written policy that defines the following: The 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 The precautions for ordering medications with look-alike or sound-alike names Actions to take when medication orders are incomplete, illegible, or unclear For medication titration orders, required elements include 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: 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). 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.04.01.01, EP 6	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital minimizes the use of verbal and telephone medication orders. CoPs: §482.23(c)(3)(i)	Moved	MM.14.01.01, EP 2	For rehabilitation and psychia critical access hospital minir orders. CoPs: §482.23(c)(3)(i)
MM.04.01.01, EP 7	The critical access hospital reviews and updates preprinted order sheets, within time frames it identifies or sooner if necessary, based on current evidence and practice.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

dication orders are incomplete, illegible, or unclear edication titration orders, including the medication hitial rate of infusion (dose/unit of time), incremental ose can be increased or decreased, how often the rate or maximum rate or dose of infusion, and the objective d to guide changes

ive clinical measures to be used to guide titration ssure, Richmond Agitation–Sedation Scale (RASS), and Method (CAM).

als not specifically prescribed as to time or number of opped after a reasonable time that is predetermined by

(b)(5)

hiatric distinct part units in critical access hospitals: The nimizes the use of verbal and telephone medication

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MM.04.01.01, EP 8	The critical access hospital prohibits summary (blanket) orders to resume previous medications.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.04.01.01, EP 10	The critical access hospital defines, in writing, the circumstances for which weight- based dosing is required for pediatric populations. Note: This element of performance is also applicable to sample medications.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.04.01.01, EP 14	The critical access hospital requires an order from a doctor of medicine or osteopathy or, as permitted by law and regulation, a critical access hospital– specific protocol(s) approved by a doctor of medicine or osteopathy to administer influenza and pneumococcal vaccines.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.04.01.01, EP 15	 For rehabilitation and psychiatric distinct part units in critical access hospitals: Processes for the use of preprinted and electronic standing orders, order sets, and protocols for medication orders include the following: Review and approval of standing orders and protocols by the medical staff and the critical access hospital's nursing and pharmacy leadership Evaluation of established standing orders and protocols for consistency with nationally recognized and evidence-based guidelines Regular review of such standing orders and protocols by the medical staff and the critical access hospital's nursing and pharmacy leadership to determine the continuing usefulness and safety of the standing orders and protocols Dating, timing, and authenticating of standing orders and protocols by the ordering physician or other licensed practitioner or another licensed practitioner responsible for the patient's care in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. CoPs: \$482.23(c)(1)(ii), \$482.24(c)(3)(i), \$482.24(c)(3)(ii), \$482.24(c)(3)(iii), \$482.24(c)(3)(ii)) 	Moved and Revised	RC.12.01.01, EP 5	The critical access hospital usets, and protocols for patient - Orders and protocols are re- critical access hospital's nurs - Orders and protocols are co- based guidelines. - Orders and protocols are per and the critical access hospital the continuing usefulness an - Orders and protocols are da patient's medical record by the responsible for the care of the accordance with state law, in hospital policies, and medical CoPs: §482.24(c)(3)(i), §482.2
MM.04.01.01, EP 21	For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home has an electronic prescribing process.	Moved	MM.14.01.01, EP 4	For critical access hospitals t Home option: The primary ca process.
MM.05.01.01, EP 1	Before dispensing or removing medications from floor stock or from an automated storage and distribution device, a pharmacist reviews all medication orders or prescriptions unless a physician or other licensed practitioner controls the ordering, preparation, and administration of the medication or when a delay would harm the patient in an urgent situation (including sudden changes in a patient's clinical status), in accordance with law and regulation. Note 1: The Joint Commission permits emergency departments to broadly apply two exceptions in regard to Standard MM.05.01.01, EP 1. These exceptions are intended to minimize treatment delays and patient backup. The first exception allows medications ordered by a physician or other licensed practitioner to be administered by staff who are permitted to do so by virtue of education, training, and organization policy (such as a registered nurse) and in accordance with law	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

l uses preprinted and electronic standing orders, order ent orders only if the following occurs:

reviewed and approved by the medical staff and the ursing and pharmacy leadership.

consistent with nationally recognized and evidence-

periodically and regularly reviewed by the medical staff pital's nursing and pharmacy leadership to determine and safety of the orders and protocols.

dated, timed, and authenticated promptly in the the ordering practitioner or by another practitioner the patient only if such a practitioner is acting in including scope-of-practice laws, critical access cal staff bylaws, rules, and regulations.

2.24(c)(3)(ii), \$482.24(c)(3)(iii), \$482.24(c)(3)(iv)

s that elect The Joint Commission Primary Care Medical care medical home has an electronic prescribing

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	and regulation. A physician or other licensed practitioner is not required to remain			
	at the bedside when the medication is administered. However, a physician or other			
	licensed practitioner must be available to provide immediate intervention should a			
	patient experience an adverse drug event. The second exception allows			
	medications to be administered in urgent situations when a delay in doing so would			
	harm the patient.			
	Note 2: A critical access hospital's radiology service (including critical access			
	hospital-associated ambulatory radiology) will be expected to define, through			
	protocol or policy, the role of the physician or other licensed practitioner in the			
	direct supervision of a patient during and after IV contrast media is administered			
	including the physician's or other licensed practitioner's timely intervention in the			
	event of a patient emergency.			
	CoPs: §482.23(c)(1), §482.25(b), §485.635(a)(3)(iv)			
MM.05.01.01, EP 2	When an on-site pharmacy is not open 24 hours a day, 7 days a week, the following	Moved and Revised	NPG.14.01.01, EP 1	When an on-site pharmacy is
	occurs:			occurs:
	-A health care professional determined to be qualified by the critical access			- A health care professional, v
	hospital reviews the medication order in the pharmacist's absence			qualified , reviews the medica
	-A pharmacist conducts a retrospective review of all medication orders during this			- A pharmacist conducts a re
	period as soon as a pharmacist is available or the pharmacy opens			period as soon as a pharmac
	CoPs: §485.635(a)(3)(iv)			
MM.05.01.01, EP 4	All medication orders are reviewed for the following:	Deleted EP -	N/A	N/A
	- Patient allergies or potential sensitivities	Replaced with more		
	- Existing or potential interactions between the medication ordered and food and	direct EP(s) or		
	medications the patient is currently taking	moved to guidance		
	- The appropriateness of the medication, dose, frequency, and route of	within SPG		
	administration			
	- Current or potential impact as indicated by laboratory values			
	- Therapeutic duplication			
	- Other contraindications			
	CoPs: §482.23(c)(1), §482.25(b)(1), §482.25(b)(5)			
MM.05.01.01, EP 11	After the medication order has been reviewed, all concerns, issues, or questions	Deleted EP -	N/A	N/A
	are clarified with the individual prescriber before dispensing.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.23(c)(1), §482.25(b)(1)	moved to guidance		
		within SPG		
MM.05.01.07, EP 1	A pharmacist or other staff authorized in accordance with state and federal law and	Moved and Revised	MM.15.01.01, EP 1	A pharmacist or other staff at
	regulation compounds, labels, and dispenses drugs or biologicals, regardless of			regulation compounds, label
	whether the services are provided by critical access hospital staff or under			whether the services are prov
	arrangement.			arrangement.
	Note 1: When an on-site licensed pharmacist is available, a pharmacist, or			Note 1: When an on-site licer
	pharmacy staff under the supervision of a pharmacist, compounds or admixes all			pharmacy staff under the sup
	compounded sterile preparations.			compounded sterile preparat
	Note 2: For rehabilitation and psychiatric distinct part units in critical access			Note 2: For rehabilitation and
	hospitals: A pharmacist supervises all compounding, packaging, and dispensing of			hospitals: A pharmacist supe
	drugs and biologicals except in urgent situations in which a delay could harm the			drugs and biologicals except
	patient or when the product's stability is short.			patient or when the product's
		1	I	

is not open 24 hours a day, 7 days a week, the following

l, who the critical access hospital determines is ication order in the pharmacist's absence retrospective review of all medication orders during this acist is available or the pharmacy opens

authorized in accordance with state and federal law and bels, and dispenses drugs and biologicals, regardless of rovided by critical access hospital staff or under

ensed pharmacist is available, a pharmacist, or upervision of a pharmacist, compounds or admixes all rations.

nd psychiatric distinct part units in critical access pervises all compounding, packaging, and dispensing of ot in urgent situations in which a delay could harm the t's stability is short.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	C_{2} D_{2} S_{4} S_{4} S_{4} S_{4} S_{4} S_{5} C_{2} S_{2} S_{2} S_{2} S_{3} S_{4} S_{4} S_{5} S_{4} S_{5} S_{5			$C_{0} D_{0} S_{100} D_{0} (h)(1)$
MM.05.01.07, EP 2	CoPs: §482.25(b)(1), §485.635(a)(3)(iv) The critical access hospital develops and implements policies and procedures for	Moved	MM.15.01.01, EP 2	CoPs: §482.25(b)(1) The critical access hospital d
MM.05.01.07, EP 2		Moveu	MM. 15.01.01, EP 2	•
	sterile medication compounding of nonhazardous and hazardous medications in			sterile medication compound
	accordance with state and federal law and regulation.			accordance with state and fe
	Note: All compounded medications are prepared in accordance with the orders of			Note: All compounded medic
	a physician or other licensed practitioner.			a physician or other licensed
	CoPs: §482.25(b)(1), §485.635(a)(3)(iv)			CoPs: §482.25(b)(1)
MM.05.01.07, EP 3	The critical access hospital assesses competency of staff who conduct sterile	Moved and Revised	MM.15.01.01, EP 3	The critical access hospital a
	medication compounding of nonhazardous and hazardous medications in			medication compounding of
	accordance with state and federal law and regulation and the critical access			accordance with state and fe
	hospital policies.			policies.
	CoPs: §482.25(b)(1), §485.635(a)(3)(iv)			CoPs: §482.25(b)(1)
MM.05.01.07, EP 4	The critical access hospital conducts sterile medication compounding of	Moved	MM.15.01.01, EP 4	The critical access hospital c
	nonhazardous and hazardous medications within a proper environment in			nonhazardous and hazardous
	accordance with state and federal law and regulation and critical access hospital			accordance with state and fe
	policies.			policies.
	Note: Aspects of a proper environment include but are not limited to air exchanges			Note: Aspects of a proper env
	and pressures, ISO designations, viable testing, and cleaning/disinfecting.			and pressures, ISO designation
	CoPs: §482.25(b)(1), §485.635(a)(3)(iv), §485.635(d)(3)			CoPs: §482.25(b)(1)
MM.05.01.07, EP 5	The critical access hospital properly stores compounded sterile preparations of	Moved	MM.15.01.01, EP 5	The critical access hospital p
	nonhazardous and hazardous medications and labels them with beyond-use dates			nonhazardous and hazardous
	in accordance with state and federal law and regulation and critical access			in accordance with state and
	hospital policies.			hospital policies.
	CoPs: §482.25(b)(1), §485.635(a)(3)(iv), §485.635(d)(3)			CoPs: §482.25(b)(1)
MM.05.01.07, EP 6	The critical access hospital conducts quality assurance of compounded sterile	Moved	MM.15.01.01, EP 6	The critical access hospital c
	preparations of nonhazardous and hazardous medications in accordance with			preparations of nonhazardou
	state and federal law and regulation and critical access hospital policies.			state and federal law and reg
	CoPs: §482.25(b)(1), §485.635(a)(3)(iv), §485.635(d)(3)			CoPs: §482.25(b)(1)
MM.05.01.07, EP 7	For rehabilitation and psychiatric distinct part units in critical access hospitals: An	Moved	MM.15.01.01, EP 7	For rehabilitation and psychia
	appropriately trained registered pharmacist or doctor of medicine or osteopathy			appropriately trained register
	performs or supervises in-house preparation of radiopharmaceuticals.			performs or supervises in-ho
	CoPs: §482.25(b)(1), §485.635(a)(3)(iv)			CoPs: §482.25(b)(1), §482.53
MM.05.01.09, EP 1	Medication containers are labeled whenever medications are prepared but not	Moved	MM.15.01.03, EP 1	Medication containers are lat
	immediately administered.			immediately administered.
	Note 1: An immediately administered medication is one that an authorized staff			Note 1: An immediately admi
	member prepares or obtains, takes directly to a patient, and administers to that			member prepares or obtains,
	patient without any break in the process.			patient without any break in t
	Note 2: This element of performance is also applicable to sample medications.			Note 2: This element of perfo
				CoPs: §485.635(a)(3)(iv)
	COPS: §485.635(a)(3)(IV)			COF 3. 3403.033(a)(3)(1)
MM.05.01.09, EP 2	CoPs: §485.635(a)(3)(iv) Information on medication labels is displayed in a standardized format, in	Deleted EP -	N/A	N/A

develops and implements policies and procedures for nding of nonhazardous and hazardous medications in federal law and regulation.

dications are prepared in accordance with the orders of ed practitioner.

assesses competency of staff who conduct sterile of nonhazardous and hazardous medications in federal law and regulation and critical access hospital

l conducts sterile medication compounding of ous medications within a proper environment in federal law and regulation and critical access hospital

environment include but are not limited to air exchanges ations, viable testing, and cleaning/disinfecting.

l properly stores compounded sterile preparations of ous medications and labels them with beyond-use dates nd federal law and regulation and critical access

conducts quality assurance of compounded sterile ous and hazardous medications in accordance with egulation and critical access hospital policies.

hiatric distinct part units in critical access hospitals: An ered pharmacist or doctor of medicine or osteopathy nouse preparation of radiopharmaceuticals.

53(b)(1)

labeled whenever medications are prepared but not

ministered medication is one that an authorized staff ns, takes directly to a patient, and administers to that n the process.

formance is also applicable to sample medications.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	Note: This element of performance is also applicable to sample medications.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.23(c), §482.25(b)(1), §485.635(a)(3)(iv)	within SPG		
MM.05.01.09, EP 3	All medications prepared in the critical access hospital are correctly labeled with	Deleted EP -	N/A	N/A
	the following:	Replaced with more		
	- Medication name, strength, and amount (if not apparent from the container)	direct EP(s) or		
	Note: This is also applicable to sample medications.	moved to guidance		
	- Expiration date when not used within 24 hours	within SPG		
	- Expiration date and time when expiration occurs in less than 24 hours			
	- The date prepared and the diluent for all compounded intravenous admixtures			
	and parenteral nutrition formulas			
	CoPs: §482.23(c), §482.25(b)(1), §485.635(a)(3)(iv)			
MM.05.01.11, EP 2	The critical access hospital dispenses medications and maintains records in	Split to	MM.11.01.01, EP 1	Drugs and biologicals are pro
	accordance with law and regulation, licensure, and professional standards of	MM.11.01.01, EP 1;		accordance with federal and
	practice.	MM.13.01.01, EP 1		
	Note 1: Dispensing practices and recordkeeping include antidiversion strategies.			CoPs: §482.25(a), §482.25(b)
	Note 2: This element of performance is also applicable to sample medications.			
	CoPs: §482.23(c), §482.25(a), §482.25(a)(3), §482.25(b), §485.635(a)(3)(iv)			
MM.05.01.11, EP 2	The critical access hospital dispenses medications and maintains records in	Split to	MM.13.01.01, EP 1	The critical access hospital m
	accordance with law and regulation, licensure, and professional standards of	MM.11.01.01, EP 1;		and disposition of all schedu
	practice.	MM.13.01.01, EP 1		
	Note 1: Dispensing practices and recordkeeping include antidiversion strategies.			CoPs: §482.25(a)(3), §485.63
	Note 2: This element of performance is also applicable to sample medications.			
	CoPs: §482.23(c), §482.25(a), §482.25(a)(3), §482.25(b), §485.635(a)(3)(iv)			
MM.05.01.11, EP 3	The critical access hospital dispenses medications within time frames it defines to	Deleted EP -	N/A	N/A
	meet patient needs.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.23(c)	moved to guidance		
		within SPG		
MM.05.01.11, EP 4	Medications are dispensed in the most ready-to-administer forms commercially	Deleted	N/A	N/A
	available and, if feasible, in unit doses that have been repackaged by the pharmacy			
	or licensed repackager.			
MM.05.01.13, EP 1	The critical access hospital follows a process for providing medications to meet	Consolidation of	MM.13.01.01, EP 5	For rehabilitation and psychia
	patient needs when the pharmacy is closed.	MM.05.01.13, EP 1;		When a pharmacist is not ava
		MM.05.01.13, EP 2		biologicals from the pharmac
	CoPs: §482.25(b)(4)			procedures of medical staff a
				and state law and regulation.
				CoPs: §482.25(b)(4)
MM.05.01.13, EP 2	When non-pharmacist health care professionals are allowed by law or regulation to	Consolidation of	MM.13.01.01, EP 5	For rehabilitation and psychia
	obtain medications after the pharmacy is closed, the following occurs:	MM.05.01.13, EP 1;		When a pharmacist is not ava
	- Medications available are limited to those approved by the critical access	MM.05.01.13, EP 2		biologicals from the pharmad
	hospital.			procedures of medical staff a
	- The critical access hospital stores and secures the medications approved for use			and state law and regulation.
	outside of the pharmacy.			
	- Only trained, designated prescribers and nurses are permitted access to			CoPs: §482.25(b)(4)
		•		

procured, stored, controlled, and distributed, in nd state laws and accepted standards of practice.

(b), §485.635(d)(3)

l maintains current and accurate records of the receipt Juled drugs.

635(a)(3)(iv)

hiatric distinct part units in critical access hospitals: wailable, only designated staff obtain drugs and acy or storage area in accordance with policies and f and pharmaceutical service, and applicable federal n.

hiatric distinct part units in critical access hospitals: wailable, only designated staff obtain drugs and acy or storage area in accordance with policies and f and pharmaceutical service, and applicable federal n.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	approved medications			
	- Quality control procedures (such as an independent second check by another			
	individual or a secondary verification built into the system such as bar coding) are			
	in place to prevent medication retrieval errors.			
	- The critical access hospital arranges for a qualified pharmacist to be available			
	either on-call or at another location (for example, at another organization that has			
	24-hour pharmacy service) to answer questions or provide medications beyond			
	those accessible to non-pharmacy staff.			
	CoPs: §482.25(b)(4)			
MM.05.01.15, EP 1	If the critical access hospital does not operate a pharmacy, the critical access	Deleted EP -	N/A	N/A
,	hospital follows a process for obtaining medications from a pharmacy or licensed	Replaced with more		
	pharmaceutical supplier to meet patient needs.	direct EP(s) or		
		moved to guidance		
	CoPs: §485.635(a)(3)(iv)	within SPG		
MM.05.01.15, EP 2	If the critical access hospital obtains medications from a pharmacy that is not	Deleted EP -	N/A	N/A
·	open 24 hours a day, 7 days a week, the critical access hospital follows a process	Replaced with more		
	for obtaining medications from another source for urgent or emergent conditions	direct EP(s) or		
	when the pharmacy is closed.	moved to guidance		
		within SPG		
	CoPs: §485.635(a)(3)(iv)			
MM.05.01.17, EP 1	The critical access hospital follows a written policy describing how it will retrieve	Deleted EP -	N/A	N/A
	and handle medications within the critical access hospital that are recalled or	Replaced with more		
	discontinued for safety reasons by the manufacturer or the US Food and Drug	direct EP(s) or		
	Administration (FDA).	moved to guidance		
	Note: This element of performance is also applicable to sample medications.	within SPG		
	CoPs: §482.25(b)	Deleted CD	N1/A	N1/A
MM.05.01.17, EP 3	When a medication is recalled or discontinued for safety reasons by the	Deleted EP -	N/A	N/A
	manufacturer or the US Food and Drug Administration (FDA), the critical access	Replaced with more		
	hospital notifies the prescribers and those who dispense or administer the	direct EP(s) or		
	medication.	moved to guidance within SPG		
	Note: This element of performance is also applicable to sample medications.	within SPG		
	CoPs: §482.25(b)			
MM.05.01.17, EP 4	When required by law and regulation or critical access hospital policy, the critical	Deleted EP -	N/A	N/A
	access hospital informs patients that their medication has been recalled or	Replaced with more		
	discontinued for safety reasons by the manufacturer or the US Food and Drug	direct EP(s) or		
	Administration (FDA).	moved to guidance		
	Note: This element of performance is also applicable to sample medications.	within SPG		
	CoPs: §482.25(b)			
MM.05.01.19, EP 2	When the critical access hospital accepts unused, expired, or returned	Deleted EP -	N/A	N/A
	medications, it follows a process for returning medications to the pharmacy's or	Replaced with more		
	critical access hospital's control which includes procedures for preventing	direct EP(s) or		
	diversion.	moved to guidance		
	Note: This element of performance is also applicable to sample medications.	within SPG		
	CoPs: §482.25(b), §485.635(a)(3)(iv)			
			I	<u> </u>

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MM.06.01.01, EP 1	Only authorized clinical staff administer medications. The critical access hospital defines, in writing, those who are authorized to administer medication, with or without supervision, in accordance with law and regulation. Note: This does not prohibit self-administration of medications by patients, when indicated.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.23(c), §482.23(c)(2), §482.23(c)(4), §485.635(d)(3)			
MM.06.01.01, EP 3	 Before administration, the individual administering the medication does the following: Verifies that the medication selected matches the medication order and product label Visually inspects the medication for particulates, discoloration, or other loss of integrity Verifies that the medication has not expired Verifies that no contraindications exist Verifies that the medication is being administered at the proper time, in the prescribed dose, and by the correct route Discusses any unresolved concerns about the medication with the patient's physician or other licensed practitioner, prescriber (if different from the physician or other licensed practitioner), and/or staff involved with the patient's care, treatment, and services 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.23(c), §485.635(d)(3)			
MM.06.01.01, EP 9	Before administering a new medication, the patient or family is informed about any potential clinically significant adverse drug reactions or other concerns regarding administration of a new medication.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.06.01.01, EP 13	Before administering a radioactive pharmaceutical for diagnostic purposes, staff verify that the dose to be administered is within 20% of the prescribed dose, or, if the dose is prescribed as a range, staff verify that the dose to be administered is within the prescribed range.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.06.01.03, EP 1	If self-administration of medications is allowed, the critical access hospital follows written processes that guide the safe and accurate self-administration of medications or the administration of medications by a family member (refer to the Glossary for the definition of family). The processes address training, supervision, and documentation. CoPs: §482.23(c)(6), §482.23(c)(6)(i)(D), §482.23(c)(6)(i)(E), §482.23(c)(6)(ii)(B), §482.23(c)(6)(ii)(D), §482.23(c)(6)(ii)(E)	Moved and Revised	MM.16.01.01, EP 3	The critical access hospital of guide the safe and accurate a their caregiver or support pe Note 1: This applies to critica patient's own medications b Note 2: The term "self-admir administered by a family me CoPs: §482.23(c)(6)
MM.06.01.03, EP 3	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital educates patients and families involved in self- administration about how to administer medication, including process, time, frequency, route, and dose.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.23(c)(6)(i)(C)			

al develops and implements policies and procedures that te self-administration of medications by the patient or person, where appropriate.

- ical access hospital–issued medications and the strong to the critical access hospital.
- ninistered medication(s)" may refer to medications nember.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MM.06.01.03, EP 7	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital determines that the patient or the family member who administers the medication is competent at medication administration before allowing them to administer medications.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.23(c)(6)(i)(B), §482.23(c)(6)(ii)(B)			
MM.06.01.05, EP 2	If the critical access hospital operates a pharmacy, the process for the use of investigational medications specifies that the pharmacy controls the storage, dispensing, labeling, and distribution of investigational medications. CoPs: §485.635(a)(3)(iv)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.07.01.01, EP 1	The critical access hospital monitors the patient's perception of side effects and the effectiveness of the patient's medication(s). Note: This element of performance is also applicable to sample medications. CoPs: §485.635(a)(3)(iv), §485.635(a)(3)(v)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.07.01.01, EP 2	The critical access hospital monitors the patient's response to their medication(s) by taking into account clinical information from the medical record, relevant lab values, clinical response, and medication profile. Note 1: Monitoring the patient's response to medications is an important assessment activity for nurses, pharmacists, physicians, and other licensed practitioners. In particular, monitoring the patient's response to the first dose of a new medication is essential to the safety of the patient because any adverse reactions, including serious ones, are more unpredictable if the medication has never been used before with the patient. Note 2: This element of performance is also applicable to sample medications.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.07.01.03, EP 1	CoPs: \$485.635(a)(3)(iv) The critical access hospital follows a written process to respond to actual or potential adverse drug events, significant adverse drug reactions, and medication errors. Note: This element of performance is also applicable to sample medications.	Moved and Revised	LD.13.01.09, EP 5	For rehabilitation and psychia critical access hospital devel minimizes drug errors. The m unless delegated to the phare
MM.07.01.03, EP 2	CoPs: §482.23(c)(5), §482.25(b)(6), §485.635(a)(3)(iv), §485.635(a)(3)(v) The critical access hospital follows a written process addressing prescriber notification in the event of an adverse drug event, significant adverse drug reaction, or medication error. Note: This element of performance is also applicable to sample medications. CoPs: §482.25(b)(6), §485.635(a)(3)(v)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	CoPs: §482.25 N/A
MM.07.01.03, EP 3	The critical access hospital complies with internal and external reporting requirements for actual or potential adverse drug events, significant adverse drug reactions, and medication errors. Note: This element of performance is also applicable to sample medications. CoPs: §482.23(c)(5), §482.25(b)(6), §485.635(a)(3)(iv), §485.635(a)(3)(v)	Moved and Revised	MM.17.01.01, EP 1	The critical access hospital d reporting transfusion reaction administration of drugs. Note: This element of perform CoPs: §482.23(c)(5), §485.63
MM.07.01.03, EP 6	For rehabilitation and psychiatric distinct part units in critical access hospitals: Medication administration errors, adverse drug reactions, and medication incompatibilities as defined by the critical access hospital are immediately	Moved and Revised	MM.17.01.01, EP 2	For rehabilitation and psychia Medication administration er incompatibilities, as defined

chiatric distinct part units in critical access hospitals: The evelops and implements policies and procedures that e medical staff develops these policies and procedures narmaceutical service.

l develops and implements policies and procedures for ions, adverse drug reactions, and errors in

ormance is also applicable to sample medications.

635(a)(3)(v)

chiatric distinct part units in critical access hospitals: n errors, adverse drug reactions, and medication ed by the critical access hospital, are immediately

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	reported to the attending physician and as appropriate to the organizationwide			reported to the attending phy
	quality assessment and performance improvement program.			the hospitalwide quality asse
	Note: The definition of "physician" is the same as that used by the Centers for			
	Medicare & Medicaid Services (CMS) (refer to the Glossary).			CoPs: §482.25(b)(6)
	CoPs: §482.25(b)(6)			
MM.08.01.01, EP 1	As part of its evaluation of the effectiveness of medication management, the	Deleted EP -	N/A	N/A
	critical access hospital does the following:	Replaced with more		
	- Collects data on the performance of its medication management system	direct EP(s) or		
	- Analyzes data on its medication management system	moved to guidance		
	- Compares data over time to identify risk points, levels of performance, patterns,	within SPG		
	trends, and variations of its medication management system			
	Note: This element of performance is also applicable to sample medications.			
	CoPs: §482.21(e)(1)			
MM.08.01.01, EP 5	Based on analysis of its data, as well as review of the literature for new	Deleted EP -	N/A	N/A
	technologies and best practices, the critical access hospital identifies	Replaced with more		
	opportunities for improvement in its medication management system.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.21(e)(1)	within SPG		
MM.08.01.01, EP 6	When opportunities are identified for improvement of the medication management	Deleted EP -	N/A	N/A
	system, the critical access hospital does the following:	Replaced with more		
	- Takes action on improvement opportunities identified as priorities for its	direct EP(s) or		
	medication management system	moved to guidance		
	- Evaluates its actions to confirm that they resulted in improvements	within SPG		
	Note: This element of performance is also applicable to sample medications.			
	CoPs: §482.21(e)(1)			
MM.08.01.01, EP 8	The critical access hospital takes additional action when planned improvements	Deleted EP -	N/A	N/A
	for its medication management processes are either not achieved or not sustained.	Replaced with more		
		direct EP(s) or		
		moved to guidance		
	CoPs: §482.21(e)(1)	within SPG		
MM.08.01.01, EP 16	When automatic dispensing cabinets (ADCs) are used, the critical access hospital	Moved and Revised	NPG.14.01.01, EP 2	When automatic dispensing
	has a policy that describes the types of medication overrides that will be reviewed			develops and implements a p
	for appropriateness and the frequency of the reviews. A 100% review of overrides is			that will be reviewed for appr
	not required.			review of overrides is not requ
MM.09.01.01, EP 10	The critical access hospital allocates financial resources for staffing and	Moved and Revised	MM.18.01.01, EP 1	The antibiotic stewardship pr
	information technology to support the antibiotic stewardship program.			access hospital services prov
	CoPs: §482.42, §485.640			CoPs: §482.42, §482.42(b)(4)
MM.09.01.01, EP 11	The governing body appoints a physician and/or pharmacist who is qualified	Moved and Revised	MM.18.01.01, EP 2	The critical access hospital d
	through education, training, or experience in infectious diseases and/or antibiotic			qualified through education,
	stewardship as the leader(s) of the antibiotic stewardship program.			antibiotic stewardship, is app
	Note: The appointment(s) is based on recommendations of medical staff leaders			individual, as the leader(s) of
	and pharmacy leaders.			appointment is based on the
				pharmacy leadership.
	CoPs: §482.42(b)(1), §485.640(b)(1)			
				CoPs: §482.42(b)(1), §485.64

hysician or licensed practitioner and, as appropriate, to sessment and performance improvement program.

g cabinets (ADCs) are used, the critical access hospital a policy that describes the types of medication overrides propriateness and the frequency of the reviews. A 100% equired.

program reflects the scope and complexity of the critical ovided.

4), §485.640, §485.640(b)(4)

I demonstrates that an individual (or individuals), who is n, training, or experience in infectious diseases and/or ppointed by the governing body, or responsible of the antibiotic stewardship program and that the ne recommendations of medical staff leadership and

640(b)(1)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MM.09.01.01, EP 12	The leader(s) of the antibiotic stewardship program is responsible for the following:	Moved and Revised	MM.18.01.01, EP 3	The leader(s) of the antibiotic
	- Developing and implementing a hospitalwide antibiotic stewardship program that			- Development and implement
	is based on nationally recognized guidelines to monitor and improve the use of			stewardship program, based
	antibiotics			improve the use of antibiotics
	- Documenting antibiotic stewardship activities, including any new or sustained			- All documentation, written
	improvements			activities.
	- Communicating and collaborating with the medical staff, nursing leaders, and			- Communication and collab
	pharmacy leaders, as well as with the critical access hospital's infection prevention			leadership, as well as with th
	and control and quality assessment and performance improvement programs on			control and QAPI programs, o
	antibiotic use issues			- Competency-based training
	- Providing competency-based training and education for staff on the practical			and staff, including medical
	applications of antibiotic stewardship guidelines, policies, and procedures			contracted services in the cri
				antibiotic stewardship guide
	CoPs: §482.42, §482.42(b)(2)(iii), §482.42(b)(4), §482.42(c)(1)(i), §482.42(c)(1)(ii),			
	§482.42(c)(3)(i), §482.42(c)(3)(ii), §482.42(c)(3)(iii), §482.42(c)(3)(iv), §485.640,			CoPs: §482.42, §482.42(c)(3)
	§485.640(b)(2)(iii), §485.640(b)(4), §485.640(c)(1)(i), §485.640(c)(1)(ii),			§485.640, §485.640(c)(3)(i), §
	\$485.640(c)(3)(i), \$485.640(c)(3)(ii), \$485.640(c)(3)(iii), \$485.640(c)(3)(iv)			
MM.09.01.01, EP 13	The critical access hospital has a multidisciplinary committee that oversees the	Moved and Revised	NPG.14.06.01, EP 1	The critical access hospital h
	antibiotic stewardship program.			antibiotic stewardship progra
	Note 1: The committee may be composed of representatives from the medical			Note 1: The committee may b
	staff, pharmacy services, the infection prevention and control program, nursing			staff, pharmaceutical service
	services, microbiology, information technology, and the quality assessment and			nursing services, microbiolog
	performance improvement program.			and performance improvement
	Note 2: The committee may include part-time or consultant staff. Participation may			Note 2: The committee may i
	occur on site or remotely.			occur on site or remotely.
MM.09.01.01, EP 14	The antibiotic stewardship program demonstrates coordination among all	Moved and Revised	MM.18.01.01, EP 4	The governing body, or respo
111.05.01.01, El 14	components of the critical access hospital responsible for antibiotic use and			identified by the antibiotic ste
	resistance, including, but not limited to, the infection prevention and control			with the critical access hospi
	program, the quality assessment and performance improvement program, the			
	medical staff, nursing services, and pharmacy services.			CoPs: §482.42(c)(1)(ii), §485.
	Inedical stan, huising services, and pharmacy services.			COPS. \$462.42(C)(T)(II), \$465.
	CoPs: §482.42(b)(2)(i), §482.42(c)(1)(ii), §485.640(b)(2)(i), §485.640(c)(1)(ii)			
MM.09.01.01, EP 15	The antibiotic stewardship program documents the evidence-based use of	Moved and Revised	MM.18.01.01, EP 5	The critical access hospitalw
	antibiotics in all departments and services of the critical access hospital.			- Demonstrates coordination
				responsible for antibiotic use
	CoPs: §482.42(b)(2)(ii), §482.42(b)(4), §485.640(b)(2)(ii), §485.640(b)(4)			infection prevention and con
				nursing services, and pharma
				- Documents the evidence-ba
				of the critical access hospita
				- Documents any improveme
				antibiotic use.
				CoPs: §482.42(b)(2)(i), §482.4
				\$485.640(b)(2)(ii), \$485.640(b)
MM.09.01.01, EP 16	The entitiestic stowardship program manitors the aritical access beenitel's	Moved	NPG.14.06.01, EP 2	The antibiotic stewardship pr
1111.09.01.01, EP 16	The antibiotic stewardship program monitors the critical access hospital's	Moved	1170.14.00.01, EP 2	
	antibiotic use by analyzing data on days of therapy per 1,000 days present or 1,000			antibiotic use by analyzing da
	patient days or by reporting antibiotic use data to the National Healthcare Safety			patient days or by reporting a
	Network's Antimicrobial Use Option of the Antimicrobial Use and Resistance			Network's Antimicrobial Use
	Module.			Module.

tic stewardship program is responsible for the following: nentation a critical access hospitalwide antibiotic ed on nationally recognized guidelines, to monitor and ics.

n or electronic, of antibiotic stewardship program

boration with medical staff, nursing, and pharmacy the critical access hospital's infection prevention and , on antibiotic use issues.

ng and education of critical access hospital personnel l staff, and, as applicable, personnel providing critical access hospital, on the practical applications of elines, policies, and procedures.

3)(i), §482.42(c)(3)(ii), §482.42(c)(3)(iii), §482.42(c)(3)(iv), , §485.640(c)(3)(ii), §485.640(c)(3)(iii), §485.640(c)(3)(iv)

l has a multidisciplinary committee that oversees the gram.

y be composed of representatives from the medical ces, the infection prevention and control program, ogy, information technology, and the quality assessment nent program.

/ include part-time or consultant staff. Participation may

onsible individual, ensures all antibiotic use issues stewardship program are addressed in collaboration pital's QAPI leadership.

5.640(c)(1)(ii)

lwide antibiotic stewardship program:

on among all components of the critical access hospital se and resistance, including, but not limited to, the ontrol program, the QAPI program, the medical staff, macy services.

based use of antibiotics in all departments and services tal.

nents, including sustained improvements, in proper

2.42(b)(2)(ii), \$482.42(b)(2)(iii), \$485.640(b)(2)(i), b(b)(2)(iii)

program monitors the critical access hospital's data on days of therapy per 1,000 days present or 1,000 gantibiotic use data to the National Healthcare Safety se Option of the Antimicrobial Use and Resistance

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MM.09.01.01, EP 17	The antibiotic stewardship program implements one or both of the following strategies to optimize antibiotic prescribing: - Preauthorization for specific antibiotics that includes an internal review and approval process prior to use - Prospective review and feedback regarding antibiotic prescribing practices, including the treatment of positive blood cultures, by a member of the antibiotic stewardship program CoPs: §482.42(b)(3), §485.640(b)(3)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.09.01.01, EP 18	The antibiotic stewardship program implements at least two evidence-based guidelines to improve antibiotic use for the most common indications. Note 1: Examples include, but are not limited to, the following: - Community-acquired pneumonia - Urinary tract infections - Skin and soft tissue infections - Clostridioides difficile colitis - Asymptomatic bacteriuria - Plan for parenteral to oral antibiotic conversion - Use of surgical prophylactic antibiotics Note 2: Evidence-based guidelines must be based on national guidelines and also reflect local susceptibilities, formulary options, and the patients served, as needed.	Moved and Revised	MM.18.01.01, EP 6	The antibiotic stewardship pr well as best practices, for imp CoPs: §482.42(b)(3), §485.64
MM.09.01.01, EP 19	The antibiotic stewardship program evaluates adherence (including antibiotic selection and duration of therapy, where applicable) to at least one of the evidence- based guidelines the critical access hospital implements. Note 1: The critical access hospital may measure adherence at the group level (that is, departmental, unit, clinician subgroup) or at the individual prescriber level. Note 2: The critical access hospital may obtain adherence data for a sample of patients from relevant clinical areas by analyzing electronic health records or by conducting chart reviews.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
MM.09.01.01, EP 20	The antibiotic stewardship program collects, analyzes, and reports data to critical access hospital leaders and prescribers. Note: Examples of antibiotic stewardship program data include antibiotic resistance patterns, antibiotic prescribing practices, or an evaluation of antibiotic stewardship activities. CoPs: §482.42(b)(2)(iii), §482.42(c)(1)(i), §485.640(b)(2)(iii), §485.640(c)(1)(i)	Moved and Revised	MM.18.01.01, EP 7	The governing body, or respor and operational for the tracki demonstrate the implementa CoPs: §482.42(c)(1)(i), §485.6
MM.09.01.01, EP 21	Cors: 9482.42(b)(2)(iii), 9482.42(c)(1)(i), 9485.640(b)(2)(iii), 9485.640(c)(1)(i)The critical access hospital takes action on improvement opportunities identifiedby the antibiotic stewardship program.CoPs: §482.42(b)(2)(iii), §482.42(c)(1)(i), §485.640(b)(2)(iii), §485.640(c)(1)(i)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
N/A	N/A	New, more-direct EP for CoP requirement	MM.11.01.03, EP 1	For rehabilitation and psychia Information relating to drug ir dosage, indications for use, a

program adheres to nationally recognized guidelines, as mproving antibiotic use.

640(b)(3)

oonsible individual, ensures that systems are in place cking of all antibiotic use activities in order to ntation, success, and sustainability of such activities.

5.640(c)(1)(i)

hiatric distinct part units in critical access hospitals: g interactions, drug therapy, side effects, toxicology, e, and routes of administration is available to the

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				professional staff.
				CoPs: §482.25(b)(8)
N/A		New, more-direct EP	MM.14.01.01, EP 1	Orders for drugs and biologica
		for CoP requirement		who is authorized to write ord
				medical staff bylaws, rules, and
				Note: Influenza and pneumoc
				approved hospital policy after
				CoPs: §482.23(c)(3), §482.23(
N/A	N/A	New, more-direct EP	MM.16.01.01, EP 1	Drugs and biologicals are pre
		for CoP requirement		and state laws, the orders of t
				for the patient's care, and acc
				For rehabilitation and psychia
				Drugs and biologicals may be
				- On the orders of other practi
				such practitioners are acting i
				practice laws, hospital policie
				- On the orders contained wit
				sets, and protocols for patien
				42 CFR 482.24(c)(3).
				CoPs: §482.23(c)(1), §482.23(
N/A	N/A	New, more-direct EP	MM.16.01.01, EP 2	Drugs, biologicals, and intrave
		for CoP requirement		supervision of, a registered nu
				permitted by state law, a phys
				Note: For rehabilitation and p
				hospitals: Drugs and biologica
				nursing or other staff in accor
				including applicable licensing
				medical staff policies and pro
				CoPs: §482.23(c)(2), §485.635
N/A	N/A	New, more-direct EP	MM.16.01.01, EP 4	For rehabilitation and psychia
		for CoP requirement		the critical access hospital al
				issued medications, the critic
				place that address the following
				- Making certain that an order
				the patient's care and that it is
				administration policy
				- Determining that the patient
				capable of administering the
				- Instructing the patient or the
				appropriate, in the safe and a
				- Addressing the security of th
				Note: The term "self-administ
				administered by a family men
				CoPs: §482.23(c)(6)(i)(A), §482

icals are documented and signed by any practitioner orders in accordance with state law, hospital policy, and , and regulations.

ococcal vaccines may be administered per physicianter an assessment of contraindications.

23(c)(3)(iii)

repared and administered in accordance with federal of the licensed practitioner or practitioners responsible ccepted standards of practice.

niatric distinct part units in critical access hospitals: be prepared and administered as follows:

ctitioners not specified under 42 CFR 482.12(c) only if og in accordance with state law, including scope-ofcies, and medical staff bylaws, rules, and regulations. vithin preprinted and electronic standing orders, order ent orders only if such orders meet the requirements of

23(c)(1)(i), §482.23(c)(1)(ii)

avenous medications are administered by, or under the nurse, a doctor of medicine or osteopathy, or, where hysician assistant.

I psychiatric distinct part units in critical access ficals are administered by, or under supervision of, fordance with federal and state laws and regulations, fing requirements, and in accordance with the approved procedures.

635(d)(3)

niatric distinct part units in critical access hospitals: If allows a patient to self-administer specific hospitaltical access hospital has policies and procedures in wing:

er is issued by a licensed practitioner responsible for t is consistent with the critical access hospital's self-

ent or the patient's caregiver or support person is le specified medication(s)

he patient's caregiver or support person, where

l accurate administration of the specified medication(s) the medications for each patient

istered medication(s)" may refer to medications ember.

482.23(c)(6)(i)(B), \$482.23(c)(6)(i)(C), \$482.23(c)(6)(i)(D)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
N/A	N/A	New, more-direct EP for CoP requirement	MM.16.01.01, EP 5	For rehabilitation and psychia the critical access hospital a medications brought into the procedures in place that add - Making certain that an orde patient's care and that it is co administration policy - Determining that the patien capable of administering the - Instructing the patient or the appropriate, in the safe and a - Addressing the security of th - Identifying the specified me for integrity Note: The term "self-adminis administered by a family mer CoPs: §482.23(c)(6)(ii)(A), §44
N/A	N/A	New, more-direct EP for CoP requirement	MM.17.01.01, EP 3	 §482.23(c)(6)(ii)(D) The critical access hospital h for the size and scope of serv on reporting rates published effectiveness of its process for adverse drug reactions to the program.
MS.01.01.01, EP 1	The organized medical staff develops medical staff bylaws, rules and regulations, and policies. CoPs: \$482.12(a)(3), \$482.22, \$482.22(c), \$485.616(c)(1)(ii), \$485.616(c)(1)(iii), \$485.616(c)(1)(iiii), \$485.616(c)(1)(iii), \$485.616(c)(1)(i	Consolidation of MS.01.01.01, EP 1; MS.01.01.01, EP 2; MS.01.01.01, EP 6; MS.01.01.01, EP 12; MS.01.01.01, EP 15; MS.01.01.01, EP 26; MS.01.01.01, EP 27; MS.01.01.01, EP 36	MS.14.01.01, EP 1	CoPs: §482.25(b)(6) The medical staff adopts and bylaws are approved by the g - Description of the organizat staff membership - Description of the qualificat staff to recommend that the - Criteria for determining the a procedure for applying the - For rehabilitation or psychia Statement of the duties and g example, active, courtesy) Note: Distant-site physicians telemedicine services under also subject to the requirement 482.22(a)(3) and (a)(4).
MS.01.01.01, EP 2	The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval. (See the "Leadership" [LD] chapter for requirements regarding the	Consolidation of MS.01.01.01, EP 1; MS.01.01.01, EP 2; MS.01.01.01, EP 6; MS.01.01.01, EP 12;	MS.14.01.01, EP 1	CoPs: §482.22(c)(1), §482.22 The medical staff adopts and bylaws are approved by the g - Description of the organizat staff membership - Description of the qualificat

- hiatric distinct part units in critical access hospitals: If allows a patient to self-administer their own specific ne hospital, the critical access hospital has policies and Idress the following:
- ler is issued by a practitioner responsible for the consistent with the critical access hospital's self-
- ent or the patient's caregiver or support person is ne specified medication(s)
- he patient's caregiver or support person, where
- l accurate administration of the specified medication(s) the medications for each patient
- nedication(s) and visually evaluating the medication(s)

istered medication(s)" may refer to medications ember.

482.23(c)(6)(ii)(B), §482.23(c)(6)(ii)(C),

I has a method (such as using established benchmarks ervices provided by the critical access hospital or studies ed in peer-reviewed journals) by which to measure the s for identifying and reporting medication errors and he quality assessment and performance improvement

nd enforces bylaws to carry out its responsibilities. The governing body and include the following: ation of the medical staff, including criteria for medical

cations to be met by a candidate in order for the medical e candidate be appointed by the governing body ne privileges to be granted to individual practitioners and e criteria to individuals requesting privileges niatric distinct part units in critical access hospitals: d privileges of each category of medical staff (for

ns and practitioners requesting privileges to provide er an agreement with the critical access hospital are nents in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR

22(c)(2), §482.22(c)(3), §482.22(c)(4), §482.22(c)(6) nd enforces bylaws to carry out its responsibilities. The governing body and include the following: ation of the medical staff, including criteria for medical

cations to be met by a candidate in order for the medical

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	governing body's authority and conflict management processes.) CoPs: §482.12(a)(1), §482.12(a)(3), §482.12(a)(4), §482.22, §482.22(c), §482.22(c)(1), §485.616(c)(1)(ii), §485.616(c)(1)(iii), §485.616(c)(1)(iv), §485.616(c)(1)(vii)	MS.01.01.01, EP 15; MS.01.01.01, EP 26; MS.01.01.01, EP 27; MS.01.01.01, EP 36		staff to recommend that the of - Criteria for determining the p a procedure for applying the of - For rehabilitation or psychia Statement of the duties and p example, active, courtesy) Note: Distant-site physicians telemedicine services under a also subject to the requireme 482.22(a)(3) and (a)(4).
MS.01.01.01, EP 5	The medical staff complies with the medical staff bylaws, rules and regulations, and policies. CoPs: §482.22, §482.22(a)(1), §482.22(c), §485.631(e)(2)	Split to MS.16.01.01, EP 1; MS.17.01.03, EP 4	MS.16.01.01, EP 1	CoPs: §482.22(c)(1), §482.22(For rehabilitation and psychia critical access hospital has a approved by the governing bo care provided by the critical a CoPs: §482.22
MS.01.01.01, EP 5	The medical staff complies with the medical staff bylaws, rules and regulations, and policies. CoPs: §482.22, §482.22(a)(1), §482.22(c), §485.631(e)(2)	Split to MS.16.01.01, EP 1; MS.17.01.03, EP 4	MS.17.01.03, EP 4	For rehabilitation and psychia medical staff examines the cr membership and makes reco appointment of these candida of-practice laws, and the med who has been recommended the governing body is subject Note: A candidate who has be been appointed by the govern
MS.01.01.01, EP 6	For rehabilitation and psychiatric distinct part units in critical access hospitals: The organized medical staff enforces the medical staff bylaws, rules and regulations, and policies by recommending action to the governing body in certain circumstances and taking action in others. CoPs: §482.22, §482.22(a)(1), §482.22(c)	Consolidation of MS.01.01.01, EP 1; MS.01.01.01, EP 2; MS.01.01.01, EP 6; MS.01.01.01, EP 12; MS.01.01.01, EP 15; MS.01.01.01, EP 26; MS.01.01.01, EP 27; MS.01.01.01, EP 36	MS.14.01.01, EP 1	CoPs: §482.22(a)(2) The medical staff adopts and bylaws are approved by the go - Description of the organizati staff membership - Description of the qualificati staff to recommend that the o - Criteria for determining the p a procedure for applying the o - For rehabilitation or psychiat Statement of the duties and p example, active, courtesy) Note: Distant-site physicians telemedicine services under a also subject to the requireme 482.22(a)(3) and (a)(4).
MS.01.01.01, EP 7	The governing body upholds the medical staff bylaws, rules and regulations, and policies that have been approved by the governing body.	Consolidation of MS.01.01.01, EP 5; MS.01.01.01, EP 7	MS.16.01.01, EP 1	CoPs: §482.22(c)(1), §482.22(For rehabilitation and psychia critical access hospital has an approved by the governing bo

e candidate be appointed by the governing body e privileges to be granted to individual practitioners and e criteria to individuals requesting privileges iatric distinct part units in critical access hospitals: d privileges of each category of medical staff (for

ns and practitioners requesting privileges to provide er an agreement with the critical access hospital are nents in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR

22(c)(2), §482.22(c)(3), §482.22(c)(4), §482.22(c)(6) niatric distinct part units in critical access hospitals: The an organized medical staff that operates under bylaws body and that is responsible for the quality of medical l access hospital.

hiatric distinct part units in critical access hospitals: The credentials of all candidates eligible for medical staff commendations to the governing body on the idates, in accordance with state law, including scopeedical staff bylaws, rules, and regulations. A candidate ed by the medical staff and who has been appointed by ct to all medical staff bylaws, rules, and regulations. been recommended by the medical staff and who has erning body is also subject to 42 CFR 482.22(a).

nd enforces bylaws to carry out its responsibilities. The governing body and include the following: ation of the medical staff, including criteria for medical

ations to be met by a candidate in order for the medical e candidate be appointed by the governing body e privileges to be granted to individual practitioners and e criteria to individuals requesting privileges iatric distinct part units in critical access hospitals: d privileges of each category of medical staff (for

ns and practitioners requesting privileges to provide er an agreement with the critical access hospital are nents in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR

22(c)(2), §482.22(c)(3), §482.22(c)(4), §482.22(c)(6) niatric distinct part units in critical access hospitals: The an organized medical staff that operates under bylaws body and that is responsible for the quality of medical

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				care provided by the critical a
	CoPs: §482.12(a)(1), §482.12(a)(3), §482.12(a)(4), §482.22, §482.22(c)(1)			CoPs: §482.22
MS.01.01.01, EP 12	The medical staff bylaws include the following requirements: The structure of the medical staff.	Consolidation of MS.01.01.01, EP 1; MS.01.01.01, EP 2;	MS.14.01.01, EP 1	The medical staff adopts and bylaws are approved by the g - Description of the organizat
	CoPs: §482.12(a)(1), §482.22(a), §482.22(b)(1), §482.22(c)(3), §485.616(c)(1)(i), §485.616(c)(1)(vi), §485.631(e)(1)	MS.01.01.01, EP 6; MS.01.01.01, EP 12; MS.01.01.01, EP 15; MS.01.01.01, EP 26; MS.01.01.01, EP 27; MS.01.01.01, EP 36		staff membership - Description of the qualificat staff to recommend that the - Criteria for determining the a procedure for applying the - For rehabilitation or psychia Statement of the duties and p example, active, courtesy) Note: Distant-site physicians telemedicine services under also subject to the requirement 482.22(a)(3) and (a)(4).
MS.01.01.01, EP 13	The medical staff bylaws include the following requirements: Qualifications for appointment to the medical staff. Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff must be composed of doctors of medicine or osteopathy. In accordance with state law, including scope of practice laws, the medical staff may also include other categories of physicians as listed at 482.12(c)(1) and other licensed practitioners who are determined to be eligible for appointment by the governing body.	Moved and Revised	MS.14.01.01, EP 2	CoPs: §482.22(c)(1), §482.22 The medical staff bylaws incl reappointment to the medical Note: For rehabilitation and p hospitals: The medical staff i accordance with state law, in also include other categories other licensed practitioners w appointment.
	CoPs: \$482.12(a)(1), \$482.22(a), \$482.22(a)(2), \$482.22(c)(4), \$485.616(c)(1)(i), \$485.616(c)(1)(vi)			CoPs: §482.22(a)
MS.01.01.01, EP 14	The medical staff bylaws include the following requirements: The process for privileging and re-privileging physicians and other licensed practitioners. CoPs: §482.22(a)(1), §482.22(c)(6), §485.631(e)(2)	Consolidation of MS.01.01.01, EP 14; MS.01.01.01, EP 17; MS.01.01.01, EP 34; MS.06.01.03, EP 4	MS.14.01.01, EP 9	The medical staff bylaws incl - Description of those member - Process for credentialing and practitioners - Process for fair hearings and for scheduling and conductir
MS.01.01.01, EP 15	For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff bylaws include the following requirements: A statement of the duties and privileges related to each category of the medical staff (for example, active, courtesy). Note: Solely for the purposes of this element of performance, The Joint Commission interprets the word "privileges" to mean the duties and prerogatives of each category, and not the clinical privileges to provide patient care, treatment, and services related to each category. Each member of the medical staff is to have specific clinical privileges to provide care, treatment, and services authorized through the processes specified in Standards MS.06.01.03, MS.06.01.05, and MS.06.01.07.	Consolidation of MS.01.01.01, EP 1; MS.01.01.01, EP 2; MS.01.01.01, EP 6; MS.01.01.01, EP 12; MS.01.01.01, EP 15; MS.01.01.01, EP 26; MS.01.01.01, EP 27; MS.01.01.01, EP 36	MS.14.01.01, EP 1	The medical staff adopts and bylaws are approved by the g - Description of the organizat staff membership - Description of the qualificat staff to recommend that the - Criteria for determining the a procedure for applying the - For rehabilitation or psychia Statement of the duties and p example, active, courtesy) Note: Distant-site physicians

l access hospital.

nd enforces bylaws to carry out its responsibilities. The governing body and include the following: ation of the medical staff, including criteria for medical

ations to be met by a candidate in order for the medical e candidate be appointed by the governing body e privileges to be granted to individual practitioners and e criteria to individuals requesting privileges hiatric distinct part units in critical access hospitals: d privileges of each category of medical staff (for

ns and practitioners requesting privileges to provide er an agreement with the critical access hospital are nents in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR

22(c)(2), §482.22(c)(3), §482.22(c)(4), §482.22(c)(6) clude the qualifications for appointment and cal staff.

I psychiatric distinct part units in critical access f is composed of doctors of medicine or osteopathy. In including scope of practice laws, the medical staff may es of physicians, as listed at 42 CFR 482.12(c)(1), and s who the governing body determines are eligible for

clude the following requirements: bers of the medical staff who are eligible to vote and recredentialing physicians and other licensed

nd appeals, which at a minimum, includes the process ting hearings and appeals.

nd enforces bylaws to carry out its responsibilities. The governing body and include the following: ation of the medical staff, including criteria for medical

ations to be met by a candidate in order for the medical e candidate be appointed by the governing body e privileges to be granted to individual practitioners and e criteria to individuals requesting privileges natric distinct part units in critical access hospitals: d privileges of each category of medical staff (for

ns and practitioners requesting privileges to provide

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.22(c)(2)			telemedicine services under also subject to the requireme 482.22(a)(3) and (a)(4).
				CoPs: §482.22(c)(1), §482.22
MS.01.01.01, EP 16	For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff bylaws include the following requirements: The requirements for completing and documenting medical histories and physical examinations. The medical history and physical examination are completed and documented by a physician (as defined in section 1861(r) of the Social Security Act), an oral and maxillofacial surgeon, or other qualified licensed practitioner in accordance with state law and hospital policy. (For more information on performing the medical history and physical examination, refer to MS.03.01.01, EPs 6–10.) Note: The requirements referred to in this element of performance are, at a minimum, those described in the element of performance and Standard PC.01.02.03, EPs 4 and 5.	Consolidation of MS.01.01.01, EP 16; MS.01.01.01, EP 38	MS.14.01.01, EP 3	For rehabilitation and psychia medical staff bylaws include - Medical history and physica PC.10.01.01, EP 1 - Updated patient examinatio - Assessments in lieu of medi described in PC.10.01.01, EP CoPs: §482.22(c)(5)(i), §482.2
	CoPs: §482.22(c)(5)(i)			
MS.01.01.01, EP 17	The medical staff bylaws include the following requirements: A description of those members of the medical staff who are eligible to vote. CoPs: §485.631(e)(1)	Consolidation of MS.01.01.01, EP 14; MS.01.01.01, EP 17; MS.01.01.01, EP 34; MS.06.01.03, EP 4	MS.14.01.01, EP 9	The medical staff bylaws incl - Description of those member - Process for credentialing an practitioners - Process for fair hearings and for cohoduling and conducting
MS.01.01.01, EP 26	The medical staff bylaws include the following requirements: The process for	Consolidation of	MS.14.01.01, EP 1	for scheduling and conductin The medical staff adopts and
	credentialing and re-credentialing physicians and other licensed practitioners. CoPs: §485.631(e)(2)	MS.01.01.01, EP 1; MS.01.01.01, EP 2; MS.01.01.01, EP 6; MS.01.01.01, EP 12; MS.01.01.01, EP 15; MS.01.01.01, EP 26; MS.01.01.01, EP 27; MS.01.01.01, EP 36		bylaws are approved by the ge- Description of the organizat staff membership - Description of the qualificat staff to recommend that the of - Criteria for determining the a procedure for applying the of - For rehabilitation or psychia Statement of the duties and p example, active, courtesy) Note: Distant-site physicians telemedicine services under also subject to the requirement 482.22(a)(3) and (a)(4). CoPs: §482.22(c)(1), §482.220
MS.01.01.01, EP 27	The medical staff bylaws include the following requirements: The process for appointment and re-appointment to membership on the medical staff. CoPs: §482.12(a)(1), §485.616(c)(1)(i), §485.616(c)(1)(ii), §485.616(c)(1)(vi), §4	Consolidation of MS.01.01.01, EP 1; MS.01.01.01, EP 2; MS.01.01.01, EP 6;	MS.14.01.01, EP 1	The medical staff adopts and bylaws are approved by the g - Description of the organizat staff membership
	§485.616(c)(1)(vii), §485.631(e)(2)	MS.01.01.01, EP 12; MS.01.01.01, EP 15; MS.01.01.01, EP 26;		 Description of the qualificat staff to recommend that the of - Criteria for determining the a procedure for applying the of

er an agreement with the critical access hospital are nents in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR

22(c)(2), §482.22(c)(3), §482.22(c)(4), §482.22(c)(6) niatric distinct part units in critical access hospitals: The le requirements for the following: cal examination for each patient as described in

tions as described in PC.10.01.01, EP 2 edical history and physical examinations for patients as EP 3

2.22(c)(5)(ii), §482.22(c)(5)(iii)

clude the following requirements: bers of the medical staff who are eligible to vote and recredentialing physicians and other licensed

nd appeals, which at a minimum, includes the process ting hearings and appeals.

nd enforces bylaws to carry out its responsibilities. The governing body and include the following: ation of the medical staff, including criteria for medical

ations to be met by a candidate in order for the medical e candidate be appointed by the governing body e privileges to be granted to individual practitioners and e criteria to individuals requesting privileges natric distinct part units in critical access hospitals: d privileges of each category of medical staff (for

ns and practitioners requesting privileges to provide er an agreement with the critical access hospital are nents in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR

22(c)(2), §482.22(c)(3), §482.22(c)(4), §482.22(c)(6) nd enforces bylaws to carry out its responsibilities. The governing body and include the following: ation of the medical staff, including criteria for medical

ations to be met by a candidate in order for the medical e candidate be appointed by the governing body e privileges to be granted to individual practitioners and e criteria to individuals requesting privileges

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		MS.01.01.01, EP 27;		- For rehabilitation or psychia
		MS.01.01.01, EP 36		Statement of the duties and p
				example, active, courtesy)
				Note: Distant-site physicians
				telemedicine services under
				also subject to the requireme
				482.22(a)(3) and (a)(4).
				CoPs: §482.22(c)(1), §482.22
MS.01.01.01, EP 34	The medical staff bylaws include the following requirements: The process for fair	Consolidation of	MS.14.01.01, EP 9	The medical staff bylaws incl
	hearings and appeals (refer to Standard MS.10.01.01), which at a minimum,	MS.01.01.01, EP 14;		- Description of those member
	includes the following:	MS.01.01.01, EP 17;		- Process for credentialing an
	- The process for scheduling hearings and appeals	MS.01.01.01, EP 34;		practitioners
	- The process for conducting hearings and appeals	MS.06.01.03, EP 4		- Process for fair hearings and
				for scheduling and conductin
	CoPs: §485.631(e)(2)			
MS.01.01.01, EP 36	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Consolidation of	MS.14.01.01, EP 1	The medical staff adopts and
	medical staff bylaws include the following requirements: If departments of the	MS.01.01.01, EP 1;		bylaws are approved by the go
	medical staff exist, the qualifications and roles and responsibilities of the	MS.01.01.01, EP 2;		- Description of the organizat
	department chair, which are defined by the organized medical staff, include the	MS.01.01.01, EP 6;		staff membership
	following:	MS.01.01.01, EP 12;		- Description of the qualificat
		MS.01.01.01, EP 15;		staff to recommend that the o
	Qualifications:	MS.01.01.01, EP 26;		- Criteria for determining the
	- Certification by an appropriate specialty board or comparable competence	MS.01.01.01, EP 27;		a procedure for applying the c
	affirmatively established through the credentialing process	MS.01.01.01, EP 36		- For rehabilitation or psychia
				Statement of the duties and p
	Roles and responsibilities:			example, active, courtesy)
	- Clinically related activities of the department			Note: Distant-site physicians
	- Administratively related activities of the department, unless otherwise provided			telemedicine services under a
	by the hospital			also subject to the requireme
	- Continuing surveillance of the professional performance of all individuals in the			482.22(a)(3) and (a)(4).
	department who have delineated clinical privileges			0 - D - 5400 00(-)(4) 5400 00
	- Recommending to the medical staff the criteria for clinical privileges that are			CoPs: §482.22(c)(1), §482.22(
	relevant to the care provided in the department			
	- Recommending clinical privileges for each member of the department			
	- Assessing and recommending to the relevant hospital authority off-site sources			
	for needed patient care, treatment, and services not provided by the department or			
	the organization			
	- Integration of the department or service into the primary functions of the			
	organization			
	- Coordination and integration of interdepartmental and intradepartmental services			
	- Development and implementation of policies and procedures that guide and			
	support the provision of care, treatment, and services - Recommendations for a sufficient number of qualified and competent persons to			
	provide care, treatment, and services			
	- Determination of the qualifications and competence of department or service			
	staff who provide patient care, treatment, and services but are not licensed to			
	practice independently - Continuous assessment and improvement of the quality of care, treatment, and			
	- Continuous assessment and improvement of the quality of care, treatment, and			

iatric distinct part units in critical access hospitals: d privileges of each category of medical staff (for

ns and practitioners requesting privileges to provide er an agreement with the critical access hospital are nents in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR

22(c)(2), §482.22(c)(3), §482.22(c)(4), §482.22(c)(6)

clude the following requirements: bers of the medical staff who are eligible to vote and recredentialing physicians and other licensed

nd appeals, which at a minimum, includes the process ting hearings and appeals.

nd enforces bylaws to carry out its responsibilities. The governing body and include the following: ation of the medical staff, including criteria for medical

ations to be met by a candidate in order for the medical e candidate be appointed by the governing body e privileges to be granted to individual practitioners and e criteria to individuals requesting privileges niatric distinct part units in critical access hospitals: d privileges of each category of medical staff (for

ns and practitioners requesting privileges to provide er an agreement with the critical access hospital are nents in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR

22(c)(2), §482.22(c)(3), §482.22(c)(4), §482.22(c)(6)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	 services Maintenance of quality control programs, as appropriate Orientation and continuing education of all persons in the department or service Recommending space and other resources needed by the department or service Note: When departments of the medical staff do not exist, the medical staff is responsible for the development of policies and procedures that minimize medication errors. The medical staff may delegate this responsibility to the organized pharmaceutical service. CoPs: §482.26(c)(1), §482.55(a)(3), §482.57(b) 			
MS.01.01.01, EP 37	If a critical access hospital is part of a multihospital system with separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals and chooses to establish a unified and integrated medical staff, the medical staff bylaws include the following requirements: A description of the process by which medical staff members at each separately accredited hospital (that is, all medical staff members who hold privileges to practice at that specific hospital) are advised of their right to opt out of the unified and integrated medical staff structure after a majority vote by the members to maintain a separate and distinct medical staff for their respective hospital. CoPs: §485.631(e)(2)	Moved and Revised	MS.14.03.01, EP 4	If a critical access hospital is accredited hospitals, critical and the system chooses to es unified and integrated medica following: - Process for self-governance oversight, as well as its peer r - Description of the process b accredited hospital (that is, a practice at that specific hosp and integrated medical staff s maintain a separate and distin hospital
MS.01.01.01, EP 38	For rehabilitation and psychiatric distinct part units in critical access hospitals: When the medical staff has chosen to allow an assessment, in lieu of a comprehensive medical history and physical examination, for patients receiving specific outpatient surgical or procedural services, the medical staff bylaws specify that an assessment of the patient is 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. Note: For law and regulation guidance pertaining to the medical history and physical examination, refer to 42 CFR 482.22(c)(5)(i), (ii), (iii), and (v). Refer to "Appendix A: Medicare Requirements for Hospitals" (AXA) for full text.	Consolidation of MS.01.01.01, EP 16; MS.01.01.01, EP 38	MS.14.01.01, EP 3	CoPs: §482.22(b)(4)(ii), §485.4 For rehabilitation and psychia medical staff bylaws include - Medical history and physica PC.10.01.01, EP 1 - Updated patient examinatio - Assessments in lieu of medi described in PC.10.01.01, EP CoPs: §482.22(c)(5)(i), §482.2
MS.01.01.05, EP 1	CoPs: §482.22(c)(5)(iii)If a critical access hospital is part of a multihospital system with separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals and chooses to establish a unified and integrated medical staff, the following occurs: Each separately accredited critical access hospital demonstrates that its medical staff members (that is, all medical staff members who hold privileges to practice at that specific hospital) have voted by majority either to accept the unified and integrated medical staff structure or to opt out of such a structure and maintain a separate and distinct medical staff for their critical access hospital.CoPs: §485.631(e)(1)	Moved and Revised	MS.14.03.01, EP 1	If a critical access hospital is accredited hospitals, critical and the system chooses to es accordance with state and loo accredited critical access hos (that is, all medical staff mem hospital) have voted by major accept the unified and integra structure and maintain a sepa hospital.

is part of a multihospital system with separately al access hospitals, and/or rural emergency hospitals, establish a unified and integrated medical staff, the ical staff bylaws, rules, and requirements include the

ce, appointment, credentialing, privileging, and r review policies and due process rights guarantees s by which medical staff members at each separately , all medical staff members who hold privileges to spital) are advised of their right to opt out of the unified if structure after a majority vote by the members to stinct medical staff for their respective critical access

5.631(e)(2)

hiatric distinct part units in critical access hospitals: The le requirements for the following: cal examination for each patient as described in

tions as described in PC.10.01.01, EP 2 edical history and physical examinations for patients as EP 3

2.22(c)(5)(ii), §482.22(c)(5)(iii)

is part of a multihospital system with separately al access hospitals, and/or rural emergency hospitals, establish a unified and integrated medical staff, in local laws, the following occurs: Each separately nospital demonstrates that its medical staff members embers who hold privileges to practice at that specific ority, in accordance with medical staff bylaws, either to grated medical staff structure or to opt out of such a eparate and distinct medical staff for their critical access

5.631(e)(1)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.01.01.05, EP 2	If a critical access hospital is part of a multihospital system with separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals and chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff takes into account each member hospital's unique circumstances and any significant differences in patient populations and services offered in each hospital, critical access hospital, and rural emergency hospital.	Moved and Revised	MS.14.03.01, EP 2	If a critical access hospital is accredited hospitals, critical and the system chooses to es following occurs: The unified member critical access hosp differences in patient popula access hospital, and rural em
	CoPs: §485.631(e)(3)			CoPs: §482.22(b)(4)(iii), §485
MS.01.01.05, EP 3	If a critical access hospital is part of a multihospital system with separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals and chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff establishes and implements policies and procedures to make certain that the needs and concerns expressed by members of the medical staff at each of its separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals, regardless of practice or location, are given due consideration.	Consolidation of MS.01.01.05, EP 3; MS.01.01.05, EP 4	MS.14.03.01, EP 3	If a critical access hospital is accredited hospitals, critical and the system chooses to es following occurs: The unified implements policies and pro- needs and concerns express separately accredited hospitals, regardless of pract
	CoPs: §485.631(e)(4)			CoPs: §482.22(b)(4)(iv), §485
MS.01.01.05, EP 4	If a critical access hospital is part of a multihospital system with separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals and chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff has mechanisms in place to make certain that issues localized to particular hospitals, critical access hospitals, and/or rural emergency hospitals within the system are duly considered and addressed. CoPs: §485.631(e)(4)	Consolidation of MS.01.01.05, EP 3; MS.01.01.05, EP 4	MS.14.03.01, EP 3	If a critical access hospital is accredited hospitals, critical and the system chooses to es following occurs: The unified implements policies and pro- needs and concerns express separately accredited hospital hospitals, regardless of pract
MS.02.01.01, EP 4	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Moved	MS.15.01.01, EP 3	CoPs: §482.22(b)(4)(iv), §485 For rehabilitation and psychia
M3.02.01.01, EP 4	majority of voting medical staff executive committee members are fully licensed doctors of medicine or osteopathy actively practicing in the critical access hospital.	Moved	MS. 15.01.01, EP 3	majority of voting medical sta doctors of medicine or osteo hospital.
	CoPs: §482.22(b)(2)			CoPs: §482.22(b)(2)
MS.02.01.01, EP 8	For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff executive committee makes recommendations, as defined in the medical staff bylaws, directly to the governing body on, at least, medical staff membership. CoPs: §482.12(a)(2)	Consolidation of MS.01.01.01, EP 5; MS.02.01.01, EP 8; MS.02.01.01, EP 11; MS.06.01.03, EP 1; MS.06.01.03, EP 2; MS.06.01.05, EP 9; MS.06.01.05, EP 10; MS.06.01.09, EP 1; MS.06.01.09, EP 2; MS.06.01.09, EP 3; MS.06.01.09, EP 4;	MS.17.01.03, EP 4	For rehabilitation and psychia medical staff examines the commembership and makes reco appointment of these candid of-practice laws, and the med who has been recommended the governing body is subject Note: A candidate who has be been appointed by the govern CoPs: §482.22(a)(2)

is part of a multihospital system with separately al access hospitals, and/or rural emergency hospitals, establish a unified and integrated medical staff, the ed and integrated medical staff takes into account each spital's unique circumstances and any significant lations and services offered in each hospital, critical emergency hospital.

85.631(e)(3)

is part of a multihospital system with separately al access hospitals, and/or rural emergency hospitals, establish a unified and integrated medical staff, the ed and integrated medical staff develops and rocedures and mechanisms to make certain that the ssed by members of the medical staff at each of its itals, critical access hospitals, and/or rural emergency ctice or location, are duly considered and addressed.

85.631(e)(4)

is part of a multihospital system with separately al access hospitals, and/or rural emergency hospitals, establish a unified and integrated medical staff, the ed and integrated medical staff develops and rocedures and mechanisms to make certain that the ssed by members of the medical staff at each of its pitals, critical access hospitals, and/or rural emergency actice or location, are duly considered and addressed.

85.631(e)(4)

hiatric distinct part units in critical access hospitals: The staff executive committee members are fully licensed eopathy actively practicing in the critical access

hiatric distinct part units in critical access hospitals: The credentials of all candidates eligible for medical staff commendations to the governing body on the idates, in accordance with state law, including scopenedical staff bylaws, rules, and regulations. A candidate ed by the medical staff and who has been appointed by ct to all medical staff bylaws, rules, and regulations. been recommended by the medical staff and who has erning body is also subject to 42 CFR 482.22(a).

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		MS.07.01.01, EP 3;		
		MS.07.01.01, EP 5		
MS.02.01.01, EP 11	 For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff executive committee makes recommendations, as defined in the medical staff bylaws, directly to the governing body on, at least, the delineation of privileges for each physician and other licensed practitioner privileged through the medical staff process. CoPs: \$482.22(a)(2) 	Consolidation of MS.01.01.01, EP 5; MS.02.01.01, EP 5; MS.02.01.01, EP 8; MS.02.01.01, EP 11; MS.06.01.03, EP 1; MS.06.01.03, EP 2; MS.06.01.05, EP 9; MS.06.01.09, EP 1; MS.06.01.09, EP 2; MS.06.01.09, EP 3;	MS.17.01.03, EP 4	For rehabilitation and psychia medical staff examines the cr membership and makes reco appointment of these candida of-practice laws, and the med who has been recommended the governing body is subject Note: A candidate who has be been appointed by the govern
		MS.06.01.09, EP 4; MS.07.01.01, EP 2; MS.07.01.01, EP 3; MS.07.01.01, EP 5		
MS.03.01.01, EP 1	Physician members of the organized medical staff are designated to perform the oversight activities of the organized medical staff.	Moved	MS.16.01.01, EP 2	Physician members of the org oversight activities of the orga
MS.03.01.01, EP 2	Physicians and other licensed practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.	Moved	MS.16.01.01, EP 3	Physicians and other licensed privileges as determined throus staff.
	CoPs: §482.12(c)(2), §482.12(c)(4)(ii)(A), §482.22(a)(1), §482.23(c)(1), §482.23(c)(1)(i), §482.23(c)(1)(ii), §482.23(c)(2), §482.51(a)(4), §482.52(a)(1), §482.52(a)(2), §482.52(a)(3), §482.52(a)(4), §482.52(a)(5), §482.52(c)(1), §482.53(d)(2), §482.53(d)(4)			
MS.03.01.01, EP 6	The organized medical staff specifies the minimal content of medical histories and physical examinations, which may vary by setting or level of care, treatment, and services.	Consolidation of MS.03.01.01, EP 6; MS.03.01.01, EP 10	MS.16.01.01, EP 7	The organized medical staff d - Defines when a medical hist countersigned by a physician - Specifies the minimal conte which may vary by setting or l
MS.03.01.01, EP 8	The medical staff requires that a physician or other licensed practitioner who has been granted privileges by the critical access hospital to do so performs a patient's medical history and physical examination and required updates.	Moved and Revised	MS.16.01.01, EP 6	The medical staff requires that been granted privileges by the medical history and physical Note: As permitted by state la medical staff may choose to a independently to perform par examination under the superv specific qualified doctor of m patient's medical history and
MS.03.01.01, EP 9	As permitted by state law and policy, the organized medical staff may choose to allow practitioners who are not licensed to practice independently to perform part or all of a patient's medical history and physical examination under the supervision of, or through appropriate delegation by, a specific qualified doctor of medicine or osteopathy who is accountable for the patient's medical history and physical examination.	Consolidation of MS.03.01.01, EP 9; MS.03.01.01, EP 13; MS.03.01.01, EP 14; MS.06.01.07, EP 2; MS.06.01.07, EP 8;	LD.11.01.01, EP 2	The governing body does the f - Approves and is responsible - Reviews and resolves grieva grievance committee For rehabilitation and psychia
	CoPs: §482.22(c)(5)(i)	MS.07.01.01, EP 1		governing body also does the - Determines, in accordance

niatric distinct part units in critical access hospitals: The credentials of all candidates eligible for medical staff commendations to the governing body on the idates, in accordance with state law, including scopeedical staff bylaws, rules, and regulations. A candidate ed by the medical staff and who has been appointed by ct to all medical staff bylaws, rules, and regulations. been recommended by the medical staff and who has erning body is also subject to 42 CFR 482.22(a).

organized medical staff are designated to perform the ganized medical staff.

ed practitioners practice only within the scope of their rough mechanisms defined by the organized medical

f does the following:

istory and physical examination must be validated and an with appropriate privileges

tent of medical histories and physical examinations, r level of care, treatment, and services

hat a physician or other licensed practitioner who has he critical access hospital to do so performs a patient's al examination and required updates.

e law and critical access hospital policy, the organized o allow practitioners who are not licensed to practice part or all of a patient's medical history and physical ervision of, or through appropriate delegation by, a medicine or osteopathy who is accountable for the nd physical examination.

e following:

ble for the effective operation of the grievance process vances, unless it delegates responsibility in writing to a

niatric distinct part units in critical access hospitals: The ne following:

e with state law, which categories of practitioners are

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.03.01.01, EP 10	The organized medical staff defines when a medical history and physical	Consolidation of	MS.16.01.01, EP 7	eligible candidates for appoint - Appoints members of the members medical staff bylates - Makes certain that the meder quality of care provided to parally upon cartification, fellor - Makes certain that under normembership or professional solely upon certification, fellor - Makes certain that the meder and procedures for appraisal patients at the locations with not provided at the critical action hospital but not at one or moder CoPs: \$482.12(a)(1), \$482.12(a)(7), \$485.614(a)(2) The organized medical staff of the critical staff of the organized medical staff of the critical staff of the organized medical staff of the critical staff of the
MS.03.01.01, EP 10	examination must be validated and countersigned by a physician with appropriate privileges.	Consolidation of MS.03.01.01, EP 6; MS.03.01.01, EP 10	MS.16.01.01, EP 7	 Defines when a medical staff of - Defines when a medical his countersigned by a physician Specifies the minimal conter which may vary by setting or
MS.03.01.01, EP 13	For rehabilitation and psychiatric distinct part units in critical access hospitals: When emergency services are provided at the critical access hospital but not at one or more off-campus locations, the medical staff has written policies and procedures for appraisal of emergencies, initial treatment, and referral of patients at the off-campus locations. CoPs: \$482.12(f)(3)	Consolidation of MS.03.01.01, EP 9; MS.03.01.01, EP 13; MS.03.01.01, EP 14; MS.06.01.07, EP 2; MS.06.01.07, EP 8; MS.07.01.01, EP 1	LD.11.01.01, EP 2	The governing body does the - Approves and is responsible - Reviews and resolves grieval grievance committee For rehabilitation and psychia governing body also does the - Determines, in accordance eligible candidates for appoin - Appoints members of the m the existing members of the m - Makes certain that the med - Approves medical staff byla - Makes certain that the med quality of care provided to pa - Makes certain that the crite individual character, compet - Makes certain that under no membership or professional solely upon certification, fello - Makes certain that the med and procedures for appraisal patients at the locations with

pintment to the medical staff

- medical staff after considering the recommendations of emotions of emotions are medical staff
- dical staff has bylaws
- laws and other medical staff rules and regulations dical staff is accountable to the governing body for the patients
- eria for selection to the medical staff are based on etence, training, experience, and judgment
- no circumstances is the accordance of staff al privileges in the critical access hospital dependent ellowship, or membership in a specialty body or society edical staff develops and implements written policies al of emergencies, initial treatment, and referral of thout emergency services when emergency services are access hospital, or are provided at the critical access
- nore off-campus locations

2(a)(2), §482.12(a)(3), §482.12(a)(4), §482.12(a)(5),), §482.12(f)(2), §482.12(f)(3), §482.13(a)(2),

f does the following:

- istory and physical examination must be validated and an with appropriate privileges
- tent of medical histories and physical examinations, r level of care, treatment, and services
- e following:
- ble for the effective operation of the grievance process vances, unless it delegates responsibility in writing to a
- niatric distinct part units in critical access hospitals: The ne following:
- e with state law, which categories of practitioners are pintment to the medical staff
- medical staff after considering the recommendations of emotical staff
- dical staff has bylaws
- laws and other medical staff rules and regulations
- edical staff is accountable to the governing body for the patients
- eria for selection to the medical staff are based on etence, training, experience, and judgment
- no circumstances is the accordance of staff
- al privileges in the critical access hospital dependent
- llowship, or membership in a specialty body or society
- dical staff develops and implements written policies
- al of emergencies, initial treatment, and referral of
- thout emergency services when emergency services are

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				not provided at the critical ac hospital but not at one or mon CoPs: §482.12(a)(1), §482.12(§482.12(a)(6), §482.12(a)(7), § §485.614(a)(2)
MS.03.01.01, EP 14	For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff has written policies and procedures for appraisal of emergencies, initial treatment, and referral of patients when needed. CoPs: \$482.12(f)(2)	Consolidation of MS.03.01.01, EP 9; MS.03.01.01, EP 13; MS.03.01.01, EP 14; MS.06.01.07, EP 2; MS.06.01.07, EP 8; MS.07.01.01, EP 1	LD.11.01.01, EP 2	Second (2) The governing body does the fill - Approves and is responsible - Reviews and resolves grieval grievance committee For rehabilitation and psychia governing body also does the - Determines, in accordance eligible candidates for appoir - Appoints members of the m the existing members of the m - Makes certain that the medii - Approves medical staff bylar - Makes certain that the medii quality of care provided to par - Makes certain that the criter individual character, competer - Makes certain that under no membership or professional p solely upon certification, fellor - Makes certain that the medii and procedures for appraisal patients at the locations with not provided at the critical ac hospital but not at one or more CoPs: §482.12(a)(1), §482.12(a)(7), § §485.614(a)(2)
MS.03.01.01, EP 16	For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff determines the qualifications of the radiology staff who use equipment and administer procedures. Note: Technologists who perform diagnostic computed tomography exams will, at a minimum, meet the requirements specified at HR.01.01.01, EP 32.	Moved and Revised	MS.16.01.01, EP 11	For rehabilitation and psychia medical staff determines the equipment and administer pr Note: Technologists who perf minimum, meet the requirem
	CoPs: §482.26(c)(2)			CoPs: §482.26(c)(2)
MS.03.01.01, EP 17	For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff approves the nuclear services director's specifications for the qualifications, training, functions, and responsibilities of the nuclear medicine staff.	Moved	MS.16.01.01, EP 12	For rehabilitation and psychia medical staff approves the nu qualifications, training, functi staff.
	CoPs: §482.53(a)(2)			CoPs: §482.53(a)(2)
			1	201 0. 0+02.00(d)(2)

access hospital, or are provided at the critical access nore off-campus locations

2(a)(2), §482.12(a)(3), §482.12(a)(4), §482.12(a)(5),), §482.12(f)(2), §482.12(f)(3), §482.13(a)(2),

e following:

ole for the effective operation of the grievance process vances, unless it delegates responsibility in writing to a

- niatric distinct part units in critical access hospitals: The ne following:
- e with state law, which categories of practitioners are bintment to the medical staff
- medical staff after considering the recommendations of e medical staff
- dical staff has bylaws
- laws and other medical staff rules and regulations
- dical staff is accountable to the governing body for the patients
- eria for selection to the medical staff are based on etence, training, experience, and judgment
- no circumstances is the accordance of staff
- al privileges in the critical access hospital dependent
- llowship, or membership in a specialty body or society dical staff develops and implements written policies al of emergencies, initial treatment, and referral of thout emergency services when emergency services are access hospital, or are provided at the critical access
- ore off-campus locations

2(a)(2), §482.12(a)(3), §482.12(a)(4), §482.12(a)(5),), §482.12(f)(2), §482.12(f)(3), §482.13(a)(2),

niatric distinct part units in critical access hospitals: The ne qualifications of the radiology staff who use procedures.

erform diagnostic computed tomography exams will, at a ements specified at NPG.13.01.01, EP 1.

niatric distinct part units in critical access hospitals: The nuclear services director's specifications for the ctions, and responsibilities of the nuclear medicine

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.03.01.01, EP 18	For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: Through the privileging process, the organized medical staff determines which licensed practitioners are qualified to serve in the role of primary care clinician.	Moved	MS.16.01.01, EP 13	For critical access hospitals t Home option: Through the pr determines which licensed p care clinician.
MS.03.01.01, EP 19	For rehabilitation and psychiatric distinct part units in critical access hospitals: If the medical staff chooses to develop and maintain a policy for the identification of specific patients to whom the assessment requirements would apply, in lieu of a comprehensive medical history and physical examination, the 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 patients prior to specific outpatient surgeries and procedures - Applicable state and local health and safety laws Note: For law and regulation guidance pertaining to the medical history and physical examination, refer to 42 CFR 482.22(c)(5)(iii). Refer to "Appendix A: Medicare Requirements for Hospitals" (AXA) for full text. CoPs: \$482.22(c)(5)(iv), \$482.22(c)(5)(v)(A), \$482.22(c)(5)(v)(B), \$482.22(c)(5)(v)(C)	Moved and Revised	MS.16.01.01, EP 10	If the medical staff chooses t of specific patients to whom comprehensive medical histo the following: - Patient age, diagnoses, the f scheduled to be performed, of the surgery or procedure - Nationally recognized guide particular types of patients p - Applicable state and local h The critical access hospital d those patients receiving spec Note: For rehabilitation and p hospitals: For law and regular physical examination at 42 C CoPs: §482.22(c)(5)(iv), §482. §482.22(c)(5)(v)(C)
MS.03.01.03, EP 1	 Physicians and other licensed practitioners with appropriate privileges manage and coordinate the patient's care, treatment, and services. For rehabilitation and psychiatric distinct part units in critical access hospitals: Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary). CoPs: \$412.27(d)(2), \$412.29(d), \$412.29(e), \$482.12(c)(1)(i), \$482.12(c)(1)(ii), \$482.12(c)(2)(1)(ii), \$482.12(c)(2)(1)(ii), \$482.12(c)(2)(1)(ii), \$482.12(c)(2)(1)(ii), \$482.12(c)(2)(1)(ii), \$482.12(c)(2)(1)(ii), \$482.12(c)(4)(ii), \$482.12	Split to LD.11.01.01, EP 7; PC.11.01.01, EP 2	LD.11.01.01, EP 7	For rehabilitation and psychia governing body makes certain licensed practitioners. CoPs: §482.12(c)(1)(i), §482.1 §482.12(c)(1)(v), §482.12(c)(1 §482.12(c)(4)(i), §482.12(c)(4 §482.12(c)(4)(ii)(C)
MS.03.01.03, EP 1	 Physicians and other licensed practitioners with appropriate privileges manage and coordinate the patient's care, treatment, and services. For rehabilitation and psychiatric distinct part units in critical access hospitals: Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary). CoPs: §412.27(d)(2), §412.29(d), §412.29(e), §482.12(c)(1)(i), §482.12(c)(1)(ii), §482.12(c)(2), §482.12(c)(1)(ii), §482.12(c)(4)(ii), §482.12(c)	Split to LD.11.01.01, EP 7; PC.11.01.01, EP 2	PC.11.01.01, EP 2	For rehabilitation and psychia critical access hospital has a prospective patient's condition whether the patient is likely to hospital program. Note: This procedure makes Medicare Part A fee-for-service physician prior to the patient CoPs: §412.29(d)

s that elect The Joint Commission Primary Care Medical privileging process, the organized medical staff practitioners are qualified to serve in the role of primary

s to develop and maintain a policy for the identification m the assessment requirements would apply in lieu of a story and physical examination, the policy is based on

e type and number of surgeries and procedures I, comorbidities, and the level of anesthesia required for

- delines and standards of practice for assessment of prior to specific outpatient surgeries and procedures health and safety laws
- demonstrates evidence that the policy applies only to ecific outpatient surgical or procedural services. I psychiatric distinct part units in critical access
- lation guidance pertaining to the medical history and CFR 482.22(c)(5)(iii), refer to https://www.ecfr.gov/.

32.22(c)(5)(v), \$482.22(c)(5)(v)(A), \$482.22(c)(5)(v)(B),

niatric distinct part units in critical access hospitals: The ain that patients are under the care of the appropriate

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2.12(c)(1)(ii), §482.12(c)(1)(iii), §482.12(c)(1)(iv),
)(1)(vi), §482.12(c)(2), §482.12(c)(3), §482.12(c)(4),
(4)(ii), §482.12(c)(4)(ii)(A), §482.12(c)(4)(ii)(B),
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niatric distinct part units in critical access hospitals: The a preadmission screening procedure under which each tion and medical history are reviewed to determine to benefit significantly from an intensive inpatient

s certain that the preadmission screening for each vice patient is reviewed and approved by a rehabilitation nt's admission to the inpatient rehabilitation facility.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.03.01.03, EP 3	 For rehabilitation and psychiatric distinct part units in critical access hospitals: A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. A doctor of medicine or osteopathy manages and coordinates the care of any Medicare or Medicaid patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(i), \$482.12(c)(1)(ii), \$482.12(c)(1)(iii), \$482.12(c)(1)(iii), \$482.12(c)(2), \$482.12(c)(2) continued, \$482.12(c)(4), \$482.12(c)(4)(i), \$482.12(c)(4)(ii), \$482.1	Moved and Revised	MS.16.01.03, EP 3	For rehabilitation and psychia doctor of medicine or osteop patient with respect to any m admission or develops during scope of practice, as defined of a doctor of dental surgery, chiropractor, as limited under CoPs: §482.12(c)(4), §482.12(c) §482.12(c)(4)(ii)(B), §482.12(c)
MS.03.01.03, EP 4	The organized medical staff, through its designated mechanism, determines the circumstances under which consultation or management by a doctor of medicine or osteopathy, or other licensed practitioner, is required. CoPs: §485.635(a)(3)(iii), §485.635(b)(3)	Consolidation of LD.04.01.07, EP 1; MS.03.01.03, EP 4	LD.13.01.09, EP 1	The critical access hospital d procedures that guide health consistent with state law and - Description of the services f those provided through agree - Emergency medical services - Guidelines for the medical r conditions requiring medical of health care records, and pu services provided by the critic - Rules for the storage, handli biologicals - Guidelines for addressing po access hospital services Note: If patients are transferr agreement or arrangement, th been accepted and treated. CoPs: \$485.635(a)(1), \$485.635(a)
MS.03.01.03, EP 5	Consultation is obtained for the circumstances defined by the organized medical staff. CoPs: §412.29(d)	Consolidation of MS.03.01.03, EP 1; MS.03.01.03, EP 5; MS.03.01.03, EP 13; PC.01.02.01, EP 1; PC.01.02.01, EP 2	PC.11.01.01, EP 2	For rehabilitation and psychia critical access hospital has a prospective patient's condition whether the patient is likely to hospital program. Note: This procedure makes of Medicare Part A fee-for-service physician prior to the patient' CoPs: §412.29(d)
MS.03.01.03, EP 6	There is coordination of the care, treatment, and services among the staff involved in a patient's care, treatment, and services. CoPs: §482.55(a)(2)	Consolidation of LD.04.03.01, EP 10; MS.03.01.03, EP 6	LD.13.03.01, EP 1	The critical access hospital p consultation, contractual arra of the population(s) served, a of services offered, and are in Services may include but are - Outpatient - Emergency

hiatric distinct part units in critical access hospitals: A opathy is responsible for the care of each Medicare medical or psychiatric problem that is present on ng hospitalization and is not specifically within the ed by the medical staff and in accordance with state law, y, dental medicine, podiatric medicine, or optometry; a der 42 CFR 12(c)(1)(v); or clinical psychologist.

2(c)(4)(i), \$482.12(c)(4)(ii), \$482.12(c)(4)(ii)(A), 2(c)(4)(ii)(C)

develops and implements written policies and th care services. The policies and procedures are nd include the following:

s furnished by the critical access hospital, including eement or arrangement

es

l management of health problems that include the al consultation and/or patient referral, the maintenance procedures for the periodic review and evaluation of the itical access hospital

dling, dispensation, and administration of drugs and

post-acute care needs of the patients receiving critical

erred or discharged to a provider for which there is no , the critical access hospital verifies that the patient has

.635(a)(3)(i), \$485.635(a)(3)(ii), \$485.635(a)(3)(iii), 5(a)(3)(viii), \$485.635(c)(2)

niatric distinct part units in critical access hospitals: The a preadmission screening procedure under which each tion and medical history are reviewed to determine to benefit significantly from an intensive inpatient

s certain that the preadmission screening for each vice patient is reviewed and approved by a rehabilitation nt's admission to the inpatient rehabilitation facility.

provides services directly or through referral, rrangements, or other agreements that meet the needs , are organized appropriate to the scope and complexity in accordance with accepted standards of practice. re not limited to the following:

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				- Medical records
				- Diagnostic and therapeutic
				- Nuclear medicine
				- Surgical
				- Anesthesia
				- Laboratory
				- Respiratory
				- Dietetic
				CoPs: §482.24, §482.24(a), §4
				§482.51, §482.51(a), §482.51(
				§482.53(a), §482.54, §482.55,
				\$485.635(b)(3), \$485.639
MS.03.01.03, EP 7	The doctor of medicine or osteopathy provides medical direction for the critical	Moved	MS.16.01.03, EP 6	The doctor of medicine or ost
110.00.01.00, El 7	access hospital's health care activities and consultation for, and medical staff	Hoved	110.10.01.00, ET 0	access hospital's health care
	supervision of, the health care staff.			supervision of, the health care
	CoPs: §485.631(b)(1)(i)			CoPs: §485.631(b)(1)(i)
MS.03.01.03, EP 8	The doctor of medicine or osteopathy, in conjunction with the physician assistant	Moved and Revised	MS.16.01.03, EP 8	The doctor of medicine or ost
	and/or nurse practitioner members, periodically reviews the critical access			and/or nurse practitioner mer
	hospital's patient records, provides medical orders, and provides medical care			medical orders and medical of
	services to the patients of the critical access hospital.			CoDo: 8495 621(b)(1)(iii)
	CoPs: §485.631(b)(1)(iii), §485.631(c)(1)(ii)			CoPs: §485.631(b)(1)(iii)
MS.03.01.03, EP 9	The doctor of medicine or osteopathy periodically reviews and signs the records of	Moved	MS.16.01.03, EP 11	The doctor of medicine or ost
,	all inpatients cared for by nurse practitioners, clinical nurse specialists, certified		,	all inpatients cared for by nurs
	nurse midwives, or physician assistants.			nurse midwives, or physician
	CoPs: §485.631(b)(1)(iv)			CoPs: §485.631(b)(1)(iv)
MS.03.01.03, EP 10	A doctor of medicine or osteopathy is present for sufficient periods of time to	Moved	MS.16.01.03, EP 13	A doctor of medicine or osteo
M3.03.01.03, LF 10	provide medical direction, consultation, and supervision for the services provided	Moveu	M3.10.01.03, LF 13	provide medical direction, co
				•
	in the critical access hospital, and is available through direct radio, telephone, or			in the critical access hospital electronic communication for
	electronic communication for consultation, assistance with medical emergencies,			
	or patient referral.			or patient referral.
	CoPs: §485.631(b)(2)			CoPs: §485.631(b)(2)
MS.03.01.03, EP 11	When state law requires outpatient record reviews, or co-signatures, or both, by a	Moved and Revised	MS.16.01.03, EP 12	The doctor of medicine or ost
	collaborating physician, a doctor of medicine or osteopathy periodically reviews			outpatient records of patients
	and signs a sample of outpatient records of patients cared for by nurse			specialists, certified nurse mi
	practitioners, clinical nurse specialists, certified nurse midwives, or physician			Note: Outpatient records are
	assistants.			state law requires outpatient
	Note: When state law requires review of such outpatient records, the critical			collaborating physician.
	access hospital determines by policy the size of the sample reviewed and signed.			O - Det 6405 004/5/(4)(4)
	CoPs: §485.631(b)(1)(v)			CoPs: §485.631(b)(1)(v)
MS.03.01.03, EP 12	For rehabilitation and psychiatric distinct part units in critical access hospitals: A	Moved	MS.16.01.03, EP 2	For rehabilitation and psychia
· · · · · · -	doctor of medicine or osteopathy is on duty or on call at all times.			doctor of medicine or osteopa
	CoPs: §482.12(c)(3)			CoPs: §482.12(c)(3)
	0013.3402.12(0)(3)			0053.3402.12(0)(3)

ic radiology

\$482.26, \$482.26(a), \$482.27, \$482.27(a), \$482.28, 51(b), \$482.52, \$482.52(a), \$482.52(b), \$482.53, 55, \$482.55(a)(1), \$482.55(a)(2), \$482.57, \$482.57(a),

osteopathy provides medical direction for the critical ire activities and consultation for, and medical staff are staff.

osteopathy, in conjunction with the physician assistant nembers of the critical access hospital staff, provides al care services to the critical access hospital's patients.

osteopathy periodically reviews and signs the records of urse practitioners, clinical nurse specialists, certified an assistants.

eopathy is present for sufficient periods of time to consultation, and supervision for the services provided tal, and is available through direct radio, telephone, or for consultation, assistance with medical emergencies,

osteopathy periodically reviews and signs a sample of nts cared for by nurse practitioners, clinical nurse midwives, or physician assistants.

re reviewed to the extent required by state law where nt record reviews, cosignatures, or both by a

niatric distinct part units in critical access hospitals: A ppathy is on duty or on call at all times.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.03.01.03, EP 13	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Split to LD.11.01.01,	LD.11.01.01, EP 7	For rehabilitation and psychia
	Patients are admitted to the hospital only on the decision of a licensed practitioner	EP 7; MS.16.01.03,		governing body makes certain
	permitted by the state to admit patients to a hospital.	EP 1; PC.11.01.01, EP 2		licensed practitioners.
	CoPs: §412.29(d), §482.12(c)(2)			CoPs: §482.12(c)(1)(i), §482.1
				\$482.12(c)(1)(v), \$482.12(c)(1
				\$482.12(c)(4)(i), \$482.12(c)(4)
				§482.12(c)(4)(ii)(C)
MS.03.01.03, EP 13	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Split to LD.11.01.01,	MS.16.01.03, EP 1	For rehabilitation and psychia
	Patients are admitted to the hospital only on the decision of a licensed practitioner	EP 7; MS.16.01.03,		Patients are admitted to the c
	permitted by the state to admit patients to a hospital.	EP 1; PC.11.01.01,		a licensed practitioner permit
		EP 2		Medicare patient is admitted
	CoPs: §412.29(d), §482.12(c)(2)			that patient is under the care
				CoPs: §482.12(c)(2)
MS.03.01.03, EP 13	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Split to LD.11.01.01,	PC.11.01.01, EP 2	For rehabilitation and psychia
	Patients are admitted to the hospital only on the decision of a licensed practitioner	EP 7; MS.16.01.03,		critical access hospital has a
	permitted by the state to admit patients to a hospital.	EP 1; PC.11.01.01,		prospective patient's condition
		EP 2		whether the patient is likely to
	CoPs: §412.29(d), §482.12(c)(2)			hospital program.
				Note: This procedure makes
				Medicare Part A fee-for-servic
				physician prior to the patient'
				CoPs: §412.29(d)
MS.05.01.01, EP 3	The medical staff is actively involved in the measurement, assessment, and	Consolidation of	MS.16.03.01, EP 6	The medical staff is actively in
	improvement of the following: Use of information about adverse privileging	MS.05.01.01, EP 3;		improvement of the appropria
	decisions for any physician or other licensed practitioner privileged through the	MS.05.01.01, EP 4;		
	medical staff process.	MS.05.01.01, EP 5;		
		MS.05.01.01, EP 6;		
		MS.05.01.01, EP 7		
MS.05.01.01, EP 4	The medical staff is actively involved in the measurement, assessment, and	Consolidation of	MS.16.03.01, EP 6	The medical staff is actively in
	improvement of the following: Use of medications.	MS.05.01.01, EP 3;		improvement of the appropria
		MS.05.01.01, EP 4;		
		MS.05.01.01, EP 5;		
		MS.05.01.01, EP 6;		
MS.05.01.01, EP 5	The medical staff is actively involved in the measurement, assessment, and	MS.05.01.01, EP 7 Consolidation of	MS.16.03.01, EP 6	The medical staff is actively in
110.00.01.01, EF 0	improvement of the following: Use of blood and blood components.	MS.05.01.01, EP 3;	110.10.00.01, EF 0	improvement of the appropria
		MS.05.01.01, EP 4;		
		MS.05.01.01, EP 5;		
		MS.05.01.01, EP 6;		
		MS.05.01.01, EP 7		
MS.05.01.01, EP 6	The medical staff is actively involved in the measurement, assessment, and	Consolidation of	MS.16.03.01, EP 6	The medical staff is actively in
	improvement of the following: Operative and other procedures.	MS.05.01.01, EP 3;		improvement of the appropria
		MS.05.01.01, EP 4;		
		MS.05.01.01, EP 5;		
		MS.05.01.01, EP 6;		
		MS.05.01.01, EP 7		

hiatric distinct part units in critical access hospitals: The ain that patients are under the care of the appropriate

2.12(c)(1)(ii), §482.12(c)(1)(iii), §482.12(c)(1)(iv),)(1)(vi), §482.12(c)(2), §482.12(c)(3), §482.12(c)(4), (4)(ii), §482.12(c)(4)(ii)(A), §482.12(c)(4)(ii)(B),

hiatric distinct part units in critical access hospitals: e critical access hospital only on the recommendation of nitted by the state to admit patients to a hospital. If a ed by a practitioner not specified in MS.16.01.03, EP 4, re of a doctor of medicine or osteopathy.

hiatric distinct part units in critical access hospitals: The a preadmission screening procedure under which each tion and medical history are reviewed to determine v to benefit significantly from an intensive inpatient

s certain that the preadmission screening for each vice patient is reviewed and approved by a rehabilitation nt's admission to the inpatient rehabilitation facility.

y involved in the measurement, assessment, and priateness of clinical practice patterns.

y involved in the measurement, assessment, and priateness of clinical practice patterns.

y involved in the measurement, assessment, and priateness of clinical practice patterns.

y involved in the measurement, assessment, and priateness of clinical practice patterns.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.05.01.01, EP 7	The medical staff is actively involved in the measurement, assessment, and improvement of the following: Appropriateness of clinical practice patterns.	Consolidation of MS.05.01.01, EP 3; MS.05.01.01, EP 4; MS.05.01.01, EP 5; MS.05.01.01, EP 6; MS.05.01.01, EP 7	MS.16.03.01, EP 6	The medical staff is actively ir improvement of the appropria
MS.05.01.01, EP 12	The quality and appropriateness of the diagnosis and treatment furnished by nurse practitioners, clinical nurse specialists, and physician assistants are evaluated by a member of the organization staff who is a doctor of medicine or osteopathy or by another doctor of medicine or osteopathy under contract with the organization. CoPs: §485.631(d)(1)	Moved and Revised	MS.17.01.03, EP 8	The quality and appropriatene practitioners, clinical nurse sp member of the critical access or osteopathy or by another d the organization.
MS.05.01.01, EP 13	The quality and appropriateness of the diagnosis and treatment furnished by doctors of medicine or osteopathy at the critical access hospital are evaluated by one of the following: - A hospital that is a member of the network, when applicable - A Quality Improvement Organization (QIO) or equivalent entity - Another appropriate and qualified entity identified in the state's rural health care plan CoPs: \$412.27(d)(2)(ii), \$485.631(d)(2)(i), \$485.631(d)(2)(ii), \$485.631(d)(2)(iii), \$485.631(d)(2)(v)	Moved and Revised	MS.17.01.03, EP 9	The quality and appropriatene doctors of medicine or osteop one of the following: - A hospital that is a member - A quality improvement orgar - Another appropriate and qua plan Note: In the case of distant-si telemedicine services to the o between the critical access h access hospital and a distant appropriateness of the diagno entities listed in this element CoPs: §412.27(d)(2)(ii), §485.6
MS.05.01.01, EP 14	The critical access hospital staff reviews the findings of the evaluations, including any findings or recommendations of the QIO, and takes corrective action if necessary. CoPs: §485.631(d)(3)	Moved and Revised	MS.17.01.03, EP 10	The critical access hospital's evaluations of doctors of med recommendations of the qua necessary changes as specifi CoPs: §485.631(d)(3)
MS.05.01.01, EP 15	The critical access hospital takes appropriate remedial action to address deficiencies found through the quality assurance program.	Moved	MS.16.03.01, EP 7	The critical access hospital ta deficiencies found through th
MS.05.01.01, EP 16	The critical access hospital documents the outcome of all remedial action.	Moved	MS.16.03.01, EP 8	The critical access hospital d
MS.05.01.01, EP 18	 The medical staff is actively involved in pain assessment, pain management, and safe opioid prescribing through the following: Participating in the establishment of protocols and quality metrics Reviewing performance improvement data 	Moved	MS.16.03.01, EP 3	The medical staff is actively ir safe opioid prescribing throug - Participating in the establish - Reviewing performance imp
MS.06.01.01, EP 1	There is a process to determine whether sufficient space, equipment, staffing, and financial resources are in place or available within a specified time frame to support each requested privilege.	Moved and Revised	MS.17.01.01, EP 1	The critical access hospital have equipment, staffing, and finant specified time frame to support
MS.06.01.01, EP 2	The critical access hospital consistently determines the resources needed for each requested privilege.	Moved	MS.17.01.01, EP 2	The critical access hospital co requested privilege.

involved in the measurement, assessment, and riateness of clinical practice patterns.

eness of the diagnosis and treatment provided by nurse e specialists, and physician assistants are evaluated by a ess hospital's medical staff who is a doctor of medicine r doctor of medicine or osteopathy under contract with

eness of the diagnosis and treatment provided by eopathy at the critical access hospital are evaluated by

- er of the network, when applicable ganization or equivalent entity gualified entity identified in the state's rural health care

-site physicians and practitioners providing e critical access hospital's patients under an agreement s hospital and a distant hospital or between the critical ant-site telemedicine entity, the quality and gnosis and treatment provided is evaluated by one of the nt of performance.

5.631(d)(2)(i), §485.631(d)(2)(ii), §485.631(d)(2)(iii), 1(d)(2)(v)

's medical staff reviews the findings from the edicine or osteopathy, including any findings or uality improvement organization, and makes the sified in 42 CFR 485.631 paragraphs (b) through (d).

takes appropriate remedial action to address the quality assurance program.

documents the outcome of all remedial action.

i involved in pain assessment, pain management, and ugh the following:

- shment of protocols and quality metrics
- nprovement data
- has a process to determine whether sufficient space, nancial resources are in place or available within a port each requested privilege.

consistently determines the resources needed for each

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.06.01.03, EP 1	The critical access hospital credentials applicants using a clearly defined process.	Consolidation of	MS.17.01.03, EP 4	For rehabilitation and psychia
		MS.01.01.01, EP 5;		medical staff examines the c
	CoPs: §482.22(a)(2)	MS.02.01.01, EP 8;		membership and makes reco
		MS.02.01.01, EP 11;		appointment of these candid
		MS.06.01.03, EP 1;		of-practice laws, and the me
		MS.06.01.03, EP 2;		who has been recommended
		MS.06.01.05, EP 9;		the governing body is subject
		MS.06.01.05, EP 10;		Note: A candidate who has b
		MS.06.01.09, EP 1;		been appointed by the govern
		MS.06.01.09, EP 2;		
		MS.06.01.09, EP 3;		CoPs: §482.22(a)(2)
		MS.06.01.09, EP 4;		
		MS.07.01.01, EP 2;		
		MS.07.01.01, EP 3;		
		MS.07.01.01, EP 5		
MS.06.01.03, EP 2	The credentialing process is based on recommendations by the organized medical	Consolidation of	MS.17.01.03, EP 4	For rehabilitation and psychia
	staff.	MS.01.01.01, EP 5;		medical staff examines the c
		MS.02.01.01, EP 8;		membership and makes reco
	CoPs: §482.22(a)(2)	MS.02.01.01, EP 11;		appointment of these candid
		MS.06.01.03, EP 1;		of-practice laws, and the me
		MS.06.01.03, EP 2;		who has been recommended
		MS.06.01.05, EP 9;		the governing body is subject
		MS.06.01.05, EP 10;		Note: A candidate who has b
		MS.06.01.09, EP 1;		been appointed by the govern
		MS.06.01.09, EP 2;		
		MS.06.01.09, EP 3;		CoPs: §482.22(a)(2)
		MS.06.01.09, EP 4;		COT 3: 3402:22(d)(2)
		MS.07.01.01, EP 2;		
		MS.07.01.01, EP 3;		
		MS.07.01.01, EP 5		
MS.06.01.03, EP 3	The credentialing process is approved by the governing body.	Moved and Revised	MS.17.01.03, EP 1	The governing body approves
MS.06.01.03, EP 3				
M3.00.01.03, EF 4	The credentialing process is outlined in the medical staff bylaws.	Consolidation of	MS.14.01.01, EP 9	The medical staff bylaws incl
	$C_{2}D_{2}$, $S_{4}(2, 2)(2)(2)$, $S_{4}(2, -1)(2)(4)$	MS.01.01.01, EP 14;		- Description of those member
	CoPs: §482.22(a)(2), §482.51(a)(4)	MS.01.01.01, EP 17;		- Process for credentialing an
		MS.01.01.01, EP 34;		practitioners
		MS.06.01.03, EP 4		- Process for fair hearings and
	The solution of the second	Married Barrierad		for scheduling and conductin
MS.06.01.03, EP 5	The critical access hospital verifies that the physician or other licensed practitioner	Moved and Revised	MS.17.01.03, EP 2	The critical access hospital v
	requesting approval is the same person identified in the credentialing documents			requesting approval is the sar
	by viewing one of the following:			by viewing one of the followin
	- A current picture hospital ID card			- Current picture hospital ID o
	- A valid picture ID issued by a state or federal agency (for example, a driver's			- Valid picture ID issued by a s
	license or passport)			or passport)
MS.06.01.03, EP 6	The credentialing process requires that the critical access hospital verifies in	Consolidation of	MS.17.01.03, EP 3	The credentialing process rec
	writing and from the primary source whenever feasible, or from a credentials	MS.06.01.03, EP 6;		writing and from the primary
	verification organization (CVO), the following information:	MS.06.01.05, EP 8		verification organization (CVC
	- The applicant's current licensure at the time of initial granting, renewal, and			- Current licensure at the time
	revision of privileges, and at the time of license expiration			and at the time of license exp
	- The applicant's relevant training			- Relevant training

hiatric distinct part units in critical access hospitals: The credentials of all candidates eligible for medical staff commendations to the governing body on the idates, in accordance with state law, including scopenedical staff bylaws, rules, and regulations. A candidate ed by the medical staff and who has been appointed by ct to all medical staff bylaws, rules, and regulations. been recommended by the medical staff and who has erning body is also subject to 42 CFR 482.22(a).

hiatric distinct part units in critical access hospitals: The credentials of all candidates eligible for medical staff commendations to the governing body on the idates, in accordance with state law, including scopehedical staff bylaws, rules, and regulations. A candidate ed by the medical staff and who has been appointed by ct to all medical staff bylaws, rules, and regulations. been recommended by the medical staff and who has erning body is also subject to 42 CFR 482.22(a).

es the credentialing process.

clude the following requirements: bers of the medical staff who are eligible to vote and recredentialing physicians and other licensed

nd appeals, which at a minimum, includes the process ting hearings and appeals.

l verifies that the physician or other licensed practitioner same person identified in the credentialing documents *v*ing:

D card

a state or federal agency (for example, a driver's license

equires that the critical access hospital verifies in ry source whenever feasible, or from a credentials VO), the following information for the applicant: me of initial granting, renewal, and revision of privileges xpiration

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- The applicant's current competence			- Current competence
	CoPs: §482.11(c), §482.12(a)(6), §482.22(a)(2), §483.10(d)(1), §485.645(d)(1)			CoPs: §482.11(c), §485.608(c
MS.06.01.03, EP 7	 For psychiatric distinct part units in critical access hospitals: Inpatient psychiatric services are under the direction of a clinical director, service chief, or equivalent who meets the training and experience requirements for examination by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry. CoPs: §412.27(d)(2)(i) 	Moved and Revised	MS.17.01.03, EP 6	For psychiatric distinct part u services are under the directi or equivalent who is qualified treatment program and who r examination by the American Osteopathic Board of Neurolo CoPs: §412.27(d)(2), §412.27
MS.06.01.03, EP 8	 For rehabilitation distinct part units in critical access hospitals: The director of the rehabilitation unit fulfills all of the following requirements: Provides services to the unit and to its inpatients for at least 20 hours per week Is a doctor of medicine or osteopathy Is licensed under state law to practice medicine or surgery Has had, after completing a one-year hospital internship, at least two years of training or experience in the medical management of inpatients requiring rehabilitation services CoPs: \$412.29(g)(1), \$412.29(g)(2), \$412.29(g)(3), \$412.29(g)(4) 	Moved and Revised	MS.17.01.03, EP 7	For rehabilitation distinct par hospital has a director of the requirements: - Provides services to the unit - Is a doctor of medicine or os - Is licensed under state law t - Has had, after completing a training or experience in the r rehabilitation services
MS.06.01.03, EP 9	 For rehabilitation and psychiatric distinct part units in critical access hospitals: A full-time, part-time, or consulting radiologist who is a doctor of medicine or osteopathy qualified by education and experience in radiology supervises ionizing radiology services. CoPs: §482.26(c)(1) 	Moved and Revised	MS.17.01.03, EP 5	For rehabilitation and psychia full-time, part-time, or consu osteopathy qualified by educ radiology services and interp to require a radiologist's spec CoPs: §482.26(c)(1)
MS.06.01.05, EP 1	All physicians and other licensed practitioners that provide care, treatment, and services possess a current license, certification, or registration, as required by law and regulation. CoPs: §482.11(c), §482.22(a)(2)	Consolidation of MS.06.01.05, EP 1; MS.06.01.05, EP 8	MS.17.02.01, EP 9	All physicians and other licen services possess a current lic and regulation. CoPs: §482.11(c), §485.608(c
MS.06.01.05, EP 2	 Cors. 9462.11(c), 9462.22(a)(2) The critical access hospital, based on recommendations by the organized medical staff and approval by the governing body, establishes criteria that determine a physician's or other licensed practitioner's ability to provide patient care, treatment, and services within the scope of the privilege(s) requested. Evaluation of all of the following are included in the criteria: Current licensure and/or certification, as appropriate, verified with the primary source The applicant's specific relevant training, verified with the primary source Evidence of physical ability to perform the requested privilege Data from professional practice review by an organization(s) that currently privileges the applicant (if available) Peer and/or faculty recommendation When renewing privileges, review of the physician's or other licensed practitioner's performance within the critical access hospital 	Consolidation of MS.06.01.05, EP 2; MS.06.01.05, EP 8	MS.17.02.01, EP 1	 The critical access hospital, to staff and approval by the government of a physician or ot care, treatment, and services Evaluation of all of the following - Current licensure and/or cells source Specific relevant training, vere - Evidence of physical ability - Data from professional practice privileges the applicant (if ava - Peer and/or faculty recomm - When renewing privileges, repractitioner's performance with the source with the source of the source o

8(d)

t units in critical access hospitals: Inpatient psychiatric ction and supervision of a clinical director, service chief, ed to provide the leadership required for an intensive o meets the training and experience requirements for an Board of Psychiatry and Neurology or the American ology and Psychiatry.

27(d)(2)(i)

art units in critical access hospitals: The critical access ne rehabilitation unit who fulfills all of the following

- nit and to its inpatients for at least 20 hours per week osteopathy
- w to practice medicine or surgery
- a one-year hospital internship, at least two years of emotion medical management of inpatients requiring

29(g)(2), §412.29(g)(3), §412.29(g)(4)

niatric distinct part units in critical access hospitals: A sulting radiologist, who is a doctor of medicine or ucation and experience in radiology, supervises ionizing prets radiologic tests that the medical staff determine ecialized knowledge.

ensed practitioners that provide care, treatment, and license, certification, or registration, as required by law

8(d)

l, based on recommendations by the organized medical overning body, develops and implements criteria that other licensed practitioner is allowed to provide patient es within the scope of the privilege(s) requested. wing are included in the criteria:

- certification, as appropriate, verified with the primary
- verified with the primary source
- ty to perform the requested privilege
- actice review by an organization(s) that currently
- available)
- mendation
- , review of the physician's or other licensed
- within the critical access hospital

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §412.29(e), §482.11(c), §482.12(a)(6), §482.22(a)(2), §482.26(c)(1), §482.54(c)(4)(i), §485.639, §485.639(c)			CoPs: §485.639(c)
MS.06.01.05, EP 3	All of the criteria used are consistently evaluated for all physicians and other licensed practitioners holding that privilege.	Moved and Revised	PC.12.01.01, EP 4	If the critical access hospital occupational therapy, speech services are organized and pr
	CoPs: §412.29(e), §482.22(a)(1), §482.54(c)(4)(i), §485.639, §485.639(c)			standards of practice. Note: For rehabilitation distin access hospital provides reha therapy, and, as needed, spe psychological services (inclu prosthetic services by qualifie standards of practice.
MS.06.01.05, EP 6	An applicant submits a statement that no health problems exist that could affect	Moved	MS.17.02.01, EP 3	CoPs: §412.29(f), §482.56, §4 An applicant submits a state
MS.06.01.05, EP 7	their ability to perform the privileges requested.The critical access hospital queries the National Practitioner Data Bank (NPDB) in	Moved	MS.17.02.01, EP 4	their ability to perform the pri
MS.06.01.05, EP /	accordance with applicable law and regulation.	Movea	MS.17.02.01, EP 4	The critical access hospital q accordance with applicable l
	CoPs: §482.12(a)(6), §482.22(a)(1)			
MS.06.01.05, EP 8	Peer recommendation includes written information regarding the physician's or other licensed practitioner's current: - Medical/clinical knowledge - Technical and clinical skills - Clinical judgment - Interpersonal skills - Communication skills	Split to MS.17.01.03, EP 3; MS.17.02.01, EP 1; MS.17.02.01, EP 9	MS.17.01.03, EP 3	The credentialing process red writing and from the primary a verification organization (CVC - Current licensure at the time and at the time of license exp - Relevant training - Current competence
	 Professionalism Note: Peer recommendation may be in the form of written documentation reflecting informed opinions on each applicant's scope and level of performance, or a written peer evaluation of physician- or other licensed practitioner-specific data collected from various sources for the purpose of validating current competence. 			CoPs: §482.11(c), §485.608(c
	CoPs: §482.11(c), §482.12(a)(6), §482.22(a)(1), §482.22(a)(2)			
MS.06.01.05, EP 8	Peer recommendation includes written information regarding the physician's or other licensed practitioner's current: - Medical/clinical knowledge - Technical and clinical skills - Clinical judgment - Interpersonal skills - Communication skills - Professionalism Note: Peer recommendation may be in the form of written documentation reflecting informed opinions on each applicant's scope and level of performance, or a written peer evaluation of physician- or other licensed practitioner-specific data collected from various sources for the purpose of validating current competence.	Split to MS.17.01.03, EP 3; MS.17.02.01, EP 1; MS.17.02.01, EP 9	MS.17.02.01, EP 1	The critical access hospital, b staff and approval by the gove determine if a physician or ot care, treatment, and services Evaluation of all of the follow - Current licensure and/or ce source - Specific relevant training, ve - Evidence of physical ability - Data from professional prace privileges the applicant (if ava - Peer and/or faculty recomm - When renewing privileges, re practitioner's performance w

al provides rehabilitation, physical therapy, ch-language pathology, or audiology services, the provided in accordance with national accepted

tinct part units in critical access hospitals: The critical ehabilitation nursing, physical therapy, and occupational beech-language pathology, social services,

luding neuropsychological services), and orthotic and ified staff in accordance with national accepted

§482.56(a), §482.56(b)(2)

tement that no health problems exist that could affect privileges requested.

l queries the National Practitioner Data Bank (NPDB) in e law and regulation.

requires that the critical access hospital verifies in ry source whenever feasible, or from a credentials VO), the following information for the applicant: me of initial granting, renewal, and revision of privileges expiration

3(d)

I, based on recommendations by the organized medical overning body, develops and implements criteria that other licensed practitioner is allowed to provide patient ces within the scope of the privilege(s) requested. owing are included in the criteria:

certification, as appropriate, verified with the primary

verified with the primary source

- ty to perform the requested privilege
- actice review by an organization(s) that currently
- available)

mendation

, review of the physician's or other licensed within the critical access hospital

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.11(c), §482.12(a)(6), §482.22(a)(1), §482.22(a)(2)			CoPs: §485.639(c)
MS.06.01.05, EP 8	Peer recommendation includes written information regarding the physician's or other licensed practitioner's current: - Medical/clinical knowledge - Technical and clinical skills - Clinical judgment - Interpersonal skills - Communication skills - Professionalism Note: Peer recommendation may be in the form of written documentation reflecting informed opinions on each applicant's scope and level of performance, or a written peer evaluation of physician- or other licensed practitioner-specific data collected from various sources for the purpose of validating current competence.	Split to MS.17.01.03, EP 3; MS.17.02.01, EP 1; MS.17.02.01, EP 9	MS.17.02.01, EP 9	All physicians and other licen services possess a current lic and regulation. CoPs: §482.11(c), §485.608(c
MS.06.01.05, EP 9	CoPs: §482.11(c), §482.12(a)(6), §482.22(a)(1), §482.22(a)(2)Before recommending privileges, the organized medical staff also evaluates the following: - Challenges to any licensure or registration - Voluntary and involuntary relinquishment of any license or registration - Voluntary and involuntary termination of medical staff membership - Voluntary and involuntary limitation, reduction, or loss of clinical privileges - Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant - Documentation as to the applicant's health status - Relevant physician- or other licensed practitioner-specific data as compared to aggregate data, when available - Morbidity and mortality data, when available	Split to MS.17.01.03, EP 4; MS.18.02.03, EP 1	MS.17.01.03, EP 4	For rehabilitation and psychia medical staff examines the commembership and makes reco appointment of these candid of-practice laws, and the med who has been recommended the governing body is subject Note: A candidate who has be been appointed by the govern CoPs: §482.22(a)(2)
MS.06.01.05, EP 9	CoPs: §482.12(a)(6), §482.22(a)(1), §482.22(a)(2)Before recommending privileges, the organized medical staff also evaluates the following: 	Split to MS.17.01.03, EP 4; MS.18.02.03, EP 1	MS.18.02.03, EP 1	The medical staff's ongoing p defined process that facilitate licensed practitioner's profes Note: For rehabilitation or psy Privileges are granted for a per required by law and regulation CoPs: §482.22(a)(1)
MS.06.01.05, EP 10	CoPs: §482.12(a)(6), §482.22(a)(1), §482.22(a)(2) The critical access hospital has a process to determine whether there is sufficient clinical performance information to make a decision to grant, limit, or deny the requested privilege.	Consolidation of MS.01.01.01, EP 5; MS.02.01.01, EP 8; MS.02.01.01, EP 11;	MS.17.01.03, EP 4	For rehabilitation and psychia medical staff examines the co membership and makes reco appointment of these candid

ensed practitioners that provide care, treatment, and license, certification, or registration, as required by law

3(d)

hiatric distinct part units in critical access hospitals: The credentials of all candidates eligible for medical staff commendations to the governing body on the idates, in accordance with state law, including scopenedical staff bylaws, rules, and regulations. A candidate ed by the medical staff and who has been appointed by ct to all medical staff bylaws, rules, and regulations. been recommended by the medical staff and who has erning body is also subject to 42 CFR 482.22(a).

g professional practice evaluation includes a clearly ates the periodic evaluation of each physician's or other essional practice.

osychiatric distinct part units in critical access hospitals: period not to exceed three years or for the period ion if shorter.

hiatric distinct part units in critical access hospitals: The credentials of all candidates eligible for medical staff commendations to the governing body on the idates, in accordance with state law, including scope-

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		MS.06.01.03, EP 1;		of-practice laws, and the med
	CoPs: §482.22(a)(1)	MS.06.01.03, EP 2;		who has been recommended
		MS.06.01.05, EP 9;		the governing body is subject
		MS.06.01.05, EP 10;		Note: A candidate who has b
		MS.06.01.09, EP 1;		been appointed by the goverr
		MS.06.01.09, EP 2;		
		MS.06.01.09, EP 3;		CoPs: §482.22(a)(2)
		MS.06.01.09, EP 4		
MS.06.01.05, EP 11	Completed applications for privileges are acted on within the time period specified	Moved and Revised	MS.17.02.01, EP 5	Completed applications for p
	in the medical staff bylaws, rules and regulations, or policies and procedures.			in the medical staff bylaws, ru
MS.06.01.05, EP 12	Information regarding each physician's or other licensed practitioner's scope of	Consolidation of	MS.17.02.01, EP 6	The critical access hospital d
	privileges is updated as changes in clinical privileges are made.	MS.06.01.05, EP 12;		perform surgery, in accordan
		MS.06.01.05, EP 13;		scope of practice laws and re
	CoPs: §482.22(a)(1), §482.22(a)(2), §485.639(c)	MS.06.01.05, EP 15		- A doctor of medicine or oste
				recognized under section 110
				- A doctor of dental surgery of
				- A doctor of podiatric medic
				CoPs: §482.51(a)(4), §485.63
				§485.639(a)(3)
MS.06.01.05, EP 13	The critical access hospital designates the practitioners who are allowed to	Consolidation of	MS.17.02.01, EP 6	The critical access hospital d
	perform surgery, in accordance with appropriate policies and procedures, and with	MS.06.01.05, EP 12;		perform surgery, in accordan
	scope of practice laws and regulations. Surgery is performed only by the following:	MS.06.01.05, EP 13;		scope of practice laws and re
	- A doctor of medicine or osteopathy, including an osteopathic practitioner	MS.06.01.05, EP 15		- A doctor of medicine or oste
	recognized under section 1101(a)(7) of the Act			recognized under section 110
	- A doctor of dental surgery or dental medicine			- A doctor of dental surgery of
	- A doctor of podiatric medicine			- A doctor of podiatric medici
	CoPs: §485.639(a)(1), §485.639(a)(2), §485.639(a)(3)			CoPs: §482.51(a)(4), §485.63
				§485.639(a)(3)
MS.06.01.05, EP 14	The critical access hospital uses participation in continuing education in decisions	Moved and Revised	MS.17.02.01, EP 8	The critical access hospital u
	about reappointment to membership of the medical staff, or renewal or revision of			about reappointment to med
	individual clinical privileges.			individual clinical privileges.
MS.06.01.05, EP 15	The following are available in the surgical suite and area/location where the	Split to	MS.17.02.01, EP 6	The critical access hospital d
	scheduling of surgical procedures is done:	MS.17.02.01, EP 6;		perform surgery, in accordan
	- A current roster listing each practitioner's specific surgical privileges	MS.17.02.01, EP 7		scope of practice laws and re
	- A current list of surgeons suspended from surgical privileges or whose surgical			- A doctor of medicine or oste
	privileges have been restricted			recognized under section 110
				- A doctor of dental surgery o
	CoPs: §482.51(a)(4), §485.639(a)(1), §485.639(a)(2), §485.639(a)(3)			- A doctor of podiatric medici
				CoPs: §482.51(a)(4), §485.63 §485.639(a)(3)
MS.06.01.05, EP 15	The following are available in the surgical suite and area/location where the	Split to	MS.17.02.01, EP 7	For rehabilitation and psychia
	scheduling of surgical procedures is done:	MS.17.02.01, EP 6;		surgical service maintains a c
	- A current roster listing each practitioner's specific surgical privileges	MS.17.02.01, EP 7		privileges.
	- A current list of surgeons suspended from surgical privileges or whose surgical			Note: The roster may be in pa
	privileges have been restricted			
				CoPs: §482.51(a)(4)

edical staff bylaws, rules, and regulations. A candidate ed by the medical staff and who has been appointed by ct to all medical staff bylaws, rules, and regulations. been recommended by the medical staff and who has erning body is also subject to 42 CFR 482.22(a).

r privileges are acted on within the time period specified , rules, and regulations, or in policies and procedures. I designates the practitioners who are allowed to ance with appropriate policies and procedures, and with regulations. Surgery is performed only by the following: steopathy, including an osteopathic practitioner 101(a)(7) of the Social Security Act or dental medicine icine

339, §485.639(a), §485.639(a)(1), §485.639(a)(2),

l designates the practitioners who are allowed to ance with appropriate policies and procedures, and with regulations. Surgery is performed only by the following: steopathy, including an osteopathic practitioner 101(a)(7) of the Social Security Act or dental medicine icine

39, §485.639(a), §485.639(a)(1), §485.639(a)(2),

uses participation in continuing education in decisions edical staff membership, or renewal or revision of

l designates the practitioners who are allowed to ance with appropriate policies and procedures, and with regulations. Surgery is performed only by the following: steopathy, including an osteopathic practitioner 101(a)(7) of the Social Security Act or dental medicine icine

339, §485.639(a), §485.639(a)(1), §485.639(a)(2),

niatric distinct part units in critical access hospitals: The a current roster listing each practitioner's surgical

paper or electronic format.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	C_{0} Dec 8482 51(0)(4) 8485 620(0)(1) 8485 620(0)(2) 8485 620(0)(2)			
MS.06.01.07, EP 1	CoPs: §482.51(a)(4), §485.639(a)(1), §485.639(a)(2), §485.639(a)(3) The information review and analysis process is clearly defined. CoPs: §482.51(a)(4)	Deleted EP - Covered at the standard and moved to guidance within SPG	Standard MS.17.02.03	The organized medical staff re each requesting physician's o status, training, experience, c requested privilege.
MS.06.01.07, EP 2	The critical access hospital, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a requested privilege. Note: Medical staff membership and professional privileges are not dependent solely upon certification, fellowship, or membership in a specialty body or society. CoPs: §482.12(a)(7), §482.51(a)(4)	Consolidation of MS.03.01.01, EP 9; MS.03.01.01, EP 13; MS.03.01.07, EP 14; MS.06.01.07, EP 2; MS.06.01.07, EP 8; MS.07.01.01, EP 1	LD.11.01.01, EP 2	The governing body does the f - Approves and is responsible - Reviews and resolves grieval grievance committee For rehabilitation and psychia governing body also does the - Determines, in accordance we eligible candidates for appoint - Appoints members of the match the existing members of the match - Makes certain that the medic - Approves medical staff bylaw - Makes certain that the medic quality of care provided to patch - Makes certain that the criter individual character, compete - Makes certain that under no membership or professional patients at the locations withed not provided at the critical according CoPs: \$482.12(a)(1), \$482.12(a)(7), \$ \$485.614(a)(2)
MS.06.01.07, EP 4	The critical access hospital completes the credentialing and privileging decision process in a timely manner.	Moved	MS.17.02.03, EP 3	The critical access hospital control process in a timely manner.
MS.06.01.07, EP 5	The critical access hospital's privilege granting/denial criteria are consistently applied for each requesting physician or other licensed practitioner. CoPs: §482.51(a)(4)	Consolidation of MS.06.01.07, EP 5; MS.06.01.07, EP 6	MS.17.02.03, EP 1	Decisions on membership an directly related to the quality CoPs: §482.51(a)(4)
MS.06.01.07, EP 6	Decisions on membership and granting of privileges include criteria that are directly related to the quality of health care, treatment, and services.	Consolidation of MS.06.01.07, EP 5; MS.06.01.07, EP 6	MS.17.02.03, EP 1	Decisions on membership an directly related to the quality of CoPs: §482.51(a)(4)
MS.06.01.07, EP 7	If privileging criteria are used that are unrelated to quality of care, treatment, and services or professional competence, evidence exists that the impact of resulting decisions on the quality of care, treatment, and services is evaluated.	Consolidation of MS.06.01.07, EP 7; MS.09.01.01, EP 1	MS.18.03.01, EP 1	The critical access hospital, b staff and approval by the gove collecting, investigating, and

f reviews and analyzes all relevant information regarding s or other licensed practitioner's current licensure , current competence, and ability to perform the

e following:

le for the effective operation of the grievance process vances, unless it delegates responsibility in writing to a

- niatric distinct part units in critical access hospitals: The ne following:
- e with state law, which categories of practitioners are bintment to the medical staff
- medical staff after considering the recommendations of e medical staff
- dical staff has bylaws
- laws and other medical staff rules and regulations dical staff is accountable to the governing body for the patients
- eria for selection to the medical staff are based on etence, training, experience, and judgment
- no circumstances is the accordance of staff
- l privileges in the critical access hospital dependent
- llowship, or membership in a specialty body or society dical staff develops and implements written policies
- al of emergencies, initial treatment, and referral of thout emergency services when emergency services are access hospital, or are provided at the critical access hore off-campus locations

2(a)(2), §482.12(a)(3), §482.12(a)(4), §482.12(a)(5),), §482.12(f)(2), §482.12(f)(3), §482.13(a)(2),

completes the credentialing and privileging decision

and granting of privileges include criteria that are ty of health care, treatment, and services.

and granting of privileges include criteria that are ty of health care, treatment, and services.

, based on recommendations by the organized medical overning body, has a clearly defined process for ad addressing clinical practice concerns.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				Note: Reported concerns reg
				practitioner's professional pr
				defined by the critical acces
MS.06.01.07, EP 8	The governing body or delegated governing body committee has final authority for	Consolidation of	LD.11.01.01, EP 2	The governing body does the
	granting, renewing, or denying privileges.	MS.03.01.01, EP 9;		- Approves and is responsibl
		MS.03.01.01, EP 13;		- Reviews and resolves grieva
	CoPs: §482.12(a)(2), §482.22(a)(1), §482.22(a)(2)	MS.03.01.01, EP 14;		grievance committee
		MS.06.01.07, EP 2;		
		MS.06.01.07, EP 8;		For rehabilitation and psych
		MS.07.01.01, EP 1		governing body also does the
				- Determines, in accordance
				eligible candidates for appoi
				- Appoints members of the n
				the existing members of the
				- Makes certain that the med
				- Approves medical staff byla
				- Makes certain that the med
				quality of care provided to pa
				- Makes certain that the crite
				individual character, compe
				- Makes certain that under n
				membership or professional
				solely upon certification, fell
				- Makes certain that the med
				and procedures for appraisa
				patients at the locations with
				not provided at the critical a
				hospital but not at one or mo
				CoPs: §482.12(a)(1), §482.12
				§482.12(a)(6), §482.12(a)(7),
				§485.614(a)(2)
MS.06.01.07, EP 9	Privileges are granted for a period not to exceed three years or for the period	Consolidation of	MS.18.02.03, EP 1	The medical staff's ongoing
	required by law and regulation if shorter.	MS.06.01.05, EP 9;		defined process that facilitat
		MS.06.01.07, EP 9;		licensed practitioner's profe
	CoPs: §482.22(a)(1)	MS.08.01.03, EP 1;		Note: For rehabilitation or ps
		MS.06.01.09, EP 1;		Privileges are granted for a p
		MS.06.01.09, EP 2;		required by law and regulation
		MS.06.01.09, EP 3;		
		MS.06.01.09, EP 4;		CoPs: §482.22(a)(1)
		MS.08.01.01, EP 1;		
		MS.08.01.01, EP 4;		
		MS.08.01.01, EP 6;		
		MS.08.01.03, EP 1;		
		MS.09.01.01, EP 2		
MS.06.01.09, EP 1	Requesting physicians or other licensed practitioners are notified regarding the	Split to	MS.17.01.03, EP 4	For rehabilitation and psychi
	granting decision.	MS.17.01.03, EP 4;		medical staff examines the c
		MS.18.02.03, EP 1		membership and makes reco
	CoPs: §482.22(a)(1), §482.22(a)(2)	110.10.02.00, EF 1		appointment of these candid
		L		appointment of these calluit

egarding a privileged physician's or other licensed practice are uniformly investigated and addressed, as ess hospital and applicable law.

e following:

ble for the effective operation of the grievance process vances, unless it delegates responsibility in writing to a

hiatric distinct part units in critical access hospitals: The ne following:

e with state law, which categories of practitioners are pintment to the medical staff

medical staff after considering the recommendations of e medical staff

dical staff has bylaws

laws and other medical staff rules and regulations edical staff is accountable to the governing body for the patients

teria for selection to the medical staff are based on etence, training, experience, and judgment

no circumstances is the accordance of staff

al privileges in the critical access hospital dependent

llowship, or membership in a specialty body or society

dical staff develops and implements written policies al of emergencies, initial treatment, and referral of

thout emergency services when emergency services are access hospital, or are provided at the critical access nore off-campus locations

2(a)(2), §482.12(a)(3), §482.12(a)(4), §482.12(a)(5),), §482.12(f)(2), §482.12(f)(3), §482.13(a)(2),

professional practice evaluation includes a clearly ates the periodic evaluation of each physician's or other essional practice.

osychiatric distinct part units in critical access hospitals: period not to exceed three years or for the period ion if shorter.

hiatric distinct part units in critical access hospitals: The credentials of all candidates eligible for medical staff commendations to the governing body on the idates, in accordance with state law, including scope-

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				of-practice laws, and the med who has been recommended the governing body is subject Note: A candidate who has be been appointed by the govern
MS.06.01.09, EP 1	Requesting physicians or other licensed practitioners are notified regarding the granting decision. CoPs: \$482.22(a)(1), \$482.22(a)(2)	Split to MS.17.01.03, EP 4; MS.18.02.03, EP 1	MS.18.02.03, EP 1	CoPs: §482.22(a)(2) The medical staff's ongoing p defined process that facilitate licensed practitioner's profes Note: For rehabilitation or psy Privileges are granted for a pe required by law and regulation
MS.06.01.09, EP 2	In the case of privilege denial, the applicant is informed of the reason for denial. CoPs: §482.22(a)(1), §482.22(a)(2)	Split to MS.17.01.03, EP 4; MS.18.02.03, EP 1	MS.17.01.03, EP 4	CoPs: §482.22(a)(1) For rehabilitation and psychia medical staff examines the cr membership and makes reco appointment of these candid of-practice laws, and the med who has been recommended the governing body is subject Note: A candidate who has be been appointed by the govern
MS.06.01.09, EP 2	In the case of privilege denial, the applicant is informed of the reason for denial. CoPs: §482.22(a)(1), §482.22(a)(2)	Split to MS.17.01.03, EP 4; MS.18.02.03, EP 1	MS.18.02.03, EP 1	The medical staff's ongoing p defined process that facilitate licensed practitioner's profes Note: For rehabilitation or psy Privileges are granted for a pe required by law and regulation CoPs: §482.22(a)(1)
MS.06.01.09, EP 3	The decision to grant, deny, revise, or revoke privilege(s) is disseminated and made available to all appropriate internal and external persons or entities, as defined by the critical access hospital and applicable law. CoPs: \$482.22(a)(1), \$482.22(a)(2), \$482.51(a)(4)	Split to MS.17.01.03, EP 4; MS.18.02.03, EP 1	MS.17.01.03, EP 4	For rehabilitation and psychia medical staff examines the cr membership and makes reco appointment of these candid of-practice laws, and the med who has been recommended the governing body is subject Note: A candidate who has be been appointed by the govern
MS.06.01.09, EP 3	The decision to grant, deny, revise, or revoke privilege(s) is disseminated and made available to all appropriate internal and external persons or entities, as defined by the critical access hospital and applicable law.	Split to MS.17.01.03, EP 4; MS.18.02.03, EP 1	MS.18.02.03, EP 1	The medical staff's ongoing p defined process that facilitate licensed practitioner's profes Note: For rehabilitation or psy

edical staff bylaws, rules, and regulations. A candidate ed by the medical staff and who has been appointed by ct to all medical staff bylaws, rules, and regulations. been recommended by the medical staff and who has erning body is also subject to 42 CFR 482.22(a).

professional practice evaluation includes a clearly ates the periodic evaluation of each physician's or other essional practice.

osychiatric distinct part units in critical access hospitals: period not to exceed three years or for the period ion if shorter.

hiatric distinct part units in critical access hospitals: The credentials of all candidates eligible for medical staff commendations to the governing body on the idates, in accordance with state law, including scopeedical staff bylaws, rules, and regulations. A candidate ed by the medical staff and who has been appointed by ct to all medical staff bylaws, rules, and regulations. been recommended by the medical staff and who has erning body is also subject to 42 CFR 482.22(a).

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professional practice evaluation includes a clearly ates the periodic evaluation of each physician's or other essional practice.

osychiatric distinct part units in critical access hospitals:

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				Privileges are granted for a pe
	CoPs: §482.22(a)(1), §482.22(a)(2), §482.51(a)(4)			required by law and regulation
				CoPs: §482.22(a)(1)
MS.06.01.09, EP 4	The process to disseminate all granting, modification, or restriction decisions is	Split to	MS.17.01.03, EP 4	For rehabilitation and psychia
	approved by the organized medical staff.	MS.17.01.03, EP 4;		medical staff examines the cr
		MS.18.02.03, EP 1		membership and makes reco
	CoPs: §482.22(a)(1), §482.22(a)(2)			appointment of these candid
				of-practice laws, and the med
				who has been recommended
				the governing body is subject
				Note: A candidate who has be
				been appointed by the govern
				CoPs: §482.22(a)(2)
MS.06.01.09, EP 4	The process to disseminate all granting, modification, or restriction decisions is	Split to	MS.18.02.03, EP 1	The medical staff's ongoing p
	approved by the organized medical staff.	MS.17.01.03, EP 4;		defined process that facilitate
		MS.18.02.03, EP 1		licensed practitioner's profes
	CoPs: §482.22(a)(1), §482.22(a)(2)			Note: For rehabilitation or psy
				Privileges are granted for a pe
				required by law and regulation
				CoPs: §482.22(a)(1)
MS.06.01.13, EP 1	Temporary privileges are granted to meet an important patient care need for the	Moved and Revised	MS.17.04.01, EP 1	Temporary privileges are gran
	time period defined in the medical staff bylaws.			period defined in the medical
MS.06.01.13, EP 2	When temporary privileges are granted to meet an important care need, the	Moved	MS.17.04.01, EP 2	When temporary privileges ar
M0.00.01.10.FD.0	organized medical staff verifies current licensure and current competence.	Marcal and Davis ad	M0.47.04.04 ED.0	organized medical staff verifie
MS.06.01.13, EP 3	Temporary privileges for applicants for new privileges may be granted while	Moved and Revised	MS.17.04.01, EP 3	Temporary privileges may be g
	awaiting review and approval by the organized medical staff upon verification of the			review and approval by the or
	following: - Current licensure			following: - Current licensure
	- Relevant training or experience - Current competence			 Relevant training or experier Current competence
	- Ability to perform the privileges requested			- Ability to perform the privile
	- Other criteria required by the medical staff bylaws			- Other criteria required by the
	- A query and evaluation of the National Practitioner Data Bank (NPDB) information			- A query and evaluation of the
	- A complete application			- A complete application
	- No current or previously successful challenge to licensure or registration			- No current or previously suc
	- No subjection to involuntary termination of medical staff membership at another			- No subjection to involuntary
	organization			organization
	- No subjection to involuntary limitation, reduction, denial, or loss of clinical			- No subjection to involuntary
	privileges			privileges
MS.06.01.13, EP 4	All temporary privileges are granted by the chief executive officer or authorized	Moved	MS.17.04.01, EP 4	All temporary privileges are g
	designee.			designee.
MS.06.01.13, EP 5	All temporary privileges are granted on the recommendation of the medical staff	Moved	MS.17.04.01, EP 5	All temporary privileges are gr
	president or authorized designee.			president or authorized desig
MS.06.01.13, EP 6	Temporary privileges for applicants for new privileges are granted for no more than	Moved	MS.17.04.01, EP 6	Temporary privileges for appli
	120 days.			120 days.

period not to exceed three years or for the period ion if shorter.

hiatric distinct part units in critical access hospitals: The credentials of all candidates eligible for medical staff commendations to the governing body on the idates, in accordance with state law, including scopeedical staff bylaws, rules, and regulations. A candidate ed by the medical staff and who has been appointed by ct to all medical staff bylaws, rules, and regulations. been recommended by the medical staff and who has erning body is also subject to 42 CFR 482.22(a).

professional practice evaluation includes a clearly ates the periodic evaluation of each physician's or other essional practice.

osychiatric distinct part units in critical access hospitals: period not to exceed three years or for the period ion if shorter.

anted to meet an important patient care need for a time cal staff bylaws.

are granted to meet an important care need, the

ifies current licensure and current competence. e granted to applicants for new privileges while awaiting

organized medical staff upon verification of the

ience

leges requested

- the medical staff bylaws
- the National Practitioner Data Bank (NPDB) information

uccessful challenge to licensure or registration ary termination of medical staff membership at another

ary limitation, reduction, denial, or loss of clinical

granted by the chief executive officer or authorized

granted on the recommendation of the medical staff signee.

plicants for new privileges are granted for no more than

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.07.01.01, EP 1	The organized medical staff develops criteria for medical staff membership.	Consolidation of	LD.11.01.01, EP 2	The governing body does the
	Note: Medical staff membership and professional privileges are not dependent	MS.03.01.01, EP 9;		- Approves and is responsible
	solely upon certification, fellowship, or membership in a specialty body or society.	MS.03.01.01, EP 13;		- Reviews and resolves grieva
		MS.03.01.01, EP 14;		grievance committee
	CoPs: §482.12(a)(7), §482.22(a), §482.22(a)(2), §482.22(c)(4)	MS.06.01.07, EP 2;		
		MS.06.01.07, EP 8;		For rehabilitation and psychi
		MS.07.01.01, EP 1		governing body also does the
				- Determines, in accordance
				eligible candidates for appoi
				- Appoints members of the n
				the existing members of the
				- Makes certain that the med
				- Approves medical staff byla
				- Makes certain that the med
				quality of care provided to pa
				- Makes certain that the crite
				individual character, compe
				- Makes certain that under n
				membership or professional
				solely upon certification, fell
				- Makes certain that the med
				and procedures for appraisa
				patients at the locations with
				not provided at the critical a
				hospital but not at one or mo
				CoPs: §482.12(a)(1), §482.12
				§482.12(a)(6), §482.12(a)(7),
				§485.614(a)(2)
MS.07.01.01, EP 2	The professional criteria are designed to assure the medical staff and governing	Consolidation of	MS.17.01.03, EP 4	For rehabilitation and psychi
,	body that patients will receive quality care, treatment, and services.	MS.01.01.01, EP 5;		medical staff examines the c
		MS.02.01.01, EP 8;		membership and makes reco
	CoPs: §482.22(a)(2)	MS.02.01.01, EP 11;		appointment of these candid
		MS.06.01.03, EP 1;		of-practice laws, and the me
		MS.06.01.03, EP 2;		who has been recommended
		MS.06.01.05, EP 9;		the governing body is subjec
		MS.06.01.05, EP 10;		Note: A candidate who has b
		MS.06.01.09, EP 1;		been appointed by the gover
		MS.06.01.09, EP 2;		
		MS.06.01.09, EP 3;		CoPs: §482.22(a)(2)
		MS.06.01.09, EP 4;		0010.0402.22(4)(2)
		MS.07.01.01, EP 2;		
		MS.07.01.01, EP 3;		
		MS.07.01.01, EP 5		
MS.07.01.01, EP 3	The organized medical staff uses the criteria in appointing members to the medical	Consolidation of	MS.17.01.03, EP 4	For rehabilitation and psychi
113.07.01.01, EF 3	staff and appointment does not exceed three years or the period required by law		113.17.01.03, EF 4	medical staff examines the c
		MS.01.01.01, EP 5;		
	and regulation if shorter.	MS.02.01.01, EP 8;		membership and makes reco
	C_{0} Do: 8492 (2)(2)	MS.02.01.01, EP 11;		appointment of these candid
	CoPs: §482.22(a)(2)	MS.06.01.03, EP 1;		of-practice laws, and the me

ne following:

ble for the effective operation of the grievance process evances, unless it delegates responsibility in writing to a

- hiatric distinct part units in critical access hospitals: The he following:
- ce with state law, which categories of practitioners are ointment to the medical staff
- e medical staff after considering the recommendations of e medical staff
- dical staff has bylaws
- laws and other medical staff rules and regulations
- edical staff is accountable to the governing body for the patients
- iteria for selection to the medical staff are based on betence, training, experience, and judgment
- no circumstances is the accordance of staff
- al privileges in the critical access hospital dependent ellowship, or membership in a specialty body or society edical staff develops and implements written policies sal of emergencies, initial treatment, and referral of ithout emergency services when emergency services are access hospital, or are provided at the critical access nore off-campus locations

12(a)(2), §482.12(a)(3), §482.12(a)(4), §482.12(a)(5), 7), §482.12(f)(2), §482.12(f)(3), §482.13(a)(2),

chiatric distinct part units in critical access hospitals: The e credentials of all candidates eligible for medical staff ecommendations to the governing body on the didates, in accordance with state law, including scopenedical staff bylaws, rules, and regulations. A candidate led by the medical staff and who has been appointed by ect to all medical staff bylaws, rules, and regulations. Is been recommended by the medical staff and who has erning body is also subject to 42 CFR 482.22(a).

hiatric distinct part units in critical access hospitals: The e credentials of all candidates eligible for medical staff commendations to the governing body on the didates, in accordance with state law, including scopenedical staff bylaws, rules, and regulations. A candidate

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		MS.06.01.03, EP 2;		who has been recommended
		MS.06.01.05, EP 9;		the governing body is subject
		MS.06.01.05, EP 10;		Note: A candidate who has be
		MS.06.01.09, EP 1;		been appointed by the govern
		MS.06.01.09, EP 2;		
		MS.06.01.09, EP 3;		CoPs: §482.22(a)(2)
		MS.06.01.09, EP 4;		
		MS.07.01.01, EP 2;		
		MS.07.01.01, EP 3;		
		MS.07.01.01, EP 5		
MS.07.01.01, EP 5	Membership is recommended by the medical staff and granted by the governing	Consolidation of	MS.17.01.03, EP 4	For rehabilitation and psychia
	body.	MS.01.01.01, EP 5;		medical staff examines the cr
	Sody.	MS.02.01.01, EP 8;		membership and makes reco
	CoPs: §482.12(a)(2), §482.22(a), §482.22(a)(2)	MS.02.01.01, EP 11;		appointment of these candida
	(0) (0)	MS.06.01.03, EP 1;		of-practice laws, and the med
		MS.06.01.03, EP 2;		who has been recommended
		MS.06.01.05, EP 9;		the governing body is subject
		MS.06.01.05, EP 10;		Note: A candidate who has be
		MS.06.01.09, EP 1;		been appointed by the govern
		MS.06.01.09, EP 2;		been appointed by the govern
				$C_{0}D_{0}$, \$492, 22(0)(2)
		MS.06.01.09, EP 3;		CoPs: §482.22(a)(2)
		MS.06.01.09, EP 4;		
		MS.07.01.01, EP 2;		
		MS.07.01.01, EP 3;		
		MS.07.01.01, EP 5		
MS.08.01.01, EP 1	A period of focused professional practice evaluation is implemented for all initially	Consolidation of	MS.18.02.03, EP 1	The medical staff's ongoing p
	requested privileges.	MS.06.01.05, EP 9;		defined process that facilitate
		MS.06.01.07, EP 9;		licensed practitioner's profes
	CoPs: §482.22(a)(1)	MS.08.01.03, EP 1;		Note: For rehabilitation or psy
		MS.06.01.09, EP 1;		Privileges are granted for a pe
		MS.06.01.09, EP 2;		required by law and regulation
		MS.06.01.09, EP 3;		
		MS.06.01.09, EP 4;		CoPs: §482.22(a)(1)
		MS.08.01.01, EP 1;		
		MS.08.01.01, EP 4;		
		MS.08.01.01, EP 6;		
		MS.08.01.03, EP 1;		
		MS.09.01.01, EP 2		
MS.08.01.01, EP 2	The organized medical staff develops criteria to be used for evaluating the	Moved and Revised	MS.18.02.01, EP 1	The organized medical staff d
	performance of physicians or other licensed practitioners when issues affecting			used for evaluating the perfor
	the provision of safe, high quality patient care are identified.			when issues affecting the pro-
MS.08.01.01, EP 3	The performance monitoring process is clearly defined and includes each of the	Moved	MS.18.02.01, EP 3	The performance monitoring
	following elements:			following elements:
	- Criteria for conducting performance monitoring			- Criteria for conducting perfo
	- Method for establishing a monitoring plan specific to the requested privilege			- Method for establishing a m
	- Method for determining the duration of performance monitoring			- Method for determining the o
	- Circumstances under which monitoring by an external source is required			- Circumstances under which
MS.08.01.01, EP 4	Focused professional practice evaluation is consistently implemented in	Consolidation of	MS.18.02.03, EP 1	The medical staff's ongoing p

ed by the medical staff and who has been appointed by ct to all medical staff bylaws, rules, and regulations. been recommended by the medical staff and who has erning body is also subject to 42 CFR 482.22(a).

niatric distinct part units in critical access hospitals: The credentials of all candidates eligible for medical staff commendations to the governing body on the idates, in accordance with state law, including scopeedical staff bylaws, rules, and regulations. A candidate ed by the medical staff and who has been appointed by ct to all medical staff bylaws, rules, and regulations. been recommended by the medical staff and who has erning body is also subject to 42 CFR 482.22(a).

professional practice evaluation includes a clearly ates the periodic evaluation of each physician's or other essional practice.

osychiatric distinct part units in critical access hospitals: period not to exceed three years or for the period ion if shorter.

f develops and consistently implements criteria to be formance of physicians or other licensed practitioners rovision of safe, high quality patient care are identified. In process is clearly defined and includes each of the

- rformance monitoring
- monitoring plan specific to the requested privilege
- e duration of performance monitoring
- ch monitoring by an external source is required
- professional practice evaluation includes a clearly ates the periodic evaluation of each physician's or other

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	staff.	MS.06.01.07, EP 9;		licensed practitioner's profes
		MS.08.01.03, EP 1;		Note: For rehabilitation or psy
	CoPs: §482.22(a)(1)	MS.06.01.09, EP 1;		Privileges are granted for a pe
		MS.06.01.09, EP 2;		required by law and regulatio
		MS.06.01.09, EP 3;		
		MS.06.01.09, EP 4;		CoPs: §482.22(a)(1)
		MS.08.01.01, EP 1;		
		MS.08.01.01, EP 4;		
		MS.08.01.01, EP 6;		
		MS.08.01.03, EP 1;		
		MS.09.01.01, EP 2		
MS.08.01.01, EP 5	The triggers that indicate the need for performance monitoring are clearly defined.	Moved	MS.18.02.01, EP 4	The triggers that indicate the
· · · · · , · ·	Note: Triggers can be single incidents or evidence of a clinical practice trend.		,	Note: Triggers can be single in
MS.08.01.01, EP 6	The decision to assign a period of performance monitoring to further assess current	Consolidation of	MS.18.02.03, EP 1	The medical staff's ongoing p
	competence is based on the evaluation of a physician's or other licensed	MS.06.01.05, EP 9;		defined process that facilitate
	practitioner's current clinical competence, practice behavior, and ability to perform	MS.06.01.07, EP 9;		licensed practitioner's profes
	the requested privilege.	MS.08.01.03, EP 1;		Note: For rehabilitation or ps
	Note: Other existing privileges in good standing should not be affected by this	MS.06.01.09, EP 1;		Privileges are granted for a pe
	decision.	MS.06.01.09, EP 2;		required by law and regulatio
		MS.06.01.09, EP 3;		
	CoPs: §482.22(a)(1)	MS.06.01.09, EP 4;		CoPs: §482.22(a)(1)
	0013.3402.22(d)(1)	MS.08.01.01, EP 1;		0013.3402.22(d)(1)
		MS.08.01.01, EP 4;		
		MS.08.01.01, EP 6;		
		MS.08.01.03, EP 1;		
		MS.09.01.01, EP 2		
MS.08.01.01, EP 7	Criteria are developed that determine the type of monitoring to be conducted.	Moved	MS.18.02.01, EP 5	Criteria are developed that de
MS.08.01.01, EP 8	The measures employed to resolve performance issues are clearly defined.	Moved	MS.18.02.01, EP 6	The measures employed to re
MS.08.01.01, EP 9	The measures employed to resolve performance issues are clearly defined.	Moved	MS.18.02.01, EP 7	The measures employed to re
	implemented.			implemented.
MS.08.01.03, EP 1	The process for the ongoing professional practice evaluation includes the following:	Consolidation of	MS.18.02.03, EP 1	The medical staff's ongoing p
	There is a clearly defined process in place that facilitates the evaluation of each	MS.06.01.05, EP 9;		defined process that facilitate
	physician's or other licensed practitioner's professional practice.	MS.06.01.07, EP 9;		licensed practitioner's profes
		MS.08.01.03, EP 1;		Note: For rehabilitation or ps
	CoPs: §482.22(a)(1)	MS.06.01.09, EP 1;		Privileges are granted for a pe
		MS.06.01.09, EP 2;		required by law and regulatio
		MS.06.01.09, EP 3;		
		MS.06.01.09, EP 4;		CoPs: §482.22(a)(1)
		MS.08.01.01, EP 1;		
		MS.08.01.01, EP 4;		
		MS.08.01.01, EP 6;		
		MS.08.01.03, EP 1;		
		MS.09.01.01, EP 2		
MS.08.01.03, EP 2	The process for the ongoing professional practice evaluation includes the following:	Moved and Revised	MS.18.02.03, EP 2	The process for the ongoing p
	The type of data to be collected is determined by individual departments and			data to be collected, which is
	approved by the organized medical staff.			by the organized medical stat
	CoPs: §482.22(a)(1)			

fessional practice. osychiatric distinct part units in critical access hospitals: period not to exceed three years or for the period tion if shorter.
ne need for performance monitoring are clearly defined. e incidents or evidence of a clinical practice trend.
g professional practice evaluation includes a clearly ates the periodic evaluation of each physician's or other fessional practice. osychiatric distinct part units in critical access hospitals: period not to exceed three years or for the period tion if shorter.
determine the type of monitoring to be conducted.
resolve performance issues are clearly defined.
o resolve performance issues are consistently
g professional practice evaluation includes a clearly ates the periodic evaluation of each physician's or other fessional practice. osychiatric distinct part units in critical access hospitals: period not to exceed three years or for the period tion if shorter.
g professional practice evaluation includes the type of n is determined by individual departments and approved taff.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
MS.08.01.03, EP 3	The process for the ongoing professional practice evaluation includes the following: Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege(s).	Moved and Revised	MS.18.02.03, EP 3	The process for the ongoing p information resulting from the determine whether to continu
	CoPs: §482.22(a)(1)			
MS.09.01.01, EP 1	The critical access hospital, based on recommendations by the organized medical staff and approval by the governing body, has a clearly defined process for collecting, investigating, and addressing clinical practice concerns. CoPs: §482.22(a)(1)	Consolidation of MS.06.01.07, EP 7; MS.09.01.01, EP 1	MS.18.03.01, EP 1	The critical access hospital, b staff and approval by the gove collecting, investigating, and Note: Reported concerns reg practitioner's professional pro- defined by the critical access
MS.09.01.01, EP 2	Reported concerns regarding a privileged physician's or other licensed practitioner's professional practice are uniformly investigated and addressed, as defined by the critical access hospital and applicable law. CoPs: §482.22(a)(1)	Consolidation of MS.06.01.05, EP 9; MS.06.01.07, EP 9; MS.08.01.03, EP 1; MS.06.01.09, EP 1; MS.06.01.09, EP 2; MS.06.01.09, EP 3; MS.06.01.09, EP 4; MS.08.01.01, EP 4; MS.08.01.01, EP 4; MS.08.01.01, EP 6; MS.08.01.03, EP 1; MS.09.01.01, EP 2	MS.18.02.03, EP 1	The medical staff's ongoing p defined process that facilitate licensed practitioner's profes Note: For rehabilitation or psy Privileges are granted for a pe required by law and regulatio CoPs: §482.22(a)(1)
MS.13.01.01, EP 1	All physicians or other licensed practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms: - The originating site fully credentials and privileges the physician or other licensed practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or - The originating site privileges physicians or other licensed practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited or a Medicare-participating organization. The distant-site physician or other licensed practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or - The originating site may choose to use the credentialing and privileging decision from the distant site is a Joint Commission–accredited or a Medicare-participating organization. - The distant site is a Joint Commission–accredited or a Medicare-participating organization. - The distant site is a Joint Commission–accredited or a Medicare-participating organization. - The distant site is a Joint Commission–accredited or a Medicare-participating organization. - The physician or other licensed practitioner is privileged at the distant site for those services to be provided at the originating site. - The distant site provides the originating site with a current list of the physician's or other licensed practitioner's privileges. - The originating site has evidence of an internal review of the physician's or other licensed practitioner's performance of these privileges and sends to the distant site information that is useful to assess the physician's or other licensed practitioner's	Moved and Revised	MS.20.01.01, EP 1	 When telemedicine services through an agreement with a governing body of the originat the credentialing and privileg telemedicine entity for the ind practitioners providing such s includes all of the following p hospital or telemedicine entit - The distant site telemedicin service requirements. The distant-site telemedicin process and standards is con standards, at a minimum. The distant-site hospital pro participating hospital. The individual distant-site p the distant-site hospital or te and the distant-site hospital or pra- telemedicine entity. The individual distant-site p ssued or recognized by the s patients are receiving the tele For distant-site physicians or

g professional practice evaluation includes the use of the ongoing professional practice evaluation to inue, limit, or revoke any existing privilege(s).

l, based on recommendations by the organized medical overning body, has a clearly defined process for ad addressing clinical practice concerns.

egarding a privileged physician's or other licensed practice are uniformly investigated and addressed, as ss hospital and applicable law.

professional practice evaluation includes a clearly ates the periodic evaluation of each physician's or other essional practice.

osychiatric distinct part units in critical access hospitals: period not to exceed three years or for the period ion if shorter.

es are furnished to the critical access hospital's patients a distant-site hospital or telemedicine entity, the nating critical access hospital may choose to rely upon eging decisions made by the distant-site hospital or individual distant-site physicians and other licensed h services if the critical access hospital's governing body g provisions in its written agreement with the distant-site ntity:

ine entity provides services in accordance with contract

ine entity's medical staff credentialing and privileging onsistent with the critical access hospital's process and

roviding the telemedicine services is a Medicare-

physician or other licensed practitioner is privileged at telemedicine entity providing the telemedicine services, al or telemedicine entity provides a current list of the practitioner's privileges at the distant-site hospital or

physician or other licensed practitioner holds a license state in which the critical access hospital whose elemedicine services is located.

s or other licensed practitioners privileged by the ospital, the originating critical access hospital internally

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	improvement. At a minimum, this information includes all adverse outcomes			reviews services provided by t
	related to sentinel events considered reviewable by The Joint Commission that			practitioner and sends the dis
	result from the telemedicine services provided and complaints about the distant			for use in the periodic evaluat
	site physician or other licensed practitioner from patients, physicians or other			includes adverse events that
	licensed practitioners, or staff at the originating site. This occurs in a way			distant-site physician or othe
	consistent with any hospital policies or procedures intended to preserve any			patients and complaints the c
	confidentiality or privilege of information established by applicable law.			distant-site physician or othe
	- When telemedicine services are provided by a distant-site Medicare-			Note 1: In the case of distant-
	participating hospital, the distant-site hospital evaluates the quality and			telemedicine services to the d
	appropriateness of the diagnosis, treatment, and treatment outcomes furnished in			agreement between the critic
	the critical access hospital.			entity, the distant-site teleme
	- When telemedicine services are provided by a distant-site telemedicine entity			participating
	(a non-Medicare-participating provider or supplier), the quality and			provider or supplier.
	appropriateness of the diagnosis, treatment, and treatment outcomes furnished in			Note 2: For rehabilitation and
	the critical access hospital are evaluated by a hospital that is a member of the			hospitals: The distant-site tel
	network, a QIO or equivalent entity, or an appropriate and qualified entity identified			privileging process and stand
	in the state rural health plan.			482.12(a)(1) through (a)(7) and
	- The distant-site physician or other licensed practitioner has a license that is			
	issued or recognized by the state in which the patient is receiving telemedicine			CoPs: §482.12(a)(8), §482.22(
	services.			\$482.22(a)(3)(iii), \$482.22(a)(3)
				\$482.22(a)(4)(iii), \$482.22(a)(4)
	Note 1: In the case of an accredited ambulatory care organization, the critical			\$485.616(c)(2)(ii), \$485.616(c)
	access hospital verifies that the distant site made its decision using the process			\$485.616(c)(4)(i), \$485.616(c)
	described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from			\$485.635(c)(5)
	MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the			3400.000(0)(0)
	Comprehensive Accreditation Manual for Ambulatory Care.			
	Note 2: As indicated at LD.04.03.09, EP 23, the originating site makes certain that			
	all distant-site telemedicine providers' credentialing and privileging processes			
	meet, at a minimum, the Medicare Conditions of Participation at 42 CFR			
	485.616(c)(1)(i) through (c)(1)(vii). For the language of the Medicare Conditions of			
	Participation pertaining to telemedicine, see Appendix A.			
	Note 3: A distant-site telemedicine entity is not required to be a Medicare-			
	participating provider or supplier. (For more information, see 42 CFR 485.635(c)(5)			
	in Appendix A.)			
	CoPs: §482.22(a)(3), §482.22(a)(3)(i), §482.22(a)(3)(ii), §482.22(a)(3)(iii),			
	§482.22(a)(3)(iv), §482.22(a)(4), §482.22(a)(4)(i), §482.22(a)(4)(ii), §482.22(a)(4)(iii),			
	§482.22(a)(4)(iv), §482.22(c)(6), §485.616(c)(2), §485.616(c)(2)(i), §485.616(c)(2)(ii),			
	\$485.616(c)(2)(iii), \$485.616(c)(2)(iv), \$485.616(c)(4), \$485.616(c)(4)(i),			
	\$485.616(c)(4)(ii), \$485.616(c)(4)(iii), \$485.616(c)(4)(iv), \$485.616(c)(4)(iv), \$485.631(d)(2)(iv),			
	\$485.631(d)(2)(v), \$485.635(c)(5)			
N/A	N/A	New, more-direct EP	MS.16.01.01, EP 8	For psychiatric distinct part u
		for CoP requirement		service chief, or equivalent fo
				evaluates the medical staff's
				appropriateness.
				CoPs: §412.27(d)(2)(ii)
N/A	Ν/Α	New, more-direct EP	MS.16.01.01, EP 9	For rehabilitation and psychia
		for CoP requirement		the critical access hospital pr

by the distant-site physician or other licensed distant-site hospital or telemedicine entity information nation of the practitioner. At a minimum, this information at result from the telemedicine services provided by the ner licensed practitioner to the critical access hospital's e critical access hospital has received about the ner licensed practitioner. Int-site physicians and licensed practitioners providing e critical access hospital's patients under a written tical access hospital and a distant-site telemedicine

nedicine entity is not required to be a Medicare

nd psychiatric distinct part units in critical access elemedicine entity's medical staff credentialing and ndards at least meet the standards at 42 CFR and 482.22(a)(1) through (a)(2).

22(a)(3), §482.22(a)(3)(i), §482.22(a)(3)(ii),)(3)(iv), §482.22(a)(4), §482.22(a)(4)(i), §482.22(a)(4)(ii),)(4)(iv), §485.616(c)(2), §485.616(c)(2)(i), 6(c)(2)(iii), §485.616(c)(2)(iv), §485.616(c)(4), (c)(4)(ii), §485.616(c)(4)(iii), §485.616(c)(4)(iv),

units in critical access hospitals: The clinical director, for inpatient psychiatric services monitors and 's treatment and services for quality and

niatric distinct part units in critical access hospitals: If provides emergency services, the policies and

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				procedures governing emerge
				continuing responsibility of th
				CoDe: \$400 55(a)(0)
N1/A		New ments dive at ED		CoPs: §482.55(a)(3)
N/A	N/A	New, more-direct EP	MS.16.01.03, EP 4	For rehabilitation and psychia
		for CoP requirement		Every Medicare patient is unc - A doctor of medicine or oste
				of a doctor of medicine or ost
				care staff to the extent recog mechanism.)
				- A doctor of dental surgery o
				dentistry by the state and wh
				- A doctor of podiatric medici
				legally authorized by the state
				- A doctor of optometry who i
				in which they practice
				- A chiropractor who is licens
				services of a chiropractor, bu
				manipulation of the spine to
				- A clinical psychologist as de
				clinical psychologist services
				permitted by state law
				CoPs: §482.12(c)(1)(i), §482.1
				§482.12(c)(1)(v), §482.12(c)(1
N/A	N/A	New, more-direct EP	MS.16.01.03, EP 9	If not being performed by a do
		for CoP requirement		assistant, nurse practitioner,
				functions:
				- Provides services in accord
				- Arranges for, or refers patier
				critical access hospital
				- Maintains and transfers pati
				CoPs: §485.631(c)(2)(i), §485.
N/A	N/A	New, more-direct EP	MS.16.01.03, EP 10	The doctor of medicine or ost
		for CoP requirement		the nurse practitioner, and/or
				access hospital staff, periodi
				CoPs: §485.631(b)(1)(iii), §48
N/A	N/A	New, more-direct EP	NPG.12.02.01, EP 7	For rehabilitation and psychia
		for CoP requirement		hospital has policies and pro-
				if any, are not required to have
				procedures meet the followin
				- Establish criteria that such
				account the types of services
				served by the department, an
				provided
				- Describe alternative staffing
				- Are approved by the nurse e

gency medical care are established by and are a the medical staff.

niatric distinct part units in critical access hospitals: nder the care of at least one of the following: steopathy (This requirement does not limit the authority steopathy to delegate tasks to other qualified health gnized under state law or a state's regulatory

or dental medicine who is legally authorized to practice who is acting within the scope of their license cine, but only with respect to functions which they are ate to perform

is legally authorized to practice optometry by the state

nsed by the state or legally authorized to perform the out only with respect to treatment by means of manual o correct a subluxation demonstrated by x-ray to exist defined in 42 CFR 410.71, but only with respect to es as defined in 42 CFR 410.71 and only to the extent

2.12(c)(1)(ii), §482.12(c)(1)(iii), §482.12(c)(1)(iv), (1)(vi)

doctor of medicine or osteopathy, the physician r, or clinical nurse specialist performs the following

dance with the critical access hospital's policies ents to, needed services that cannot be furnished at the

atient records when patients are referred

35.631(c)(2)(ii)

steopathy, in conjunction with the physician assistant, or clinical nurse specialist members of the critical dically review the patients' records.

l85.631(c)(1)(ii)

niatric distinct part units in critical access hospitals: The rocedures that establish which outpatient departments, ave a registered nurse present. The policies and *v*ing requirements:

h outpatient departments need to meet, taking into es provided, the general level of acuity of patients and established standards of practice for the services

ng plans executive

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				- Are reviewed at least once e
				CoPs: §482.23(b)(7), §482.23(
				§482.23(b)(7)(iv)
N/A	N/A	New, more-direct EP	NPG.12.03.01, EP 2	For psychiatric distinct part u
		for CoP requirement		hospital makes certain a regis
				$C_{2}D_{2}$, \$412, 27(d)(2)(ii)
N/A	N/A	New, more-direct EP	NPG.12.03.01, EP 3	CoPs: §412.27(d)(3)(ii)
IN/A	IN/A	for CoP requirement	NFG. 12.03.01, EF 3	For psychiatric distinct part u qualified therapists, support
				therapeutic activities consist
				CoPs: §412.27(d)(6)(ii)
N/A	N/A	New, more-direct EP	NPG.12.03.01, EP 4	For psychiatric distinct part u
		for CoP requirement		number of qualified professio
				not limited to doctors of med
				practical nurses, and mental
				- Evaluate patients
				- Formulate written individual
				- Provide active treatment me
				- Engage in discharge plannin
				- Provide the nursing care neo
				- Maintain progress notes on
				- Provide essential psychiatric
				$C_{2}D_{2}$, $S_{4}12$, $D_{7}(d)$, $S_{4}12$, $D_{7}(d)$
				CoPs: §412.27(d), §412.27(d) §412.27(d)(1)(iv), §412.27(d)(
NPSG.01.01.01, EP	Use at least two patient identifiers when administering medications, blood, or	Consolidation of	NPG.01.01.01, EP 1	The critical access hospital h
1	blood components; when collecting blood samples and other specimens for	NPSG.01.01.01, EP	NF G.01.01.01, LF 1	when providing care treatmer
1	clinical testing; and when providing treatments or procedures. The patient's room	1; PC.02.01.01, EP		patient identifiers. The critica
	number or physical location is not used as an identifier.	10		number or physical location i
				Note: Examples of patient ide
				following:
				- Assigned identification num
				- Telephone number or anoth
				- Electronic identification tecl
				includes two or more person-
NPSG.01.01.01, EP	Label containers used for blood and other specimens in the presence of the	Moved and Revised	NPG.01.01.01, EP 2	The critical access hospital la
2	patient.			in the presence of the patient
NPSG.01.01.01, EP	Use distinct methods of identification for newborn patients.	Moved and Revised	NPG.01.01.01, EP 3	The critical access hospital u
3	Note: Examples of methods to prevent misidentification may include the following:			patients.
	- Distinct naming systems could include using the mother's first and last names			Note: Examples of methods t
	and the newborn's gender (for example: "Smith, Judy Girl" or "Smith, Judy Girl A"			- Distinct naming systems co
	and "Smith, Judy Girl B" for multiples).			and the newborn's gender (fo
	- Standardized practices for identification banding (for example, using two body			and "Smith, Judy Girl B" for m
	sites and/or bar coding for identification).			- Standardized practices for id
	- Establish communication tools among staff (for example, visually alerting staff with signage noting newborns with similar names).			sites and/or bar coding for ide - Establish communication to
				with signage noting newborns

every three years

23(b)(7)(i), §482.23(b)(7)(ii), §482.23(b)(7)(iii),

units in critical access hospitals: The critical access gistered professional nurse is available 24 hours a day.

units in critical access hospitals: The number of rt personnel, and consultants is adequate to provide stent with each patient's active treatment program.

units in critical access hospitals: There is an adequate sional, technical, and consultative staff (including but edicine and/or osteopathy, registered nurses, licensed al health workers) to do the following:

- alized, comprehensive treatment plans
- neasures
- ing

ecessary under each patient's active treatment program n each patient

ric services

d)(1)(i), §412.27(d)(1)(ii), §412.27(d)(1)(iii), l)(3), §412.27(d)(3)(ii)

has a process in place to correctly identify patients ent, and services. This includes using at least two cal access hospital does not use the patient's room n is not used as an identifier.

dentifiers may include but are not limited to the

mber (for example, medical record number) ther person-specific identifier

echnology coding, such as bar coding or RFID, that n-specific identifiers

labels containers used for blood and other specimens nt.

uses distinct methods of identification for newborn

s to prevent misidentification may include the following: could include using the mother's first and last names for example: "Smith, Judy Girl" or "Smith, Judy Girl A" multiples).

r identification banding (for example, using two body dentification).

tools among staff (for example, visually alerting staff ns with similar names).

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
NPSG.02.03.01, EP	Develop and implement written procedures for managing the critical results of	Moved and Revised	NPG.01.02.01, EP 1	The critical access hospital d
1	tests and diagnostic procedures that address the following:			managing the critical results of
	- The definition of critical results of tests and diagnostic procedures			following:
	- By whom and to whom critical results of tests and diagnostic procedures are			- The definition of critical resu
	reported			- By whom and to whom critic
	- The acceptable length of time between the availability and reporting of critical			reported
	results of tests and diagnostic procedures			- The acceptable length of tim
				results of tests and diagnostic
NPSG.02.03.01, EP	Evaluate the timeliness of reporting the critical results of tests and diagnostic	Moved and Revised	NPG.01.02.01, EP 2	The critical access hospital e
3	procedures.			of tests and diagnostic procee
NPSG.03.04.01, EP	In perioperative and other procedural settings both on and off the sterile field, label	Moved and Revised	NPG.14.03.01, EP 1	In perioperative and other pro
1	medications and solutions that are not immediately administered. This applies			critical access hospital labels
	even if there is only one medication being used.			administered. This applies ev
	Note: An immediately administered medication is one that an authorized staff			Note: An immediately admini
	member prepares or obtains, takes directly to a patient, and administers to that			member prepares or obtains,
	patient without any break in the process.			patient without any break in th
NPSG.03.04.01, EP	In perioperative and other procedural settings both on and off the sterile field,	Moved	NPG.14.03.01, EP 2	In perioperative and other pro
2	labeling occurs when any medication or solution is transferred from the original			labeling occurs when any me
	packaging to another container.			packaging to another contain
NPSG.03.04.01, EP	In perioperative and other procedural settings both on and off the sterile field,	Moved	NPG.14.03.01, EP 3	In perioperative and other pro
3	medication or solution labels include the following:			medication or solution labels
	- Medication or solution name			- Medication or solution name
	- Strength			- Strength
	- Amount of medication or solution containing medication (if not apparent from the			- Amount of medication or sol
	container)			container)
	- Diluent name and volume (if not apparent from the container)			- Diluent name and volume (if
	- Expiration date and time			- Expiration date and time Note: The date and time are n
	Note: The date and time are not necessary for short procedures, as defined by the			
	critical access hospital.	Moved and Deviced		critical access hospital.
NPSG.03.04.01, EP	Verify all medication or solution labels both verbally and visually. Verification is	Moved and Revised	NPG.14.03.01, EP 4	The critical access hospital ve
4	done by two individuals qualified to participate in the procedure whenever the			and visually. Verification is do
	person preparing the medication or solution is not the person who will be			procedure whenever the pers person who will be administe
NPSG.03.04.01, EP	administering it. Label each medication or solution as soon as it is prepared, unless it is	Moved and Revised	NPG.14.03.01, EP 5	The critical access hospital la
5	immediately administered.		NPG. 14.03.01, EP 5	prepared, unless it is immedia
5	Note: An immediately administered medication is one that an authorized staff			Note: An immediately administ
	member prepares or obtains, takes directly to a patient, and administers to that			member prepares or obtains,
	patient without any break in the process.			patient without any break in th
NPSG.03.05.01, EP	The critical access hospital uses approved protocols and evidence-based practice	Moved	NPG.14.04.01, EP 1	The critical access hospital u
2	guidelines for reversal of anticoagulation and management of bleeding events		NI 0.14.04.01, LI 1	guidelines for reversal of antic
2	related to each anticoagulant medication.			related to each anticoagulant
NPSG.03.05.01, EP	The critical access hospital uses approved protocols and evidence-based practice	Moved	NPG.14.04.01, EP 2	The critical access hospital us
3	guidelines for perioperative management of all patients on oral anticoagulants.		NI 0.14.04.01, LI 2	guidelines for perioperative m
0	Note: Perioperative management may address the use of bridging medications,			Note: Perioperative managem
	timing for stopping an anticoagulant, and timing and dosing for restarting an			timing for stopping an anticoa
	anticoagulant.			anticoagulant.
NPSG.03.05.01, EP	The critical access hospital uses only oral unit-dose products, prefilled syringes, or	Moved	NPG.14.04.01, EP 3	The critical access hospital us
7	premixed infusion bags when these types of products are available.		NI 0.14.04.01, EF 3	premixed infusion bags when
/		1		Premived initiation page when

develops and implements written procedures for so of tests and diagnostic procedures that address the

sults of tests and diagnostic procedures tical results of tests and diagnostic procedures are

ime between the availability and reporting of critical stic procedures

evaluates the timeliness of reporting the critical results cedures.

procedural settings both on and off the sterile field, the els medications and solutions that are not immediately even if there is only one medication being used. nistered medication is one that an authorized staff

is, takes directly to a patient, and administers to that in the process.

procedural settings both on and off the sterile field, nedication or solution is transferred from the original iner.

rocedural settings both on and off the sterile field, Is include the following:

me

solution containing medication (if not apparent from the

(if not apparent from the container)

not necessary for short procedures, as defined by the

verifies all medication or solution labels both verbally done by two individuals qualified to participate in the erson preparing the medication or solution is not the tering it.

labels each medication or solution as soon as it is diately administered.

nistered medication is one that an authorized staff is, takes directly to a patient, and administers to that in the process.

uses approved protocols and evidence-based practice sticoagulation and management of bleeding events ont medication.

uses approved protocols and evidence-based practice management of all patients on oral anticoagulants. ement may address the use of bridging medications, oagulant, and timing and dosing for restarting an

uses only oral unit-dose products, prefilled syringes, or en these types of products are available.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	Note: For pediatric patients, prefilled syringe products should be used only if			Note: For pediatric patients, p
	specifically designed for children.			specifically designed for child
NPSG.03.06.01, EP	Obtain information on the medications the patient is currently taking when they are	Moved and Revised	NPG.14.05.01, EP 1	The critical access hospital o
1	admitted to the critical access hospital or is seen in an outpatient setting. This			currently taking when they are
	information is documented in a list or other format that is useful to those who			in an outpatient setting. This i
	manage medications.			that is useful to those who ma
	Note 1: Current medications include those taken at scheduled times and those			Note 1: Current medications
	taken on an as-needed basis. See the Glossary for a definition of medications.			taken on an as-needed basis.
	Note 2: It is often difficult to obtain complete information on current medications			Note 2: It is often difficult to o
	from a patient. A good faith effort to obtain this information from the patient and/or			from a patient. A good faith ef
	other sources will be considered as meeting the intent of the EP.			other sources will be conside
NPSG.03.06.01, EP	Define the types of medication information (for example, name, dose, route,	Moved	NPG.14.05.01, EP 2	Define the types of medicatio
2	frequency, purpose) to be collected in non-24-hour settings.			frequency, purpose) to be col
	Note: Examples of non-24-hour settings include the emergency department,			Note: Examples of non-24-ho
	primary care, outpatient radiology, ambulatory surgery, and diagnostic settings.			primary care, outpatient radio
NPSG.03.06.01, EP	Compare the medication information the patient brought to the critical access	Moved	NPG.14.05.01, EP 3	Compare the medication info
3	hospital with the medications ordered for the patient by the critical access hospital			hospital with the medications
C C	in order to identify and resolve discrepancies.			in order to identify and resolve
	Note: Discrepancies include omissions, duplications, contraindications, unclear			Note: Discrepancies include
	information, and changes. A qualified individual, identified by the critical access			information, and changes. A c
	hospital, does the comparison.			hospital, does the compariso
NPSG.03.06.01, EP	Provide the patient (or family as needed) with written information on the	Moved and Revised	NPG.14.05.01, EP 4	Provide the patient (or family,
4	medications the patient should be taking when they are discharged from the critical	Proved and Nevised	NI 0.14.03.01, LI 4	information on the medicatio
4	access hospital or at the end of an outpatient encounter (for example, name, dose,			discharged from the critical a
				_
	route, frequency, purpose).	Moved and Deviced		encounter (for example, name
NPSG.03.06.01, EP	Explain the importance of managing medication information to the patient when	Moved and Revised	NPG.14.05.01, EP 5	Explain the importance of ma
5	they are discharged from the critical access hospital or at the end of an outpatient			they are discharged from the
	encounter.			encounter.
	Note: Examples include instructing the patient to give a list to their primary care			Note: Examples include instru
	provider; to update the information when medications are discontinued, doses are			provider; to update the inform
	changed, or new medications (including over-the-counter products) are added; and			changed, or new medications
	to carry medication information at all times in the event of emergency situations.			to carry medication informati
	(For information on patient education on medications, refer to Standards			(For information on patient ec
	MM.06.01.03, PC.02.03.01, and PC.04.01.05.)	_		MM.16.01.01, PC.12.02.01, at
NPSG.06.01.01, EP	Leaders establish alarm system safety as a critical access hospital priority.	Deleted	N/A	N/A
1				
NPSG.06.01.01, EP	Identify the most important alarm signals to manage based on the following:	Moved and Revised	NPG.01.05.01, EP 1	Identify the most important a
2	- Input from the medical staff and clinical departments			- Input from the medical staff
	- Risk to patients if the alarm signal is not attended to or if it malfunctions			- Risk to patients if the alarm
	- Whether specific alarm signals are needed or unnecessarily contribute to alarm			- Whether specific alarm sign
	noise and alarm fatigue			noise and alarm fatigue
	- Potential for patient harm based on internal incident history			- Potential for patient harm ba
	- Published best practices and guidelines			- Published best practices and
	(For more information on managing medical equipment risks, refer to Standard			
	EC.02.04.01)			
NPSG.06.01.01, EP	Establish policies and procedures for managing the alarms identified in EP 2 above	Moved and Revised	NPG.01.05.01, EP 2	Establish policies and proced
3	that, at a minimum, address the following:			NPG.01.05.01, EP 1 that, at a
	- Clinically appropriate settings for alarm signals			- Clinically appropriate setting
	- When alarm signals can be disabled		1	- When alarm signals can be o

s, prefilled syringe products should be used only if ildren.

obtains information on the medications the patient is are admitted to the critical access hospital or are seen s information is documented in a list or other format manage medications.

is include those taken at scheduled times and those is. See the Glossary for a definition of medications.

o obtain complete information on current medications effort to obtain this information from the patient and/or dered as meeting the intent of the EP.

tion information (for example, name, dose, route, ollected in non-24-hour settings.

hour settings include the emergency department, diology, ambulatory surgery, and diagnostic settings.

formation the patient brought to the critical access ns ordered for the patient by the critical access hospital lve discrepancies.

e omissions, duplications, contraindications, unclear A qualified individual, identified by the critical access son.

ly, caregiver, or support person as needed) with written ions the patient should be taking when they are l access hospital or at the end of an outpatient me, dose, route, frequency, purpose).

nanaging medication information to the patient when le critical access hospital or at the end of an outpatient

tructing the patient to give a list to their primary care rmation when medications are discontinued, doses are ns (including over-the-counter products) are added; and ation at all times in the event of emergency situations. education on medications, refer to Standards and PC.14.01.01.)

alarm signals to manage based on the following: aff and clinical departments

m signal is not attended to or if it malfunctions gnals are needed or unnecessarily contribute to alarm

based on internal incident history and guidelines

edures for managing the alarms identified in a minimum, address the following: ings for alarm signals e disabled

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
NPSG.07.01.01, EP	 When alarm parameters can be changed Who in the organization has the authority to set alarm parameters Who in the organization has the authority to change alarm parameters Who in the organization has the authority to set alarm parameters to "off" Monitoring and responding to alarm signals Checking individual alarm signals for accurate settings, proper operation, and detectability (For more information, refer to Standard EC.02.04.03) Implement a program that follows categories IA, IB, and IC of either the current 	Consolidation of	NPG.05.03.01, EP 1	 When alarm parameters car Who in the organization has Monitoring and responding t Checking individual alarm s detectability.
1	Centers for Disease Control and Prevention (CDC) and/or the current World Health Organization (WHO) hand hygiene guidelines.	NPSG.07.01.01, EP 1; NPSG.07.01.01, EP 2; NPSG.07.01.01, EP 3		and IC of either the current C and/or the current World Hea program sets goals for improv established goals.
NPSG.07.01.01, EP 2	Set goals for improving compliance with hand hygiene guidelines.	Consolidation of NPSG.07.01.01, EP 1; NPSG.07.01.01, EP 2; NPSG.07.01.01, EP 3	NPG.05.03.01, EP 1	The critical access hospital ir and IC of either the current C and/or the current World Hea program sets goals for improv established goals.
NPSG.07.01.01, EP 3	Improve compliance with hand hygiene guidelines based on established goals.	Consolidation of NPSG.07.01.01, EP 1; NPSG.07.01.01, EP 2; NPSG.07.01.01, EP 3	NPG.05.03.01, EP 1	The critical access hospital ir and IC of either the current C and/or the current World Hea program sets goals for improv established goals.
NPSG.15.01.01, EP 1	For psychiatric distinct part units in critical access hospitals: The critical access hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the critical access hospital takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging). For nonpsychiatric units in critical access hospitals: The organization implements procedures to mitigate the risk of suicide for patients at high risk for suicide, such as one-to-one monitoring, removing objects that pose a risk for self-harm if they can be removed without adversely affecting the patient's medical care, assessing objects brought into a room by visitors, and using safe transportation procedures when moving patients to other parts of the critical access hospital. Note: Nonpsychiatric units in critical access hospitals do not need to be ligature resistant. Nevertheless, these facilities should routinely assess clinical areas to identify objects that could be used for self-harm and remove those objects, when possible, from the area around a patient who has been identified as high risk for suicide. This information can be used for training staff who monitor high-risk patients (for example, developing checklists to help staff remember which equipment should be removed when possible). CoPs: §482.13(c)(2)	Moved and Revised	NPG.08.01.01, EP 1	For psychiatric distinct part u hospital conducts an environ physical environment that co hospital takes necessary acti anchor points, door hinges, a For nonpsychiatric units in cr procedures to mitigate the ris as one-to-one monitoring, ren can be removed without adve objects brought into a room b when moving patients to othe Note: Nonpsychiatric units in resistant. Nevertheless, these identify objects that could be possible, from the area aroun suicide. This information can patients (for example, develo equipment should be remove
	0013.3402.10(0)(2)			CoPs: §482.13(c)(2)

an be changed as the authority to set alarm parameters as the authority to change alarm parameters as the authority to set alarm parameters to "off" g to alarm signals a signals for accurate settings, proper operation, and

l implements a program that follows categories IA, IB, Centers for Disease Control and Prevention (CDC) ealth Organization (WHO) hand hygiene guidelines. The roving compliance with hand hygiene based on

implements a program that follows categories IA, IB, Centers for Disease Control and Prevention (CDC) ealth Organization (WHO) hand hygiene guidelines. The roving compliance with hand hygiene based on

implements a program that follows categories IA, IB, Centers for Disease Control and Prevention (CDC) ealth Organization (WHO) hand hygiene guidelines. The roving compliance with hand hygiene based on

units in critical access hospitals: The critical access onmental risk assessment that identifies features in the could be used to attempt suicide; the critical access ction to minimize the risk(s) (for example, removal of , and hooks that can be used for hanging).

critical access hospitals: The organization implements risk of suicide for patients at high risk for suicide, such removing objects that pose a risk for self-harm if they versely affecting the patient's medical care, assessing n by visitors, and using safe transportation procedures her parts of the critical access hospital.

in critical access hospitals do not need to be ligature ese facilities should routinely assess clinical areas to be used for self-harm and remove those objects, when und a patient who has been identified as high risk for an be used for training staff who monitor high-risk loping checklists to help staff remember which ved when possible).

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
NPSG.15.01.01, EP 2	Screen all patients for suicidal ideation who are being evaluated or treated for behavioral health conditions as their primary reason for care using a validated screening tool. Note: The Joint Commission requires screening for suicidal ideation using a validated tool starting at age 12 and above.	Moved and Revised	NPG.08.01.01, EP 2	The critical access hospital sci evaluated or treated for behavi care using a validated screenir Note: The Joint Commission re validated tool starting at age 12
NPSG.15.01.01, EP	CoPs: §482.13(c)(2) Use an evidence-based process to conduct a suicide assessment of patients who	Moved and Revised	NPG.08.01.01, EP 3	CoPs: §482.13(c)(2) The critical access hospital use
3	have screened positive for suicidal ideation. The assessment directly asks about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors. Note: EPs 2 and 3 can be satisfied through the use of a single process or instrument that simultaneously screens patients for suicidal ideation and assesses the severity of suicidal ideation.			assessment of patients who ha assessment directly asks about behaviors, risk factors, and pro Note: EPs 2 and 3 can be satisf that simultaneously screens pa severity of suicidal ideation.
	CoPs: §482.13(c)(2)			CoPs: §482.13(c)(2)
NPSG.15.01.01, EP 4	Document patients' overall level of risk for suicide and the plan to mitigate the risk for suicide.	Moved and Revised	NPG.08.01.01, EP 4	The critical access hospital do the plan to mitigate the risk for
NPSG.15.01.01, EP	CoPs: §482.13(c)(2) Follow written policies and procedures addressing the care of patients identified as	Moved and Revised	NPG.08.01.01, EP 5	CoPs: §482.13(c)(2) The critical access hospital fol
5	 at risk for suicide. At a minimum, these should include the following: Training and competence assessment of staff who care for patients at risk for suicide Guidelines for reassessment Monitoring patients who are at high risk for suicide CoPs: §482.13(c)(2) 			care of patients identified as at the following: - Training and competence ass suicide - Guidelines for reassessment - Monitoring patients who are a
		Marcal and David and		CoPs: §482.13(c)(2)
NPSG.15.01.01, EP 6	Follow written policies and procedures for counseling and follow-up care at discharge for patients identified as at risk for suicide.	Moved and Revised	NPG.08.01.01, EP 6	The critical access hospital fol and follow-up care at discharge
NPSG.15.01.01, EP 7	Monitor implementation and effectiveness of policies and procedures for screening, assessment, and management of patients at risk for suicide and take action as needed to improve compliance.	Moved and Revised	NPG.08.01.01, EP 7	The critical access hospital mo and procedures for screening, suicide and takes action as ne
NPSG.16.01.01, EP	CoPs: §482.13(c)(2)	Moved and Revised	NPG.04.01.01, EP 1	CoPs: §482.13(c)(2) The critical access hospital dea
1	The critical access hospital designates an individual(s) to lead activities to improve health care equity for the critical access hospital's patients. Note: Leading the critical access hospital's activities to improve health care equity may be an individual's primary role or part of a broader set of responsibilities.	Moved and Revised	NPG.04.01.01, EP 1	health care equity for the critic Note: Leading the critical acce may be an individual's primary
NPSG.16.01.01, EP 2	The critical access hospital assesses the patient's health-related social needs (HRSNs) and provides information about community resources and support services. Note 1: Critical access hospitals determine which HRSNs to include in the patient assessment. Examples of a patient's HRSNs may include the following: - Access to transportation - Difficulty paying for prescriptions or medical bills - Education and literacy - Food insecurity	Moved and Revised	NPG.04.01.01, EP 2	The critical access hospital ass (HRSNs) and provides informati services. Note 1: Critical access hospital assessment. Examples of a par - Access to transportation - Difficulty paying for prescripti - Education and literacy - Food insecurity

l screens all patients for suicidal ideation who are being navioral health conditions as their primary reason for ening tool.

n requires screening for suicidal ideation using a je 12 and above.

l uses an evidence-based process to conduct a suicide o have screened positive for suicidal ideation. The bout suicidal ideation, plan, intent, suicidal or self-harm protective factors.

atisfied through the use of a single process or instrument as patients for suicidal ideation and assesses the

documents patients' overall level of risk for suicide and for suicide.

l follows written policies and procedures addressing the as at risk for suicide. At a minimum, these should include

assessment of staff who care for patients at risk for

ent ire at high risk for suicide

follows written policies and procedures for counseling arge for patients identified as at risk for suicide.

monitors implementation and effectiveness of policies ng, assessment, and management of patients at risk for needed to improve compliance.

designates an individual(s) to lead activities to improve itical access hospital's patients.

ccess hospital's activities to improve health care equity ary role or part of a broader set of responsibilities.

assesses the patient's health-related social needs mation about community resources and support

pitals determine which HRSNs to include in the patient patient's HRSNs may include the following:

riptions or medical bills

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Housing insecurity			- Housing insecurity
	Note 2: HRSNs may be identified for a representative sample of the critical access			Note 2: HRSNs may be identif
	hospital's patients or for all the critical access hospital's patients.			hospital's patients or for all th
NPSG.16.01.01, EP	The critical access hospital identifies health care disparities in its patient	Moved and Revised	NPG.04.01.01, EP 3	The critical access hospital ic
3	population by stratifying quality and safety data using the sociodemographic			population by stratifying qual
	characteristics of the critical access hospital's patients.			characteristics of the critical
	Note 1: Critical access hospitals may focus on areas with known health care			Note 1: Critical access hospit
	disparities identified in the scientific literature (for example, organ transplantation,			disparities identified in the so
	maternal care, diabetes management) or select measures that affect all patients			maternal care, diabetes man
	(for example, experience of care and communication).			(for example, experience of c
	Note 2: Critical access hospitals determine which sociodemographic			Note 2: Critical access hospit
	characteristics to use for stratification analyses. Examples of sociodemographic			characteristics to use for stra
	characteristics may include the following:			characteristics may include t
	- Age			- Age
	- Gender			- Gender
	- Preferred language			- Preferred language
	- Race and ethnicity			- Race and ethnicity
				- Veterans
				- Patients in rural communitie
		Marriad		- Physical, mental, and cognit
NPSG.16.01.01, EP	The critical access hospital develops a written action plan that describes how it will	Moved	NPG.04.01.01, EP 4	The critical access hospital d
4	improve health care equity by addressing at least one of the health care disparities			improve health care equity by
	identified in its patient population.	Mayrad		identified in its patient popula
NPSG.16.01.01, EP 5	The critical access hospital acts when it does not achieve or sustain the goal(s) in its action plan to improve health care equity.	Moved	NPG.04.01.01, EP 5	The critical access hospital a its action plan to improve hea
NPSG.16.01.01, EP	At least annually, the critical access hospital informs key stakeholders, including	Moved	NPG.04.01.01, EP 6	At least annually, the critical a
6	leaders, licensed practitioners, and staff, about its progress to improve health care			leaders, licensed practitioner
0	equity.			equity.
NR.01.01.01, EP 1	The nurse executive functions at the senior leadership level to provide effective	Deleted EP -	N/A	N/A
	leadership and to coordinate leaders to deliver nursing care, treatment, and	Replaced with more		
	services.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.23(a)	within SPG		
NR.01.01.01, EP 3	An identified nurse leader, at the executive level, assumes an active leadership role	Consolidation of	NPG.12.02.01, EP 2	The nurse executive assumes
,	with the critical access hospital's governing body, senior leadership, medical staff,	NR.01.01.01, EP 3;		hospital's governing body, ser
	management, and other clinical leaders in the critical access hospital's decision-	NR.01.02.01, EP 3		clinical leaders in the critical
	making structure and process.			process.
				Note 1: The nurse executive p
				related field, the knowledge a
				written plan to obtain these q
				Note 2: A related field may inc
				administration.
NR.01.01.01, EP 5	The critical access hospital defines the nurse executive's authority and	Deleted EP -	N/A	N/A
	responsibility in a written contract, written agreement, letter, memorandum, job or	Replaced with more		
	position description, or other document.	direct EP(s) or		
		moved to guidance		
	CoPs: §482.23(a)	within SPG		
NR.01.02.01, EP 2	The nurse executive is currently licensed as a registered professional nurse in the	Deleted EP -	N/A	N/A
	state in which they practice, in accordance with law and regulation.	Replaced with more		

- ntified for a representative sample of the critical access the critical access hospital's patients.
- identifies health care disparities in its patient ality and safety data using the sociodemographic
- al access hospital's patients.
- pitals may focus on areas with known health care
- scientific literature (for example, organ transplantation, anagement) or select measures that affect all patients
- care and communication).
- pitals determine which sociodemographic
- ratification analyses. Examples of sociodemographic ethe following:
- ties
- nitive disabilities
- develops a written action plan that describes how it will by addressing at least one of the health care disparities ulation.
- acts when it does not achieve or sustain the goal(s) in ealth care equity.
- al access hospital informs key stakeholders, including ers, and staff, about its progress to improve health care

- es an active leadership role with the critical access senior leadership, medical staff, management, and other al access hospital's decision-making structure and
- e possesses a postgraduate degree in nursing or a e and skills associated with an advanced degree, or a e qualifications.
- include health care administration or business

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		direct EP(s) or		
	CoPs: §482.23(a), §485.635(d)	moved to guidance		
		within SPG		
NR.01.02.01, EP 3	The nurse executive possesses a postgraduate degree in nursing or a related field;	Consolidation of	NPG.12.02.01, EP 2	The nurse executive assumes
	or the knowledge and skills associated with an advanced degree; or a written plan	NR.01.01.01, EP 3;		hospital's governing body, se
	to obtain these qualifications.	NR.01.02.01, EP 3		clinical leaders in the critical
	Note: A related field may include health care administration or business			process.
	administration.			Note 1: The nurse executive p
				related field, the knowledge
				written plan to obtain these o
				Note 2: A related field may in
				administration.
NR.02.01.01, EP 2	The nurse executive coordinates the following:	Deleted EP -	N/A	N/A
	- The development of organizationwide programs, policies, and procedures that	Replaced with more		
	address how nursing care needs of the patient population are assessed, met, and	direct EP(s) or		
	evaluated.	moved to guidance		
	Note: Examples of patient populations include pediatric, diabetic, and geriatric	within SPG		
	patients.			
	- The development of an effective, ongoing program to measure, analyze, and			
	improve the quality of nursing care, treatment, and services.			
	CoPs: §482.23(a), §482.23(b)(3), §482.23(b)(5), §485.635(d), §485.635(d)(1),			
	\$485.635(d)(2)			
NR.02.01.01, EP 4	The nurse executive directs the following:	Consolidation of	NR.11.01.01, EP 2	For rehabilitation and psychia
	- The implementation of organizationwide plans to provide nursing care, treatment,	NR.02.01.01, EP 4;	,	licensed nurses who provide
	and services.	NR.02.03.01, EP 3		policies and procedures.
	- The implementation of organizationwide programs, policies, and procedures that			Note: This applies to all nursi
	address how nursing care needs of the patient population are assessed, met, and			contract, lease, other agreem
	evaluated.			
	Note: Examples of patient populations include pediatric, diabetic, and geriatric			CoPs: §482.23(b)(6)
	patients.			
	- The implementation of an effective, ongoing program to measure, analyze, and			
	improve the quality of nursing care, treatment, and services.			
	CoPs: §482.23(a), §482.23(b)(3), §482.23(b)(5), §482.23(b)(6), §485.635(d),			
	\$485.635(d)(1), \$485.635(d)(2)			
NR.02.02.01, EP 1	The nurse executive, registered nurses, and other designated nursing staff write and	Moved and Revised	NPG.12.02.01, EP 1	The nurse executive, who is a
	approve the following before implementation:			operation of nursing services
	- Standards of nursing practice for the critical access hospital			- Nursing policies and proced
	- Nursing standards of patient care, treatment, and services			- Types and numbers of nursi
	- Nursing policies and procedures			for all areas of the hospital
	- Nurse staffing plan(s)			C_{α} Dev S400, 02(a)
	CoPs: §482.23(b), §485.635(d)			CoPs: §482.23(a)
NR.02.03.01, EP 2	The nurse executive implements nursing policies, procedures, and standards that	Moved and Revised	NR.11.01.01, EP 3	The nurse executive provides
	describe and guide how the staff provide nursing care, treatment, and services.			activities of all nursing staff ir
				Note: This applies to all nursi
	CoPs: §482.23(a), §482.23(b)(4), §482.23(b)(5), §482.23(b)(6), §485.635(d)			employee, contract, lease, ot

es an active leadership role with the critical access senior leadership, medical staff, management, and other al access hospital's decision-making structure and

e possesses a postgraduate degree in nursing or a e and skills associated with an advanced degree, or a e qualifications.

include health care administration or business

hiatric distinct part units in critical access hospitals: All le services in the critical access hospital adhere to its

rsing staff providing services (that is, hospital employee, ement, or volunteer).

a licensed registered nurse, is responsible for the es, including determining the following:

edure

sing and other staff necessary to provide nursing care

es for the supervision and evaluation of the clinical f in accordance with nursing policies and procedures. rsing staff who are providing services (that is, hospital other agreement, or volunteer).

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				CoPs: §482.23(b)(6)
NR.02.03.01, EP 3	The nurse executive provides access to all nursing policies, procedures, and standards to the nursing staff. CoPs: §482.23(a), §482.23(b)(6)	Consolidation of NR.02.01.01, EP 4; NR.02.03.01, EP 3	NR.11.01.01, EP 2	For rehabilitation and psychia licensed nurses who provide policies and procedures. Note: This applies to all nursi
				contract, lease, other agreem CoPs: §482.23(b)(6)
NR.02.03.01, EP 4	 For rehabilitation and psychiatric distinct part units in critical access hospitals: The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week. CoPs: \$412.27(d)(3)(ii), \$482.23, \$482.23(a), \$482.23(b), \$482.23(b)(1), \$482.23(b)(3) 	Split to LD.13.03.01, EP 2; NPG.12.02.01, EP 5	LD.13.03.01, EP 2	The critical access hospital has administrative authority and c provides nursing services to n Note: For rehabilitation and p hospitals: Rural hospitals with 488.54(c) are not required to h
NR.02.03.01, EP 4	For rehabilitation and psychiatric distinct part units in critical access hospitals: The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week.	Split to LD.13.03.01, EP 2; NPG.12.02.01, EP 5	NPG.12.02.01, EP 5	CoPs: §482.23, §482.23(a), §4 For rehabilitation and psychia There is an adequate number (vocational) nurses, and other
	CoPs: §412.27(d)(3)(ii), §482.23, §482.23(a), §482.23(b), §482.23(b)(1), §482.23(b)(3)			Note: To make certain the imr of any patient, there are super CoPs: §482.23(b)
NR.02.03.01, EP 5	The nurse executive is responsible for monitoring the effectiveness of the nurse staffing plan.	Moved	NPG.12.02.01, EP 9	The nurse executive is respon staffing plan.
	CoPs: §485.635(d)			
NR.02.03.01, EP 6	The nurse executive or designee exercises final authority over staff who provide nursing care, treatment, and services. CoPs: §482.23(a), §485.635(d), §485.635(d)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance	N/A	N/A
NR.02.03.01, EP 7	 For rehabilitation and psychiatric distinct part units in critical access hospitals: A registered nurse provides or supervises the nursing services 24 hours a day, 7 days a week. Note: A registered nurse is immediately available for the provision of care of any patient. CoPs: §482.23, §482.23(b), §482.23(b)(1), §482.23(b)(3) 	within SPG Moved and Revised	NPG.12.02.01, EP 4	A registered nurse provides (o patient, including patients at a critical access hospital. The o needs and the specialized qua Note 1: For rehabilitation and hospitals: A registered nurse o provided by other staff to patient hospital has a licensed praction Note 2: For rehabilitation and hospitals: Rural hospitals with 488.54(c) are not required to h
NR.02.03.01, EP 8	For rehabilitation and psychiatric distinct part units in critical access hospitals: A registered nurse assigns the nursing care for each patient to other nursing personnel in accordance with the patient's needs and the qualifications and	Moved and Revised	NR.11.01.01, EP 1	CoPs: §482.23, §482.23(b)(1), For rehabilitation and psychia registered nurse assigns the r accordance with the patient's

niatric distinct part units in critical access hospitals: All le services in the critical access hospital adhere to its

sing staff providing services (that is, hospital employee, ement, or volunteer).

has an organized nursing service, with a plan of delineation of responsibility for patient care, that preet the needs of its patients.

I psychiatric distinct part units in critical access /ith a 24-hour nursing waiver granted under 42 CFR o have 24-hour nursing services.

§482.23(b)(1), §485.635(d)

niatric distinct part units in critical access hospitals: er of licensed registered nurses, licensed practical ner staff to provide nursing care to all patients. mmediate availability of a registered nurse for the care pervisors and staff for each department or nursing unit.

onsible for monitoring the effectiveness of the nurse

(or assign to other staff) the nursing care of each at a skilled nursing facility level of care in a swing-bed e care is provided in accordance with the patient's qualifications and competence of the staff available. Ind psychiatric distinct part units in critical access the directly provides or supervises the nursing services atients 24 hours a day, 7 days a week. The critical access ctical nurse or registered nurse on duty at all times. Ind psychiatric distinct part units in critical access with a 24-hour nursing waiver granted under 42 CFR o have 24-hour nursing services.

I), §485.635(d)(1)

niatric distinct part units in critical access hospitals: A e nursing care for each patient to other nursing staff in it's needs and the specialized qualifications and

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	competence of the nursing staff available.			competence of the nursing st
	CoPs: §482.23(b)(5)			CoPs: §482.23(b)(5)
PC.01.01.01, EP 2	The critical access hospital follows a written process for accepting a patient that addresses the following: - Criteria to determine the patient's eligibility for care, treatment, and services - Procedures for accepting referrals Note: For rehabilitation distinct part units in critical access hospitals: A rehabilitation physician reviews and approves the patient's preadmission screening prior to the patient's admission to the unit.	Moved and Revised	PC.11.01.01, EP 1	The critical access hospital d accepting a patient that addre referrals. Note: Admission criteria is ap non-Medicare patients). CoPs: §412.25(a)(2)
PC.01.01.01, EP 6	CoPs: \$412.25(a)(2), \$412.29(d), \$485.635(a)(3)(iii)Administrative and clinical decisions are coordinated for patients under legal or correctional restrictions on the following: - The use of seclusion and restraint for nonclinical purposes - The imposition of disciplinary restrictions - The restriction of rights - The plan for discharge and continuing care, treatment, and services - The length of stay	Moved and Revised	NPG.11.01.01, EP 4	The critical access hospital co patients under legal or correc - Use of seclusion and restrain - Imposition of disciplinary res - Restriction of rights - Plan for discharge and conti - Length of stay
PC.01.01.01, EP 33	For psychiatric distinct part units in critical access hospitals: Patients with a psychiatric principal diagnosis (listed in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR) or in Chapter 5 of the International Classification of Diseases, 9th Revision (ICD-9-CM)) are admitted only when the intensity of the active treatment can be provided only in an inpatient hospital setting.	Moved	PC.11.01.01, EP 3	For psychiatric distinct part u psychiatric principal diagnosi Diagnostic and Statistical Ma (DSM-IV-TR) or in Chapter 5 of Revision (ICD-9-CM)) are adm can be provided only in an inp
PC.01.02.01, EP 1	CoPs: §412.27(a)The critical access hospital defines, in writing, the scope and content of screening, assessment, and reassessment information it collects. Patient information is collected according to these requirements. Note: In defining the scope and content of the information it collects, the organization may want to consider information that it can obtain, with the patient's consent, from the patient's family and the patient's other care providers, as well as information conveyed on any medical jewelry.CoPs: §412.29(d), §412.29(e)	Split to PC.11.01.01, EP 2	PC.11.01.01, EP 2	CoPs: §412.27(a) For rehabilitation and psychia critical access hospital has a prospective patient's conditio whether the patient is likely to hospital program. Note: This procedure makes of Medicare Part A fee-for-servic physician prior to the patient's CoPs: §412.29(d)
PC.01.02.01, EP 2	The critical access hospital defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed. Note: Examples of criteria could include those that identify when a nutritional, functional, or pain assessment should be performed for patients who are at risk. CoPs: §412.29(d), §412.29(e)	Split to PC.11.01.01, EP 2	PC.11.01.01, EP 2	For rehabilitation and psychia critical access hospital has a prospective patient's condition whether the patient is likely to hospital program. Note: This procedure makes of Medicare Part A fee-for-service physician prior to the patient's CoPs: §412.29(d)

staff available.

develops and implements a written process for dresses admission criteria and procedures for accepting

applied uniformly to all patients (both Medicare and

l coordinates administrative and clinical decisions for ectional restrictions on the following: raint for nonclinical purposes restrictions

ntinuing care, treatment, and services

units in critical access hospitals: Patients with a osis (listed in the American Psychiatric Association fanual of Mental Disorders, 4th Edition, Text Revision of the International Classification of Diseases, 9th dmitted only when the intensity of the active treatment npatient hospital setting.

niatric distinct part units in critical access hospitals: The a preadmission screening procedure under which each tion and medical history are reviewed to determine to benefit significantly from an intensive inpatient

s certain that the preadmission screening for each vice patient is reviewed and approved by a rehabilitation nt's admission to the inpatient rehabilitation facility.

niatric distinct part units in critical access hospitals: The a preadmission screening procedure under which each tion and medical history are reviewed to determine to benefit significantly from an intensive inpatient

s certain that the preadmission screening for each vice patient is reviewed and approved by a rehabilitation nt's admission to the inpatient rehabilitation facility.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PC.01.02.01, EP 3	The critical access hospital has defined criteria that identify when nutritional plans	Consolidation of	RC.12.03.01, EP 5	For swing beds in critical acc
	are developed.	PC.01.02.01, EP 3;		anticipates the discharge of a
		RC.02.04.01, EP 3		limited to the following:
	CoPs: §482.28(b)(1)			- A summary of the resident's
				diagnosis, course of illness/t
				radiology, and consultation r
				- A final summary of the resid
				the time of the discharge tha
				agencies, with the consent o
				- Reconciliation of all prediso
				medications (both prescribe
				- A postdischarge plan of car
				new living environment, that
				with the resident's consent, t
				of care indicates where the ir
				been made for the resident's
				nonmedical services
				O = D = (S A O O O A (=) (O) (i) = S A O O A (=) (i) (i) = S A O O A (=) (i) (i) = S A O O A (=) (i) (i) = S A O O A (=) (i) (i) = S A O O A (=) (i) (i) = S A O O A (=) (i) (i) = S A O O A (=) (i) (i) = S A O O A (=) (i) (i) = S A O O A (=) (i) (i) = S A O O A (=) (i) (i) = S A O O A (=) (i) (i) = S A O O A (=) (i) (i) = S A O O A (=) (i) (i) = S A O O A (=) (i) (i) = S A O O A (=) (i) (i) = S A O O A (=) (i) (i) = S A O O A (=) (i) (i) (i) = S A O O A (=) (i) (i) (i) = S A O O A (=) (i) (i) (i) = S A O O A (=) (i) (i) (i) = S A O O A (=) (i) (i) (i) = S A O O A (=) (i) (i) (i) = S A O O A (=) (i) (i) (i) = S A O O A (=) (i) (i) (i) = S A O O A (=) (i) (i) (i) = S A O O A (=) (i) (i) (i) = S A O O A (=) (i) (i) (i) = S A O O A (=) (i) (i) (i) = S A O O A (=) (i) (i) (i) = S A O O A (=) (i) (i) (i) (i) = S A O O A (=) (i) (i) (i) (i) (i) = S A O O A (=) (i) (
				CoPs: §483.21(c)(2)(i), §483.2
				\$485.645(d)(5)
PC.01.02.01, EP 14	For critical access hospitals that provide obstetric services: Upon admission to	Deleted	N/A	N/A
	labor and delivery, the mother's status of the following diseases (during the current			
	pregnancy) is documented in the mother's medical record:			
	- Human immunodeficiency virus (HIV)			
	- Hepatitis B			
	- Group B Streptococcus (GBS)			
	- Syphilis			
PC.01.02.01, EP 15	For critical access hospitals that provide obstetric services: If the mother had no	Deleted	N/A	N/A
	prenatal care or the disease status is unknown, testing for the following diseases is			
	performed and the results documented in the mother's medical record:			
	- Human immunodeficiency virus (HIV)			
	- Hepatitis B			
	- Group B Streptococcus (GBS)			
	- Syphilis			
	Note: Because GBS test results may not be available for 24–48 hours, critical			
	access hospitals may consider the administration of prophylactic antibiotics to the			
	mother based on CDC guidelines: Prevention of Perinatal Group B Streptococcal			
	Disease https://www.cdc.gov/mmwr/pdf/rr/rr5910.pdf			
PC.01.02.01, EP 16	For critical access hospitals that provide obstetric services: If the mother tests	Deleted	N/A	N/A
	positive for human immunodeficiency virus (HIV), hepatitis B, group B			
	Streptococcus (GBS), or syphilis when tested in labor and delivery or during the			
	current pregnancy, that information is also documented in the newborn's medical			
	record after delivery.			
PC.01.02.01, EP 26	For swing beds in critical access hospitals: The comprehensive assessment of the	Moved and Revised	PC.11.02.01, EP 11	For swing beds in critical acc
· · · · , · ·	resident includes the following:			resident includes the following
	- Identifying and demographic information			- Identifying and demographi
	- Customary routines			- Customary routines
	- Cognitive patterns			- Cognitive patterns
	- Communication needs			- Communication needs
				- Communication needs

ccess hospitals: When the critical access hospital f a resident, the discharge summary includes but is not

t's stay that includes at a minimum the resident's /treatment or therapy, and pertinent laboratory, results

sident's status to include items in 42 CFR 483.20 (b)(1) at nat is available for release to authorized persons and of the resident or resident's representative.

scharge medications with the resident's postdischarge ed and over-the-counter).

are, which will assist the resident to adjust to his or her at is developed with the participation of the resident and, , the resident representative(s). The postdischarge plan individual plans to reside, any arrangements that have 's follow up care, and any postdischarge medical and

3.21(c)(2)(ii), \$483.21(c)(2)(iii), \$483.21(c)(2)(iv),

ccess hospitals: The comprehensive assessment of the ving: hic information

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Vision needs			- Vision needs
	- Psychosocial well-being			- Psychosocial well-being
	- Mood and behavior patterns			- Mood and behavior patterns
	- Physical functioning and structural problems			- Physical functioning and str
	- Continence			- Continence
	- Disease(s), diagnoses, and health conditions			- Disease(s), diagnoses, and
	- Dental and nutritional status			- Dental status
	- Skin			- Nutritional status (such as u
	- Pursuit of activity			electrolyte balance)
	- Medications			- Skin
	- Need for special treatment(s) and procedure(s)			- Pursuit of activity
	- Discharge planning			- Medications
				- Need for special treatment(
	CoPs: §483.20(b)(1), §483.20(b)(1)(i), §483.20(b)(1)(ii), §483.20(b)(1)(iii),			- Discharge planning
	\$483.20(b)(1)(iv), \$483.20(b)(1)(ix), \$483.20(b)(1)(ii), \$483.20(b)(1)(iii), \$483.20(b			Note: The critical access hos
	\$483.20(b)(1)(vii), \$483.20(b)(1)(viii), \$483.20(b)(1)(x), \$483.20(b)(1)(xi), \$483.20(b)(xi),			status parameters unless the
	\$483.20(b)(1)(xii), \$483.20(b)(1)(xiii), \$483.20(b)(1)(xiv), \$483.20(b)(1)(xv), \$405.245(1)(2), \$405.245(1			not possible or the resident's
	§483.20(b)(1)(xvi), §483.25(g)(1), §483.25(g)(2), §485.645(d)(5), §485.645(d)(8)			
				CoPs: §483.20(b)(1), §483.20
				\$483.20(b)(1)(iv), \$483.20(b)(
				\$483.20(b)(1)(vii), \$483.20(b)
				§483.20(b)(1)(xii), §483.20(b)
				\$483.20(b)(1)(xvi), \$483.25(g)
PC.01.02.01, EP 27	For swing beds in critical access hospitals: The comprehensive assessment of the	Moved	PC.11.02.01, EP 12	For swing beds in critical acc
	resident includes documentation of summary information about the additional			resident includes documenta
	assessment(s) performed through the resident assessment protocols.			assessment(s) performed thr
	CoPs: §483.20(b)(1)(xvii), §485.645(d)(5)			CoPs: §483.20(b)(1)(xvii), §48
PC.01.02.01, EP 28	For swing beds in critical access hospitals: The comprehensive assessment of the	Moved and Revised	PC.11.02.01, EP 13	For swing beds in critical acc
10.01.02.01, El 20	resident includes documentation of the resident's participation in the assessment.	Proved and Nevised	10.11.02.01, L1 13	includes direct observation a
	resident includes documentation of the resident's participation in the assessment.			communication with staff me
	$C_{0}R_{0}$; \$482.20(b)(1)((n)iii) \$485.645(d)(5)			
	CoPs: §483.20(b)(1)(xviii), §485.645(d)(5)			CoPs: §483.20(b)(1)(xviii), §48
PC.01.02.03, EP 1	The critical access hospital conducts the patient's initial assessment in	Moved and Revised	PC.11.02.01, EP 1	The critical access hospital c
	accordance with written time frames it defines and law and regulation.			written time frames it defines
PC.01.02.03, EP 3	Each patient is reassessed as necessary based on their plan for care or changes in	Consolidation of	PC.12.01.09, EP 3	For swing beds in critical acc
	their condition.	PC.01.02.03, EP 3;		resident sufficient fluid intak
	Note 1: Reassessments may also be based on the patient's diagnosis; desire for	PC.02.01.01, EP 1		
	care, treatment, and services; response to previous care, treatment, and services;			CoPs: §483.25(g)(2), §485.64
	discharge planning needs; and/or their setting requirements.			
	Note 2: For rehabilitation distinct part units in critical access hospitals: The			
	Centers for Medicare & Medicaid Services requires that a physician with			
	specialized training and experience in inpatient rehabilitation conducts at least			
	three face-to-face patient visits per week.			
	$C_{0}D_{0}$, 8412, 20(0), 8492, 22(b)(4), 8492, 42(c)(6), 8492, 25(c)(1), 8492, 25(c)(2)			
	CoPs: §412.29(e), §482.23(b)(4), §482.43(a)(6), §483.25(g)(1), §483.25(g)(2), §485.635(d)(1), §485.642(a)(6), §485.645(d)(8)			
PC.01.02.03, EP 4	The patient receives a medical history and physical examination no more than 30	Moved and Revised	PC.11.02.01, EP 2	A medical history and physica
r 0.01.02.03, EP 4	days prior to, or within 24 hours after, registration or inpatient admission, but prior		r 0. 1 1.02.01, EP 2	more than 30 days prior to, or
	a ays prior to, or within 24 hours after, registration or inpatient aumission, but phor			I more man so days prior to, of

ns structural problems

d health conditions

s usual body weight or desirable body weight range,

nt(s) and procedure(s)

ospital maintains the resident's acceptable nutritional he resident's clinical condition demonstrates that this is t's preferences indicate otherwise.

20(b)(1)(i), §483.20(b)(1)(ii), §483.20(b)(1)(iii), b)(1)(ix), §483.20(b)(1)(v), §483.20(b)(1)(vi), b)(1)(viii), §483.20(b)(1)(x), §483.20(b)(1)(xi), b)(1)(xiii), §483.20(b)(1)(xiv), §483.20(b)(1)(xv), (g)(1), §485.645(d)(5), §485.645(d)(8)

ccess hospitals: The comprehensive assessment of the ntation of summary information about the additional hrough the resident assessment protocols.

485.645(d)(5)

ccess hospitals: The comprehensive assessment and communication with the resident and nembers on all shifts.

485.645(d)(5)

l conducts the patient's initial assessment within the es and in accordance with law and regulation.

ccess hospitals: The critical access hospital offers the ake to maintain proper hydration and health.

645(d)(8)

ical examination is completed and documented no or within 24 hours after, registration or inpatient

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	to surgery or a procedure requiring anesthesia services. Note 1: For rehabilitation and psychiatric distinct part units in critical access hospitals: Medical histories and physical examinations are performed as required in this element of performance, except any specific outpatient surgical or procedural services for which an assessment is performed instead. Note 2: For law and regulation guidance pertaining to the medical history and physical examination, refer to 42 CFR 482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to "Appendix A: Medicare Requirements for Hospitals" (AXA) for full text. CoPs: §412.27(c)(2)(ii), §482.22(c)(5)(i), §482.22(c)(5)(ii), §482.24(c)(4)(i)(A), §482.51(b)(1)(i), §485.635(b)(1)(i)			admission but prior to surgery Note 1: For rehabilitation and hospitals: Medical histories a in this element of performanc procedural services for which under 42 CFR 482.24(c)(4)(i)(0 Note 2: For law and regulation physical examination at 42 CF https://www.ecfr.gov/.
PC.01.02.03, EP 5	For a medical history and physical examination that was completed within 30 days prior to registration or inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. Note 1: For rehabilitation and psychiatric distinct part units in critical access hospitals: Medical histories and physical examinations are performed as required in this element of performance, except any specific outpatient surgical or procedural services for which an assessment is performed instead. Note 2: For law and regulation guidance pertaining to the medical history and physical examination, refer to 42 CFR 482.22(c)(5)(ii). Refer to "Appendix A: Medicare Requirements for Hospitals" (AXA) for full text.	Moved and Revised	PC.11.02.01, EP 3	For a medical history and phy prior to registration or inpatien the patient's condition is com admission, but prior to surger Note 1: For rehabilitation and hospitals: Medical histories a in this element of performance procedural services for which under 42 CFR 482.24(c)(4)(i)(0 Note 2: For law and regulation physical examination at 42 CF CoPs: §482.24(c)(4)(i)(B), §483
PC.01.02.03, EP 6	A registered nurse completes a nursing assessment within 24 hours after the patient's inpatient admission. CoPs: §482.23(b)(3), §482.23(b)(4)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
PC.01.02.03, EP 7	For rehabilitation and psychiatric distinct part units in critical access hospitals:When the medical staff has chosen to allow an assessment (in lieu of a comprehensive medical history and physical examination) for patients receiving specific outpatient surgical or procedural services, the assessment of the patient is 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. (For more information, refer to Standard MS.03.01.01) Note: For further regulatory guidance, refer to 42 CFR 482.24(c)(4)(i)(A) and (B), 482.51(b)(1)(i) and (ii), and 482.22(c)(5)(v). Refer to "Appendix A: Medicare Requirements for Hospitals" (AXA) for full text.CoPs: \$482.24(c)(4)(i)(C)	Moved and Revised	PC.11.02.01, EP 4	For rehabilitation and psychia When the medical staff allows history and physical examinat or procedural services, the pa after registration but prior to t services. Note: For further regulatory gu 482.51(b)(1)(i) and (ii), and 48 CoPs: §482.51(b)(1)(iii)
PC.01.02.03, EP 14	For swing beds in critical access hospitals: The critical access hospital specifies that each resident's comprehensive assessment is completed within 14 calendar days after admission. CoPs: §483.20(b)(2), §483.20(b)(2)(i), §485.645(d)(5)	Moved and Revised	PC.11.02.01, EP 6	For swing beds in critical acce the resident's comprehensive excluding readmissions in wh physical or mental condition. Note: For this element of perf the critical access hospital fo

ery or a procedure requiring anesthesia services. nd psychiatric distinct part units in critical access s and physical examinations are performed as required nce, except prior to any specific outpatient surgical or ch an assessment is performed instead as provided i)(C).

ion guidance pertaining to the medical history and CFR 482.22(c)(5)(iii) and 482.51(b)(1)(iii), refer to

482.51(b)(1)(i)

hysical examination that was completed within 30 days cient admission, an update documenting any changes in ompleted within 24 hours after registration or inpatient gery or a procedure requiring anesthesia services. Ind psychiatric distinct part units in critical access is and physical examinations are performed as required ince, except prior to any specific outpatient surgical or ch an assessment is performed instead as provided i)(C).

ion guidance pertaining to the medical history and CFR 482.22(c)(5)(iii), refer to https://www.ecfr.gov/.

482.51(b)(1)(ii)

niatric distinct part units in critical access hospitals: ows an assessment (in lieu of a comprehensive medical nation) for patients receiving specific outpatient surgical patient assessment is completed and documented o the surgery or procedure requiring anesthesia

guidance at 42 CFR 482.24(c)(4)(i)(A) and (B), 482.22(c)(5)(v), refer to https://www.ecfr.gov/.

ccess hospitals: The critical access hospital completes ive assessment within 14 calendar days after admission, which there is no significant change in the resident's on.

erformance, the term "readmission" means a return to following a temporary absence for hospitalization or for

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				therapeutic leave.
				0-D-: \$400.00(h)(0). \$400.00
PC.01.02.03, EP 15	For swing beds in critical access hospitals: A comprehensive assessment is	Moved and Revised	PC.11.02.01, EP 7	CoPs: §483.20(b)(2), §483.20 For swing beds in critical acco
1 0.01.02.03, El 13	conducted within 14 calendar days after the critical access hospital determines		10.11.02.01, El 7	comprehensive assessment
	that there has been a significant change in the resident's physical or mental			has been a significant change
	condition.			Note: For this element of perf
				major decline or improvemen
	CoPs: \$483.20(b)(2), \$483.20(b)(2)(ii), \$483.25(g)(1), \$483.25(g)(2), \$485.645(d)(5),			without further intervention b
	§485.645(d)(8)			clinical interventions, that has
				health status, and that require
				or both.
				CoPs: §483.20(b)(2), §483.20(
PC.01.02.03, EP 16	For swing beds in critical access hospitals: Each resident receives a	Moved	PC.11.02.01, EP 8	For swing beds in critical acce
	comprehensive assessment no less often than every 12 months.			comprehensive assessment r
	CoPs: \$483.20(b)(2), \$483.20(b)(2)(iii), \$485.645(d)(5)			CoPs: §483.20(b)(2), §483.20(
PC.01.02.05, EP 1	Based on the initial assessment, a registered nurse determines the patient's need	Deleted EP -	N/A	N/A
	for nursing care, as required by critical access hospital policy and law and	Replaced with more		
	regulation.	direct EP(s) or		
	Note: Physician assistants may assess the patient's need for nursing care where	moved to guidance		
	permitted by state law.	within SPG		
	CoPs: \$482.23(b)(3), \$482.23(b)(4), \$485.635(d)(1), \$485.635(d)(2), \$485.635(d)(4)			
PC.01.02.07, EP 1	The critical access hospital has defined criteria to screen, assess, and reassess	Moved and Revised	NPG.06.02.01, EP 7	The critical access hospital re
	pain that are consistent with the patient's age, condition, and ability to understand.			the following:
				- Evaluation and documentati
				- Progress toward pain manag
				ability to take a deep breath, t - Side effects of treatment
				- Risk factors for adverse ever
PC.01.02.07, EP 2	The critical access hospital screens patients for pain during emergency department	Moved and Revised	NPG.06.02.01, EP 1	The critical access hospital ha
	visits and at the time of admission.			pain that are consistent with t
PC.01.02.07, EP 3	The critical access hospital treats the patient's pain or refers the patient for	Moved and Revised	NPG.06.02.01, EP 8	The critical access hospital e
	treatment.			related to pain management,
	Note: Treatment strategies for pain may include nonpharmacologic,			- Pain management plan of ca
	pharmacologic, or a combination of approaches.			- Side effects of pain manage
				- Daily living activities, includi or reduce effectiveness of the
				address these issues
				- Safe use, storage, and dispo
PC.01.02.07, EP 4	The critical access hospital develops a pain treatment plan based on evidence-	Moved and Revised	NPG.06.02.01, EP 3	The critical access hospital tr
	based practices and the patient's clinical condition, past medical history, and pain			treatment.
	management goals.			Note: Treatment strategies for
				pharmacologic, or a combina
PC.01.02.07, EP 5	The critical access hospital involves patients in the pain management treatment	Moved and Revised	NPG.06.02.01, EP 2	The critical access hospital so
	planning process through the following:			visits and at the time of admis
	- Developing realistic expectations and measurable goals that are understood by			

20(b)(2)(i), §485.645(d)(5)

ccess hospitals: The critical access hospital conducts a nt within 14 calendar days after it determines that there age in the resident's physical or mental condition. erformance, the term "significant change" means a ent in the resident's status that will not resolve itself in by staff or by implementing standard disease-related has an impact on more than one area of the resident's uires interdisciplinary review or revision of the care plan,

20(b)(2)(ii), §485.645(d)(5)

ccess hospitals: Each resident receives a nt no less often than every 12 months.

20(b)(2)(iii), §485.645(d)(5)

reassesses and responds to the patient's pain through

ation of response(s) to pain intervention(s) agement goals, including functional ability (for example, n, turn in bed, walk with improved pain control)

ents caused by the treatment

I has defined criteria to screen, assess, and reassess th the patient's age, condition, and ability to understand. I educates the patient and family on discharge plans ht, including the following:

- care
- gement treatment

Iding the home environment, that might exacerbate pain he pain management plan of care and strategies to

posal of opioids when prescribed

- treats the patient's pain or refers the patient for
- for pain may include nonpharmacologic,
- nation of approaches.

l screens patients for pain during emergency department nission.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	the patient for the degree, duration, and reduction of pain			
	- Discussing the objectives used to evaluate treatment progress (for example, relief			
	of pain and improved physical and psychosocial function)			
	- Providing education on pain management, treatment options, and safe use of			
	opioid and non-opioid medications when prescribed			
PC.01.02.07, EP 6	The critical access hospital monitors patients identified as being high risk for	Moved and Revised	NPG.06.02.01, EP 4	The critical access hospital d
	adverse outcomes related to opioid treatment.			based practices and the patie
				management goals.
PC.01.02.07, EP 7	The critical access hospital reassesses and responds to the patient's pain through	Moved and Revised	NPG.06.02.01, EP 5	The critical access hospital in
	the following:			planning process through the
	- Evaluation and documentation of response(s) to pain intervention(s)			- Developing realistic expecta
	- Progress toward pain management goals including functional ability (for example,			understands for the degree, d
	ability to take a deep breath, turn in bed, walk with improved pain control)			- Discussing the objectives us
	- Side effects of treatment			of pain and improved physica
	- Risk factors for adverse events caused by the treatment			- Providing education on pain
				opioid and nonopioid medica
PC.01.02.07, EP 8	The critical access hospital educates the patient and family on discharge plans	Moved and Revised	NPG.06.02.01, EP 6	The critical access hospital m
	related to pain management including the following:			adverse outcomes related to
	- Pain management plan of care			
	- Side effects of pain management treatment			
	- Activities of daily living, including the home environment, that might exacerbate			
	pain or reduce effectiveness of the pain management plan of care, as well as			
	strategies to address these issues			
	- Safe use, storage, and disposal of opioids when prescribed			
PC.01.02.08, EP 1	The critical access hospital implements fall risk reduction interventions based on	Moved	NPG.11.02.01, EP 1	The critical access hospital in
DO 04 00 00 FD 4	the patient population, setting, and individual patient's assessed risks.	Marcal and David and		the patient population, setting
PC.01.02.09, EP 1	The critical access hospital uses written criteria to identify those patients who may	Moved and Revised	NPG.07.03.01, EP 1	The critical access hospital us
	be victims of physical assault, sexual assault, sexual molestation, domestic abuse,			be victims of physical assault
	or elder or child abuse and neglect. Patients are evaluated upon entry into the critical access hospital and on an ongoing basis.			elder or child abuse, neglect, into the critical access hospit
	Note: Criteria can be based on age, sex, and circumstance.			Note: Criteria can be based o
PC.01.02.09, EP 2	To assist with referrals of possible victims of abuse and neglect, the critical access	Moved and Revised	NPG.07.03.01, EP 2	To assist with referrals of poss
FG.01.02.09, EF 2	hospital maintains a list of private and public community agencies that can provide	Moved and Revised	NFG.07.03.01, EF 2	critical access hospital maint
	or arrange for assessment and care.			that can provide or arrange fo
PC.01.02.09, EP 3	The critical access hospital educates staff about how to recognize signs of possible	Moved and Revised	NPG.07.03.01, EP 3	The critical access hospital e
F 0.01.02.09, EF 3	abuse and neglect and about their roles in follow-up.	Hoved and Nevised	NF 0.07.03.01, LF 3	abuse, neglect, and exploitati
PC.01.02.09, EP 6	The critical access hospital internally reports cases of possible abuse and neglect.	Moved and Revised	NPG.07.03.01, EP 4	The critical access hospital in
F 0.01.02.09, EF 0		Hoved and Nevised	NF 0.07.03.01, LF 4	exploitation.
PC.01.02.09, EP 7	The critical access hospital reports cases of possible abuse and neglect to external	Deleted EP -	N/A	N/A
10.01.02.00, El 7	agencies, in accordance with law and regulation.	Replaced with more		
		direct EP(s) or		
	CoPs: §483.12(c)(1), §485.645(d)(3)	moved to guidance		
		within SPG		
PC.01.02.09, EP 8	For swing beds in critical access hospitals: The critical access hospital reports to	Moved	RI.13.01.01, EP 2	For swing beds in critical acc
· · · · · · · · · · · ·	the state nurse aide registry or licensing authorities any knowledge it has of any			the state nurse aide registry o
	actions taken by a court of law against an employee that would indicate unfitness			actions taken by a court of law
	for service as a nurse aide or other facility staff.			for service as a nurse aide or
	ו זטן אבו אוכב מא מ וועואב מועב טו טנוובו ומכווונץ אנמוו.			

develops a pain treatment plan based on evidencetient's clinical condition, past medical history, and pain

involves the patient in the pain management treatment ne following:

tations and measurable goals that the patient

, duration, and reduction of pain

used to evaluate treatment progress (for example, relief cal and psychosocial function)

in management, treatment options, and safe use of cations when prescribed

l monitors patients identified as being high risk for to opioid treatment.

implements fall risk reduction interventions based on ing, and individual patient's assessed risks.

l uses written criteria to identify those patients who may ult, sexual assault, sexual molestation, domestic abuse, ct, and exploitation. Patients are evaluated upon entry pital and on an ongoing basis.

l on age, sex, and circumstance.

ossible victims of abuse, neglect, and exploitation, the intains a list of private and public community agencies for assessment and care.

educates staff about how to recognize signs of possible ation and about their roles in follow-up.

internally reports cases of possible abuse, neglect, and

ccess hospitals: The critical access hospital reports to y or licensing authorities any knowledge it has of any law against an employee that would indicate unfitness or other facility staff.

2(c)(1), §485.645(d)(3)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PC.01.02.13, EP 1	For psychiatric distinct part units in critical access hospitals: Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes a history of mental, emotional, behavioral, and substance use problems, their co-occurrence, and their treatment.	Moved	PC.11.02.03, EP 1	For psychiatric distinct part of treatment for emotional and includes a history of mental, their co-occurrence, and the
	CoPs: §412.27(c)(1), §412.27(c)(2)(iv)			CoPs: §412.27(c)(1)(v)
PC.01.02.13, EP 2	 For psychiatric distinct part units in critical access hospitals: Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes the following: Current mental, emotional, and behavioral functioning Maladaptive or other behaviors that create a risk to the patient or others Mental status examination Reason for admission as stated by the patient and/or others significantly involved in the patient's care. 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §412.27(c)(1), §412.27(c)(1)(iii), §412.27(c)(2)(iii), §412.27(c)(2)(iv), §412.27(c)(2)(v), §412.27(c)(2)(vi)			
PC.01.02.13, EP 3	 For psychiatric distinct part units in critical access hospitals: Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following: The patient's religion and spiritual beliefs, values, and preferences Living situation Leisure and recreational activities Military service history Peer group Social factors Ethnic and cultural factors Financial status Vocational or educational background Legal history CoPs: §412.27(c)(1)(iv), §412.27(c)(2)(vii) 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
PC.01.02.13, EP 4	For psychiatric distinct part units in critical access hospitals: Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following: - Any history of physical or sexual abuse as either the abuser or abused - The patient's sexual history - Childhood history - Emotional and health care issues - Visual-motor functioning - Self care CoPs: §412.27(c)(1)(iv), §412.27(c)(2)(v)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
PC.01.02.13, EP 5	 For psychiatric distinct part units in critical access hospitals: Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following: The patient's family circumstances, including the composition of the family group The community resources currently used by the patient 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

rt units in critical access hospitals: Patients who receive nd behavioral disorders receive an assessment that al, emotional, behavioral, and substance use problems, their treatment.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- The need for the family members' participation in the patient's care			
	C_{2} D_{2} S_{412} $(27/2)(1)(1)(1)$			
PC.01.02.13, EP 6	CoPs: §412.27(c)(1)(iv) For psychiatric distinct part units in critical access hospitals: Based on the	Deleted EP -	N/A	N/A
10.01.02.10, EF 0	patient's age and needs, the assessment for patients who receive treatment for	Replaced with more	11/2	
	emotional and behavioral disorders includes the following:	direct EP(s) or		
	- A psychiatric evaluation	moved to guidance		
	- Psychological assessments, including intellectual, projective,	within SPG		
	neuropsychological, and personality testing			
	- Complete neurological examination, when indicated			
	CoPs: §412.27(c)(1)(v)			
PC.01.02.13, EP 7	For psychiatric distinct part units in critical access hospitals: Each patient receives	Moved and Revised	PC.11.02.03, EP 2	For psychiatric distinct part u
	a psychiatric evaluation completed within 60 hours of admission.			a psychiatric evaluation com
				evaluation includes the follow
	CoPs: §412.27(c)(2)(i)			- Medical history
				- Record of mental status
				- Description of the onset of i
				- Description of attitudes and
				- Estimation of intellectual fu
				- Inventory of the patient's as
				CoPs: §412.27(c)(2)(i), §412.
				§412.27(c)(2)(v), §412.27(c)(2
PC.01.02.15, EP 2	Diagnostic testing and procedures are performed as ordered within time frames	Deleted EP -	N/A	N/A
	defined by the critical access hospital.	Replaced with more		
		direct EP(s) or		
	CoPs: §485.635(b)(1)(i)	moved to guidance within SPG		
PC.01.02.15, EP 5	The critical access hospital documents the radiation dose index (computed	Deleted EP -	N/A	N/A
	tomography dose index [CTDIvol], dose length product [DLP], or size-specific dose	Replaced with more		
	estimate [SSDE]) on every study produced during a diagnostic computed	direct EP(s) or		
	tomography (CT) examination. The radiation dose index must be exam specific,	moved to guidance		
	summarized by series or anatomic area, and documented in a retrievable format.	within SPG		
	Note 1: This element of performance is only applicable for systems capable of			
	calculating and displaying radiation dose indices.			
	Note 2: This element of performance does not apply to systems used for			
	therapeutic radiation treatment planning or delivery, or for calculating attenuation			
	coefficients for nuclear medicine studies.			
	Note 3: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the			
	maxillofacial region or to obtain guidance for the treatment of such conditions.			
	Note 4: While the CTDIvol, DLP, and SSDE are useful indicators for monitoring			
	radiation dose indices from the CT machine, they do not represent the patient's			
	radiation dose.			
PC.01.02.15, EP 10	For critical access hospitals that provide diagnostic computed tomography (CT),	Deleted EP -	N/A	N/A
	magnetic resonance imaging (MRI), positron emission tomography (PET), or nuclear	Replaced with more		
	medicine (NM) services: Prior to conducting a diagnostic imaging study, the critical	direct EP(s) or		
	access hospital verifies the following:			

rt units in critical access hospitals: Each patient receives ompleted within 60 hours of admission. The psychiatric llowing:

- of illness and the circumstances leading to admission and behavior
- l functioning, memory functioning, and orientation assets in descriptive, not interpretative, fashion

2.27(c)(2)(ii), §412.27(c)(2)(iii), §412.27(c)(2)(iv), c)(2)(vi), §412.27(c)(2)(vii)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Correct patient	moved to guidance		
	- Correct imaging site	within SPG		
	- Correct patient positioning			
	- For CT only: Correct imaging protocol			
	- For CT only: Correct scanner parameters			
	Note: This element of performance does not apply to dental cone beam CT			
	radiographic imaging studies performed for diagnosis of conditions affecting the			
	maxillofacial region or to obtain guidance for the treatment of such conditions.			
PC.01.02.15, EP 12	For critical access hospitals that provide diagnostic computed tomography (CT),	Deleted EP -	N/A	N/A
1 0.01.02.13, LI 12	magnetic resonance imaging (MRI), positron emission tomography (PET), or nuclear	Replaced with more		
	medicine (NM) services: The critical access hospital considers the patient's age	direct EP(s) or		
	and recent imaging exams when deciding on the most appropriate type of imaging	moved to guidance		
	exam.	within SPG		
	Note 1: Knowledge of a patient's recent imaging exams can help to prevent			
	unnecessary duplication of these examinations.			
	Note 2: This element of performance does not apply to dental cone beam CT			
	radiographic imaging studies performed for diagnosis of conditions affecting the			
	maxillofacial region or to obtain guidance for the treatment of such conditions.			
PC.01.02.15, EP 13	For critical access hospitals that provide fluoroscopic services: The cumulative-air	Deleted EP -	N/A	N/A
	kerma or kerma-area product is documented in a retrievable format. For	Replaced with more		
	fluoroscopy equipment that cannot display or provide cumulative-air kerma or	direct EP(s) or		
	kerma-area product, fluoroscopy time and number of images acquired are	moved to guidance		
	documented in a retrievable format, such as a picture archiving and	within SPG		
	communication system.			
	Note: This element of performance does not apply to fluoroscopy equipment used			
	for therapeutic radiation treatment planning or delivery or fluoroscopy equipment			
	classified as a mini C-arm.			
PC.01.03.01, EP 1	The critical access hospital plans the patient's care, treatment, and services based	Consolidation of	PC.11.03.01, EP 1	The critical access hospital of
10.01.00.01, 21 1	on needs identified by the patient's assessment, reassessment, and results of	PC.01.03.01, EP 1;		individualized plan of care ba
	diagnostic testing.	PC.01.03.01, EP 5;		- Needs identified by the pat
		PC.01.03.01, EP 22;		diagnostic testing
	$C_{2} D_{2} \in SA12 (27/2)/(3) = SA12 (27/2)/(4) = SA12 (27/4)/(1)/(3) = SA12 (27/4)/(1)/(3) = SA12 (20/2)$			6 6
	CoPs: §412.27(c)(3)(i), §412.27(c)(4), §412.27(d)(1)(ii), §412.27(d)(1)(iii), §412.29(e),	PC.01.03.01, EP 23		- The patient's goals and the
	\$412.29(h), \$482.23(b)(4), \$482.28(b)(1), \$483.21(b)(1)(i), \$483.21(b)(1)(ii),			those goals
	\$483.21(b)(2)(ii), \$483.21(b)(2)(ii)(A), \$483.21(b)(2)(ii)(B), \$483.21(b)(2)(ii)(C),			Note 1: Nursing staff develop
	\$483.21(b)(2)(ii)(D), \$483.21(b)(2)(ii)(F), \$483.21(b)(2)(iii), \$483.65(b),			be a part of an interdisciplina
	\$485.635(b)(1)(i), \$485.635(d)(1), \$485.635(d)(4), \$485.642(a)(6), \$485.645(d)(5),			Note 2: The hospital evaluate
	§485.645(d)(6)			based on the patient's progr
				Note 3: For rehabilitation dis
				reviewed and revised as nee
				professional staff who provid
				CoPs: §412.29(h), §482.23(b
PC.01.03.01, EP 2	For swing beds in critical access hospitals: The resident's written plan of care is	Moved and Revised	PC.11.03.01, EP 9	For swing beds in critical acc
,	developed by an interdisciplinary team comprised of health care professionals		,	developed by an interdiscipli
	involved in the resident's care, treatment, and services. At a minimum, the team			involved in the resident's car
	includes the following individuals: the attending physician, registered nurse with			includes the attending physi
	responsibility for the resident, nurse aide with responsibility for the resident, and a			resident, nurse aide with res
	member of the food and nutrition services staff.			nutrition services staff, and o
				-
				needs or as requested by the

al develops, implements, and revises a written based on the following:

atient's assessment, reassessment, and results of

ne time frames, settings, and services required to meet

- lops and keeps current a nursing plan of care, which may inary plan of care, for each inpatient.
- ates the patient's progress and revises the plan of care gress.
- distinct part units in critical access hospitals: The plan is eeded by a physician in consultation with other vide services to the patient.

(b)(4), §485.635(d)(4), §485.645(d)(5), §485.645(d)(6)

access hospitals: The resident's written plan of care is iplinary team comprised of health care professionals care, treatment, and services. At a minimum, the team ysician, registered nurse with responsibility for the esponsibility for the resident, a member of the food and d other appropriate staff as determined by the resident's the resident.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §483.21(b)(2)(ii), §483.21(b)(2)(ii)(A), §483.21(b)(2)(ii)(B), §483.21(b)(2)(ii)(C), §483.21(b)(2)(ii)(D), §483.21(b)(2)(ii)(F), §483.21(b)(2)(iii), §485.645(d)(5)			Note: The plan of care is revie each assessment.
				CoPs: §483.21(b)(2)(ii)(A), §48 §483.21(b)(2)(ii)(D), §483.21(b)
PC.01.03.01, EP 4	For swing beds in critical access hospitals: The critical access hospital develops the resident's written plan of care as soon as possible after admission, but no later than seven calendar days after the resident's comprehensive assessments are completed. CoPs: §483.21(b)(2)(i), §485.645(d)(5)	Moved and Revised	PC.11.03.01, EP 8	For swing beds in critical acce the resident's written compre admission, but no later than s comprehensive assessments CoPs: §483.21(b)(2)(i), §485.6
PC.01.03.01, EP 5	The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals. Note: For psychiatric distinct part units in critical access hospitals: The patient's goals include both short- and long-term goals. CoPs: §412.27(c)(3)(i), §412.27(d)(1)(ii), §412.27(d)(1)(iii), §412.27(d)(6)(i), §412.29(h), §482.23(b)(4), §485.635(d)(4)	Consolidation of PC.01.03.01, EP 1; PC.01.03.01, EP 5; PC.01.03.01, EP 22; PC.01.03.01, EP 23	PC.11.03.01, EP 1	The critical access hospital de individualized plan of care ba - Needs identified by the patie diagnostic testing - The patient's goals and the t those goals Note 1: Nursing staff develops be a part of an interdisciplinal Note 2: The hospital evaluates based on the patient's progres Note 3: For rehabilitation dist reviewed and revised as need professional staff who provide CoPs: §412.29(h), §482.23(b)
PC.01.03.01, EP 22	Based on the goals established in the patient's plan of care, staff evaluate the patient's progress. CoPs: §412.27(c)(4), §412.27(d)(1)(ii), §412.27(d)(1)(iii), §412.29(h), §482.43(a)(6), §483.21(b)(2)(iii), §485.642(a)(6), §485.645(d)(5)	Consolidation of PC.01.03.01, EP 1; PC.01.03.01, EP 5; PC.01.03.01, EP 22; PC.01.03.01, EP 23	PC.11.03.01, EP 1	The critical access hospital de individualized plan of care ba - Needs identified by the patie diagnostic testing - The patient's goals and the t those goals Note 1: Nursing staff develops be a part of an interdisciplinal Note 2: The hospital evaluates based on the patient's progres Note 3: For rehabilitation dist reviewed and revised as need professional staff who provide CoPs: §412.29(h), §482.23(b)
PC.01.03.01, EP 23	The critical access hospital revises plans and goals for care, treatment, and services based on the patient's needs. CoPs: §412.27(c)(4), §412.27(d)(1)(ii), §412.27(d)(1)(iii), §412.29(e), §412.29(h), §482.23(b)(4), §482.43(a)(6), §483.21(b)(2)(iii), §485.642(a)(6), §485.645(d)(5)	Consolidation of PC.01.03.01, EP 1; PC.01.03.01, EP 5; PC.01.03.01, EP 22; PC.01.03.01, EP 23	PC.11.03.01, EP 1	The critical access hospital de individualized plan of care ba - Needs identified by the patie diagnostic testing - The patient's goals and the t those goals Note 1: Nursing staff develops be a part of an interdisciplina

viewed and revised by the interdisciplinary team after

483.21(b)(2)(ii)(B), §483.21(b)(2)(ii)(C), 1(b)(2)(ii)(F), §483.21(b)(2)(iii), §485.645(d)(5) ccess hospitals: The critical access hospital develops orehensive plan of care as soon as possible after n seven calendar days after the resident's ofts are completed.

5.645(d)(5)

develops, implements, and revises a written based on the following:

tient's assessment, reassessment, and results of

time frames, settings, and services required to meet

ops and keeps current a nursing plan of care, which may nary plan of care, for each inpatient.

tes the patient's progress and revises the plan of care ress.

stinct part units in critical access hospitals: The plan is eded by a physician in consultation with other ide services to the patient

ide services to the patient.

b)(4), §485.635(d)(4), §485.645(d)(5), §485.645(d)(6)

develops, implements, and revises a written

pased on the following:

tient's assessment, reassessment, and results of

time frames, settings, and services required to meet

ops and keeps current a nursing plan of care, which may nary plan of care, for each inpatient.

tes the patient's progress and revises the plan of care ress.

stinct part units in critical access hospitals: The plan is eded by a physician in consultation with other ide services to the patient.

b)(4), \$485.635(d)(4), \$485.645(d)(5), \$485.645(d)(6)

develops, implements, and revises a written based on the following:

tient's assessment, reassessment, and results of

time frames, settings, and services required to meet

ops and keeps current a nursing plan of care, which may nary plan of care, for each inpatient.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				Note 2: The hospital evaluate based on the patient's progre Note 3: For rehabilitation dist reviewed and revised as need professional staff who provid
PC.01.03.01, EP 25	The critical access hospital establishes or adopts diagnostic computed tomography (CT) imaging protocols based on current standards of practice, which address key criteria including the following: - Clinical indication - Contrast administration - Age (to indicate whether the patient is pediatric or an adult) - Patient size and body habitus - Expected radiation dose index range Note: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.	Moved	NPG.13.02.01, EP 3	CoPs: §412.29(h), §482.23(b) The critical access hospital e tomography (CT) imaging pro- address key criteria including - Clinical indication - Contrast administration - Age (to indicate whether the - Patient size and body habitu - Expected radiation dose ind Note: This element of perform radiographic imaging studies maxillofacial region or to obta
PC.01.03.01, EP 26	 Diagnostic computed tomography (CT) imaging protocols are reviewed and kept current with input from an interpreting physician, medical physicist, and lead imaging technologist to make certain that they adhere to current standards of practice and account for changes in CT imaging equipment. These reviews are conducted at time frames identified by the critical access hospital. (For rehabilitation and psychiatric distinct part units in critical access hospitals, refer to MS.06.01.03, EP 9 for supervision of radiologic services) Note: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions. 	Moved and Revised	NPG.13.02.01, EP 4	Diagnostic computed tomogr current with input from an int imaging technologist to make practice and account for char conducted at time frames ide rehabilitation and psychiatric MS.17.01.03, EP 5 for supervi Note: This element of perform radiographic imaging studies maxillofacial region or to obta
PC.01.03.01, EP 43	For psychiatric distinct part units in critical access hospitals: The plan of care includes the responsibilities of each member of the treatment team. CoPs: §412.27(c)(3)(i)	Moved and Revised	PC.11.03.01, EP 3	For psychiatric distinct part u individual comprehensive tre patient's strengths and disab - Substantiated diagnosis - Short-term and long-term go - Specific treatment modalitie - Responsibilities of each me - Adequate documentation to rehabilitation activities carrie CoPs: §412.27(c)(3)(i)
PC.01.03.01, EP 44	 For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: Patient self-management goals are developed in partnership with patients, based on criteria established by the organization, and incorporated into the patient's treatment plan. Note: Examples of criteria include the patient's disease process or condition and specific patient populations, such as those with multiple comorbidities or a chronic disease. It is not expected that self-management goals be developed for every patient. (Refer to RI.01.02.01, EP 1) 	Moved and Revised	PC.11.03.01, EP 4	For critical access hospitals t Home option: Patient self-ma patients, based on criteria es the patient's treatment plan. Note: Examples of criteria inc specific patient populations, chronic disease. It is not expe every patient.

tes the patient's progress and revises the plan of care ress. stinct part units in critical access hospitals: The plan is eded by a physician in consultation with other ide services to the patient. b)(4), §485.635(d)(4), §485.645(d)(5), §485.645(d)(6) establishes or adopts diagnostic computed rotocols based on current standards of practice, which ng the following: he patient is pediatric or an adult) itus ndex range rmance does not apply to dental cone beam CT es performed for diagnosis of conditions affecting the tain guidance for the treatment of such conditions. graphy (CT) imaging protocols are reviewed and kept nterpreting physician, medical physicist, and lead ke certain that they adhere to current standards of nanges in CT imaging equipment. These reviews are dentified by the critical access hospital. (For ric distinct part units in critical access hospitals, refer to rvision of radiologic services) rmance does not apply to dental cone beam CT es performed for diagnosis of conditions affecting the btain guidance for the treatment of such conditions. units in critical access hospitals: Each patient has an reatment plan that is based on an inventory of the abilities. The written plan includes the following: goals ities utilized nember of the treatment team to justify the diagnosis and the treatment and ried out s that elect The Joint Commission Primary Care Medical nanagement goals are developed in partnership with established by the organization, and incorporated into nclude the patient's disease process or condition and s, such as those with multiple comorbidities or a

pected that self-management goals be developed for

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PC.01.03.01, EP 45	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved and Revised	PC.11.03.01, EP 5	For critical access hospitals t
	Home option: The primary care medical home uses clinical decision support tools			Home option: The primary ca
	to guide decision making. (Refer to LD.03.10.01, EPs 1, 3)			to guide decision making.
PC.02.01.01, EP 1	The critical access hospital provides the patient with care, treatment, and services	Split to PC.12.01.09,	PC.12.01.09, EP 3	For swing beds in critical acc
	according to the patient's individualized plan of care.	EP 3; PC.14.02.01, EP 8		resident sufficient fluid intake
	CoPs: §412.27(d)(1)(ii), §412.27(d)(1)(iii), §412.29(h), §483.21(b)(3)(ii),			CoPs: §483.25(g)(2), §485.64
	§483.25(g)(1), §483.25(g)(2), §483.65(a)(1), §483.65(a)(2), §483.65(b),			
	§485.645(d)(5), §485.645(d)(6), §485.645(d)(8)			
PC.02.01.01, EP 1	The critical access hospital provides the patient with care, treatment, and services	Split to PC.12.01.09,	PC.14.02.01, EP 8	For swing beds in critical acce
	according to the patient's individualized plan of care.	EP 3; PC.14.02.01,		care requires specialized reha
		EP 8		physical therapy, speech-lan
	CoPs: \$412.27(d)(1)(ii), \$412.27(d)(1)(iii), \$412.29(h), \$483.21(b)(3)(ii),			therapy, and rehabilitative se
	§483.25(g)(1), §483.25(g)(2), §483.65(a)(1), §483.65(a)(2), §483.65(b),			or services of a lesser intensit
	§485.645(d)(5), §485.645(d)(6), §485.645(d)(8)			required services from a prov
				excluded from participating ir
				section 1128 and 1156 of the
				CoPs: §483.65(a)(1), §483.65
PC.02.01.01, EP 5	For rehabilitation and psychiatric distinct part units in critical access hospitals: A	Moved and Revised	NR.11.01.01, EP 4	A registered nurse (or physici
	registered nurse supervises and evaluates the nursing care for each patient.			and evaluates the nursing car
				nursing facility-level of care in
	CoPs: §482.23(b)(3)			
				CoPs: §482.23(b)(3), §485.63
PC.02.01.01, EP 6	For swing beds in critical access hospitals: The critical access hospital provides	Consolidation of	PC.14.02.01, EP 8	For swing beds in critical acc
	residents with specialized rehabilitation services as indicated by the written order	LD.03.06.01, EP 3;		care requires specialized reha
	of a physician.	PC.02.01.01, EP 1;		physical therapy, speech-lan
		PC.02.01.01, EP 6;		therapy, and rehabilitative se
	CoPs: §483.65(b), §485.645(d)(6)	PC.02.02.01, EP 3;		or services of a lesser intensi
		PC.02.02.01, EP 9;		required services from a prov
		PC.02.02.01, EP 10		excluded from participating ir
				section 1128 and 1156 of the
				CoPs: §483.65(a)(1), §483.65(
PC.02.01.01, EP 10	Before initiating a blood or blood component transfusion, the critical access	Consolidation of	NPG.01.01.01, EP 1	The critical access hospital h
	hospital follows a process to correctly identify patients that includes the following:	NPSG.01.01.01, EP		when providing care treatmer
	- Matching the blood or blood component to the order	1; PC.02.01.10, EP		patient identifiers. The critica
	- Matching the patient to the blood or blood component	10		number or physical location i
	- Using a two-person verification process or a one-person verification process			Note: Examples of patient ide
	accompanied by automated identification technology, such as bar coding			following:
	Note: When using a two-person verification process, one individual conducting the			- Assigned identification num
	identification verification is the qualified transfusionist who will administer the			- Telephone number or anoth
	blood or blood component to the patient. The second individual conducting the			- Electronic identification tec
	identification verification is qualified to participate in the process, as determined by			includes two or more person-
	the critical access hospital.			
PC.02.01.01, EP 15	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Moved and Revised	PC.12.01.01, EP 3	The critical access hospital a
	Blood transfusions and intravenous medications are administered in accordance			medications in accordance w
	with state law and approved medical staff policies and procedures.	1	1	procedures.

s that elect The Joint Commission Primary Care Medical care medical home uses clinical decision support tools

ccess hospitals: The critical access hospital offers the lke to maintain proper hydration and health.

645(d)(8)

ccess hospitals: If a resident's comprehensive plan of ehabilitative services, including but not limited to inguage pathology, occupational therapy, respiratory services for a mental disorder and intellectual disability sity, the critical access hospital provides or obtains the ovider of specialized rehabilitative services and is not g in any federal or state health care programs pursuant to ne Social Security Act.

65(a)(2), §485.645(d)(6)

cian assistant, when permitted by state law) supervises are for each patient, including patients at a skilled a in a swing-bed critical access hospital.

635(d)(2)

ccess hospitals: If a resident's comprehensive plan of ehabilitative services, including but not limited to inguage pathology, occupational therapy, respiratory services for a mental disorder and intellectual disability sity, the critical access hospital provides or obtains the ovider of specialized rehabilitative services and is not g in any federal or state health care programs pursuant to ne Social Security Act.

65(a)(2), §485.645(d)(6)

has a process in place to correctly identify patients ent, and services. This includes using at least two cal access hospital does not use the patient's room n is not used as an identifier.

dentifiers may include but are not limited to the

mber (for example, medical record number) ther person-specific identifier echnology coding, such as bar coding or RFID, that n-specific identifiers

administers blood transfusions and intravenous with state law and approved medical staff policies and

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.23(c)(4)			CoPs: §482.23(c)(4)
PC.02.01.01, EP 16	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved	PC.12.01.01, EP 5	For critical access hospitals t
10.02.01.01, EI 10	Home option: Each patient has a designated primary care clinician.	TIOVCU	1 0.12.01.01, EI 0	Home option: Each patient h
PC.02.01.01, EP 30	For critical access hospitals that provide fluoroscopic services: The critical access	Deleted EP -	N/A	N/A
10.02.01.01, EI 30	hospital identifies radiation exposure and skin dose threshold levels that, if	Replaced with more		
	exceeded, trigger further review and/or patient evaluation to assess for adverse	direct EP(s) or		
	radiation effects.	moved to guidance		
	Note 1: Information on radiation exposure thresholds can be found in the National	within SPG		
	Council on Radiation Protection's (NCRP) report number 168 and on the US Food	within SFG		
	and Drug Administration's (FDA) Center for Devices for Radiological Health (CDRH)			
	website.			
	Note 2: Radiation exposure thresholds may be established based on metrics such			
	as reference-air kerma, cumulative-air kerma, kerma-area product, or fluoroscopy			
	time.			
PC.02.01.03, EP 1	Prior to providing care, treatment, and services, the critical access hospital obtains	Moved and Revised	PC.12.01.01, EP 1	Prior to providing care, treatn
PC.02.01.03, EP 1		Moveu allu Reviseu	PG.12.01.01, EP 1	
	or renews orders (verbal or written) from a physician or other licensed practitioner			or renews orders (verbal or w
	in accordance with professional standards of practice; law and regulation; critical			in accordance with professio access hospital policies; and
	access hospital policies; and medical staff bylaws, rules, and regulations. Note 1: For rehabilitation and psychiatric distinct part units in critical access			Note 1: This includes but is n
	hospitals: Outpatient services may be ordered by a physician or other licensed			rehabilitation services, nucle
	practitioner not appointed to the medical staff as long as the practitioner meets the			provided.
	following:			Note 2: Patient diets, includin
	 Responsible for the care of the patient Licensed to practice in the state where the practitioner provides care to the 			other licensed practitioner re
				dietitian or qualified nutrition
	patient or in accordance with Veterans Administration and Department of Defense			and acting in accordance wit
	licensure requirements			professionals. The requireme
	- Acting within the practitioner's scope of practice under state law			care at a skilled nursing facili
	- Authorized in accordance with state law and policies adopted by the medical staff			CoDo: \$492.20(b)(4) \$492.20
	and approved by the governing body to order the applicable outpatient services			CoPs: §482.26(b)(4), §482.28
	Note 2: Patient diets, including therapeutic diets, are ordered by the physician or			\$483.65(b), \$485.635(a)(3)(vi)
	other licensed practitioner responsible for the patient's care, or by a qualified			
	dietitian or qualified nutrition professional who is authorized by the medical staff			
	and acting in accordance with state law governing dietitians and nutrition			
	professionals. The requirement of 42 CFR 483.25(i) is met for inpatients receiving			
	care at a skilled nursing facility subsequent to critical access hospital care.			
	CoPs: §482.23(c)(1), §482.23(c)(3), §482.23(c)(6)(i)(A), §482.23(c)(6)(ii)(A),			
	\$482.24(c)(2), \$482.26(b)(4), \$482.28(b)(2), \$482.54(c)(1), \$482.54(c)(2), *100, 100, 100, 100, 100, 100, 100, 10			
	\$482.54(c)(3), \$482.54(c)(4), \$482.54(c)(4)(i), \$482.54(c)(4)(ii), \$482.56(b), \$482.57(b)(2), \$485.625(c)(2)(ii), \$485.625(d)(2)			
PC.02.01.03, EP 7	 §482.57(b)(3), §485.635(a)(3)(vi), §485.635(d)(3) For rehabilitation and psychiatric distinct part units in critical access hospitals: The 	Deleted EP -	N/A	N/A
FU.UZ.UT.U3, EP /	critical access hospital provides care, treatment, and services using the most			IN/A
	recent patient order(s).	Replaced with more direct EP(s) or		
		moved to guidance		
		_		
	$C_0 P_{e} \cdot 8/82 28(h)(2) 8/82 56(h) 8/82 57(h)(3)$	within SPG		
	CoPs: §482.28(b)(2), §482.56(b), §482.57(b)(3)	Deleted EP -	N1/A	
PC.02.01.03, EP 20	Before taking action on a verbal order or verbal report of a critical test result, staff		N/A	N/A
	uses a record and "read back" process to verify the information.	Replaced with more	1	

s that elect The Joint Commission Primary Care Medical has a designated primary care clinician.

tment, and services, the critical access hospital obtains written) from a physician or other licensed practitioner ional standards of practice; law and regulation; critical nd medical staff bylaws, rules, and regulations. not limited to respiratory services, radiology services, lear medicine services, and dietetic services, if

ding therapeutic diets, are ordered by the physician or responsible for the patient's care or by a qualified on professional who is authorized by the medical staff vith state law governing dietitians and nutrition nent of 42 CFR 483.25(i) is met for inpatients receiving vility subsequent to critical access hospital care.

28(b)(2), \$482.53(d)(4), \$482.56(b), \$482.57(b)(3), vi), \$485.645(d)(6)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		direct EP(s) or		
		moved to guidance		
		within SPG		
PC.02.01.05, EP 1	Care, treatment, and services are provided to the patient in an interdisciplinary,	Moved and Revised	PC.12.01.03, EP 1	The critical access hospital p
	collaborative manner.			an interdisciplinary, collabora
				Note: For rehabilitation distin
	CoPs: §412.29(e), §412.29(i), §482.43(a)(5), §482.55(a)(2), §483.65(b),			access hospital uses a coordi
	\$485.642(a)(5), \$485.645(d)(6)			rehabilitation of each inpatier
				made in the patient's medica
				attainment and discharge pla
				per week to determine the ap
				CoPs: §412.29(i)
PC.02.01.05, EP 2	For rehabilitation distinct part units in critical access hospitals: The critical access	Deleted EP -	N/A	N/A
	hospital conducts team conferences at least once per week to determine the	Replaced with more		
	appropriateness of the patient's treatment.	direct EP(s) or		
		moved to guidance		
	CoPs: §412.29(i)	within SPG		
PC.02.01.09, EP 8	Medical equipment and supplies available for treating patients with emergencies	Consolidation of	PC.12.01.07, EP 1	The critical access hospital m
	consist of airways, endotracheal tubes, bag valve masks, oxygen, tourniquets,	PC.02.01.09, EP 8		biologicals commonly used ir
	immobilization devices, nasogastric tubes, splints, IV therapy supplies, suction			critical access hospital and a
	machines, defibrillators, cardiac monitors, chest tubes, and indwelling urinary			Note 1: The drugs and biologi
	catheters.			but are not limited to analges
				antidotes and emetics, serum
	CoPs: §485.618(b), §485.618(b)(2)			antihypertensives, diuretics, a
				Note 2: Equipment and suppl
				but are not limited to airways,
				tourniquets, immobilization d
				supplies, suction machine, de
				indwelling urinary catheters.
				CoPs: §485.618(b), §485.618(
PC.02.01.11, EP 1	Resuscitative services are provided to the patient according to the critical access	Moved and Revised	NPG.01.05.03, EP 1	The critical access hospital p
	hospital's policies, procedures, or protocols.			standards of care, guidelines,
				procedures, or protocols.
PC.02.01.11, EP 2	Resuscitation equipment is available for use based on the needs of the population	Moved and Revised	NPG.01.05.03, EP 2	Resuscitation equipment is av
	served.			served.
	Note: For example, if the critical access hospital has a pediatric population,			Note: For example, if the critic
	pediatric resuscitation equipment should be available.	Moved and Device-		pediatric resuscitation equipr
PC.02.01.11, EP 4	The critical access hospital provides education and training to staff involved in the provision of resuscitative services. The critical access hospital determines which	Moved and Revised	NPG.01.05.03, EP 3	The critical access hospital provision of resuscitative serv
	staff complete this education and training based upon their job responsibilities and			provision of resuscitative serv staff complete this education
	critical access hospital policies and procedures. The education and training are			critical access hospital polici
	provided at the following intervals:			provided at the following inter
	- At orientation			- At orientation
	- A periodic basis thereafter, as determined by the critical access hospital			- A periodic basis thereafter, a
	- When staff responsibilities change			- When staff responsibilities c
	Note 1: Topics may cover resuscitation procedures or protocols; use of			Note 1: Topics may cover resu
	cardiopulmonary resuscitation techniques, devices, or equipment; and the roles			cardiopulmonary resuscitatio

provides care, treatment, and services to the patient in prative manner.

cinct part units in critical access hospitals: The critical rdinated interdisciplinary team approach in the ient, as documented by the periodic clinical entries cal record to note the patient's status related to goal plans, and team conferences that are held at least once appropriateness of treatment.

maintains equipment, supplies, and drugs and d in life-saving procedures. These items are kept at the l are available for treating emergency cases. ogicals commonly used in life-saving procedures include esics, local anesthetics, antibiotics, anticonvulsants, ums and toxoids, antiarrythmics, cardiac glycosides, s, and electrolytes and replacement solutions. oplies commonly used life-saving procedures include ys, endotracheal tubes, ambu bag/valve/mask, oxygen, n devices, nasogastric tubes, splints, IV therapy defibrillator, cardiac monitor, chest tubes, and s.

8(b)(1), §485.618(b)(2)

provides resuscitative services based on national es, and the critical access hospital's policies,

available for use based on the needs of the population

itical access hospital has a pediatric population, ipment should be available.

provides education and training to staff involved in the ervices. The critical access hospital determines which on and training based on their job responsibilities and icies and procedures. The education and training are tervals:

as determined by the critical access hospital change

esuscitation procedures or protocols; use of tion techniques, devices, or equipment; and roles and

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	and responsibilities during resuscitation events.			responsibilities during resusc
	Note 2: The format and content of education and training are determined by the			Note 2: The critical access ho
	critical access hospital (for example, a skills day, a mock code).			education and training (for ex
PC.02.01.11, EP 5	For rehabilitation and psychiatric distinct part units in critical access hospitals: At a	Moved	PC.12.01.05, EP 1	For rehabilitation and psychia
	minimum, operating room suites have the following equipment available:			minimum, operating room su
	- Call-in system (process to communicate with or summon staff outside of the			- Call-in system (process to c
	operating room when needed)			operating room when needed
	- Cardiac monitor			- Cardiac monitor
	- Resuscitator (hand-held or mechanical device that provides positive airway			- Resuscitator (hand-held or
	pressure)			pressure)
	- Defibrillator			- Defibrillator
	- Aspirator (hand-held or mechanical device used to suction out fluids or			- Aspirator (hand-held or med
	secretions)			secretions)
	- Tracheotomy set			- Tracheotomy set
	CoPs: §482.51(b)(3)			CoPs: §482.51(b)(3)
PC.02.01.19, EP 2	The critical access hospital develops and follows written criteria describing early	Moved and Revised	NPG.01.05.02, EP 1	The critical access hospital d
	warning signs of a change or deterioration in a patient's condition and the			early warning signs of a chan
	appropriate action to take.			appropriate action to take.
PC.02.01.20, EP 1	The critical access hospital develops and follows policies, procedures, or protocols	Moved and Revised	NPG.01.05.04, EP 1	The critical access hospital d
	based on current scientific literature for interdisciplinary post–cardiac arrest care.			protocols based on current s
	Note 1: Post–cardiac arrest care is aimed at identifying, treating, and mitigating			arrest care.
	acute pathophysiological processes after cardiac arrest and includes evaluation for			Note 1: Post–cardiac arrest c
	targeted temperature management and other aspects of critical care management.			acute pathophysiological pro
	Note 2: This requirement does not apply to critical access hospitals that do not			targeted temperature manag
	provide post–cardiac arrest care.			Note 2: This requirement doe
				provide post–cardiac arrest c
PC.02.01.20, EP 2	The critical access hospital develops and follows policies, procedures, or protocols	Moved and Revised	NPG.01.05.04, EP 2	The critical access hospital d
1 0.02.01.20, LI 2	based on current scientific literature to determine the neurological prognosis for	Proved and Nevised	NI 0.01.03.04, El 2	protocols based on current s
	patients who remain comatose after cardiac arrest.			-
				prognosis for patients who re
	Note 1: Because any single method of neuroprognostication has an intrinsic error			Note 1: Because any single m
	rate, current guidelines recommend that multiple testing modalities be			rate, current guidelines recor
	incorporated into organizations' routine procedures and protocols to improve			incorporated into the critical
	decision-making accuracy.			improve decision-making acc
	Note 2: This requirement does not apply to critical access hospitals that do not			Note 2: This requirement doe
	provide post-cardiac arrest care.			provide post–cardiac arrest c
PC.02.01.20, EP 3	The critical access hospital follows written criteria or a protocol for inter-facility	Deleted	N/A	N/A
PC.02.01.21, EP 1	transfers of patients for post–cardiac arrest care, when indicated. For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved and Revised	PC.11.02.07, EP 1	For critical access hospitals
10.02.01.21, EFT	Home option: The primary care clinician and the interdisciplinary team identify the	Proved and Nevised	10.11.02.07, EI 1	Home option: The primary ca
	patient's oral and written communication needs, including the patient's preferred			
				patient's oral and written con
	language for discussing health care.			language for discussing healt
	Note: Examples of communication needs include the need for personal devices			Note: Examples of communic
	such as hearing aids or glasses, language interpreters, communication boards, and			such as hearing aids or glass
	translated or plain language materials. (Refer to RC.02.01.01, EP 27)			translated or plain language
PC.02.01.21, EP 2	For critical access hospitals that elect The Joint Commission Primary Care Medical	Consolidation of	RI.11.02.01, EP 1	The critical access hospital p
	Home option: The primary care clinician and the interdisciplinary team	PC.02.01.21, EP 2;		patient's total health status, i
	communicate with the patient during the provision of care, treatment, or services in	RI.01.01.03, EP 1		ability to understand.
				Note: The critical access hos

scitation events. nospital determines the format and content of example, a skills day, a mock code).
niatric distinct part units in critical access hospitals: At a suites have the following equipment available: communicate with or summon staff outside of the ed)
r mechanical device that provides positive airway
echanical device used to suction out fluids or
develops and implements written criteria describing nge or deterioration in a patient's condition and the
develops and implements policies, procedures, or scientific literature for interdisciplinary post–cardiac
care is aimed at identifying, treating, and mitigating rocesses after cardiac arrest and includes evaluation for gement and other aspects of critical care management. hes not apply to critical access hospitals that do not care.
develops and implements policies, procedures, or scientific literature to determine the neurological remain comatose after cardiac arrest. method of neuroprognostication has an intrinsic error ommend that multiple testing modalities be al access hospital's routine procedures and protocols to occuracy. bes not apply to critical access hospitals that do not care.

Is that elect The Joint Commission Primary Care Medical care clinician and the interdisciplinary team identify the ommunication needs, including the patient's preferred alth care.

nication needs include the need for personal devices sses, language interpreters, communication boards, and e materials. (Refer to RC.12.01.01, EP 1)

l provides information, including but not limited to the s, in a manner tailored to the patient's age, language, and

Note: The critical access hospital communicates with the patient during the

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	a manner that meets the patient's oral and written communication needs. (Refer to RI.01.01.03, EPs 1, 2, 3)			provision of care, treatment, a and written communication n CoPs: §483.10(c)(1), §483.15(§485.645(d)(1), §485.645(d)(2
PC.02.02.01, EP 1	The critical access hospital follows a process to receive or share patient information when the patient is referred to other internal or external providers of care, treatment, and services.CoPs: §412.25(a)(4), §482.43(b), §482.54(a), §485.642(b)	Moved and Revised	PC.14.02.01, EP 1	The critical access hospital de patient information when the treatment, and services. Note: For rehabilitation distin- includes how it will transmit n part unit when a critical access CoPs: §412.25(a)(4)
PC.02.02.01, EP 2	The critical access hospital's process for hand-off communication provides for the opportunity for discussion between the giver and receiver of patient information. Note: Such information may include the patient's condition, care, treatment, medications, services, and any recent or anticipated changes to any of these. CoPs: §412.25(a)(4)	Moved and Revised	NPG.01.04.01, EP 2	The critical access hospital's opportunity for discussion be Note: Such information may in medications, services, and ar
PC.02.02.01, EP 3	Construction (d) (d)The critical access hospital coordinates the patient's care, treatment, and serviceswithin a time frame that meets the patient's needs.Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services.CoPs: §412.25(a)(4), §412.29(e), §412.29(i), §482.43(a)(5), §482.54(a), §482.55(a)(2), §483.65(a)(1), §483.65(a)(2), §485.642(a)(5), §485.645(d)(6)	Consolidation of LD.03.06.01, EP 3; PC.02.01.01, EP 1; PC.02.01.01, EP 6; PC.02.02.01, EP 3; PC.02.02.01, EP 9; PC.02.02.01, EP 10	PC.14.02.01, EP 8	For swing beds in critical accellate care requires specialized rehat physical therapy, speech-lang therapy, and rehabilitative ser or services of a lesser intensit required services from a proviex cluded from participating in section 1128 and 1156 of the
PC.02.02.01, EP 3	The critical access hospital coordinates the patient's care, treatment, and services within a time frame that meets the patient's needs. Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services.CoPs: \$412.25(a)(4), \$412.29(e), \$412.29(i), \$482.43(a)(5), \$482.54(a), \$482.55(a)(2), \$483.65(a)(1), \$483.65(a)(2), \$485.642(a)(5), \$485.645(d)(6)	Consolidation of PC.02.02.01, EP 3; PC.04.01.03, EP 2; PC.04.01.03, EP 4	PC.14.01.01, EP 5	CoPs: \$483.65(a)(1), \$483.65(The critical access hospital per discharge plan for those patie likely to suffer adverse health adequate discharge planning representative, or the patient' Note 1: The discharge plannin appropriate arrangements for unnecessary delays in discha Note 2: The discharge plannin plan is created by, or under th other qualified person. CoPs: \$482.43(a), \$482.43(a)(\$485.642(a)(1), \$485.642(a)(4)
PC.02.02.01, EP 9	For swing beds in critical access hospitals: The critical access hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge.	Split to PC.14.02.01, EP 2; PC.14.02.01, EP 5; PC.14.02.01, EP 7; PC.14.02.01,	PC.14.02.01, EP 2	For swing beds in critical acce medically related social servic and psychosocial well-being o
	CoPs: §483.40(d), §483.55(a)(4)(i), §483.55(a)(4)(ii), §483.55(b)(1)(i),	EP 8		CoPs: §483.40(d), §485.645(d

, and services in a manner that meets the patient's oral needs.

5(c)(3)(i), §483.15(c)(3)(iii), §485.614(a)(2)(i),)(2)

develops and implements a process to receive or share ne patient is referred to internal providers of care,

inct part units in critical access hospitals: The process t necessary clinical patient information to the distinct cess hospital patient is transferred to the unit.

's process for hand-off communication provides for the between the giver and receiver of patient information. y include the patient's condition, care, treatment, any recent or anticipated changes to any of these.

ccess hospitals: If a resident's comprehensive plan of ehabilitative services, including but not limited to inguage pathology, occupational therapy, respiratory services for a mental disorder and intellectual disability sity, the critical access hospital provides or obtains the ovider of specialized rehabilitative services and is not g in any federal or state health care programs pursuant to ne Social Security Act.

65(a)(2), §485.645(d)(6)

performs a discharge planning evaluation and creates a tients it identifies at an early stage of hospitalization are th consequences upon discharge in the absence of ng or at the request of the patient, patient's nt's physician.

ning evaluation is completed in a timely manner so that for post–hospital care are made before discharge and harge are avoided.

ning evaluation is performed and subsequent discharge the supervision of, a registered nurse, social worker, or

a)(1), §482.43(a)(4), §482.43(a)(5), §485.642(a), (4)

ccess hospitals: The critical access hospital provides rvices to attain or maintain the optimal physical, mental, g of each resident.

(d)(4)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	\$483.55(b)(2)(i), \$483.55(b)(2)(ii), \$483.65(b), \$485.645(d)(4), \$485.645(d)(6), \$485.645(d)(7)			
PC.02.02.01, EP 9	For swing beds in critical access hospitals: The critical access hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. CoPs: \$483.40(d), \$483.55(a)(4)(i), \$483.55(a)(4)(ii), \$483.55(b)(1)(i), \$483.55(b)(2)(i), \$483.55(b)(2)(ii), \$483.65(b), \$485.645(d)(4), \$485.645(d)(6), \$485.645(d)(7)	Split to PC.14.02.01, EP 2; PC.14.02.01, EP 5; PC.14.02.01, EP 7; PC.14.02.01, EP 8	PC.14.02.01, EP 5	For swing beds in critical acce access hospital assists reside transportation to and from the CoPs: §483.55(a)(4)(i), §483.5 §485.645(d)(7)
PC.02.02.01, EP 9	For swing beds in critical access hospitals: The critical access hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. CoPs: \$483.40(d), \$483.55(a)(4)(i), \$483.55(a)(4)(ii), \$483.55(b)(1)(i), \$483.55(b)(2)(i), \$483.55(b)(2)(ii), \$483.65(b), \$485.645(d)(4), \$485.645(d)(6), \$485.645(d)(7)	Split to PC.14.02.01, EP 2; PC.14.02.01, EP 5; PC.14.02.01, EP 7; PC.14.02.01, EP 8	PC.14.02.01, EP 7	For swing beds in critical acce obtains from an outside resou plan) and emergency dental s CoPs: §483.55(b)(1)(i), §485.6
PC.02.02.01, EP 9	 For swing beds in critical access hospitals: The critical access hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. CoPs: \$483.40(d), \$483.55(a)(4)(i), \$483.55(a)(4)(ii), \$483.55(b)(1)(i), \$483.55(b)(2)(i), \$483.65(b), \$485.645(d)(4), \$485.645(d)(6), \$485.645(d)(7) 	Split to PC.14.02.01, EP 2; PC.14.02.01, EP 5; PC.14.02.01, EP 7; PC.14.02.01, EP 8	PC.14.02.01, EP 8	For swing beds in critical accel care requires specialized reha physical therapy, speech-lang therapy, and rehabilitative ser or services of a lesser intensit required services from a provi excluded from participating in section 1128 and 1156 of the section CoPs: §483.65(a)(1), §483.65(
PC.02.02.01, EP 10	When the critical access hospital uses external resources to meet the patient's needs, it coordinates the patient's care, treatment, and services.CoPs: \$483.55(a)(4)(i), \$483.55(a)(4)(ii), \$483.55(b)(2)(i), \$483.55(b)(2)(ii), \$483.65(a)(1), \$483.65(a)(2), \$485.645(d)(6), \$485.645(d)(7)	Split to PC.14.02.01, EP 5; PC.14.02.01, EP 7; PC.14.02.01, EP 8	PC.14.02.01, EP 5	For swing beds in critical acces access hospital assists reside transportation to and from the CoPs: §483.55(a)(4)(i), §483.5 §485.645(d)(7)
PC.02.02.01, EP 10	When the critical access hospital uses external resources to meet the patient's needs, it coordinates the patient's care, treatment, and services. CoPs: §483.55(a)(4)(i), §483.55(a)(4)(ii), §483.55(b)(2)(i), §483.55(b)(2)(ii), §483.65(a)(1), §483.65(a)(2), §485.645(d)(6), §485.645(d)(7)	Split to PC.14.02.01, EP 5; PC.14.02.01, EP 7; PC.14.02.01, EP 8	PC.14.02.01, EP 7	For swing beds in critical acce obtains from an outside resou plan) and emergency dental s CoPs: §483.55(b)(1)(i), §485.6
PC.02.02.01, EP 10	When the critical access hospital uses external resources to meet the patient's needs, it coordinates the patient's care, treatment, and services. CoPs: \$483.55(a)(4)(i), \$483.55(a)(4)(ii), \$483.55(b)(2)(i), \$483.55(b)(2)(ii), \$483.65(a)(1), \$483.65(a)(2), \$485.645(d)(6), \$485.645(d)(7)	Split to PC.14.02.01, EP 5; PC.14.02.01, EP 7; PC.14.02.01, EP 8	PC.14.02.01, EP 8	For swing beds in critical acce care requires specialized reha physical therapy, speech-lang therapy, and rehabilitative ser or services of a lesser intensit required services from a provi excluded from participating in section 1128 and 1156 of the S CoPs: §483.65(a)(1), §483.65(
PC.02.02.01, EP 12	For swing beds in critical access hospitals: The critical access hospital assists residents who are eligible and wish to apply for reimbursement of dental services	Moved	PC.14.02.01, EP 3	For swing beds in critical acce residents who are eligible and

ccess hospitals: If necessary or requested, the critical dents in making dental appointments and arranging for the dental services location.

.55(a)(4)(ii), \$483.55(b)(2)(i), \$483.55(b)(2)(ii),

cess hospitals: The critical access hospital provides or ource routine (to the extent covered under the state l services.

.645(d)(7)

ccess hospitals: If a resident's comprehensive plan of ehabilitative services, including but not limited to inguage pathology, occupational therapy, respiratory services for a mental disorder and intellectual disability sity, the critical access hospital provides or obtains the ovider of specialized rehabilitative services and is not g in any federal or state health care programs pursuant to ne Social Security Act.

5(a)(2), §485.645(d)(6)

cess hospitals: If necessary or requested, the critical dents in making dental appointments and arranging for he dental services location.

.55(a)(4)(ii), \$483.55(b)(2)(i), \$483.55(b)(2)(ii),

ccess hospitals: The critical access hospital provides or ource routine (to the extent covered under the state l services.

.645(d)(7)

ccess hospitals: If a resident's comprehensive plan of habilitative services, including but not limited to inguage pathology, occupational therapy, respiratory services for a mental disorder and intellectual disability sity, the critical access hospital provides or obtains the ovider of specialized rehabilitative services and is not g in any federal or state health care programs pursuant to be Social Security Act.

5(a)(2), §485.645(d)(6)

cess hospitals: The critical access hospital assists nd wish to apply for reimbursement of dental services

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	as an incurred medical expense under the state plan. The critical access hospital may charge a Medicare resident an additional amount for routine and emergency dental services.			as an incurred medical expen may charge a Medicare reside dental services.
	CoPs: \$483.55, \$483.55(a)(2), \$483.55(b)(1)(i), \$483.55(b)(5), \$485.645(d)(7)			CoPs: §483.55(a)(2), §483.55(
PC.02.02.01, EP 29	For critical access hospitals with swing beds: The critical access hospital follows its policy identifying circumstances when loss of or damage to a resident's dentures is the critical access hospital's responsibility and it may not charge a resident for the loss or damage of dentures. CoPs: §483.55(a)(3), §483.55(b)(4), §485.645(d)(7)	Moved and Revised	PC.14.02.01, EP 4	For swing beds in critical acce and implements a policy iden resident's dentures is the criti charge a resident for the loss CoPs: §483.55(a)(3), §483.55(
PC.02.02.01, EP 30	For critical access hospitals with swing beds: The critical access hospital refers residents with lost or damaged dentures for dental services within three days. If referral does not occur within three days, the critical access hospital documents what was done to make sure that the resident could adequately eat and drink and any extenuating circumstances that led to the delay. CoPs: \$483.55(a)(5), \$483.55(b)(3), \$485.645(d)(7)	Moved	PC.14.02.01, EP 6	For critical access hospitals with lost or damage referral does not occur within what was done to make sure any extenuating circumstance CoPs: §483.55(a)(5), §483.55(
PC.02.02.03, EP 6	The critical access hospital prepares food and nutrition products using proper sanitation, temperature, light, moisture, ventilation, and security. CoPs: §485.635(a)(3)(vi)	Consolidation of PC.02.02.03, EP 6; PC.02.02.03, EP 11	NPG.11.04.01, EP 1	The critical access hospital p (including those brought in by
PC.02.02.03, EP 7	 Food and nutrition products are consistent with each patient's care, treatment, and services. Note 1: The nutritional needs of inpatients are met in accordance with recognized dietary practices and the orders of the physician or other licensed practitioner responsible for the care of inpatients. Note 2: For swing beds in critical access hospitals: The critical access hospital meets the assisted nutrition and hydration requirement at 42 CFR 483.25(g) with respect to inpatients receiving posthospital skilled nursing facility care. CoPs: \$482.28(b), \$482.28(b)(1), \$483.25(g)(1), \$483.25(g)(2), \$485.635(a)(3)(vi), \$485.645(d)(8) 	Moved and Revised	PC.12.01.09, EP 1	The nutritional needs of the in practice guidelines and recog Note 1: Diet menus meet the Note 2: For swing beds in criti meets the assisted nutrition a respect to inpatients receiving CoPs: §482.28(b), §482.28(b)
PC.02.02.03, EP 11	The critical access hospital stores food and nutrition products, including those brought in by patients or their families, using proper sanitation, temperature, light, moisture, ventilation, and security. CoPs: §485.635(a)(3)(vi)	Consolidation of PC.02.02.03, EP 6; PC.02.02.03, EP 11	NPG.11.04.01, EP 1	The critical access hospital p (including those brought in by
PC.02.02.03, EP 22	For rehabilitation and psychiatric distinct part units in critical access hospitals: A current therapeutic diet manual approved by the dietitian and medical staff is available to all medical, nursing, and food service staff. CoPs: §482.28(b)(1), §482.28(b)(3)	Moved and Revised	PC.12.01.09, EP 2	For rehabilitation and psychia dietician and medical staff ap available to all medical, nursi Note: For the purposes of this a publication or revision date CoPs: §482.28(b)(3)
PC.02.03.01, EP 1	The critical access hospital performs a learning needs assessment for each patient, which includes the following: - The patient's cultural and religious beliefs - Emotional barriers	Moved and Revised	PC.12.02.01, EP 1	The critical access hospital per patient, which includes the for - Cultural and religious beliefs - Emotional barriers

ense under the state plan. The critical access hospital ident an additional amount for routine and emergency

55(b)(5), §485.645(d)(7)

ccess hospitals: The critical access hospital develops entifying circumstances when loss of or damage to a ritical access hospital's responsibility, and it may not ss or damage of dentures.

55(b)(4), §485.645(d)(7)

s with swing beds: The critical access hospital refers ged dentures for dental services within three days. If nin three days, the critical access hospital documents re that the resident could adequately eat and drink and nces that led to the delay.

55(b)(3), §485.645(d)(7)

prepares and stores food and nutrition products by patients or their families) using proper sanitation.

individual patient are met in accordance with clinical ognized dietary practices.

ne needs of the patients.

ritical access hospitals: The critical access hospital n and hydration requirement at 42 CFR 483.25(g) with ring posthospital skilled nursing facility care.

b)(1), §485.635(a)(3)(vi)

prepares and stores food and nutrition products by patients or their families) using proper sanitation.

hiatric distinct part units in critical access hospitals: The approve a therapeutic diet manual that is current and rsing, and food service staff.

nis element of performance, current is defined as having te no more than five years old.

l performs a learning needs assessment for each following: efs

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Desire and motivation to learn			- Desire and motivation to learn
	- Physical or cognitive limitations			- Physical or cognitive limitations
	- Barriers to communication			- Barriers to communication
PC.02.03.01, EP 10	 Based on the patient's condition and assessed needs, the education and training provided to the patient by the critical access hospital include the following: An explanation of the plan for care, treatment, and services Basic health practices and safety Information on the safe and effective use of medications Nutrition interventions (for example, supplements) and modified diets Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management Information on the safe and effective use of medical equipment or supplies 	Moved	PC.12.02.01, EP 3	 Based on the patient's condition and assessed needs, the education and training provided to the patient by the critical access hospital include the following: An explanation of the plan for care, treatment, and services Basic health practices and safety Information on the safe and effective use of medications Nutrition interventions (for example, supplements) and modified diets Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management Information on the safe and effective use of medical equipment or supplies
	 provided by the critical access hospital Habilitation or rehabilitation techniques to help the patient reach maximum independence Fall reduction strategies 			provided by the critical access hospital - Habilitation or rehabilitation techniques to help the patient reach maximum independence - Fall reduction strategies
PC.02.03.01, EP 27	The critical access hospital provides the patient education on how to communicate concerns about patient safety issues that occur before, during, and after care is received.	Moved	PC.12.02.01, EP 5	The critical access hospital provides the patient education on how to communicate concerns about patient safety issues that occur before, during, and after care is received.
PC.02.03.01, EP 28	For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team educate the patient on self-management tools and techniques based on the patient's individual needs. (Refer to PC.01.03.01, EP 44)	Moved and Revised	PC.12.02.01, EP 6	For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team educate the patient on self-management tools and techniques based on the patient's individual needs. (Refer to PC.11.03.01, EP 7)
PC.02.03.01, EP 30	 For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team identifies the patient's health literacy needs. Note: Typically this is an interactive process. For example, patients may be asked to demonstrate their understanding of information provided by explaining it in their own words. 	Moved	PC.12.02.01, EP 7	 For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team identifies the patient's health literacy needs. Note: Typically this is an interactive process. For example, patients may be asked to demonstrate their understanding of information provided by explaining it in their own words.
PC.02.03.01, EP 31	For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team incorporate the patient's health literacy needs into the patient's education.	Moved	PC.12.02.01, EP 8	For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team incorporate the patient's health literacy needs into the patient's education.
PC.02.04.01, EP 1	For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home provides patients with access to the following 24 hours a day, 7 days a week: - Appointment availability/scheduling - Requests for prescription renewal - Test results - Clinical advice for urgent health needs	Moved	PC.12.03.01, EP 1	 For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home provides patients with access to the following 24 hours a day, 7 days a week: Appointment availability/scheduling Requests for prescription renewal Test results Clinical advice for urgent health needs
PC.02.04.01, EP 2	For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home offers flexible scheduling to accommodate patient care needs. Note: This may include open scheduling, same-day appointments, group visits, expanded hours, and arrangements with other organizations.	Moved	PC.12.03.01, EP 2	 For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home offers flexible scheduling to accommodate patient care needs. Note: This may include open scheduling, same-day appointments, group visits, expanded hours, and arrangements with other organizations.
PC.02.04.01, EP 3	For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home has a process to address patient urgent care needs 24 hours a day, 7 days a week.	Moved	PC.12.03.01, EP 3	For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home has a process to address patient urgent care needs 24 hours a day, 7 days a week.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PC.02.04.03, EP 1	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved and Revised	PC.12.03.03, EP 1	For critical access hospitals t
	Home option: The primary care medical home manages transitions in care and			Home option: The primary ca
	provides or facilitates patient access to care, treatment, or services including the			provides or facilitates patient
	following:			following:
	- Acute care			- Acute care
	- Management of chronic care			- Management of chronic car
	- Preventive services that are age- and gender-specific			- Preventive services that are
	- Behavioral health needs			- Behavioral health needs
	- Oral health care			- Oral health care
	- Urgent and emergent care			- Urgent and emergent care
	- Substance abuse treatment			- Substance abuse treatment
	Note: Some of these services may be obtained through the use of community			Note: Some of these services
	resources as available, or in collaboration with other organizations.			resources, as available, or in
PC.02.04.03, EP 2	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved	PC.12.03.03, EP 2	For critical access hospitals t
	Home option: The primary care medical home provides care that addresses various			Home option: The primary ca
	phases of a patient's lifespan, including end-of-life care.			phases of a patient's lifespan
PC.02.04.03, EP 3	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved	PC.12.03.03, EP 3	For critical access hospitals t
	Home option: The primary care medical home provides disease and chronic care			Home option: The primary ca
	management services to its patients.			management services to its p
PC.02.04.03, EP 4	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved	PC.12.03.03, EP 4	For critical access hospitals t
	Home option: The primary care medical home provides population-based care.			Home option: The primary ca
PC.02.04.03, EP 5	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved and Revised	PC.12.03.03, EP 5	For critical access hospitals t
	Home option: The primary care medical home uses health information technology			Home option: The primary ca
	to do the following:			to do the following:
	- Support the continuity of care, and the provision of comprehensive and			- Support the continuity of ca
	coordinated care, treatment, or services			coordinated care, treatment,
	- Document and track care, treatment, or services			- Document and track care, tr
	- Support disease management, including providing patient education			- Support disease manageme
	- Support preventive care, treatment, or services			- Support preventive care, tre
	- Create reports for internal use and external reporting			- Create reports for internal u
	- Facilitate electronic exchange of information among providers			- Facilitate electronic exchan
	- Support performance improvement			- Support performance impro
PC.02.04.05, EP 1	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved	PC.12.03.05, EP 1	For critical access hospitals t
	Home option: The primary care medical home identifies the composition of the			Home option: The primary ca
	interdisciplinary team, based on individual patient needs.			interdisciplinary team, based
PC.02.04.05, EP 2	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved	PC.12.03.05, EP 2	For critical access hospitals
	Home option: The members of the interdisciplinary team provide comprehensive			Home option: The members of
	and coordinated care, treatment, or services and maintain the continuity of care.			and coordinated care, treatm
	Note: The provision of care may include making internal and external referrals.			Note: The provision of care m
PC.02.04.05, EP 4	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved	PC.12.03.05, EP 3	For critical access hospitals t
	Home option: The primary care clinician and the interdisciplinary team provide			Home option: The primary ca
	care for a designated group of patients.			care for a designated group o
PC.02.04.05, EP 5	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved and Revised	PC.12.03.05, EP 4	For critical access hospitals t
	Home option: The primary care clinician is responsible for making certain that the		,	Home option: The primary ca
	interdisciplinary team provides comprehensive and coordinated care, treatment, or			interdisciplinary team provide
	services and maintains the continuity of care as described in EPs 6–12.			services and maintains the co
	Note: Coordination of care may include making internal and external referrals			Note: Coordination of care m
	Note: Coordination of care may include making internal and external referrals, developing and evaluating treatment plans, and resolving conflicts in the provision			Note: Coordination of care m developing and evaluating tre

s that elect The Joint Commission Primary Care Medical care medical home manages transitions in care and nt access to care, treatment, or services, including the

are re age- and gender-specific

nt

es may be obtained through the use of community n collaboration with other organizations.

s that elect The Joint Commission Primary Care Medical care medical home provides care that addresses various an, including end-of-life care.

s that elect The Joint Commission Primary Care Medical care medical home provides disease and chronic care s patients.

s that elect The Joint Commission Primary Care Medical care medical home provides population-based care. s that elect The Joint Commission Primary Care Medical care medical home uses health information technology

care and the provision of comprehensive and it, or services

- treatment, or services
- nent, including providing patient education
- reatment, or services
- use and external reporting
- ange of information among providers
- rovement

s that elect The Joint Commission Primary Care Medical care medical home identifies the composition of the ed on individual patient needs.

s that elect The Joint Commission Primary Care Medical s of the interdisciplinary team provide comprehensive ment, or services and maintain the continuity of care. may include making internal and external referrals.

s that elect The Joint Commission Primary Care Medical care clinician and the interdisciplinary team provide of patients.

s that elect The Joint Commission Primary Care Medical care clinician is responsible for making certain that the des comprehensive and coordinated care, treatment, or continuity of care as described in EPs 6–10.

may include making internal and external referrals, reatment plans, and resolving conflicts in the provision

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PC.02.04.05, EP 6	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved	PC.12.03.05, EP 5	For critical access hospitals t
	Home option: When a patient is referred internally or externally, the			Home option: When a patient
	interdisciplinary team reviews and tracks the care provided to the patient and, as			interdisciplinary team reviews
	needed, acts on recommendations for additional care, treatment, and services.			needed, acts on recommenda
	Note: Internal referrals include orders for laboratory tests and imaging.			Note: Internal referrals includ
PC.02.04.05, EP 8	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved	PC.12.03.05, EP 6	For critical access hospitals t
	Home option: The interdisciplinary team participates in the development of the			Home option: The interdiscip
	patient's treatment plan.			patient's treatment plan.
PC.02.04.05, EP 9	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved	PC.12.03.05, EP 7	For critical access hospitals t
	Home option: The interdisciplinary team works in partnership with the patient to			Home option: The interdiscip
	achieve planned outcomes.			achieve planned outcomes.
PC.02.04.05, EP 10	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved	PC.12.03.05, EP 8	For critical access hospitals t
	Home option: The interdisciplinary team monitors the patient's progress toward			Home option: The interdiscip
	achieving treatment goals.			achieving treatment goals.
PC.02.04.05, EP 11	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved	PC.12.03.05, EP 9	For critical access hospitals t
	Home option: The interdisciplinary team involves the patient in the development of			Home option: The interdiscip
	the patient's treatment plan.			the patient's treatment plan.
PC.02.04.05, EP 12	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved	PC.12.03.05, EP 10	For critical access hospitals t
	Home option: The interdisciplinary team assesses patients for health risk			Home option: The interdiscip
	behaviors.			behaviors.
PC.02.04.06, EP 1	For critical access hospitals with swing beds: The interdisciplinary team works in	Deleted EP -	N/A	N/A
	partnership with the resident to achieve planned outcomes.	Replaced with more		
		direct EP(s) or		
	CoPs: §483.21(b)(1), §483.21(b)(2)(ii)(E), §485.645(d)(5)	moved to guidance		
		within SPG		
PC.02.04.06, EP 2	For critical access hospitals with swing beds: The interdisciplinary team involves	Moved and Revised	PC.11.03.01, EP 6	For swing beds in critical acce
	the resident and the resident's representative in the development of the treatment			resident and the resident's re
	plan.			comprehensive treatment pla
	Note: The treatment plan includes the following:			Note 1: The treatment plan in
	- Any specialized or rehabilitation services the critical access hospital will provide			- Any specialized or rehabilita
	as a result of preadmission screening and resident review (PASARR)			as a result of preadmission so
	recommendations. Disagreement with PASARR recommendations is documented			recommendations and any di
	in the resident's record.			- Resident's goals for admissi
	- The resident's goals for admission and desired outcomes.			- Resident's preferences and
	- The resident's preferences and potential for future discharge.			resident's desire to return to t
	- Discharge plans.			local contact agencies and/o
	- Measurable objectives and time frames to meet a resident's medical, nursing, and			- Discharge plans
	mental and psychosocial needs.			- Measurable objectives and t
				mental and psychosocial nee
	CoPs: \$483.21(b)(1), \$483.21(b)(1)(iii), \$483.21(b)(1)(iv)(A), \$483.21(b)(1)(iv)(B),			Note 2: If not feasible for the r
	\$483.21(b)(1)(iv)(C), \$483.21(b)(2)(ii)(E), \$485.645(d)(5)			participate in the developmer
				the resident's medical record
				CoPs: §483.21(b)(1), §483.21
				§483.21(b)(1)(iv)(B), §483.21(l
PC.03.01.01, EP 5	A registered nurse supervises perioperative nursing care.	Moved and Revised	NPG.12.01.01, EP	For rehabilitation and psychia
	Note: Qualified registered nurses may perform circulating duties in the operating		13	surgical services include but a
	room. In accordance with state law and regulation and critical access hospital			- An experienced registered n
	policy, licensed practical nurses and surgical technologists may assist the			supervises the operating roor

s that elect The Joint Commission Primary Care Medical ent is referred internally or externally, the

ws and tracks the care provided to the patient and, as idations for additional care, treatment, and services. ude orders for laboratory tests and imaging.

s that elect The Joint Commission Primary Care Medical iplinary team participates in the development of the

s that elect The Joint Commission Primary Care Medical iplinary team works in partnership with the patient to

s that elect The Joint Commission Primary Care Medical iplinary team monitors the patient's progress toward

s that elect The Joint Commission Primary Care Medical iplinary team involves the patient in the development of n.

s that elect The Joint Commission Primary Care Medical iplinary team assesses patients for health risk

ccess hospitals: The interdisciplinary team involves the representative in developing the person-centered, blan.

includes documentation of the following:

itation services the critical access hospital will provide screening and resident review (PASARR)

disagreement with PASARR recommendations sion and desired outcomes

d potential for future discharge, including whether the o the community was assessed and any referrals to /or other appropriate entities for this purpose

I time frames to meet a resident's medical, nursing, and eeds

e resident and the resident's representative to lent of the treatment plan, an explanation is included in rd.

21(b)(1)(iii), §483.21(b)(1)(iv), §483.21(b)(1)(iv)(A), 1(b)(1)(iv)(C), §483.21(b)(2)(ii)(E), §485.645(d)(5) hiatric distinct part units in critical access hospitals: The ut are not limited to the following staff: nurse or doctor of medicine or osteopathy who oms

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	circulating registered nurse in performing circulatory duties as long as the			- Licensed practical nurses (L
	registered nurse supervises these staff and is immediately available to respond to			technicians) who serve as sc
	emergencies.			nurse
				- Qualified registered nurses
	CoPs: §482.23(b)(3), §482.51(a)(1), §482.51(a)(2), §482.51(a)(3)			Note: In accordance with app
				and procedures, LPNs and su
				under the supervision of a qu
				to respond to emergencies.
				CoPs: §482.51(a)(1), §482.51
PC.03.01.01, EP 6	For operative or other high-risk procedures, including those that require the	Deleted EP -	N/A	N/A
	administration of moderate or deep sedation or anesthesia, the following is	Replaced with more		
	available:	direct EP(s) or		
	- Equipment to monitor the patient's physiological status	moved to guidance		
	- Equipment to administer intravenous fluids and medications and, if needed,	within SPG		
	blood and blood components			
PC.03.01.01, EP 9	CoPs: §482.52(b) In accordance with the critical access hospital's policy and state scope of practice	Moved and Revised	PC.13.01.01, EP 1	Anesthesia is administered o
10.00.01.01, 21 0	laws, anesthesia is administered only by the following individuals:			- A qualified anesthesiologist
	- An anesthesiologist			- A doctor of medicine or oste
	- A doctor of medicine or osteopathy other than an anesthesiologist			osteopathic practitioner reco
	- A doctor of dental surgery or dental medicine			Act
	- A doctor of podiatric medicine			- A doctor of dental surgery o
	- A certified registered nurse anesthetist (CRNA) supervised by the operating			anesthesia under state law
	practitioner except as provided in 42 CFR 485.639(e) regarding the state exemption			- A doctor of podiatric medici
	for this supervision *			state law
	- An anesthesiologist's assistant supervised by an anesthesiologist			- A certified registered nurse
	- A supervised trainee in an approved educational program			this chapter, supervised by th
				485.639(e) regarding the stat
	Note: In accordance with 42 CFR 413.85(e), an approved nursing and allied health			- An anesthesiologist's assist
	education program is a planned program of study that is licensed by state law, or if			anesthesiologist
	licensing is not required, is accredited by a recognized national professional			- A supervised trainee in an a
	organization. Such national accrediting bodies include, but are not limited to, the			Note 1: In accordance with 4
	Commission on Accreditation of Allied Health Education Programs and the			health education program is
	National League of Nursing Accrediting Commission.			law, or if licensing is not requ
	Footnote *: The CoP at 42 CFR 485.639(e) for state exemption states: A critical			professional organization. Su
	access hospital may be exempted from the requirement for doctor of medicine or			limited to, the Commission o
	osteopathy supervision of CRNAs if the state in which the critical access hospital is			and the National League of N
	located submits a letter to the Centers for Medicare & Medicaid Services (CMS)			Note 2: See Glossary for the
	signed by the governor, following consultation with the state's Boards of Medicine			(CRNA) and anesthesiologist
	and Nursing, requesting exemption from doctor of medicine or osteopathy			Note 3: The CoP at 42 CFR 48
	supervision for CRNAs. The letter from the governor must attest that they have			hospital may be exempted fro
	consulted with the state Boards of Medicine and Nursing about issues related to			osteopathy supervision of CF
	access to and the quality of anesthesia services in the state and has concluded			located submits a letter to th
	that it is in the best interests of the state's citizens to opt out of the current doctor			signed by the governor, follow
	of medicine or osteopathy supervision requirement, and that the opt-out is			and nursing, requesting exem
	consistent with state law. The request for exemption and recognition of state laws			supervision for CRNAs. The le
	and the withdrawal of the request may be submitted at any time and are effective			consulted with the state boar

(LPNs) and surgical technologists (operating room scrub nurses, if under the supervision of a registered

s who perform circulating duties in the operating room pplicable state laws and approved medical staff policies surgical technologists may assist in circulatory duties qualified registered nurse who is immediately available

51(a)(2), §482.51(a)(3)

only by the following individuals: st

steopathy other than an anesthesiologist, including an cognized under section 1101(a)(7) of the Social Security

or dental medicine, who is qualified to administer

cine, who is qualified to administer anesthesia under

e anesthetist (CRNA), as defined in 42 CFR 410.69(b) of the operating practitioner, except as provided in 42 CFR ate exemption for this supervision

stant, as defined in 42 CFR 410.69(b), supervised by an

approved educational program

42 CFR 413.85(e), an approved nursing and allied s a planned program of study that is licensed by state quired, is accredited by a recognized national

Such national accrediting bodies include, but are not on Accreditation of Allied Health Education Programs Nursing Accrediting Commission.

e definition of certified registered nurse anesthetist st assistant.

485.639(e) for state exemption states: A critical access from the requirement for doctor of medicine or

CRNAs if the state in which the critical access hospital is the Centers for Medicare & Medicaid Services (CMS) owing consultation with the state's boards of medicine emption from doctor of medicine or osteopathy eletter from the governor must attest that they have

ards of medicine and nursing about issues related to

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	upon submission. CoPs: §485.639(c)(1)(i), §485.639(c)(1)(ii), §485.639(c)(1)(iii), §485.639(c)(1)(iv),			access to and the quality of that it is in the best interests of medicine or osteopathy so
	\$485.639(c)(1)(v), \$485.639(c)(1)(vi), \$485.639(c)(1)(vii), \$485.639(c)(2), \$485.639(e)(1), \$485.639(e)(2)			consistent with state law. Th and the withdrawal of the red upon submission. Note 4: Only the above indiv
				CoPs: §482.52(a)(1), §482.52 §482.52(c)(1), §482.52(c)(2), §485.639(c)(1)(iv), §485.639 §485.639(c)(2), §485.639(e)(
PC.03.01.01, EP 10	 For rehabilitation and psychiatric distinct part units in critical access hospitals: In accordance with the critical access hospital's policy and state scope-of-practice laws, anesthesia is administered only by the following individuals: An anesthesiologist A doctor of medicine or osteopathy other than an anesthesiologist A doctor of podiatric medicine A doctor of podiatric medicine A certified registered nurse anesthetist (CRNA) supervised by the operating practitioner except as provided in 42 CFR 482.52(c) regarding the state exemption for this supervision * An anesthesiologist's assistant supervised by an anesthesiologist who is immediately available if needed A supervised trainee in an approved educational program Note 1: In accordance with 42 CFR 413.85(e), an approved nursing and allied health education program is a planned program of study that is licensed by state law or, if licensing is not required, is accredited by a recognized national programs and the National League of Nursing Accrediting Commission. Note 2: "Anesthesiologist assistant" is defined in 42 CFR 410.69(b). Footnote *: The CoP at 42 CFR 482.52(c) for state exemption states: A critical access hospital may be exempt from the requirement for doctors of medicine or osteopathy to supervise CRNAs if the state in which the critical access hospital is located submits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by the governor, following consultation with the state's Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia eservices in the state and has concluded that it is in the best interests of the state's citizens to opt out of the current doctor of medicine or osteopathy supervision requirement, and that the opt-out is consistent with state law. The request for exemption and recognition of state laws and the withdrawal of the request may be submitted at any time and are effective	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	\$485.639(c)(2), \$485.639(e)(
	\$482.52(c)(1), \$482.52(c)(2)			

of anesthesia services in the state and has concluded sts of the state's citizens to opt out of the current doctor of supervision requirement and that the opt-out is The request for exemption and recognition of state laws request may be submitted at any time and are effective

lividuals can administer deep sedation/analgesia.

2.52(a)(2), §482.52(a)(3), §482.52(a)(4), §482.52(a)(5), (2), §485.639(c)(1)(i), §485.639(c)(1)(ii), §485.639(c)(1)(iii), 39(c)(1)(v), §485.639(c)(1)(vi), §485.639(c)(1)(vii), (e)(1), §485.639(e)(2)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PC.03.01.03, EP 1	Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The critical access hospital conducts a presedation or preanesthesia patient assessment.	Moved and Revised	PC.13.01.03, EP 1	A qualified physician or other 485.639(c), conducts a prean anesthesia.
	CoPs: §482.52(b), §485.639(b)(2)			CoPs: §485.639(b)(2)
PC.03.01.03, EP 8	A qualified physician or other licensed practitioner reevaluates the patient immediately before administering moderate or deep sedation or anesthesia. Note: The reevaluation is performed by a qualified physician or other licensed practitioner in accordance with 42 CFR 485.639(a). CoPs: §482.52(b), §485.639(b)(1)	Moved and Revised	PC.13.01.03, EP 3	A qualified physician or other 485.639(a), reevaluates the pa of the procedure to be perforr CoPs: §485.639(b)(1)
PC.03.01.03, EP 18	For rehabilitation and psychiatric distinct part units in critical access hospitals: A preanesthesia evaluation is completed and documented by an individual qualified to administer anesthesia within 48 hours prior to surgery or a procedure requiring anesthesia services. CoPs: §482.52(b)(1)	Consolidation of PC.03.01.03, EP 18	PC.13.01.03, EP 2	For rehabilitation and psychia critical access hospital develo anesthesia that include the de responsibilities. The policies r - A preanesthesia evaluation of to administer anesthesia, as a surgery or a procedure requiri - An intraoperative anesthesia - A postanesthesia evaluation qualified to administer anesthe 48 hours after surgery or a propostanesthesia evaluation for with state law and critical according approved by the medical staff
PC.03.01.05, EP 1	During operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia, the patient's oxygenation, ventilation, and circulation are monitored continuously.	Deleted EP - Replaced with more direct EP(s) or	N/A	CoPs: §482.52(b), §482.52(b)(
	$C_{0}D_{0}$: \$482 E2(b)(2)	moved to guidance within SPG		
PC.03.01.07, EP 1	CoPs: §482.52(b)(2) The critical access hospital assesses the patient's physiological status immediately after the operative or other high-risk procedure and/or as the patient recovers from moderate or deep sedation or anesthesia.	Consolidation of PC.03.01.07, EP 1; PC.03.01.07, EP 2	PC.13.01.03, EP 5	For rehabilitation and psychia critical access hospital has ac CoPs: §482.51(b)(4)
PC.03.01.07, EP 2	CoPs: §482.51(b)(4), §482.52(b), §485.639(b)(3) The critical access hospital monitors the patient's physiological status, mental status, and pain level at a frequency and intensity consistent with the potential effect of the operative or other high-risk procedure and/or the sedation or anesthesia administered. CoPs: §482.51(b)(4), §482.52(b)	Consolidation of PC.03.01.07, EP 1; PC.03.01.07, EP 2	PC.13.01.03, EP 5	For rehabilitation and psychia critical access hospital has ac CoPs: §482.51(b)(4)
PC.03.01.07, EP 4	A qualified physician or other licensed practitioner discharges the patient from the recovery area or from the critical access hospital. In the absence of a qualified individual, patients are discharged according to criteria approved by clinical leaders.	Moved and Revised	PC.13.01.03, EP 6	A qualified physician or other anesthesia recovery, as specir patient from the recovery area
	CoPs: §482.52(b), §485.639(b)(3), §485.639(d)			CoPs: §485.639(b)(3)

er licensed practitioner, in accordance with 42 CFR anesthesia patient assessment to evaluate the risk of

er licensed practitioner, in accordance with 42 CFR patient immediately before surgery, to evaluate the risk prmed.

niatric distinct part units in critical access hospitals: The elops and implements policies and procedures for delineation of preanesthesia and postanesthesia as require the following for each patient:

n completed and documented by an individual qualified s specified in 42 CFR 482.52(a), within 48 hours prior to iiring anesthesia services.

sia record.

on completed and documented by an individual sthesia, as specified in 42 CFR 482.52(a), no later than procedure requiring anesthesia services. The for anesthesia recovery is completed in accordance

ccess hospital policies and procedures that have been aff and reflect current standards of anesthesia care.

b)(1), §482.52(b)(2), §482.52(b)(3)

niatric distinct part units in critical access hospitals: The adequate provisions for immediate postoperative care.

niatric distinct part units in critical access hospitals: The adequate provisions for immediate postoperative care.

er licensed practitioner evaluates the patient for proper ecified in 42 CFR 485.639(c), before discharging the rea or from the critical access hospital.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PC.03.01.07, EP 6	Patients who have received sedation or anesthesia as outpatients are discharged in the company of an individual who accepts responsibility for the patient. CoPs: §485.639(d)	Moved and Revised	PC.13.01.03, EP 7	The critical access hospital di the company of a responsible performed the surgical proce unaccompanied.
	0013.3403.003(u)			CoPs: §485.639(d)
PC.03.01.07, EP 7	For rehabilitation and psychiatric distinct part units in critical access hospitals: A	Deleted EP -	N/A	N/A
	postanesthesia evaluation is completed and documented by an individual qualified to administer anesthesia no later than 48 hours after surgery or a procedure requiring anesthesia services. CoPs: §482.52(b)(3)	Replaced with more direct EP(s) or moved to guidance within SPG		
PC.03.01.07, EP 8	For rehabilitation and psychiatric distinct part units in critical access hospitals: The postanesthesia evaluation for anesthesia recovery is completed in accordance with law and regulation and policies and procedures that have been approved by the medical staff. CoPs: §482.52(b)(3)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
PC.03.01.08, EP 1	For rehabilitation and psychiatric distinct part units in critical access hospitals: The laboratory follows a written policy, approved by the medical staff and a pathologist, that establishes which tissue specimens require only a macroscopic examination, and which require both a macroscopic and microscopic examination. CoPs: §482.27(a)(4)	Moved and Revised	PC.13.01.05, EP 2	For rehabilitation and psychia laboratory develops and imple and a pathologist, that establ macroscopic examination and examination.
				CoPs: §482.27(a)(4)
PC.03.01.08, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: The laboratory follows written policies and procedures for collecting, preserving, transporting, receiving, and reporting examination results for tissue specimens.	Moved and Revised	PC.13.01.05, EP 1	For rehabilitation and psychia laboratory develops and imple preserving, transporting, rece specimens.
	CoPs: §482.27(a)(3)			CoPs: §482.27(a)(3)
PC.03.05.01, EP 1	The critical access hospital uses restraint or seclusion only to protect the immediate physical safety of the patient, staff, or others. CoPs: §482.13(e), §483.12(a)(2), §485.614(e), §485.645(d)(3)	Consolidation of PC.03.05.01, EP 1; PC.03.05.01, EP 2; PC.03.05.01, EP 3	PC.13.02.01, EP 1	The critical access hospital de means of coercion, discipline seclusion is only used to prote or others when less restrictive discontinued at the earliest pe in the order.
				CoPs: §482.13(e), §482.13(e)(§485.645(d)(3)
PC.03.05.01, EP 2	The critical access hospital does not use restraint or seclusion as a means of coercion, discipline, convenience, or staff retaliation.	Consolidation of PC.03.05.01, EP 1; PC.03.05.01, EP 2;	PC.13.02.01, EP 1	The critical access hospital de means of coercion, discipline seclusion is only used to prote
	CoPs: §482.13(e), §483.12(a)(2), §485.614(e), §485.645(d)(3)	PC.03.05.01, EP 3		or others when less restrictive discontinued at the earliest print in the order.
				CoPs: §482.13(e), §482.13(e)(§485.645(d)(3)

discharges patients following the surgical procedure in ble adult, except in situations where the practitioner who cedure determines the patient may leave

hiatric distinct part units in critical access hospitals: The plements a written policy, approved by the medical staff ablishes which tissue specimens require only a and which require both a macroscopic and microscopic

hiatric distinct part units in critical access hospitals: The plements written policies and procedures for collecting, ceiving, and reporting examination results for tissue

l does not use restraint or seclusion of any form as a ne, convenience, or staff retaliation. Restraint or rotect the immediate physical safety of the patient, staff, rive interventions have been ineffective and is t possible time, regardless of the length of time specified

e)(2), §482.13(e)(9), §485.614(e), §485.614(e)(2),

l does not use restraint or seclusion of any form as a ne, convenience, or staff retaliation. Restraint or rotect the immediate physical safety of the patient, staff, rive interventions have been ineffective and is t possible time, regardless of the length of time specified

e)(2), \$482.13(e)(9), \$485.614(e), \$485.614(e)(2),

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PC.03.05.01, EP 3	The critical access hospital uses restraint or seclusion only when less restrictive interventions are ineffective.	Consolidation of PC.03.05.01, EP 1;	PC.13.02.01, EP 1	The critical access hospital d means of coercion, discipline
	CoPs: §482.13(e)(2), §483.12(a)(2), §485.645(d)(3)	PC.03.05.01, EP 2; PC.03.05.01, EP 3		seclusion is only used to prot or others when less restrictive
				discontinued at the earliest p in the order.
				CoPs: §482.13(e), §482.13(e) §485.645(d)(3)
PC.03.05.01, EP 4	The critical access hospital uses the least restrictive form of restraint or seclusion that protects the physical safety of the patient, staff, or others.	Moved and Revised	PC.13.02.01, EP 2	The critical access hospital u that will be effective to protec
	CoPs: §482.13(e)(2), §482.13(e)(3), §483.12(a)(2), §485.614(e)(3), §485.645(d)(3)			CoPs: §482.13(e)(3), §485.61
PC.03.05.01, EP 5	The critical access hospital discontinues restraint or seclusion at the earliest	Deleted EP -	N/A	N/A
	possible time, regardless of the scheduled expiration of the order.	Replaced with more direct EP(s) or		
	CoPs: §482.13(e), §482.13(e)(9), §483.12(a)(2), §485.614(e), §485.645(d)(3)	moved to guidance within SPG		
PC.03.05.03, EP 1	The critical access hospital implements restraint or seclusion using safe	Consolidation of	PC.13.02.03, EP 1	The critical access hospital's
	techniques identified by the critical access hospital's policies and procedures in accordance with law and regulation.	PC.03.05.03, EP 1; PC.03.05.03, EP 2		requirements: - In accordance with a writter
		F 0.03.03.03, EF 2		- Implemented by trained stat
	CoPs: §482.13(e)(4)(ii), §482.13(f), §485.614(f)			access hospital's policies and
				CoPs: §482.13(e)(4)(i), §482.1
PC.03.05.03, EP 2	The use of restraint and seclusion is in accordance with a written modification to	Consolidation of	PC.13.02.03, EP 1	The critical access hospital's
	the patient's plan of care.	PC.03.05.03, EP 1; PC.03.05.03, EP 2		requirements: - In accordance with a writter
	CoPs: §482.13(e)(4)(i)	1 0.00.00.00, ET 2		- Implemented by trained stat
				access hospital's policies and
				CoPs: §482.13(e)(4)(i), §482.1
PC.03.05.05, EP 1	For rehabilitation and psychiatric distinct part units in critical access hospitals: A	Moved and Revised	PC.13.02.05, EP 1	For rehabilitation and psychia
	physician or other authorized licensed practitioner responsible for the patient's care orders the use of restraint or seclusion in accordance with critical access			critical access hospital uses
	hospital policy and law and regulation.			other authorized licensed pra accordance with critical acce
	CoPs: §482.13(e)(5)			CoPs: §482.13(e)(5)
PC.03.05.05, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Moved	PC.13.02.05, EP 2	For rehabilitation and psychia
	critical access hospital does not use standing orders or PRN (also known as "as needed") orders for restraint or seclusion.			critical access hospital does needed") orders for restraint
	CoPs: §482.13(e)(6)			CoPs: §482.13(e)(6)
PC.03.05.05, EP 3	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Moved	PC.13.02.05, EP 3	For rehabilitation and psychia
	attending physician or clinical psychologist is consulted as soon as possible, in			attending physician or clinica
	accordance with critical access hospital policy, if they did not order the restraint or seclusion.			accordance with critical acce seclusion.
	Note: The definition of "physician" is the same as that used by the Centers for			Note: The definition of "physi
	Medicare & Medicaid Services (CMS) (refer to the Glossary).			Medicare & Medicaid Service

does not use restraint or seclusion of any form as a ne, convenience, or staff retaliation. Restraint or otect the immediate physical safety of the patient, staff, ive interventions have been ineffective and is possible time, regardless of the length of time specified

e)(2), §482.13(e)(9), §485.614(e), §485.614(e)(2),

l uses the least restrictive form of restraint or seclusion tect the patient, a staff member, or others from harm.

614(e)(3), §485.645(d)(3)

's use of restraint or seclusion meets the following

en modification to the patient's plan of care taff using safe techniques identified by the critical and procedures in accordance with law and regulation

2.13(e)(4)(ii), §482.13(f), §485.614(f) .'s use of restraint or seclusion meets the following

en modification to the patient's plan of care taff using safe techniques identified by the critical and procedures in accordance with law and regulation

2.13(e)(4)(ii), §482.13(f), §485.614(f)

hiatric distinct part units in critical access hospitals: The es restraint or seclusion as ordered by a physician or practitioner responsible for the patient's care in cess hospital policy and state law and regulation.

hiatric distinct part units in critical access hospitals: The as not use standing orders or PRN (also known as "as nt or seclusion.

niatric distinct part units in critical access hospitals: The cal psychologist is consulted as soon as possible, in cess hospital policy, if they did not order the restraint or

sician" is the same as that used by the Centers for ces (CMS) (refer to the Glossary).

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.13(e)(7)			CoPs: §482.13(e)(7)
PC.03.05.05, EP 4	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Moved and Revised	PC.13.02.05, EP 4	For rehabilitation and psychia
	Unless state law is more restrictive, orders for the use of restraint or seclusion used			Unless state law is more rest
	for the management of violent or self-destructive behavior that jeopardizes the			for the management of violer
	immediate physical safety of the patient, staff, or others may be renewed within the			immediate physical safety of
	following limits:			following time limits:
	- 4 hours for adults 18 years of age or older			- 4 hours for adults 18 years of
	- 2 hours for children and adolescents 9 to 17 years of age			- 2 hours for children and add
	- 1 hour for children under 9 years of age			- 1 hour for children under 9 y
	Orders may be renewed according to the time limits for a maximum of 24			Orders may be renewed acco
	consecutive hours.			consecutive hours.
	CoPs: §482.13(e)(8)(i), §482.13(e)(8)(i)(A), §482.13(e)(8)(i)(B), §482.13(e)(8)(i)(C)			CoPs: §482.13(e)(8)(i), §482.7
PC.03.05.05, EP 5	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Moved and Revised	PC.13.02.05, EP 5	For rehabilitation and psychia
	Unless state law is more restrictive, every 24 hours, a physician or other authorized			Unless state law is more rest
	licensed practitioner responsible for the patient's care sees and evaluates the			licensed practitioner response
	patient before writing a new order for restraint or seclusion used for the			patient before writing a new o
	management of violent or self-destructive behavior that jeopardizes the immediate			management of violent or se
	physical safety of the patient, staff, or others in accordance with critical access			physical safety of the patient
	hospital policy and law and regulation.			hospital policy and state law
	CoPs: §482.13(e)(8)(ii)			CoPs: §482.13(e)(8)(ii)
PC.03.05.05, EP 6	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Moved and Revised	PC.13.02.05, EP 6	For rehabilitation and psychia
,	Orders for restraint used to protect the physical safety of the nonviolent or non-self-			Orders for restraint used to p
	destructive patient are renewed in accordance with critical access hospital policy.			destructive patient are renew
	CoPs: §482.13(e)(8)(iii)			CoPs: §482.13(e)(8)(iii)
PC.03.05.07, EP 1	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Moved and Revised	PC.13.02.07, EP 1	For rehabilitation and psychia
10.00.00.07, EFT	Physicians, other licensed practitioners, or staff who have been trained in		10.10.02.07, EI 1	Physicians, other licensed pr
	accordance with 42 CFR 482.13(f) monitor the condition of patients in restraint or			accordance with 42 CFR 482
	seclusion.			seclusion at an interval deter
	CoPs: §482.13(e)(10)			CoPs: §482.13(e)(10)
PC.03.05.09, EP 1	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Moved and Revised	PC.13.02.09, EP 1	The critical access hospital's
	critical access hospital's policies and procedures regarding restraint or seclusion			or seclusion that are consiste
	include the following:			
	- Physician and other licensed practitioner training requirements			For rehabilitation and psychia
	- Staff training requirements			policies and procedures inclu
	- The determination of who has authority to order restraint and seclusion			- Definitions for restraint and
	- The determination of who has authority to discontinue the use of restraint or			law and regulation
	seclusion			- Physician and other license
	- The determination of who can initiate the use of restraint or seclusion			- Staff training requirements
	- The circumstances under which restraint or seclusion is discontinued			- Who has authority to order I
	- The requirement that restraint or seclusion is discontinued as soon as is safely			- Who has authority to discor
	possible			- Who can initiate the use of r
	- A definition of restraint in accordance with 42 CFR 482.13(e)(1)(i)(A–C)			- Circumstances under which
	- A definition of seclusion in accordance with 42 CFR 482.13(e)(1)(ii)			- Requirement that restraint o
	- A definition or description of what constitutes the use of medications as a			possible

hiatric distinct part units in critical access hospitals: strictive, orders for the use of restraint or seclusion used ent or self-destructive behavior that jeopardizes the of the patient, staff, or others may be renewed within the

- s of age or older
- dolescents 9 to 17 years of age
-) years of age
- cording to the time limits for a maximum of 24

2.13(e)(8)(i)(A), \$482.13(e)(8)(i)(B), \$482.13(e)(8)(i)(C)

hiatric distinct part units in critical access hospitals: strictive, every 24 hours, a physician or other authorized nsible for the patient's care sees and evaluates the v order for restraint or seclusion used for the self-destructive behavior that jeopardizes the immediate nt, staff, or others, in accordance with critical access w and regulation.

hiatric distinct part units in critical access hospitals: protect the physical safety of a nonviolent or non-selfewed in accordance with critical access hospital policy.

hiatric distinct part units in critical access hospitals: practitioners, or staff who have been trained in 32.13(f) monitor the condition of patients in restraint or ermined by the critical access hospital.

's policies and procedures regarding the use of restraint stent with current standards of practice.

- niatric distinct part units in critical access hospitals: The clude the following:
- d seclusion that are consistent with state and federal
- sed practitioner training requirements
- r restraint or seclusion
- ontinue the use of restraint or seclusion
- f restraint or seclusion
- ch restraint or seclusion is discontinued
- t or seclusion is discontinued as soon as is safely

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	restraint in accordance with 42 CFR 482.13(e)(1)(i)(B)			- Who can assess and monito
	- A determination of who can assess and monitor patients in restraint or seclusion			- Time frames for assessing a
	- Time frames for assessing and monitoring patients in restraint or seclusion			
	Note 1: The definition of restraint per 42 CFR 482.13(e)(1)(i)(A–C) is as follows:			CoPs: §482.13(e)(11), §485.6
	42 CFR 482.13(e)(1) Definitions. (i) A restraint is— (A) Any manual method, physical			
	or mechanical device, material, or equipment that immobilizes or reduces the			
	ability of a patient to move his or her arms, legs, body, or head freely; or 42 CFR			
	482.13(e)(1)(i)(B) (A restraint is—) 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 treatment or dosage for the patient's condition.			
	42 CFR 482.13(e)(1)(i)(C) A restraint does not include devices, such as			
	orthopedically prescribed devices, surgical dressings or bandages, protective			
	helmets, or other methods that involve the physical holding of a patient for the			
	purpose of conducting routine physical examinations or tests, or to protect the			
	patient from falling out of bed, or to permit the patient to participate in activities			
	without the risk of physical harm (this does not include a physical escort).			
	Note 2: The definition of seclusion per 42 CFR 482.13(e)(1)(ii) is as follows:			
	Seclusion is the involuntary confinement of a patient alone in a room or area from			
	which the patient is physically prevented from leaving. Seclusion may be used only			
	for the management of violent or self-destructive behavior.			
	CoPs: §482.13(e)(1)(i)(A), §482.13(e)(1)(i)(B), §482.13(e)(1)(i)(C), §482.13(e)(1)(ii),			
	§482.13(e)(11)			
PC.03.05.09, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Moved and Revised	PC.13.02.09, EP 2	For rehabilitation and psychia
	Physicians and other licensed practitioners authorized to order restraint or			Physicians and other license
	seclusion (through critical access hospital policy in accordance with law and			seclusion (through critical ac
	regulation) have a working knowledge of the critical access hospital policy			regulation) have a working kn
	regarding the use of restraint and seclusion.			regarding the use of restraint
	CoPs: §482.13(e)(11)			CoPs: §482.13(e)(11)
PC.03.05.09, EP 3	The critical access hospital has policies and procedures regarding the use of	Split to PC.13.02.01,	PC.13.02.01, EP 4	The critical access hospital r
	restraint or seclusion that are in accordance with current standards of practice. The	EP 4; PC.13.02.01,		method, physical or mechan
	policies and procedures also include the following:	EP 5		reduces the ability of a patier
	- Restraint and seclusion may only be used when less restrictive interventions have			when a drug or medication is
	been determined to be ineffective to protect the patient, a staff member, or others			or restrict the patient's freed
	from harm.			dosage for the patient's cond
	- A definition of restraint in accordance with 42 CFR 485.614 (e)(1)(i)(A–C).			Note: A restraint does not inc
	- A definition of seclusion in accordance with 42 CFR 485.614 (e)(1)(ii).			devices, surgical dressings o
	Note 1: The definition of restraint per 42 CFR 485.614 (e)(1)(i)(A–C) is as follows:			involve the physical holding of
	42 CFR 485.614 (e)(1) Definitions. (i) A restraint is— (A) Any manual method,			physical examinations or test
	physical or mechanical device, material, or equipment that immobilizes or reduces			permit the patient to particip
	the ability of a patient to move his or her arms, legs, body, or head freely; or 42 CFR			does not include a physical e
	485.614 (e)(1)(i)(B) (A restraint is—) A drug or medication when it is used as a			
	restriction to manage the patient's behavior or restrict the patient's freedom of			CoPs: §482.13(e)(1)(i)(A), §48
	movement and is not a standard treatment or dosage for the patient's condition.			
				\$485.614(e)(1)(i)(A), \$485.614
	42 CFR 485.614 (e)(1)(i)(C) A restraint does not include devices, such as			
	orthopedically prescribed devices, surgical dressings or bandages, protective			
	helmets, or other methods that involve the physical holding of a patient for the			
	purpose of conducting routine physical examinations or tests, or to protect the			

itor patients in restraint or seclusion g and monitoring patients in restraint or seclusion

5.614(e)(4)

hiatric distinct part units in critical access hospitals: sed practitioners authorized to order restraint or access hospital policy in accordance with law and knowledge of the critical access hospital policy int or seclusion.

It restraint policies are followed when any manual anical device, material, or equipment that immobilizes or ient to move his or her arms, legs, body, or head freely; or i is used as a restriction to manage the patient's behavior edom of movement and is not a standard treatment or ndition.

include devices, such as orthopedically prescribed s or bandages, protective helmets, or other methods that g of a patient for the purpose of conducting routine ests, or to protect the patient from falling out of bed, or to cipate in activities without the risk of physical harm (this al escort).

i482.13(e)(1)(i)(B), §482.13(e)(1)(i)(C), 514(e)(1)(i)(B), §485.614(e)(1)(i)(C)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	patient from falling out of bed, or to permit the patient to participate in activities			
	without the risk of physical harm (this does not include a physical escort).			
	Note 2: The definition of seclusion per 42 CFR 485.614 (e)(1)(ii) is as follows:			
	Seclusion is the involuntary confinement of a patient alone in a room or area from			
	which the patient is physically prevented from leaving. Seclusion may be used only			
	for the management of violent or self-destructive behavior.			
	CoPs: §485.614(e)(1)(i)(A), §485.614(e)(1)(i)(B), §485.614(e)(1)(i)(C), §485.614(e)(1)(ii), §485.614(e)(2), §485.614(e)(4)			
PC.03.05.09, EP 3	The critical access hospital has policies and procedures regarding the use of	Split to PC.13.02.01,	PC.13.02.01, EP 5	The critical access hospital s
	restraint or seclusion that are in accordance with current standards of practice. The	EP 4; PC.13.02.01,		involuntarily confined alone i
	policies and procedures also include the following:	EP 5		prevented from leaving.
	- Restraint and seclusion may only be used when less restrictive interventions have			Note: Seclusion is only used
	been determined to be ineffective to protect the patient, a staff member, or others			behavior.
	from harm.			
	- A definition of restraint in accordance with 42 CFR 485.614 (e)(1)(i)(A–C).			CoPs: §482.13(e)(1)(ii), §485.
	- A definition of seclusion in accordance with 42 CFR 485.614 (e)(1)(ii).			
	Note 1: The definition of restraint per 42 CFR 485.614 (e)(1)(i)(A–C) is as follows:			
	42 CFR 485.614 (e)(1) Definitions. (i) A restraint is— (A) Any manual method,			
	physical or mechanical device, material, or equipment that immobilizes or reduces			
	the ability of a patient to move his or her arms, legs, body, or head freely; or 42 CFR			
	485.614 (e)(1)(i)(B) (A restraint is—) 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 treatment or dosage for the patient's condition.			
	42 CFR 485.614 (e)(1)(i)(C) A restraint does not include devices, such as			
	orthopedically prescribed devices, surgical dressings or bandages, protective			
	helmets, or other methods that involve the physical holding of a patient for the			
	purpose of conducting routine physical examinations or tests, or to protect the			
	patient from falling out of bed, or to permit the patient to participate in activities			
	without the risk of physical harm (this does not include a physical escort).			
	Note 2: The definition of seclusion per 42 CFR 485.614 (e)(1)(ii) is as follows:			
	Seclusion is the involuntary confinement of a patient alone in a room or area from			
	which the patient is physically prevented from leaving. Seclusion may be used only			
	for the management of violent or self-destructive behavior.			
	CoPs: §485.614(e)(1)(i)(A), §485.614(e)(1)(i)(B), §485.614(e)(1)(i)(C),			
	\$485.614(e)(1)(ii), \$485.614(e)(2), \$485.614(e)(4)			
PC.03.05.11, EP 1	For rehabilitation and psychiatric distinct part units in critical access hospitals: A	Moved and Revised	PC.13.02.11, EP 1	For rehabilitation and psychia
·	physician or other licensed practitioner responsible for the care of the patient			physician or other licensed p
	evaluates the patient in-person within one hour of the initiation of restraint or			the patient in person within o
	seclusion used for the management of violent or self-destructive behavior that			for the management of violer
	jeopardizes the physical safety of the patient, staff, or others. A registered nurse			physical safety of the patient
	may conduct the in-person evaluation within one hour of the initiation of restraint			in-person evaluation within o
	or seclusion; this individual is trained in accordance with the requirements in			are trained in accordance wit
	PC.03.05.17, EP 3.			Note: The critical access hos
	Note: States may have statute or regulation requirements that are more restrictive			may be more stringent than t
	than the requirements in this element of performance.			
	CoPs: §482.13(e)(12)(i)(A), §482.13(e)(12)(i)(B), §482.13(e)(13), §482.13(e)(14)			CoPs: §482.13(e)(12)(i)(A), §4

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l seclusion policies are followed when a patient is e in a room or area from which the patient is physically

ed for the management of violent or self-destructive

35.614(e)(1)(ii)

hiatric distinct part units in critical access hospitals: A practitioner responsible for the patient's care evaluates one hour of the initiation of restraint or seclusion used ent or self-destructive behavior that jeopardizes the nt, staff, or others. A registered nurse may conduct the one hour of the initiation of restraint or seclusion if they vith the requirements in PC.13.02.17, EP 3. ospital also follows any state statute or regulation that the requirements in this element of performance.

§482.13(e)(12)(i)(B), §482.13(e)(13)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PC.03.05.11, EP 2	 For rehabilitation and psychiatric distinct part units in critical access hospitals: When the in-person evaluation (performed within one hour of the initiation of restraint or seclusion) is done by a trained registered nurse, they consult with the attending physician or other licensed practitioner responsible for the care of the patient as soon as possible after the evaluation, as determined by critical access hospital policy. CoPs: §482.13(e)(12)(ii)(A), §482.13(e)(12)(ii)(B), §482.13(e)(12)(ii)(C), §482.13(e)(12)(ii)(D), §482.13(e)(14) 	Moved	PC.13.02.11, EP 3	For rehabilitation and psychia When the in-person evaluation restraint or seclusion) is done attending physician or other l patient as soon as possible a hospital policy. CoPs: §482.13(e)(14)
PC.03.05.11, EP 3	 For rehabilitation and psychiatric distinct part units in critical access hospitals: The in-person evaluation, conducted within one hour of the initiation of restraint or seclusion for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others, includes the following: An evaluation of the patient's immediate situation The patient's reaction to the intervention The patient's medical and behavioral condition The need to continue or terminate the restraint or seclusion CoPs: \$482.13(e)(12)(ii)(A), \$482.13(e)(12)(ii)(B), \$482.13(e)(12)(ii)(C), \$482.13(e)(12)(ii)(D) 	Moved and Revised	PC.13.02.11, EP 2	For rehabilitation and psychia in-person evaluation is condu- seclusion for the managemen- jeopardizes the physical safe includes the following: - An evaluation of the patient - The patient's reaction to the - The patient's medical and b - The need to continue or terr CoPs: \$482.13(e)(12)(ii)(A), \$4 \$482.13(e)(12)(ii)(D)
PC.03.05.13, EP 1	For rehabilitation and psychiatric distinct part units in critical access hospitals: The patient who is simultaneously restrained and secluded is continually monitored by trained staff either in-person or through the use of both video and audio equipment that is in close proximity to the patient. Note: In this element of performance "continually" means ongoing without interruption. CoPs: §482.13(e)(15)(i), §482.13(e)(15)(ii)	Moved and Revised	PC.13.02.13, EP 1	For rehabilitation and psychia patient who is simultaneously trained staff, either in person that is in close proximity to th Note: In this element of perfor interruption. CoPs: §482.13(e)(15)(i), §482
PC.03.05.15, EP 1	 For rehabilitation and psychiatric distinct part units in critical access hospitals: Documentation of restraint and seclusion in the medical record includes the following: Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior A description of the patient's behavior and the intervention used Any alternatives or other less restrictive interventions attempted The patient's condition or symptom(s) that warranted the use of the restraint or seclusion The patient's response to the intervention(s) used, including the rationale for continued use of the intervention Individual patient assessments and reassessments The intervals for monitoring Revisions to the plan of care The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion Injuries to the patient Death associated with the use of restraint or seclusion The identity of the physician, clinical psychologist, or other licensed practitioner who ordered the restraint or seclusion 	Moved and Revised	PC.13.02.15, EP 1	For rehabilitation and psychia Documentation of restraint o following: - The 1-hour face-to-face med is used to manage violent or s - Description of the patient's - Alternatives or other less res - Patient's condition or sympt seclusion - Patient's response to the int continued use of the interven CoPs: §482.13(e)(16)(i), §482 §482.13(e)(16)(v)

niatric distinct part units in critical access hospitals: tion (performed within one hour of the initiation of ne by a trained registered nurse, they consult with the r licensed practitioner responsible for the care of the after the evaluation, as determined by critical access

hiatric distinct part units in critical access hospitals: The ducted within one hour of the initiation of restraint or ent of violent or self-destructive behavior that fety of the patient, staff, or others. The evaluation

nt's immediate situation he intervention behavioral condition erminate the restraint or seclusion

§482.13(e)(12)(ii)(B), §482.13(e)(12)(ii)(C),

hiatric distinct part units in critical access hospitals: The sly restrained and secluded is continually monitored by on or through the use of both video and audio equipment the patient.

formance, continually means ongoing without

32.13(e)(15)(ii)

hiatric distinct part units in critical access hospitals: or seclusion in the medical record includes the

nedical and behavioral evaluation if restraint or seclusion or self-destructive behavior

's behavior and the intervention used

restrictive interventions attempted (as applicable)

ptom(s) that warranted the use of the restraint or

ntervention(s) used, including the rationale for ention

32.13(e)(16)(ii), \$482.13(e)(16)(iii), \$482.13(e)(16)(iv),

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Orders for restraint or seclusion			
	- Notification of the use of restraint or seclusion to the attending physician			
	- Consultations			
	Note: The definition of "physician" is the same as that used by the Centers for			
	Medicare & Medicaid Services (CMS) (refer to the Glossary).			
	CoPs: §482.13(e)(16)(i), §482.13(e)(16)(ii), §482.13(e)(16)(iii), §482.13(e)(16)(iv),			
	\$482.13(e)(16)(v)			
PC.03.05.17, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Moved and Revised	PC.13.02.17, EP 1	For rehabilitation and psychia
	critical access hospital trains staff on the use of restraint and seclusion, and			critical access hospital trains
	assesses their competence, at the following intervals:			assesses their competence a
	- At orientation			- At orientation
	- Before participating in the use of restraint and seclusion			- Before participating in the u
	- On a periodic basis thereafter			- On a periodic basis thereaft
				CoPs: §482.13(f)(1)(i), §482.1
	CoPs: \$482.13(f)(1)(i), \$482.13(f)(1)(ii), \$482.13(f)(1)(iii)			
PC.03.05.17, EP 3	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Moved and Revised	PC.13.02.17, EP 3	For rehabilitation and psychia
	Based on the population served, staff education, training, and demonstrated			Based on the population serv
	knowledge focus on the following:			knowledge focus on the follow
	- Strategies to identify staff and patient behaviors, events, and environmental			- Techniques to identify staff
	factors that may trigger circumstances that require the use of restraint or seclusion			factors that may trigger circul
	- Use of nonphysical intervention skills			- Use of nonphysical interven
	- Methods for choosing the least restrictive intervention based on an assessment of			- Methods for choosing the le
	the patient's medical or behavioral status or condition			the patient's medical or beha
	- Safe application and use of all types of restraint or seclusion used in the critical			- Safe application and use of
	access hospital, including training in how to recognize and respond to signs of			access hospital, including tra
	physical and psychological distress (for example, positional asphyxia)			physical and psychological d
	- Clinical identification of specific behavioral changes that indicate that restraint or			- Clinical identification of spe
	seclusion is no longer necessary			seclusion is no longer necess
	- Monitoring the physical and psychological well-being of the patient who is			- Monitoring the physical and
	restrained or secluded, including, but not limited to, respiratory and circulatory			restrained or secluded, inclu
	status, skin integrity, vital signs, and any special requirements specified by critical			status, skin integrity, vital sig
	access hospital policy associated with the in-person evaluation conducted within			access hospital policy assoc
	one hour of initiation of restraint or seclusion			one hour of initiation of restra
	- Use of first aid techniques and certification in the use of cardiopulmonary			- Use of first aid techniques a
	resuscitation, including required periodic recertification			resuscitation (CPR), including
				CoPs: §482.13(f)(2)(i), §482.1
	CoPs: §482.13(f)(2)(i), §482.13(f)(2)(ii), §482.13(f)(2)(iii), §482.13(f)(2)(iv), §482.13(f)(2)(v), §482.13(f)(2)(vi), §482.13(f)(2)(vii)			\$482.13(f)(2)(v), \$482.13(f)(2)
PC.03.05.17, EP 4	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Moved and Revised	PC.13.02.17, EP 4	For rehabilitation and psychia
	Individuals providing staff training in restraint or seclusion have education, training,			Individuals providing staff tra
	and experience in the techniques used to address patient behaviors that			evidenced by education, trair
	necessitate the use of restraint or seclusion.			address patient behaviors that
	CoPs: §482.13(f)(3)			CoPs: §482.13(f)(3)
PC.03.05.17, EP 5	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Moved and Revised	PC.13.02.17, EP 5	For rehabilitation and psychia
	critical access hospital documents in staff records that restraint and seclusion			critical access hospital docu

niatric distinct part units in critical access hospitals: The ns staff on the use of restraint and seclusion and at the following intervals:

use of restraint or seclusion Ifter, as determined by critical access hospital policy

.13(f)(1)(ii), §482.13(f)(1)(iii)

niatric distinct part units in critical access hospitals: rved, staff education, training, and demonstrated lowing:

ff and patient behaviors, events, and environmental sumstances that require the use of restraint or seclusion ention skills

least restrictive intervention based on an assessment of navioral status or condition

of all types of restraint or seclusion used in the critical craining in how to recognize and respond to signs of

distress (for example, positional asphyxia)

pecific behavioral changes that indicate that restraint or ssary

nd psychological well-being of the patient who is

uding but not limited to respiratory and circulatory

igns, and any special requirements specified by critical ociated with the in-person evaluation conducted within traint or seclusion

and certification in the use of cardiopulmonary ing required periodic recertification

.13(f)(2)(ii), \$482.13(f)(2)(iii), \$482.13(f)(2)(iv), 2)(vi), \$482.13(f)(2)(vii)

niatric distinct part units in critical access hospitals: raining in restraint or seclusion are qualified as aining, and experience in the techniques used to hat necessitate the use of restraint or seclusion.

niatric distinct part units in critical access hospitals: The suments in staff records that they have completed

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	training and demonstration of competence were completed.			restraint and seclusion trainin
	CoPs: §482.13(f)(4)			CoPs: §482.13(f)(4)
PC.03.05.17, EP 8	Staff education and training include the following:	Moved and Revised	PC.13.02.17, EP 2	Staff education and training in
	- Patient-centered, trauma-informed, competency-based training and education of			- Patient-centered, trauma-in
	staff, including medical staff and, as applicable, staff providing contract services,			the use of restraint and seclus
	on the use of restraint and seclusion			applicable, staff providing cor
	- Alternatives to the use of restraint and seclusion			- Alternatives to the use of res
	CoPs: §485.614(f), §485.614(f)(1), §485.614(f)(2)			CoPs: §485.614(f)(1), §485.61
PC.03.05.19, EP 1	The critical access hospital reports the following information to the Centers for	Moved and Revised	PC.13.02.19, EP 1	The critical access hospital re
	Medicare & Medicaid Services (CMS) regarding deaths related to restraint or			Medicare & Medicaid Service
	seclusion (this requirement does not apply to deaths related to the use of soft wrist			- Each death that occurs while
	restraints; for more information, refer to EP 3 in this standard):			- Each death that occurs with
	- Each death that occurs while a patient is in restraint or seclusion			restraint or seclusion
	- Each death that occurs within 24 hours after the patient has been removed from			- Each death known to the crit
	restraint or seclusion			after restraint or seclusion wa
	- Each death known to the critical access hospital that occurs within one week			of the restraint or seclusion c
	after restraint or seclusion was used when it is reasonable to assume that the use			Note 1: This reporting require
	of the restraint or seclusion contributed directly or indirectly to the patient's death.			restraints. For more informati
	The types of restraints included in this reporting requirement are all restraints			refer to EP 3 in this standard.
	except soft wrist restraints.			Note 2: In this element of per
	Note: In this element of performance "reasonable to assume" includes, but is not			limited to deaths related to re
	limited to, deaths related to restrictions of movement for prolonged periods of time			or deaths related to chest cor
	or deaths related to chest compression, restriction of breathing, or asphyxiation.			$C_{2}D_{2}$, $S_{4}D_{2}$, $12(\pi)$, $S_{4}D_{2}$, $12(\pi)$
	$C_{0}D_{0}$; 8492 12(a) 8492 12(a)(1)(i) 8492 12(a)(1)(ii) 8492 12(a)(1)(iii) 8495 614(a)			CoPs: §482.13(g), §482.13(g)(§485.614(g)(1)(i), §485.614(g)
	CoPs: §482.13(g), §482.13(g)(1)(i), §482.13(g)(1)(ii), §482.13(g)(1)(iii), §485.614(g), §485.614(g)(1)(i), §485.614(g)(1)(ii), §485.614(g)(1)(iii)			9465.014(g)(1)(1), 9465.014(g)
PC.03.05.19, EP 2	The deaths addressed in PC.03.05.19, EP 1, are reported to the Centers for	Moved and Revised	PC.13.02.19, EP 2	The deaths addressed in PC.1
FC.03.05.19, EF Z	Medicare & Medicaid Services (CMS) by telephone, by facsimile, or electronically		FG.13.02.19, EF 2	Medicare & Medicaid Services
	no later than the close of the next business day following knowledge of the patient's			than the close of the next bus
	death. The date and time that the patient's death was reported is documented in			The date and time that the pa
	the patient's medical record.			patient's medical record.
	CoPs: \$482.13(g)(1), \$482.13(g)(3)(i), \$485.614(g)(1), \$485.614(g)(3)(i)	Maxing diam di Davia a d		CoPs: §482.13(g)(1), §482.13(
PC.03.05.19, EP 3	When no seclusion has been used and when the only restraints used on the patient	Moved and Revised	PC.13.02.19, EP 3	When no seclusion has been
	are wrist restraints composed solely of soft, non-rigid, cloth-like material, the			are wrist restraints composed
	critical access hospital does the following:			critical access hospital does - Records in a log or other sys
	- 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			restraint. The information is re
	patient.			patient.
	- Records in a log or other system any death that occurs within 24 hours after a			- Records in a log or other sys
	patient has been removed from such restraints. The information is recorded within			patient has been removed fro
	seven days of the date of death of the patient.			seven days of the date of deat
	- Documents in the patient record the date and time that the death was recorded in			- Documents in the patient re
	the log or other system.			the log or other system.
	- Documents in the log or other system the patient's name, date of birth, date of			- Documents in the log or othe
	death, name of attending physician or other licensed practitioner responsible for			death, name of attending phys
	the care of the patient, medical record number, and primary diagnosis(es).			the patient's care, medical re-
				the patient's cale, method le

ning and demonstrated competence.

g include the following: informed, competency-based training and education on lusion for staff, including medical staff and, as contract services estraint or seclusion

614(f)(2)

reports the following information to the Centers for ces regarding deaths related to restraint or seclusion: nile a patient is in restraint or seclusion thin 24 hours after the patient has been removed from

critical access hospital that occurs within one week was used when it is reasonable to assume that the use contributed directly or indirectly to the patient's death rement includes all restraints except soft wrist

ation on deaths related to the use of soft wrist restraints, d.

erformance "reasonable to assume" includes but is not restrictions of movement for prolonged periods of time ompression, restriction of breathing, or asphyxiation.

g)(1)(i), §482.13(g)(1)(ii), §482.13(g)(1)(iii), §485.614(g), (g)(1)(ii), §485.614(g)(1)(iii)

2.13.02.19, EP 1, are reported to the Centers for ses by telephone, by facsimile, or electronically no later usiness day following knowledge of the patient's death. patient's death was reported is documented in the

3(g)(3)(i), §485.614(g)(1), §485.614(g)(3)(i)

en used and when the only restraints used on the patient red solely of soft, nonrigid, cloth-like material, the res the following:

ystem any death that occurs while a patient is in recorded within seven days of the date of death of the

ystem any death that occurs within 24 hours after a rom such restraints. The information is recorded within eath of the patient.

record the date and time that the death was recorded in

her system the patient's name, date of birth, date of hysician or other licensed practitioner responsible for record number, and primary diagnosis(es).

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Makes the information in the log or other system available to CMS, either			- Makes the information in the
	electronically or in writing, immediately upon request.			Medicare & Medicaid Service
				request.
	CoPs: §482.13(g)(2)(i), §482.13(g)(2)(ii), §482.13(g)(3)(ii), §482.13(g)(4)(i),			
	\$482.13(g)(4)(ii), \$482.13(g)(4)(iii), \$485.614(g)(2), \$485.614(g)(2)(i),			CoPs: §482.13(g)(2)(i), §482.1
	\$485.614(g)(2)(ii), \$485.614(g)(3)(ii), \$485.614(g)(4)(i), \$485.614(g)(4)(ii),			\$482.13(g)(4)(ii), \$482.13(g)(4
	\$485.614(g)(4)(iii)			\$485.614(g)(3)(ii), \$485.614(g)
PC.04.01.01, EP 1	The critical access hospital describes the following:	Deleted EP -	N/A	N/A
	- The reason(s) for and conditions under which the patient is discharged or	Replaced with more		
	transferred	direct EP(s) or		
	- The method for shifting responsibility for a patient's care from one provider,	moved to guidance		
	critical access hospital, program, or service to another	within SPG		
PC.04.01.01, EP 14	The critical access hospital transfers a patient upon order of their attending	Deleted EP -	N/A	N/A
	physician.	Replaced with more		
		direct EP(s) or		
	CoPs: §483.15(c)(2)(ii)(A), §483.15(c)(2)(ii)(B), §485.645(d)(2)	moved to guidance		
		within SPG		
PC.04.01.01, EP 22	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Moved and Revised	PC.14.01.01, EP 10	For rehabilitation and psychia
	critical access hospital informs the patient or the patient's representative of the			critical access hospital inform
	patient's freedom to choose among participating Medicare providers and suppliers			freedom to choose among pa
	of post-discharge services and, when possible, respects the patient's or patient			postdischarge services and, v
	representative's goals of care and treatment preferences, as well as other			representative's goals of care
	preferences when they are expressed. The critical access hospital does not limit			preferences when they are ex
	the qualified providers who are available to the patient.			the qualified providers or sup
	CoPs: §482.43(c)(2)			CoPs: §482.43(c)(2)
PC.04.01.01, EP 25	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Moved and Revised	PC.14.01.01, EP 11	For rehabilitation and psychia
	discharge plan identifies any home health agency or skilled nursing facility in which			discharge plan identifies any
	the critical access hospital has a disclosable financial interest, and any home			the critical access hospital ha
	health agency or skilled nursing facility that has a disclosable financial interest in a			health agency or skilled nursi
	critical access hospital.			critical access hospital.
	Note: Disclosure of financial interest is determined in accordance with the			Note: Disclosure of financial i
	provisions in 42 CFR 420, subpart C and section 1861 of the Social Security Act.			provisions in 42 CFR 420, sub
				U.S.C. 1395x).
	CoPs: §482.43(c)(1)(iii), §482.43(c)(3)			,
				CoPs: §482.43(c)(3)
PC.04.01.01, EP 26	The critical access hospital has written discharge planning policies and procedures	Deleted EP -	N/A	N/A
	applicable to all patients.	Replaced with more		
		direct EP(s) or		
	CoPs: \$485.635(a)(3)(vii)	moved to guidance		
		within SPG		
PC.04.01.01, EP 31	The critical access hospital assists patients, their families, or the patient's	Moved and Revised	PC.14.01.01, EP 7	The critical access hospital as
	representative in selecting a post-acute care provider by using and sharing data			representative in selecting a p
	that includes, but is not limited to, home health agency, skilled nursing facility,			that includes but is not limited
	inpatient rehabilitation facility, and long term care hospital data on quality			inpatient rehabilitation facility
	measures and resource-use measures. The critical access hospital makes certain			measures and resource-use r
	that the post-acute care data on quality measures and resource-use measures is			that the post-acute care data
	relevant and applicable to the patient's goals of care and treatment preferences.			relevant and applicable to the
	recover and approace to the patient's goals of care and treatment preferences.			

he log or other system available to the Centers for ces, either electronically or in writing, immediately upon

2.13(g)(2)(ii), §482.13(g)(3)(ii), §482.13(g)(4)(i), (4)(iii), §485.614(g)(2)(i), §485.614(g)(2)(ii), (g)(4)(i), §485.614(g)(4)(ii), §485.614(g)(4)(iii)

niatric distinct part units in critical access hospitals: The prms the patient or the patient's representative of their participating Medicare providers and suppliers of I, when possible, respects the patient's or their re and treatment preferences, as well as other expressed. The critical access hospital does not limit uppliers that are available to the patient.

niatric distinct part units in critical access hospitals: The ny home health agency or skilled nursing facility in which has a disclosable financial interest and any home rsing facility that has a disclosable financial interest in a

al interest is determined in accordance with the ubpart C, and section 1861 of the Social Security Act (42

assists the patient, their family, or the patient's a post-acute care provider by using and sharing data ted to home health agency, skilled nursing facility, lity, and long-term care hospital data on quality e measures. The critical access hospital makes certain ita on quality measures and resource-use measures is the patient's goals of care and treatment preferences.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.43(a)(8), §485.642(a)(8)			CoPs: §482.43(a)(8), §485.64
PC.04.01.01, EP 32	 COPS: 9482.43(a)(8), 9485.642(a)(8) For rehabilitation and psychiatric distinct part units in critical access hospitals: 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. CoPs: \$482.43(c)(1)(i) 	Moved and Revised	PC.14.01.01, EP 8	For rehabilitation and psychia patient's discharge plan inclu facilities, inpatient rehabilitat available to the patient, partic geographic area in which the or, in the case of a skilled nur term care hospital, in the geo access hospital documents in patient or the patient's repres Note 1: Home health agencie hospital. Note 2: This list is only preser posthospital extended care s long-term care hospital servic
PC.04.01.01, EP 33	For rehabilitation and psychiatric distinct part units in critical access hospitals: For patients enrolled in managed care organizations, the critical access hospital makes patients aware of the need to verify with their managed care organization which practitioners, providers, or certified suppliers are in the managed care organization's network. If the critical access hospital has information on which practitioners, providers, or certified suppliers are in the network of the patient's managed care organization, it shares this information with the patient or the patient's representative.	Moved	PC.14.01.01, EP 9	For rehabilitation and psychia patients enrolled in managed patients aware of the need to practitioners, providers, or ce organization's network. If the practitioners, providers, or ce managed care organization, in patient's representative.
PC.04.01.03, EP 1	CoPs: §482.43(c)(1)(ii) The critical access hospital begins the discharge planning process early in the	Moved	PC.14.01.01, EP 2	CoPs: §482.43(c)(1)(ii) The critical access hospital b
F 0.04.01.03, EF 1	patient's episode of care, treatment, and services. CoPs: §412.27(d)(1)(iv), §412.27(d)(5), §482.43(a), §482.43(a)(1), §482.43(a)(4), §485.642(a)(1), §485.642(a)(4)	Moveu	F G. 14.01.01, LF Z	CoPs: §482.43(a), §485.642(a
PC.04.01.03, EP 2	The critical access hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer. CoPs: §412.27(d)(1)(iv), §412.27(d)(5), §482.43(a), §482.43(a)(1), §482.43(a)(2), §482.43(a)(4), §485.631(c)(2)(ii), §485.642(a), §485.642(a)(1), §485.642(a)(2), §485.642(a)(4)	Split to PC.14.01.01, EP 3; PC.14.01.01, EP 5	PC.14.01.01, EP 3	As part of the discharge plan the patient's need for approp but not limited to hospice car services, and non-health car critical access hospital also e and the patient's access to th evaluation.
PC.04.01.03, EP 2	The critical access hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer. CoPs: §412.27(d)(1)(iv), §412.27(d)(5), §482.43(a), §482.43(a)(1), §482.43(a)(2), §482.43(a)(4), §485.631(c)(2)(ii), §485.642(a), §485.642(a)(1), §485.642(a)(2), §485.642(a)(4)	Split to PC.14.01.01, EP 3; PC.14.01.01, EP 5	PC.14.01.01, EP 5	CoPs: §482.43(a)(2), §485.64 The critical access hospital p discharge plan for those patie likely to suffer adverse health adequate discharge planning representative, or the patient Note 1: The discharge plannin appropriate arrangements for

642(a)(8)

hiatric distinct part units in critical access hospitals: The cludes a list of home health agencies, skilled nursing tation facilities, or long-term care hospitals that are rticipating in the Medicare program, and serving the ne patient resides (as defined by the home health agency ursing facility, inpatient rehabilitation facility, or longeographic area requested by the patient). The critical s in the medical record that this list was presented to the resentative.

ies must request to be listed by the critical access

ented to patients for whom home health care, services, skilled nursing, inpatient rehabilitation, or vices are identified as needed.

13(c)(1)(i), §482.43(c)(1)(iii)

niatric distinct part units in critical access hospitals: For ed care organizations, the critical access hospital makes to verify with their managed care organization which certified suppliers are in the managed care he critical access hospital has information on which certified suppliers are in the network of the patient's , it shares this information with the patient or the

begins the discharge planning process early in the eatment, and services.

2(a)

Inning evaluation, the critical access hospital evaluates opriate post–critical access hospital services, including care services, extended care services, home health are services and community-based care providers. The o evaluates the availability of the appropriate services those services as part of the discharge planning

642(a)(2)

performs a discharge planning evaluation and creates a tients it identifies at an early stage of hospitalization are th consequences upon discharge in the absence of ng or at the request of the patient, patient's nt's physician.

nning evaluation is completed in a timely manner so that for post–hospital care are made before discharge and

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				unnecessary delays in discha Note 2: The discharge plannin plan is created by, or under th other qualified person. CoPs: §482.43(a), §482.43(a) §485.642(a)(1), §485.642(a)(4)
PC.04.01.03, EP 3	The patient, the patient's family, physicians, other licensed practitioners, clinical psychologists, and staff involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer. Note 1: For rehabilitation and psychiatric distinct part units in critical access hospitals: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary). Note 2: For psychiatric distinct part units in critical access hospitals: Social service staff responsibilities include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the critical access hospital. Note 3: For swing beds in critical access hospitals: The critical access hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move in writing. The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and orderly. The critical access hospital sends a copy of the notice to a representative of the office of the state's long-term care ombudsman.	Moved and Revised	PC.14.01.01, EP 4	The patient, the patient's care licensed practitioners, clinical patient's care, treatment, and discharge or transfer. The patient's care included as active partners with Note 1: For rehabilitation and hospitals: The definition of "p Medicare & Medicaid Service Note 2: For psychiatric disting staff responsibilities include planning, arranging for follow information with sources outs Note 3: For swing beds in crit notifies the resident and, if kr resident of the transfer or dist writing, in a language and ma described in 42 CFR 483.15(c) sufficient preparation and ori discharge from the critical ac hospital sends a copy of the r long-term care ombudsman. CoPs: §482.43, §483.15(c)(3) §485.642(a)(5), §485.645(d)(2)
PC.04.01.03, EP 4	 Prior to discharge, the critical access hospital arranges or assists in arranging the services required by the patient after discharge in order to meet the patient's ongoing needs for care and services. CoPs: \$482.43(a)(1), \$482.43(a)(2), \$482.43(a)(4), \$485.631(c)(2)(ii), \$485.642(a), \$485.642(a)(1), \$485.642(a)(2), \$485.642(a)(4) 	Split to PC.14.01.01, EP 3; PC.14.01.01, EP 5	PC.14.01.01, EP 3	As part of the discharge plant the patient's need for approp but not limited to hospice can services, and non-health car critical access hospital also e and the patient's access to th evaluation. CoPs: §482.43(a)(2), §485.64
PC.04.01.03, EP 4	 Prior to discharge, the critical access hospital arranges or assists in arranging the services required by the patient after discharge in order to meet the patient's ongoing needs for care and services. CoPs: §482.43(a)(1), §482.43(a)(2), §482.43(a)(4), §485.631(c)(2)(ii), §485.642(a), §485.642(a)(1), §485.642(a)(2), §485.642(a)(4) 	Split to PC.14.01.01, EP 3; PC.14.01.01, EP 5	PC.14.01.01, EP 5	The critical access hospital p discharge plan for those patie likely to suffer adverse health adequate discharge planning representative, or the patient Note 1: The discharge plannin appropriate arrangements for unnecessary delays in dischar Note 2: The discharge plannin

harge are avoided.

ning evaluation is performed and subsequent discharge the supervision of, a registered nurse, social worker, or

a)(1), §482.43(a)(4), §482.43(a)(5), §485.642(a),)(4)

aregiver(s) or support person(s), physicians, other ical psychologists, and staff who are involved in the nd services participate in planning the patient's atient and their caregiver(s) or support person(s) are when planning for postdischarge care.

nd psychiatric distinct part units in critical access "physician" is the same as that used by the Centers for ces (refer to the Glossary).

inct part units in critical access hospitals: Social service e but are not limited to participating in discharge ow-up care, and developing mechanisms for exchange of utside the critical access hospital.

ritical access hospitals: The critical access hospital known, a family member or legal representative of the ischarge and reasons for the move. The notice is in nanner they understand, and includes the items 5(c)(5). The critical access hospital also provides orientation to residents to make sure that transfer or access hospital is safe and orderly. The critical access e notice to a representative of the office of the state's n.

3)(i), §483.15(c)(3)(iii), §483.15(c)(7), §485.642,)(2)

nning evaluation, the critical access hospital evaluates opriate post–critical access hospital services, including are services, extended care services, home health are services and community-based care providers. The o evaluates the availability of the appropriate services those services as part of the discharge planning

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performs a discharge planning evaluation and creates a tients it identifies at an early stage of hospitalization are th consequences upon discharge in the absence of ng or at the request of the patient, patient's nt's physician.

ning evaluation is completed in a timely manner so that for post–hospital care are made before discharge and harge are avoided.

ning evaluation is performed and subsequent discharge

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				plan is created by, or under th
				other qualified person.
				CoPs: §482.43(a), §482.43(a)
				§485.642(a)(1), §485.642(a)(4
PC.04.01.03, EP 5	For swing beds in critical access hospitals: Except when specified in the CoP from	Moved and Revised	PC.14.01.01, EP 12	For swing beds in critical acc
	42 CFR 483.12(a)(5)(ii), the written notice of transfer or discharge required under			the written notice of transfer
	paragraph 42 CFR 483.12(a)(4) must be made by the critical access hospital at			transferred or discharged.
	least 30 days before the resident is transferred or discharged.			Note: Notice may be made as
	Note: Notice may be made as soon as is practical before transfer or discharge			when the safety of the individ
	when the safety of the individuals in the facility would be endangered; the health of			the individuals in the facility
	the individuals in the facility would be endangered; the resident's health improves			sufficiently to allow a more ir
	sufficiently to allow a more immediate transfer or discharge, and immediate			discharge is required by the r
	transfer or discharge is required by the resident's urgent medical needs; or a			resided in the facility for 30 d
	resident has not resided in the facility for 30 days.			
				CoPs: §483.15(c)(4)(i), §483.
	CoPs: §483.15(c)(4)(i), §483.15(c)(4)(ii)(A), §483.15(c)(4)(ii)(B), §483.15(c)(4)(ii)(C),			§483.15(c)(4)(ii)(D), §483.15(
	\$483.15(c)(4)(ii)(D), \$483.15(c)(4)(ii)(E), \$485.645(d)(2)			
PC.04.01.03, EP 6	For swing beds in critical access hospitals: The written notice before transfer or	Moved and Revised	PC.14.01.01, EP 13	For swing beds in critical acc
	discharge specified in the CoP from 42 CFR 483.12(a)(4) includes the following:		,	discharge specified in 42 CFI
	- The reason for transfer or discharge			- Reason for transfer or disch
	- The effective date of transfer or discharge			- Effective date of transfer or
	- The location to which the resident is transferred or discharged			- Location to which the resid
	- A statement of the resident's appeal rights, including the name, address (mailing			- Statement of the resident's
	and e-mail), and telephone number of the entity which receives such requests;			and e-mail), and telephone n
	information on how to obtain an appeal form; where to find assistance in			information on how to obtain
	completing the form; and how to submit the appeal hearing request			completing the form; and how
	- The name, address (mailing and e-mail), and telephone number of the office of			- Name, address (mailing and
	the state's long-term care ombudsman			state's long-term care ombud
	- For a resident with intellectual and developmental disabilities, the mailing and e-			- For a resident with intellect
	mail address and telephone number of the agency responsible for the protection			mail address and telephone
	and advocacy of these individuals, established under Part C of the Developmental			and advocacy of these individ
	Disabilities Assistance and Bill of Rights Act of 2000			Disabilities Assistance and B
	- For a resident with a mental disorder or related disabilities, the mailing and e-mail			- For a resident with a mental
	address and telephone number of the agency responsible for the protection and			address and telephone numb
	advocacy of these individuals, established under the Protection and Advocacy for			advocacy of these individual
	Mentally Ill Individuals Act			Mentally III Individuals Act
	CoPs: \$483.15(c)(5)(i), \$483.15(c)(5)(ii), \$483.15(c)(5)(iii), \$483.15(c)(5)(iv),			CoPs: §483.15(c)(5)(i), §483.
	\$483.15(c)(5)(v), \$483.15(c)(5)(vi), \$483.15(c)(5)(vii), \$485.645(d)(2)			§483.15(c)(5)(v), §483.15(c)(5
PC.04.01.03, EP 7	The critical access hospital has an effective discharge planning process that	Moved and Revised	PC.14.01.01, EP 1	The critical access hospital h
	focuses on the patient's goals and treatment preferences and includes the patient			focuses on, and is consisten
	and the patient's caregiver or support person(s) as active partners in the discharge			makes certain there is an effe
	planning for post-discharge care. The discharge planning process is consistent with			hospital to postdischarge car
	the patient's goals for care and their treatment preferences, makes certain that			critical access hospital and h
	there is an effective transition of the patient from the hospital to post-discharge			Note: The critical access hos
	care, and reduces the factors leading to preventable critical access hospital			reevaluation of the patient's of
	readmissions.			of the discharge plan. The dis
				- ·
				changes.

the supervision of, a registered nurse, social worker, or

a)(1), §482.43(a)(4), §482.43(a)(5), §485.642(a),)(4)

ccess hospitals: The critical access hospital provides er or discharge at least 30 days before the resident is

as soon as is practical before transfer or discharge iduals in the facility would be endangered, the health of y would be endangered, the resident's health improves immediate transfer or discharge, immediate transfer or e resident's urgent medical needs, or a resident has not days.

3.15(c)(4)(ii)(A), §483.15(c)(4)(ii)(B), §483.15(c)(4)(ii)(C), 5(c)(4)(ii)(E), §485.645(d)(2)

ccess hospitals: The written notice before transfer or FR 483.15(c)(3) includes the following:

- charge
- or discharge
- dent is transferred or discharged
- 's appeal rights, including the name, address (mailing number of the entity which receives appeal requests; in an appeal form; where to find assistance in
- ow to submit the appeal hearing request
- nd e-mail), and telephone number of the office of the udsman
- ctual and developmental disabilities, the mailing and ee number of the agency responsible for the protection *r*iduals, established under Part C of the Developmental Bill of Rights Act of 2000
- al disorder or related disabilities, the mailing and e-mail nber of the agency responsible for the protection and als, established under the Protection and Advocacy for

8.15(c)(5)(ii), \$483.15(c)(5)(iii), \$483.15(c)(5)(iv), (5)(vi), \$483.15(c)(5)(vii), \$485.645(d)(2)

has an effective discharge planning process that nt with, the patient's goals and treatment preferences; ffective transition of the patient from the critical access are; and reduces the factors leading to preventable hospital readmissions.

ospital's discharge planning process requires regular s condition to identify changes that require modification discharge plan is updated as needed to reflect these

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.43, §485.642			CoPs: §482.43, §482.43(a)(6),
PC.04.01.03, EP 10	The critical access hospital assesses its discharge planning process within its	Moved and Revised	PC.14.01.01, EP 14	The critical access hospital as
10.04.01.00, El 10	established time frames. The assessment includes ongoing, periodic review of a			basis, as defined by the critic
	representative sample of discharge plans, including those patients who were			ongoing, periodic review of a
	readmitted within 30 days of a previous admission, to make certain that the plans			plans for patients who were re
	are responsive to patient post-discharge needs.			make certain that the plans a
	CoPs: §482.43(a)(7), §485.642(a)(7)			CoPs: §482.43(a)(7), §485.642
PC.04.01.05, EP 1	When the critical access hospital determines the patient's discharge or transfer	Deleted EP -	N/A	N/A
	needs, it promptly shares this information with the patient, and also with the	Replaced with more		
	patient's family when it is involved in decision making or ongoing care.	direct EP(s) or		
		moved to guidance		
	CoPs: §412.27(d)(1)(iv), §483.15(c)(7), §485.645(d)(2)	within SPG		
PC.04.01.05, EP 2	Before the patient is discharged, the critical access hospital informs the patient,	Deleted EP -	N/A	N/A
	and also the patient's family when it is involved in decision making or ongoing care,	Replaced with more		
	of the kinds of continuing care, treatment, and services the patient will need.	direct EP(s) or		
		moved to guidance		
	CoPs: §483.15(c)(7), §485.631(c)(2)(ii), §485.645(d)(2)	within SPG		
PC.04.01.05, EP 7	The critical access hospital educates the patient, and also the patient's family	Deleted EP -	N/A	N/A
,	when it is involved in decision making or ongoing care, about how to obtain any	Replaced with more		
	continuing care, treatment, and services the patient will need.	direct EP(s) or		
		moved to guidance		
	CoPs: §485.631(c)(2)(ii)	within SPG		
PC.04.01.07, EP 1	For swing beds in critical access hospitals: The critical access hospital transfers or	Moved and Revised	PC.14.01.03, EP 1	For swing beds in critical acce
	discharges residents only when at least one of the following conditions is met:			discharges residents only und
	- The resident's health has improved to the point where they no longer need the			- The resident's health has im
	critical access hospital's services.			critical access hospital's serv
	- The transfer or discharge is necessary for the resident's welfare and the critical			- The transfer or discharge is r
	access hospital cannot meet the resident's needs.			access hospital cannot meet
	- The safety of the individuals in the critical access hospital is endangered due to			- The safety of the individuals
	the clinical or behavioral status of the resident.			the resident's clinical or beha
	- The health of individuals in the critical access hospital would otherwise be			- The health of individuals in t
	endangered.			endangered.
	- The resident has failed, after reasonable and appropriate notice, to pay for (or to			- The resident has failed, after
	have paid under Medicare or Medicaid) a stay at the critical access hospital.			have paid under Medicare or
	Nonpayment applies if the resident does not submit the necessary paperwork for			Nonpayment applies if the rea
	third party payment or after the third party, including Medicare or Medicaid, denies			third party payment or after th
	the claim and the resident refuses to pay for their stay. For a resident who becomes			the claim and the resident ref
	eligible for Medicaid after admission to a critical access hospital, the critical			eligible for Medicaid after adr
	access hospital may charge a resident only the allowable charges under Medicaid.			access hospital may charge a
	- The critical access hospital ceases operation.			- The critical access hospital
	Note: The critical access hospital cannot transfer or discharge a resident while an			Note: The critical access hos
	appeal is pending pursuant to 42 CFR 431.230, unless the failure to discharge or			appeal is pending pursuant to
	transfer would endanger the health or safety of the resident or other individuals in			transfer would endanger the h
	the critical access hospital. The critical access hospital documents the danger that			the critical access hospital. T
	failure to transfer or discharge would pose.			failure to transfer or discharge
	CoPs: §483.15(c)(1)(i), §483.15(c)(1)(i)(A), §483.15(c)(1)(i)(B), §483.15(c)(1)(i)(C),			

6), §485.642, §485.642(a)(6)

assesses its discharge planning process on a regular ical access hospital. The assessment includes an a representative sample of discharge plans, including e readmitted within 30 days of a previous admission, to a are responsive to patient postdischarge needs.

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ccess hospitals: The critical access hospital transfers or nder at least one of the following conditions:

mproved to the point where they no longer need the ervices.

s necessary for the resident's welfare, and the critical et the resident's needs.

ls in the critical access hospital is endangered due to havioral status.

the critical access hospital would otherwise be

ter reasonable and appropriate notice, to pay for (or to or Medicaid) a stay at the critical access hospital.

resident does not submit the necessary paperwork for the third party, including Medicare or Medicaid, denies refuses to pay for their stay. For a resident who becomes dmission to a critical access hospital, the critical e a resident only the allowable charges under Medicaid. al ceases operation.

ospital cannot transfer or discharge a resident while an to 42 CFR 431.230, unless the failure to discharge or e health or safety of the resident or other individuals in . The critical access hospital documents the danger that rge would pose.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	<pre>\$483.15(c)(1)(i)(D), \$483.15(c)(1)(i)(E), \$483.15(c)(1)(i)(F), \$483.15(c)(1)(ii), \$483.15(c)(4)(ii)(A), \$483.15(c)(4)(ii)(B), \$483.15(c)(4)(ii)(C), \$483.15(c)(4)(ii)(D),</pre>			CoPs: §483.15(c)(1)(i)(A), §48 §483.15(c)(1)(i)(E), §483.15(c
	\$483.15(c)(4)(ii)(E), \$485.645(d)(2)			
PC.04.01.07, EP 2	For critical access hospitals with swing beds: In the case of critical access hospital closure, the individual who is the administrator of the critical access hospital must provide written notification prior to the impending closure to the state survey agency, the office of the state's long-term care ombudsman, residents of the	Moved and Revised	PC.14.01.03, EP 2	For critical access hospitals of closure, the administrator of notification prior to the imper the state's long-term care om
	critical access hospital, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents.			and the residents' representa relocation of the residents.
	CoPs: §483.15(c)(8), §485.645(d)(2)			CoPs: §483.15(c)(8), §485.64
PC.04.02.01, EP 1	 At the time of the patient's discharge or transfer, the critical access hospital informs other service providers who will provide care, treatment, and services to the patient about the following: The reason for the patient's discharge or transfer The reason for the patient's discharge or transfer The patient's physical and psychosocial status A summary of care, treatment, and services it provided to the patient The patient's progress toward goals A list of community resources or referrals made or provided to the patient Note: For swing beds in critical access hospitals: The information sent to the receiving provider also includes the following: Contact information of the physician or other licensed practitioner responsible for the care of the resident Resident representative information, including contact information Advance directive information All special instructions or precautions for ongoing care, when appropriate Comprehensive care plan goals CoPs: \$482.43(b), \$483.15(c)(2)(iii)(A), \$483.15(c)(2)(iii)(B), \$483.15(c)(2)(iii)(C), 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	\$483.15(c)(2)(iii)(D), \$483.15(c)(2)(iii)(E), \$483.15(c)(2)(iii)(F), \$485.631(c)(2)(ii),			
PC.05.01.09, EP 1	§485.642(b), §485.645(d)(2)For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix.	Moved and Revised	PC.15.01.01, EP 1	For rehabilitation and psychia critical access hospital devel addressing potentially infecti Centers for Medicare & Medic Note 1: The procedures for no state, and local laws, includin records and other patient info
	CoPs: §482.27(b)(1)(i), §482.27(b)(1)(ii), §482.27(b)(1)(iii), §482.27(b)(1)(ii), §482.27(b)(2), §482.27(b)(3), §482.27(b)(3)(i), §482.27(b)(3)(ii), §482.27(b)(3)(ii), §482.27(b)(4), §482.27(b)(4)(ii), §482.27(b)(4)(ii)(A), §482.27(b)(4)(ii)(B), §482.27(b)(4)(iii), §482.27(b)(5)(i), §482.27(b)(5)(ii), §482.27(b)(6)(i), §482.27(b)(6)(ii), §482.27(b)(6)(ii), §482.27(b)(6)(ii), §482.27(b)(6)(ii), §482.27(b)(7), §482.27(b)(7)(i), §482.27(b)(7)(ii), §482.27(b)(8)(ii), §482.27(b)(8)(ii), §482.27(b)(8)(ii), §482.27(c)(1), §482.27(c)(2)			Note 2: See Glossary for the c components. CoPs: §482.27(b)(1)(i), §482.2 §482.27(b)(9)
PC.05.01.09, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27.	Split to LD.13.01.01, EP 7; PC.15.01.01, EP 2; PC.15.01.01,	LD.13.01.01, EP 7	For rehabilitation and psychia maintains the following: - Records of the source and d

483.15(c)(1)(i)(B), §483.15(c)(1)(i)(C), §483.15(c)(1)(i)(D), 5(c)(1)(i)(F), §483.15(c)(1)(ii), §485.645(d)(2)

s with swing beds: In the case of critical access hospital of the critical access hospital provides written bending closure to the state survey agency, the office of ombudsman, residents of the critical access hospital, itatives, as well as the plan for the transfer and adequate

645(d)(2)

hiatric distinct part units in critical access hospitals: The relops and implements written policies and procedures ctious blood and blood components, consistent with dicaid Services requirements at 42 CFR 482.27. notification and documentation conform to federal, ding requirements for the confidentiality of medical nformation.

e definition of potentially infectious blood and blood

2.27(b)(1)(ii), §482.27(b)(1)(iii), §482.27(b)(2),

hiatric distinct part units: The critical access hospital

I disposition of all units of blood and blood components

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the	EP 3; PC.15.01.01,		for at least 10 years from the
	"Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or	EP 4; PC.15.01.01,		retrieval
	Psychiatric Distinct Part Units" appendix.	EP 5; PC.15.01.01,		- A fully funded plan to transfe
		EP 6; PC.15.01.01,		the critical access hospital ce
	CoPs: §482.27(b)(1)(i), §482.27(b)(1)(ii), §482.27(b)(1)(iii), §482.27(b)(10),	EP 7; PC.15.01.01,		
	§482.27(b)(2), §482.27(b)(3), §482.27(b)(3)(i), §482.27(b)(3)(ii), §482.27(b)(3)(iii),	EP 8; PC.15.01.01,		CoPs: §482.27(b)(5)(i), §482.2
	§482.27(b)(4), §482.27(b)(4)(i), §482.27(b)(4)(ii)(A), §482.27(b)(4)(ii)(B),	EP 9; PC.15.01.01,		
	§482.27(b)(4)(iii), §482.27(b)(5)(i), §482.27(b)(5)(ii), §482.27(b)(6)(i),	EP 10		
	\$482.27(b)(6)(ii), \$482.27(b)(6)(iii), \$482.27(b)(7), \$482.27(b)(7)(i), \$482.27(b)(7)(ii),			
	§482.27(b)(8)(i), §482.27(b)(8)(ii), §482.27(b)(8)(iii), §482.27(c)(1), §482.27(c)(2)			
PC.05.01.09, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Split to LD.13.01.01,	PC.15.01.01, EP 2	For rehabilitation and psychia
,	critical access hospital implements its policy(s) and procedure(s) addressing	EP 7; PC.15.01.01,		the critical access hospital re
	potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27.	EP 2; PC.15.01.01,		human immunodeficiency vir
	Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the	EP 3; PC.15.01.01,		critical access hospital deter
	"Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or	EP 4; PC.15.01.01,		components and quarantines
	Psychiatric Distinct Part Units" appendix.	EP 5; PC.15.01.01,		in inventory.
		EP 6; PC.15.01.01,		in inventory.
	CoPs: §482.27(b)(1)(i), §482.27(b)(1)(ii), §482.27(b)(1)(iii), §482.27(b)(10),	EP 7; PC.15.01.01,		CoPs: §482.27(b)(4)
	§482.27(b)(2), §482.27(b)(3), §482.27(b)(3)(i), §482.27(b)(3)(ii), §482.27(b)(3)(iii), §482.27(b)(3)(iii),	EP 8; PC.15.01.01,		COFS: \$402.27(D)(4)
	\$482.27(b)(2), \$482.27(b)(3), \$482.27(b)(3)(i), \$482.27(b)(3)(ii), \$48	EP 9; PC.15.01.01,		
		EP 9, PC. 15.01.01, EP 10		
	\$482.27(b)(4)(iii), \$482.27(b)(5)(i), \$482.27(b)(5)(ii), \$482.27(b)(6)(i), \$482.27(b)(7)(ii), \$482.27(b)(7)(EPIU		
	\$482.27(b)(6)(ii), \$482.27(b)(6)(iii), \$482.27(b)(7), \$482.27(b)(7)(i), \$482.27(b)(7)(ii), \$482.27(b)(0)(ii), \$482.27(b)(0)(iii), \$482.27(b)(0)(ii), \$482.27(b)(ii), \$			
	\$482.27(b)(8)(i), \$482.27(b)(8)(ii), \$482.27(b)(8)(iii), \$482.27(c)(1), \$482.27(c)(2)			For we had bilitetian and mary shi
PC.05.01.09, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Split to LD.13.01.01,	PC.15.01.01, EP 3	For rehabilitation and psychia
	critical access hospital implements its policy(s) and procedure(s) addressing	EP 7; PC.15.01.01,		the critical access hospital re
	potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27.	EP 2; PC.15.01.01,		(additional, more specific) te
	Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the	EP 3; PC.15.01.01,		components or other follow-
	"Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or	EP 4; PC.15.01.01,		Administration is negative an
	Psychiatric Distinct Part Units" appendix.	EP 5; PC.15.01.01,		critical access hospital may
		EP 6; PC.15.01.01,		quarantine.
	CoPs: \$482.27(b)(1)(i), \$482.27(b)(1)(ii), \$482.27(b)(1)(iii), \$482.27(b)(10),	EP 7; PC.15.01.01,		
	§482.27(b)(2), §482.27(b)(3), §482.27(b)(3)(i), §482.27(b)(3)(ii), §482.27(b)(3)(iii),	EP 8; PC.15.01.01,		CoPs: §482.27(b)(4)(i)
	§482.27(b)(4), §482.27(b)(4)(i), §482.27(b)(4)(ii)(A), §482.27(b)(4)(ii)(B),	EP 9; PC.15.01.01,		
	§482.27(b)(4)(iii), §482.27(b)(5)(i), §482.27(b)(5)(ii), §482.27(b)(6)(i),	EP 10		
	§482.27(b)(6)(ii), §482.27(b)(6)(iii), §482.27(b)(7), §482.27(b)(7)(i), §482.27(b)(7)(ii),			
	§482.27(b)(8)(i), §482.27(b)(8)(ii), §482.27(b)(8)(iii), §482.27(c)(1), §482.27(c)(2)			
PC.05.01.09, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Split to LD.13.01.01,	PC.15.01.01, EP 4	For rehabilitation and psychia
	critical access hospital implements its policy(s) and procedure(s) addressing	EP 7; PC.15.01.01,		the critical access hospital re
	potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27.	EP 2; PC.15.01.01,		(additional, more specific) te
	Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the	EP 3; PC.15.01.01,		components or other follow-
	"Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or	EP 4; PC.15.01.01,		Administration is positive, the
	Psychiatric Distinct Part Units" appendix.	EP 5; PC.15.01.01,		- Disposes of the blood and b
		EP 6; PC.15.01.01,		- Notifies the transfusion reci
	CoPs: §482.27(b)(1)(i), §482.27(b)(1)(ii), §482.27(b)(1)(iii), §482.27(b)(10),	EP 7; PC.15.01.01,		
	§482.27(b)(2), §482.27(b)(3), §482.27(b)(3)(i), §482.27(b)(3)(ii), §482.27(b)(3)(iii),	EP 8; PC.15.01.01,		CoPs: §482.27(b)(4)(ii)(A), §48
	§482.27(b)(4), §482.27(b)(4)(i), §482.27(b)(4)(ii)(A), §482.27(b)(4)(ii)(B),	EP 9; PC.15.01.01,		
	§482.27(b)(4)(iii), §482.27(b)(5)(i), §482.27(b)(5)(ii), §482.27(b)(6)(i),	EP 10		
		1	1	i i i i i i i i i i i i i i i i i i i
	§482.27(b)(6)(ii), §482.27(b)(6)(iii), §482.27(b)(7), §482.27(b)(7)(i), §482.27(b)(7)(ii),			

e date of disposition in a manner that permits prompt

sfer these records to another hospital or other entity if ceases operation for any reason

2.27(b)(5)(ii)

hiatric distinct part units in critical access hospitals: If receives notification of blood that is reactive to the virus (HIV) or hepatitis C virus (HCV) screening test, the ermines the disposition of the blood or blood ues all previously donated blood and blood components

hiatric distinct part units in critical access hospitals: If receives notification that the result of the supplemental test for potentially infectious blood or blood v-up testing required by the US Food and Drug and there are no other informative test results, the y release the blood and blood components from

hiatric distinct part units in critical access hospitals: If receives notification that the result of the supplemental test for potentially infectious blood or blood v-up testing required by the US Food and Drug the critical access hospital does the following: I blood components ecipients as set forth in 42 CFR 482.27(b)(6)

i482.27(b)(4)(ii)(B)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PC.05.01.09, EP 2	 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix. CoPs: \$482.27(b)(1)(i), \$482.27(b)(1)(ii), \$482.27(b)(1)(iii), \$482.27(b)(10), \$482.27(b)(2), \$482.27(b)(3), \$482.27(b)(3)(i), \$482.27(b)(3)(ii), \$482.27(b)(3)(iii), \$482.27(b)(3)(iii), \$482.27(b)(3)(iii), \$482.27(b)(4)(iii)(B), \$482.27(b)(4)(iii), \$482.27(b)(4)(iii), \$482.27(b)(5)(ii), \$482.27(b)(6)(ii), \$482.27(b)(6)(ii), \$482.27(b)(6)(ii), \$482.27(b)(7)(ii), \$482.27(b)(7)(ii),	Split to LD.13.01.01, EP 7; PC.15.01.01, EP 2; PC.15.01.01, EP 3; PC.15.01.01, EP 4; PC.15.01.01, EP 5; PC.15.01.01, EP 6; PC.15.01.01, EP 7; PC.15.01.01, EP 8; PC.15.01.01, EP 9; PC.15.01.01, EP 10	PC.15.01.01, EP 5	For rehabilitation or psychiat critical access hospital receive (additional, more specific) te components or other follow- Administration (FDA) is indete labels prior collections of blo consistent with FDA requirem CoPs: §482.27(b)(4)(iii)
PC.05.01.09, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix. CoPs: §482.27(b)(1)(i), §482.27(b)(1)(ii), §482.27(b)(1)(iii), §482.27(b)(10), §482.27(b)(2), §482.27(b)(3), §482.27(b)(3)(i), §482.27(b)(3)(ii), §482.27(b)(3)(iii), §482.27(b)(4)(ii), §482.27(b)(4)(ii), §482.27(b)(4)(iii), §482.27(b)(4)(iii), §482.27(b)(4)(iii), §482.27(b)(4)(iii), §482.27(b)(6)(ii), §482.27(b)(6)(ii), §482.27(b)(6)(ii), §482.27(b)(6)(ii), §482.27(b)(7)(ii), §482.27(b)(7)(ii), §482.27(b)(6)(iii), §482.27(b)(7)(ii), §482.27(b)(7)(ii), §482.27(b)(7)(ii), §482.27(b)(8)(ii), §482.27(b)(8)(iii), §482.27(c)(1), §482.27(c)(2)	Split to LD.13.01.01, EP 7; PC.15.01.01, EP 2; PC.15.01.01, EP 3; PC.15.01.01, EP 4; PC.15.01.01, EP 5; PC.15.01.01, EP 6; PC.15.01.01, EP 7; PC.15.01.01, EP 8; PC.15.01.01, EP 9; PC.15.01.01, EP 10	PC.15.01.01, EP 6	For rehabilitation and psychia When potentially human imm infectious blood or blood con critical access hospital's own agreement) or released to and takes the following actions: - Attempts to notify the patier practitioner, or the physician or blood component and ask individuals as permitted under infectious blood or blood con there may be a need for HIV of - Attempts to notify to the patt unavailable or declines to ma - Documents in the patient's to required notification
PC.05.01.09, EP 2	 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix. CoPs: \$482.27(b)(1)(i), \$482.27(b)(1)(ii), \$482.27(b)(1)(iii), \$482.27(b)(3)(ii), \$482.27(b)(3)(iii), \$482.27(b)(3)(iii), \$482.27(b)(3)(iii), \$482.27(b)(3)(iii), \$482.27(b)(3)(iii), \$482.27(b)(3)(iii), \$482.27(b)(4)(iii)(B), \$482.27(b)(4)(iii), \$482.27(b)(4)(iii), \$482.27(b)(6)(ii), \$482.27(b)(6)(ii), \$482.27(b)(6)(ii), \$482.27(b)(6)(ii), \$482.27(b)(7)(ii), \$482.27(c)(2) 	Split to LD.13.01.01, EP 7; PC.15.01.01, EP 2; PC.15.01.01, EP 3; PC.15.01.01, EP 4; PC.15.01.01, EP 5; PC.15.01.01, EP 6; PC.15.01.01, EP 7; PC.15.01.01, EP 8; PC.15.01.01, EP 9; PC.15.01.01, EP 10	PC.15.01.01, EP 7	CoPs: §482.27(b)(6)(i), §482.2 For rehabilitation and psychia the critical access hospital re- immunodeficiency virus (HIV components, the critical acce notification over a period of 1 - The patient is located and ne - The critical access hospital patient's medical record the e hospital's control that caused Note: For notifications resulti set forth at 21 CFR 610.46 and collecting establishment noti HCV infectious blood and blood CoPs: §482.27(b)(7), §482.27
PC.05.01.09, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27.	Split to LD.13.01.01, EP 7; PC.15.01.01, EP 2; PC.15.01.01,	PC.15.01.01, EP 8	For rehabilitation and psychia When notifying patients who virus (HIV) or hepatitis C virus

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atric distinct part units in critical access hospitals: If the eives notification that the result of the supplemental test for potentially infectious blood or blood *v*-up testing required by the US Food and Drug eterminate, the critical access hospital destroys or lood or blood components held in quarantine, ements 21 CFR 610.46(b)(2) and 610.47(b)(2).

niatric distinct part units in critical access hospitals: nmunodeficiency virus (HIV) or hepatitis C virus (HCV) omponents are administered (either directly through the wn blood collecting establishment or under an nother entity or individual, the critical access hospital

ent, the attending physician or other licensed in or other licensed practitioner who ordered the blood sk the practitioner to notify the patient, or other der 42 CFR 482.27, that potentially HIV or HCV omponents were transfused to the patient and that or HCV testing and counseling

atient, legal guardian, or relative if the practitioner is nake the notification

's medical record the notification or attempts to give the

2.27(b)(6)(ii), §482.27(b)(6)(iii)

niatric distinct part units in critical access hospitals: If receives notification that it received potentially human IV) or hepatitis C virus (HCV) infectious blood and blood cess hospital makes reasonable attempts to give 12 weeks unless one of the following occurs: notified.

al is unable to locate the patient and documents in the e extenuating circumstances beyond the critical access ed the notification timeframe to exceed 12 weeks. lting from donors tested on or after February 20, 2008 as and 610.47, the notification effort begins when the blood otifies the hospital that it received potentially HIV or lood components

27(b)(7)(i), §482.27(b)(7)(ii)

niatric distinct part units in critical access hospitals: o have received potentially human immune deficiency us (HCV) infectious blood or blood components, the

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix.	EP 3; PC.15.01.01, EP 4; PC.15.01.01, EP 5; PC.15.01.01, EP 6; PC.15.01.01,		 notification includes the follo Oral or written information e counseling, so that the patien obtain HIV or HCV testing and
	CoPs: §482.27(b)(1)(i), §482.27(b)(1)(ii), §482.27(b)(1)(iii), §482.27(b)(1)(i), §482.27(b)(2), §482.27(b)(3), §482.27(b)(3)(i), §482.27(b)(3)(ii), §482.27(b)(3)(iii), §482.27(b)(4), §482.27(b)(4)(i), §482.27(b)(4)(ii)(A), §482.27(b)(4)(ii)(B), §482.27(b)(4)(iii), §482.27(b)(5)(i), §482.27(b)(5)(ii), §482.27(b)(6)(i), §482.27(b)(6)(ii), §482.27(b)(6)(iii), §482.27(b)(7)(i), §482.27(b)(7)(i), §482.27(b)(6)(ii), §482.27(b)(6)(iii), §482.27(b)(7)(i), §482.27(c)(7)(i), §482.27(b)(8)(i), §482.27(b)(8)(ii), §482.27(b)(8)(iii), §482.27(c)(1), §482.27(c)(2)	EP 7; PC.15.01.01, EP 8; PC.15.01.01, EP 9; PC.15.01.01, EP 10		- A list of programs or places counseling, including any rec CoPs: §482.27(b)(8)(i), §482.2
PC.05.01.09, EP 2	 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix. CoPs: \$482.27(b)(1)(i), \$482.27(b)(1)(ii), \$482.27(b)(1)(iii), \$482.27(b)(10), \$482.27(b)(2), \$482.27(b)(3), \$482.27(b)(3)(i), \$482.27(b)(3)(ii), \$482.27(b)(3)(ii), \$482.27(b)(3)(ii), \$482.27(b)(3)(iii), \$482.27(b)(3)(iii), \$482.27(b)(4)(iii), \$482.27(b)(4)(iii), \$482.27(b)(5)(ii), \$482.27(b)(6)(ii), \$482.27(b)(6)(ii), \$482.27(b)(6)(ii), \$482.27(b)(7)(i), \$482.27(b)(7)(i), \$482.27(b)(7)(ii), \$482.27(b)(7)(ii), \$482.27(b)(7)(ii), \$482.27(c)(2) 	Split to LD.13.01.01, EP 7; PC.15.01.01, EP 2; PC.15.01.01, EP 3; PC.15.01.01, EP 4; PC.15.01.01, EP 5; PC.15.01.01, EP 6; PC.15.01.01, EP 7; PC.15.01.01, EP 8; PC.15.01.01, EP 9; PC.15.01.01, EP 10	PC.15.01.01, EP 9	For rehabilitation and psychia patient has received an infec- hospital notifies the specified - A legal representative desig been adjudged incompetent - The patient or his or her legal but state law permits a legal of the patient's behalf - The patient's legal represen- human immunodeficiency vin - The parents or legal guardia CoPs: §482.27(b)(10)
PC.05.01.09, EP 2	 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix. CoPs: \$482.27(b)(1)(i), \$482.27(b)(1)(ii), \$482.27(b)(1)(iii), \$482.27(b)(1)(iii), \$482.27(b)(3)(ii), \$482.27(b)(3)(ii), \$482.27(b)(3)(ii), \$482.27(b)(3)(ii), \$482.27(b)(3)(iii), \$482.27(b)(4)(ii)(B), \$482.27(b)(4)(iii), \$482.27(b)(4)(ii), \$482.27(b)(6)(ii), \$482.27(b)(6)(ii), \$482.27(b)(6)(ii), \$482.27(b)(7)(i), \$482.27(b)(7)(ii), \$482.27(b)(7)(ii), \$482.27(b)(7)(ii), \$482.27(b)(7)(ii), \$482.27(b)(7)(ii), \$482.27(b)(7)(ii), \$482.27(b)(7)(ii), \$482.27(b)(7)(ii), \$482.27(c)(2) 	Split to LD.13.01.01, EP 7; PC.15.01.01, EP 2; PC.15.01.01, EP 3; PC.15.01.01, EP 4; PC.15.01.01, EP 5; PC.15.01.01, EP 6; PC.15.01.01, EP 7; PC.15.01.01, EP 8; PC.15.01.01, EP 9; PC.15.01.01, EP 10	PC.15.01.01, EP 10	For rehabilitation and psychia critical access hospital comp pertaining to blood safety issu - Appropriate testing and qua - Notification and counseling components Note: This applies to lookbac that are identified after Augus CoPs: §482.27(c)(1), §482.27
N/A	N/A	New, more-direct EP for CoP requirement		For rehabilitation distinct par hospital develops and impler close medical supervision, as week by a licensed physician rehabilitation, to assess the p the course of treatment as ne from the rehabilitation proces Note: Beginning with the seco admission to the inpatient rel determined by the inpatient re competience in inpatient rehabilitation process to-face patient visits per wee nonphysician practitioner's s

llowing:

- n explaining the need for HIV or HCV testing and ent can make an informed decision about whether to nd counseling
- s where the person can obtain HIV or HCV testing and equirements or restrictions the program may impose

2.27(b)(8)(ii), §482.27(b)(8)(iii)

hiatric distinct part units in critical access hospitals: If a actious blood or blood component, the critical access ed individual(s) under the following circumstances: ignated in accordance with state law if the patient has nt by a state court

gal representative or relative if the patient is competent al representative or relative to receive the information on

entative or relative if the beneficiary of the potentially virus infectious transfusion is deceased ian if the patient is a minor

niatric distinct part units in critical access hospitals: The nplies with US Food and Drug Administration regulations ssues in the following areas:

uarantining of infectious blood and blood components ng of potential recipients of infectious blood and blood

ack activities only related to new blood safety issues ust 24, 2007.

27(c)(2)

art units in critical access hospitals: The critical access ements a process to make certain that patients receive as evidenced by at least three face-to-face visits per an with specialized training and experience in inpatient e patient both medically and functionally and to modify needed to maximize the patient's capacity to benefit cess.

cond week, as defined in 42 CFR 412.622, after rehabilitation unit, a non-physician practitioner who is t rehabilitation unit to have specialized training and abilitation may conduct one of the three required faceeek, provided that such duties are within the scope of practice under applicable state law.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				CoPs: §412.29(e)
N/A	N/A	New, more-direct EP	PC.11.03.01, EP 2	The critical access hospital ir
		for CoP requirement		implementation of their plan
				Note: For swing beds in critic
				informed, in advance, of char
				CoPs: §482.13(b)(1), §483.10
N/A	N/A	New, more-direct EP	PC.11.03.01, EP 7	For swing beds in critical acc
		for CoP requirement		treatment plan includes the s
				resident's optimal physical, r
				Note: The comprehensive tre
				otherwise be required under due to the resident's exercise
				CoPs: \$483.21(b)(1)(i), \$483.2
N/A	N/A	New, more-direct EP	PC.12.01.01, EP 2	For rehabilitation and psychia
		for CoP requirement		physician or other licensed p
				following conditions: - Responsible for the care of
				- Licensed in the state where
				- Acting within their scope of
				- Authorized in accordance w
				and approved by the governir
				Note: This applies to physicia
				to the critical access hospita
				well as practitioners not appo
				criteria.
				CoPs: §482.54(c)(1), §482.54
				§482.54(c)(4)(ii)
N/A	N/A	New, more-direct EP	PC.13.02.01, EP 3	For swing beds in critical acc
		for CoP requirement		use physical or chemical rest
				convenience and are not requ
				the use of restraints is indicative restrictive alternative for the
				reevaluation of the need for re
				CoPs: §483.12(a)(2)
N/A	N/A	New, more-direct EP	PC.14.01.01, EP 6	The critical access hospital d
		for CoP requirement		evaluation with the patient or
				performed and any arrangem
				CoPs: §482.43(a)(3), §485.64
N/A	N/A	New, more-direct EP	PC.14.02.03, EP 1	The critical access hospital p
		for CoP requirement		when discharging, transferrin
				providers and suppliers, facil
				and practitioners who are res
				Necessary medical informati

l involves the patient in the development and in of care.

ical access hospitals: The resident has the right to be anges to their plan of care.

10(c)(2)(iii), §485.614(b)(1), §485.645(d)(1)

ccess hospitals: The resident's comprehensive e services to be provided to attain or maintain the , mental, and psychosocial well-being. reatment plan includes any services that would er 42 CFR 483.24, 483.25, or 483.40 but are not provided se of rights, including the right to refuse treatment.

3.21(b)(1)(ii)

niatric distinct part units in critical access hospitals: Any practitioner who orders outpatient services meets the

of the patient

- re they provide care to the patient
- of practice under state law

with state law and policies adopted by the medical staff ning body to order the applicable outpatient services cians or other licensed practitioners who are appointed tal's medical staff or have been granted privileges, as pointed to the medical staff who satisfy the above

54(c)(2), \$482.54(c)(3), \$482.54(c)(4), \$482.54(c)(4)(i),

ccess hospitals: The critical access hospital does not estraints that are imposed for purposes of discipline or quired to treat the resident's medical symptoms. When eated, the critical access hospital uses the least e least amount of time and documents ongoing restraints.

l discusses the results of the discharge planning or their representative, including any reevaluations ments made.

642(a)(3)

l provides or transmits necessary medical information ring, or referring the patient to post–acute care service cilities, agencies, and other outpatient service providers esponsible for the patient's follow-up or ancillary care. ation includes, at a minimum, the following:

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				- Current course of illness an
				- Postdischarge goals of care
				- Treatment preferences at th
				Note: For swing beds in critic
				receiving provider also includ
				- Contact information of the p
				the care of the resident
				- Resident representative info
				- Advance directive information
				- All special instructions or pr
				- Comprehensive care plan g
				- All other necessary informa
				summary, consistent with 42
				applicable, to support a safe
				CoPs: §482.43(b), §483.15(c)
				§483.15(c)(2)(iii)(D), §483.15(
				\$485.645(d)(2)
N/A	N/A	New, more-direct EP	PE.04.01.01, EP 2	The critical access hospital n
		for CoP requirement		care equipment in safe opera
				CoPs: §482.41(d)(2), §485.62
N/A	N/A	New, more-direct EP	PE.04.01.01, EP 5	For rehabilitation and psychia
		for CoP requirement		critical access hospital main
				and quality.
				Note: Supplies are stored in a
				and to not violate fire codes of
				CoPs: §482.41(d)(2)
		New, more-direct EP	PE.04.01.03, EP 2	The critical access hospital h
		for CoP requirement		supply.
				Note 1: The system includes
				others for the provision of em
				Note 2: Emergency gas includ
				liquefied natural gas, as well
				care of patients, such as oxyg
				CoPs: §482.41(a)(2)
PI.01.01.01, EP 2	The critical access hospital collects data on the following: Performance	Deleted EP -	N/A	N/A
	improvement priorities identified by leaders.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.21(a)(2)	moved to guidance		
		within SPG		
PI.01.01.01, EP 3	The critical access hospital collects data on the following: Operative or other	Deleted EP -	N/A	N/A
	procedures that place patients at risk of disability or death.	Replaced with more		
		-		
		direct EP(s) or		
	CoPs: §482.21(a)(2)	direct EP(s) or moved to guidance		

and treatment

- re
- the time of discharge
- tical access hospitals: The information sent to the ludes the following:
- e physician or other licensed practitioner responsible for
- nformation, including contact information ation
- precautions for ongoing care, when appropriate
- nation, including a copy of the residents discharge 42 CFR 483.21(c)(2), and any other documentation, as ife and effective transition of care

(c)(2)(iii)(A), \$483.15(c)(2)(iii)(B), \$483.15(c)(2)(iii)(C), 15(c)(2)(iii)(E), \$483.15(c)(2)(iii)(F), \$485.642(b),

l maintains essential mechanical, electrical, and patient erating condition.

623(b)(1)

- hiatric distinct part units in critical access hospitals: The aintains supplies to ensure an acceptable level of safety
- n a manner to ensure the safety of the stored supplies so or otherwise endanger patients.
- l has a system to provide emergency gas and water
- es making arrangements with local utility companies and emergency sources of water and gas.
- ludes fuels such as propane, natural gas, fuel oil, or ell as any gases the critical access hospital uses in the xygen, nitrogen, or nitrous oxide.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PI.01.01.01, EP 4	 The critical access hospital collects data on the following: Surgeries in which the postoperative diagnosis (clinical or pathological) was unexpected and could indicate that a clinically significant diagnostic error occurred. Note: The critical access hospital's medical staff determine which unexpected postoperative diagnoses are clinically significant. Examples may include but are not limited to the following: A preoperative pathology or cytology report was interpreted as a malignancy, but no malignancy was found in the surgical specimen. A patient underwent surgery for acute appendicitis, but the appendix was normal on the postsurgical pathology exam. An operation was performed because of a presumed malignancy based on a radiology report, but no malignancy was found. 	Consolidation of PI.01.01.01, EP 4; PI.01.01.01, EP 14; PI.01.01.01, EP 34; PI.01.01.01, EP 35; PI.01.01.01, EP 40	NPG.13.04.01, EP 1	The critical access hospital col - Patient thermal injuries that o exams - Incidents where ferromagnetic room - Injuries resulting from the presonant room
	CoPs: §482.21(a)(2), §482.21(e)(1)			
PI.01.01.01, EP 5	The critical access hospital collects data on the following: Adverse events related to using moderate or deep sedation or anesthesia. CoPs: §482.21(a)(2), §482.21(e)(1), §485.635(a)(3)(v)	Deleted EP - Replaced with more direct EP(s) or moved to guidance	N/A	N/A
		within SPG		
PI.01.01.01, EP 6	The critical access hospital collects data on the following: The use of blood and blood components.	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A
	CoPs: §482.21(a)(2)	moved to guidance within SPG		
PI.01.01.01, EP 7	The critical access hospital collects data on the following: All reported and confirmed transfusion reactions.	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A
	CoPs: §482.21(a)(2), §482.21(e)(1), §482.23(c)(5)	moved to guidance within SPG		
PI.01.01.01, EP 8	The critical access hospital collects data on the following: The use of restraints.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
PI.01.01.01, EP 9	The critical access hospital collects data on the following: The use of seclusion.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
PI.01.01.01, EP 10	 The critical access hospital collects data on the following: The number and location of cardiac arrests (for example, ambulatory area, telemetry unit, critical care unit) The outcomes of resuscitation (for example, return of spontaneous circulation [ROSC], survival to discharge) Note: ROSC is defined as return of spontaneous and sustained circulation for at least 20 consecutive minutes following resuscitation efforts. Transfer to a higher level of care 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
	CoPs: §482.21(a)(2)			<u> </u>

l collects data on the following: at occur during magnetic resonance imaging (MRI)
netic object unintentionally entered the MRI scanner
presence of ferromagnetic objects in the MRI scanner

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
PI.01.01.01, EP 12	The critical access hospital collects data on the following: Significant medication	Deleted EP -	N/A	N/A
	errors.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.21(a)(2), §482.21(e)(1), §482.23(c)(5), §482.25(b)(6), §485.635(a)(3)(v)	moved to guidance		
		within SPG		
PI.01.01.01, EP 13	The critical access hospital collects data on the following: Significant adverse drug	Deleted EP -	N/A	N/A
	reactions.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.21(a)(2), §482.21(e)(1), §482.23(c)(5), §482.25(b)(6), §485.635(a)(3)(v)	moved to guidance		
		within SPG		
PI.01.01.01, EP 14	The critical access hospital collects data on the following: Patient perception of the	Consolidation of	NPG.13.04.01, EP 1	The critical access hospital collects data on the following:
	safety and quality of care, treatment, or services.	PI.01.01.01, EP 4;		- Patient thermal injuries that occur during magnetic resonance imaging (MRI)
		PI.01.01.01, EP 14;		exams
	CoPs: §482.21(a)(2)	PI.01.01.01, EP 34;		- Incidents where ferromagnetic object unintentionally entered the MRI scanner
		PI.01.01.01, EP 35;		room
		PI.01.01.01, EP 40		- Injuries resulting from the presence of ferromagnetic objects in the MRI scanner
				room
PI.01.01.01, EP 28	For critical access hospitals that elect The Joint Commission Primary Care Medical	Consolidation of	PI.12.01.01, EP 5	For critical access hospitals that elect The Joint Commission Primary Care Medica
	Home option: The primary care medical home collects data on the following:	PI.01.01.01, EP 28;		Home option: The primary care medical home collects data on the following:
	Disease management outcomes.	PI.01.01.01, EP 29;		- Disease management outcomes
		PI.01.01.01, EP 30		- Patient access to care within time frames established by the critical access
				hospital
				- Patient experience and satisfaction related to access to care, treatment, or
				services and communication
				- Patient perception of the comprehensiveness of care, treatment, or services
				- Patient perception of the coordination of care, treatment, or services
				- Patient perception of the continuity of care, treatment, or services
PI.01.01.01, EP 29	For critical access hospitals that elect The Joint Commission Primary Care Medical	Consolidation of	PI.12.01.01, EP 5	For critical access hospitals that elect The Joint Commission Primary Care Medica
	Home option: The primary care medical home collects data on the following:	PI.01.01.01, EP 28;		Home option: The primary care medical home collects data on the following:
	Patient access to care within time frames established by the critical access	PI.01.01.01, EP 29;		- Disease management outcomes
	hospital.	PI.01.01.01, EP 30		- Patient access to care within time frames established by the critical access
				hospital
				- Patient experience and satisfaction related to access to care, treatment, or
				services and communication
				- Patient perception of the comprehensiveness of care, treatment, or services
				- Patient perception of the coordination of care, treatment, or services
				- Patient perception of the continuity of care, treatment, or services
PI.01.01.01, EP 30	For critical access hospitals that elect The Joint Commission Primary Care Medical	Consolidation of	PI.12.01.01, EP 5	For critical access hospitals that elect The Joint Commission Primary Care Medica
	Home option: The primary care medical home collects data on the following:	PI.01.01.01, EP 28;		Home option: The primary care medical home collects data on the following:
	- Patient experience and satisfaction related to access to care, treatment, or	PI.01.01.01, EP 29;		- Disease management outcomes
	services, and communication	PI.01.01.01, EP 30		- Patient access to care within time frames established by the critical access
	- Patient perception of the comprehensiveness of care, treatment, or services			hospital
	- Patient perception of the coordination of care, treatment, or services			- Patient experience and satisfaction related to access to care, treatment, or
	- Patient perception of the continuity of care, treatment, or services			services and communication
				- Patient perception of the comprehensiveness of care, treatment, or services
				- Patient perception of the coordination of care, treatment, or services
				- Patient perception of the continuity of care, treatment, or services
PI.01.01.01, EP 34	The critical access hospital collects data on patient thermal injuries that occur	Consolidation of	NPG.13.04.01, EP 1	The critical access hospital collects data on the following:
	during magnetic resonance imaging exams.	PI.01.01.01, EP 4;	1	- Patient thermal injuries that occur during magnetic resonance imaging (MRI)

- collects data on the following:
- at occur during magnetic resonance imaging (MRI)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		PI.01.01.01, EP 14;		exams
		PI.01.01.01, EP 34;		- Incidents where ferromagne
		PI.01.01.01, EP 35;		room
		PI.01.01.01, EP 40		- Injuries resulting from the pr
				room
PI.01.01.01, EP 35	The critical access hospital collects data on the following:	Consolidation of	NPG.13.04.01, EP 1	The critical access hospital c
	- Incidents where ferromagnetic objects unintentionally entered the magnetic	PI.01.01.01, EP 4;		- Patient thermal injuries that
	resonance imaging (MRI) scanner room	PI.01.01.01, EP 14;		exams
	- Injuries resulting from the presence of ferromagnetic objects in the MRI scanner	PI.01.01.01, EP 34;		- Incidents where ferromagne
	room	PI.01.01.01, EP 35;		room
		PI.01.01.01, EP 40		- Injuries resulting from the p
				room
PI.01.01.01, EP 40	The critical access hospital collects data on pain assessment and pain	Consolidation of	NPG.13.04.01, EP 1	The critical access hospital c
	management including types of interventions and effectiveness.	PI.01.01.01, EP 4;		- Patient thermal injuries that
		PI.01.01.01, EP 14;		exams
		PI.01.01.01, EP 34;		- Incidents where ferromagne
		PI.01.01.01, EP 35;		room
		PI.01.01.01, EP 40		- Injuries resulting from the p
				room
PI.02.01.01, EP 1	Performance improvement priorities established by critical access hospital leaders	Deleted EP -	N/A	N/A
	are described in a written plan that includes the following:	Replaced with more		
	- The defined process(es) needing improvement, along with any stakeholder (for	direct EP(s) or		
	example, patient, staff, regulatory) requirements, project goals, and improvement	moved to guidance		
	activities	within SPG		
	- Method(s) for measuring performance of the process(es) identified for	within SFG		
	improvement			
	- Analysis method(s) for identifying causes of variation and poor performance in the			
	process(es)			
	- Methods implemented to address process deficiencies and improve performance			
	- Methods for monitoring and sustaining the improved process(es)	Deleted ED	N1/A	N1/A
PI.02.01.01, EP 2	Leaders review the plan for addressing performance improvement priorities at least		N/A	N/A
	annually and updates it to reflect any changes in strategic priorities and in response			
	to changes in the internal or external environment.	direct EP(s) or		
		moved to guidance		
		within SPG		
PI.03.01.01, EP 3	The critical access hospital uses statistical tools and techniques to analyze and	Deleted EP -	N/A	N/A
	display data.	Replaced with more		
		direct EP(s) or		
	CoPs: \$482.21, \$482.21(a)(2), \$482.21(e)(1), \$485.641(d)(2)	moved to guidance		
		within SPG		
PI.03.01.01, EP 4	The critical access hospital analyzes and compares internal data over time to	Consolidation of	PI.13.01.01, EP 1	The critical access hospital a
	identify levels of performance, patterns, trends, and variations.	PI.03.01.01, EP 4;		uses the results of data analy
		PI.03.01.01, EP 8		- Monitor the effectiveness ar
	CoPs: §482.21, §482.21(a)(2), §482.21(c)(2), §482.21(e)(1), §485.641,			- Monitor the quality of care
	§485.641(d)(2), §485.641(e)			- Identify opportunities for im
				CoPs: §482.21(b)(2)(i), §482.2
PI.03.01.01, EP 6	The critical access hospital reviews and analyzes incidents where the radiation	Moved	NPG.13.04.01, EP 2	The critical access hospital re
	dose index (computed tomography dose index [CTDIvol], dose length product			dose index (computed tomog

netic object unintentionally entered the MRI scanner

presence of ferromagnetic objects in the MRI scanner

l collects data on the following: at occur during magnetic resonance imaging (MRI)

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l collects data on the following: at occur during magnetic resonance imaging (MRI)

netic object unintentionally entered the MRI scanner

presence of ferromagnetic objects in the MRI scanner

l analyzes and compares internal data over time and alysis to do the following: and safety of services

mprovement and changes that will lead to improvement

2.21(b)(2)(ii)

l reviews and analyzes incidents where the radiation ography dose index [CTDIvol], dose length product

e-specific dose es xpected dose inde then compared le the CTDIvol, DL ose indices from th ose. element of perfor c imaging studies al region or to obta access hospital ar sults of data analys e effectiveness an e quality of care portunities for imp .21(b)(2)(i), §482.2
e then compared le the CTDIvol, DL ose indices from th ose. e element of perfor c imaging studies al region or to obta access hospital ar sults of data analys e effectiveness an e quality of care portunities for imp
le the CTDIvol, DL ose indices from th ose. a element of perfor c imaging studies al region or to obta access hospital ar sults of data analys e effectiveness an e quality of care oportunities for imp
ose indices from the ose. a element of perfor c imaging studies al region or to obta access hospital ar sults of data analys e effectiveness an e quality of care oportunities for imp
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21(b)(2)(i). §482.2
access hospital ar
nt to identify areas
iplinary committe
d system improver
iew examples cou
early warning sigr
diac arrest in patie
s of staff's respons
cardiopulmonary i
iac arrest care pro
following cardiac
review functions r
access hospital ac
.21, §482.21(c)(3),
access hospital ta
ng changes, the cr
ormance to ensure
.21(c)(3)
access hospitals t
n: The primary car
rception of the sal
performance. This
-

estimate [SSDE]) from diagnostic CT examinations
dex ranges identified in imaging protocols. These
ed to external benchmarks.
DLP, and SSDE are useful indicators for monitoring
the CT machine, they do not represent the patient's
formance does not apply to dental cone beam CT
es performed for diagnosis of conditions affecting the
otain guidance for the treatment of such conditions.
l analyzes and compares internal data over time and
alysis to do the following:
and safety of services
mprovement and changes that will lead to improvement
2.21/b)(2)/ii)
2.21(b)(2)(ii)
l analyzes data collected on pain assessment and pain
eas that need change to increase safety and quality for
ttee reviews cases and data to identify and suggest
vements in resuscitation performance.
ould include the following:
igns of clinical deterioration were present prior to in-
atients in nonmonitored or non–critical care units
onse to a cardiac arrest
ry resuscitation (CPR)
processes
ac arrest
is may be designated to an existing interdisciplinary
l acts on improvement priorities.
3), §482.21(d)(4), §482.21(e)(1), §485.641(e)
l takes action to improve its performance. After
critical access hospital measures its success and
ire that improvements are sustained.
•
s that elect The Joint Commission Primary Care Medical
care medical home uses the data it collects on the
safety and quality of care, treatment, or services to
his data includes the following:

- his data includes the following:
- atisfaction related to access to care, treatment, or on

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Patient perception of the comprehensiveness of care, treatment, or services			- Patient perception of the co
	- Patient perception of the coordination of care, treatment, or services			- Patient perception of the co
	- Patient perception of the continuity of care, treatment, or services			- Patient perception of the co
N/A	N/A	New, more-direct EP	PI.11.01.01, EP 2	The critical access hospital h
		for CoP requirement		improvement program that s
				selected based on evidence
				identification and reduction
				indicator data, including pati
				goals of the program.
				Note: For rehabilitation and
				hospitals: Relevant data incl
				quality reporting and quality
				data related to hospital read
				CoPs: §482.21(a)(1), §482.21
N/A	N/A	New, more-direct EP	PI.11.01.01, EP 3	For rehabilitation and psychia
		for CoP requirement		critical access hospital cond
				quality assessment and perf
				scope of distinct improveme
				scope and complexity of the
				Note 1: The critical access he
				implement an information te
				safety and quality of care. In
				need to demonstrate measu
				outcomes.
				Note 2: The critical access he
				improvement organization co
				be of comparable effort.
				CoPs: §482.21(d), §482.21(d)
N/A	N/A	New, more-direct EP		For rehabilitation and psychia
		for CoP requirement		critical access hospital track
				their causes, and implement
				feedback and learning throu
				adverse patient events inclue
				- Medication administration
				- Surgical errors
				- Equipment failure
				- Infection control errors
				- Blood transfusion-related e
				- Diagnostic errors
				CoPs: §482.21(c)(2)
N/A	N/A	New, more-direct EP	PI.12.01.01, EP 2	The critical access hospital d
		for CoP requirement		conducting, the reasons for c
				progress achieved on these p
				CoPs: §482.21(d)(3)
			1	$\chi = \chi \chi = \chi$

comprehensiveness of care, treatment, or services coordination of care, treatment, or services continuity of care, treatment, or services

I has an ongoing quality assessment and performance t shows measurable improvement for indicators that are that they will improve health outcomes and aid in the n of medical errors. The program incorporates quality atient care data and other relevant data to achieve the

I psychiatric distinct part units in critical access cludes data submitted to or received from Medicare y performance programs including but not limited to dmissions and hospital-acquired conditions.

21(b)(1), §485.641(e)

hiatric distinct part units in critical access hospitals: The nducts performance improvement projects as part of its rformance improvement program. The number and nent projects conducted annually is proportional to the ne critical access hospital's services and operations. hospital may, as one of its projects, develop and technology system explicitly designed to improve patient n the initial stage of development, this project does not surable improvement in indicators related to health

hospital is not required to participate in a quality cooperative project, but its own projects are required to

d)(1), §482.21(d)(2), §482.21(d)(4)

hiatric distinct part units in critical access hospitals: The cks medical errors and adverse patient events, analyzes nts preventive actions and mechanisms that include ughout the critical access hospital. Medical errors and ude but are not limited to the following: n errors

errors

documents what quality improvement projects it is r conducting these projects, and the measurable projects.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
N/A	N/A	New, more-direct EP for CoP requirement	PI.12.01.01, EP 3	The critical access hospital m including adverse patient eve processes of care, hospital se
	The suitiest essess beguited defines the components of a semilate modical record	Moved and Davised		CoPs: §482.21(a)(2)
RC.01.01.01, EP 1	The critical access hospital defines the components of a complete medical record. CoPs: §482.24, §482.24(b), §485.635(a)(3)(iii)	Moved and Revised	RC.11.01.01, EP 1	The critical access hospital m outpatient in the critical acce
				CoPs: §482.24, §482.24(b)
RC.01.01.01, EP 5	The medical record includes the following: - Information needed to support the patient's diagnosis and condition - Information needed to justify the patient's care, treatment, and services - Information that documents the course and result of the patient's care, treatment, and services - Information about the patient's care, treatment, and services that promotes continuity of care among staff and providers Note: For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: This requirement refers to care provided by both internal and external providers. CoPs: \$412.27(c)(3)(ii), \$482.24, \$482.24(b), \$482.24(c), \$482.24(c)(1), \$483.15(c)(3)(ii), \$483.15(c)(3)(iii), \$485.635(c)(1)(i), \$485.635(c)(1)(ii),	Moved and Revised	RC.11.01.01, EP 2	The medical record includes to - Information needed to justific treatment, and services - Information needed to supp - Information about the patient continuity of care among staft Note: For critical access hose Medical Home option: This re- external providers. CoPs: §482.24(c), §485.645(d)
RC.01.01.01, EP 7	\$485.635(c)(2), \$485.638(a)(1), \$485.645(d)(2) All entries in the medical record are dated.	Consolidation of	RC.11.01.01, EP 4	The critical access hospital d
	CoPs: §482.24(c)(1), §482.24(c)(2), §482.53(d), §482.53(d)(2), §485.638(a)(1), §485.638(a)(4)(iv)	RC.01.01.01, EP 7; RC.01.01.01, EP 13; RC.01.02.01, EP 2; RC.01.02.01, EP 3		accurate, legible, complete, s are authenticated by the pers provided. Medical records are readily accessible.
RC.01.01.01, EP 12	For rehabilitation and psychiatric distinct part units in critical access hospitals: Admission and discharge records for rehabilitation and psychiatric distinct part units are separately identified from those of the critical access hospital in which the units are located.	Moved	RC.11.01.01, EP 8	CoPs: §482.24(b), §482.24(c) For rehabilitation and psychia Admission and discharge reco units are separately identified the units are located.
PC 01 01 01 ED 12	CoPs: §412.25(a)(3)	Consolidation of	PC 11 01 01 ED 4	CoPs: §412.25(a)(3)
RC.01.01.01, EP 13	For rehabilitation and psychiatric distinct part units in critical access hospitals: All entries in the medical record, including all orders, are timed. CoPs: §482.24(c)(1), §482.24(c)(2)	Consolidation of RC.01.01.01, EP 7; RC.01.01.01, EP 13; RC.01.02.01, EP 2; RC.01.02.01, EP 3	RC.11.01.01, EP 4	The critical access hospital d accurate, legible, complete, s are authenticated by the pers provided. Medical records are readily accessible. CoPs: §482.24(b), §482.24(c)
RC.01.02.01, EP 1	Only authorized individuals make entries in the medical record. CoPs: §482.23(c)(3)(iii), §485.638(a)(1)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

l measures, analyzes, and tracks quality indicators, vents, and other aspects of performance that assess service, and operations.

l maintains a medical record for every inpatient and cess hospital.

es the following: tify the patient's admission and continued care,

pport the patient's diagnosis and condition ient's care, treatment, and services that promotes :aff and providers

ospitals that elect The Joint Commission Primary Care requirement refers to care provided by both internal and

5(d)(2)

l develops and implements policies and procedures for e, signed, dated, and timed medical record entries that erson responsible for providing or evaluating the service are promptly completed, systematically organized, and

c)(1), §482.53(d), §482.53(d)(2), §485.638(a)(2)

hiatric distinct part units in critical access hospitals: ecords for rehabilitation and psychiatric distinct part ed from those of the critical access hospital in which

l develops and implements policies and procedures for e, signed, dated, and timed medical record entries that erson responsible for providing or evaluating the service are promptly completed, systematically organized, and

c)(1), §482.53(d), §482.53(d)(2), §485.638(a)(2)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
RC.01.02.01, EP 2	The critical access hospital defines the types of entries in the medical record made by licensed practitioners that require countersigning, in accordance with law and regulation. CoPs: §482.23(c)(3)(iii), §482.24(c)(1), §482.24(c)(2), §485.638(a)(1)	Consolidation of RC.01.01.01, EP 7; RC.01.01.01, EP 13; RC.01.02.01, EP 2; RC.01.02.01, EP 3	RC.11.01.01, EP 4	The critical access hospital of accurate, legible, complete, are authenticated by the person provided. Medical records are readily accessible.
RC.01.02.01, EP 3	The author of each medical record entry is identified in the medical record. CoPs: §482.23(c)(3)(iii), §482.24(b), §482.24(c)(1), §482.24(c)(2), §482.26(d)(1), §482.53(d), §482.53(d)(2), §485.638(a)(1), §485.638(a)(4)(iv)	Consolidation of RC.01.01.01, EP 7; RC.01.01.01, EP 13; RC.01.02.01, EP 2; RC.01.02.01, EP 3	RC.11.01.01, EP 4	CoPs: §482.24(b), §482.24(c) The critical access hospital of accurate, legible, complete, are authenticated by the per provided. Medical records an readily accessible.
RC.01.02.01, EP 4	 Entries in the medical record are authenticated by the author. Information introduced into the medical record through transcription or dictation is authenticated by the author. Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key. Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or critical access hospital policy. For electronic records, electronic signatures will be date-stamped. Note 3: For rehabilitation and psychiatric distinct part units in critical access hospitals: All orders, including verbal orders, are dated and authenticated by the ordering physician or other licensed practitioner who is responsible for the care of the patient, and who, in accordance with critical access hospital policy; law and regulation; and medical staff bylaws, rules, and regulations, is authorized to write orders. CoPs: \$482.23(c)(3), \$482.23(c)(3)(iii), \$482.24(b), \$482.24(c)(1), \$482.24(c)(2), \$482.26(d)(1), \$482.51(b)(6), \$482.53(d), \$482.53(d)(2), \$485.638(a)(1), 	Moved and Revised	RC.11.02.01, EP 1	CoPs: §482.24(b), §482.24(c) All orders, including verbal o ordering physician or other li patient's care and who is aut access hospital policy, law a regulations. CoPs: §482.24(c)(2), §485.63
RC.01.02.01, EP 5	§485.638(a)(4)(iv)The individual identified by the signature stamp or method of electronic authentication is the only individual who uses it.CoPs: §482.23(c)(3), §482.24(b), §482.24(c)(1), §482.24(c)(2), §482.26(d)(1), §482.53(d), §482.53(d)(2)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
RC.01.03.01, EP 1	9482.53(d), 9482.53(d)(2) The critical access hospital defines the time frame for completion of the medical record, which does not exceed 30 days after the patient's discharge. CoPs: §482.24(b), §482.24(c)(4)(viii)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
RC.01.03.01, EP 2	The critical access hospital follows its written policy requiring timely entry of information into the patient's medical record. CoPs: §482.24(b), §485.638(a)(1)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A

al develops and implements policies and procedures for e, signed, dated, and timed medical record entries that erson responsible for providing or evaluating the service are promptly completed, systematically organized, and

(c)(1), §482.53(d), §482.53(d)(2), §485.638(a)(2) al develops and implements policies and procedures for re, signed, dated, and timed medical record entries that person responsible for providing or evaluating the service are promptly completed, systematically organized, and

(c)(1), §482.53(d), §482.53(d)(2), §485.638(a)(2) l orders, are dated, timed, and authenticated by the r licensed practitioner who is responsible for the authorized to write orders, in accordance with critical v and regulation, and medical staff bylaws, rules, and

.638(a)(4)(iv)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
RC.01.03.01, EP 3	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Consolidation of	RC.12.01.01, EP 6	The medical history and phys
	critical access hospital records the patient's medical history and physical	RC.01.03.01, EP 3;		and physical examination are
	examination, including updates, in the medical record within 24 hours after	RC.02.01.03, EP 3;		hours after admission or regis
	registration or inpatient admission but prior to surgery or a procedure requiring	RC.02.01.03, EP 5;		anesthesia services.
	anesthesia services.	RC.02.01.03, EP 7		
				CoPs: §482.24(c)(4)(i)(A), §48
	CoPs: §482.24(c)(4)(i)(A), §482.24(c)(4)(i)(B), §482.51(b)(1)(i), §482.51(b)(1)(ii)			
RC.01.04.01, EP 1	The critical access hospital conducts an ongoing review of medical records at the	Moved and Revised	RC.11.02.01, EP 2	The critical access hospital u
	point of care, based on the following indicators: presence, timeliness, legibility			maintenance that ensures the
	(whether handwritten or printed), accuracy, authentication, and completeness of			security of all record entries.
	data and information.			
	CoPs: §482.24(b), §482.24(c)(1), §485.638(a)(2)			CoPs: §482.24(b)
RC.01.05.01, EP 1	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Moved and Revised	RC.11.03.01, EP 1	For rehabilitation and psychia
	retention time of the original or legally reproduced medical record is determined by			retention time of the original of
	its use and critical access hospital policy, in accordance with law and regulation.			its use and critical access ho
				Note: Medical records are ret
	CoPs: §482.24(b), §482.24(b)(1), §482.26(d)(2), §482.26(d)(2)(i), §482.26(d)(2)(ii),			least five years. This includes
	\$482.53(d)(1)			printouts, films, and scans; a
				F
				CoPs: §482.24(b)(1), §482.26
RC.01.05.01, EP 2	The medical record is retained for at least six years from the date of its last entry	Moved	RC.11.03.01, EP 2	The medical record is retained
	and longer if required by state statute or if the record is needed in any pending			and longer if required by state
	proceeding.			proceeding.
	$C_{0}D_{0}: 8495, 629(0)(1), 8495, 629(0)$			CoPs: §485.638(c)
RC.01.05.01, EP 8	CoPs: §485.638(a)(1), §485.638(c) Original medical records are not released unless the critical access hospital is	Moved and Revised	IM.12.01.01, EP 3	The critical access hospital de
NO.01.03.01, LF 0	responding to law and regulation.	Noveu anu Neviseu	IN. 12.01.01, LF 3	the release of medical record
				law and regulation, court orde
	CoPs: §482.24(b)			Note: Information from or cop
	0013.3402.24(5)			individuals, and the critical ac
				individuals cannot gain acces
				CoPs: §482.24(b)(3), §485.63
RC.02.01.01, EP 1	The medical record contains the following demographic information:	Consolidation of	RC.12.01.01, EP 1	The medical record contains
	- The patient's name, address, and date of birth, and the name of any legally	RC.02.01.01, EP 1;		- Name, address, and date of
	authorized representative	RC.02.01.01, EP 25;		representative
	- The patient's sex	RC.02.01.01, EP 27		- Sex
	- The legal status of any patient receiving behavioral health care services			- Communication needs, incl
	- The patient's language and communication needs			- Race and ethnicity
				Note: If the patient is a minor,
				communication needs of the
	CoPs: §412.27(c)(1)(i)			legally authorized representa
				CoPs: §485.638(a)(4)(i)
RC.02.01.01. EP 2	The medical record contains the following clinical information:	Moved and Revised	RC.12.01.01. EP 2	CoPs: §485.638(a)(4)(i) The medical record contains
RC.02.01.01, EP 2	The medical record contains the following clinical information: - The reason(s) for admission for care, treatment, and services	Moved and Revised	RC.12.01.01, EP 2	The medical record contains
RC.02.01.01, EP 2	The medical record contains the following clinical information: - The reason(s) for admission for care, treatment, and services - The patient's initial diagnosis, diagnostic impression(s), or condition(s)	Moved and Revised	RC.12.01.01, EP 2	CoPs: §485.638(a)(4)(i) The medical record contains t - Admitting diagnosis - Any emergency care, treatm

ysical examination or updates to the medical history re placed in the patient's medical record within 24 gistration, but prior to surgery or a procedure requiring

482.24(c)(4)(i)(B)

l uses a system of author identification and record the integrity of the authentication and protects the s.

hiatric distinct part units in critical access hospitals: The al or legally reproduced medical record is determined by hospital policy, in accordance with law and regulation. retained in their original or legally reproduced form for at es nuclear medicine reports; radiological reports, ; and other applicable image records.

26(d)(2), §482.26(d)(2)(i), §482.26(d)(2)(ii), §482.53(d)(1) ned for at least six years from the date of its last entry ate statute or if the record is needed in any pending

develops and implements policies and procedures for rds. The policies and procedures are in accordance with rders, or subpoenas.

opies of records may be released only to authorized access hospital makes certain that unauthorized ess to or alter patient records.

638(b)(2)

ns the following demographic information for the patient: of birth, and the name of any legally authorized

cluding preferred language for discussing health care

or, is incapacitated, or has a designated advocate, the ne parent or legal guardian, surrogate decision-maker, or tative are documented in the clinical record.

is the following clinical information:

ment, and services provided to the patient before their

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Any allergies to food			- Any allergies to food and medications
	- Any allergies to medications			- Any findings of assessments and reasse
	- Any conclusions or impressions drawn from the patient's medical history and			- Results of all consultative evaluations o
	physical examination			other staff involved in the care of the pati
	- Any diagnoses or conditions established during the patient's course of care,			- Treatment goals, plan of care, and revisi
	treatment, and services (including complications and hospital-acquired			- Documentation of complications, healt
	infections). For psychiatric distinct part units in critical access hospitals: The			reactions to drugs and anesthesia
	diagnosis includes intercurrent diseases (diseases that occur during the course of			- All practitioners' orders
	another disease; for example, a patient with AIDS may develop an intercurrent bout			- Nursing notes, reports of treatment, lab
	of pneumonia) and the psychiatric diagnoses.			information necessary to monitor the pat
	- Any consultation reports			- Medication records, including the streng
	- Any observations relevant to care, treatment, and services			administration, access site for medicatio
	- The patient's response to care, treatment, and services			of administration
	- Any emergency care, treatment, and services provided to the patient before their			Note: When rapid titration of a medicatio
	arrival			defines in policy the urgent/emergent situ
	- Any progress notes			an acceptable form of documentation. Fo
	- All orders			of block charting, refer to the Glossary.
	- Any medications ordered or prescribed			- Administration of each self-administere
	- Any medications administered, including the strength, dose, route, date and time			(or the patient's caregiver or support pers
	of administration			- Records of radiology and nuclear medic
	Note 1: When rapid titration of a medication is necessary, the critical access			interpretation reports
	hospital defines in policy the urgent/emergent situations in which block charting			- All care, treatment, and services provide
	would be an acceptable form of documentation.			- Patient's response to care, treatment, and
	Note 2: For the definition and a further explanation of block charting, refer to the			- Medical history and physical examination
	Glossary.			impressions drawn from the information
	- Any access site for medication, administration devices used, and rate of			- Discharge plan and discharge planning
	administration			- Discharge summary with outcome of ho
	- Any adverse drug reactions			provisions for follow-up care, including an
	- Treatment goals, plan of care, and revisions to the plan of care			on discharge
	- Results of diagnostic and therapeutic tests and procedures			- Any diagnoses or conditions established
	- Any medications dispensed or prescribed on discharge			treatment, and services
	- Discharge diagnosis			Note: Medical records are completed wit
	- Discharge plan and discharge planning evaluation			final diagnosis.
				CoPs: §482.23(c)(6)(i)(E), §482.23(c)(6)(ii)
	CoPs: §412.27(c)(1), §412.27(c)(1)(ii), §412.27(c)(3)(ii), §412.27(c)(4), §412.29(e),			\$482.24(c)(4)(iii), \$482.24(c)(4)(iv), \$482.2
	§482.23(c)(3), §482.23(c)(6)(i)(E), §482.23(c)(6)(ii)(E), §482.24(c), §482.24(c)(4)(ii),			\$482.24(c)(4)(viii), \$482.26(d), \$482.26(d)
	§482.24(c)(4)(iii), §482.24(c)(4)(iv), §482.24(c)(4)(vi), §482.24(c)(4)(viii), §482.26(d),			\$482.56(b)(1), \$482.57(b)(4), \$485.638(a)
	§482.43(a)(3), §482.53(d), §482.56(b)(1), §482.57(b)(4), §485.635(c)(1)(i),			\$485.642(a)(3)
	§485.635(c)(1)(ii), §485.635(c)(2), §485.638(a)(1), §485.638(a)(4)(i),			
1	§485.638(a)(4)(ii), §485.638(a)(4)(iii), §485.642(a)(3)			
RC.02.01.01, EP 4	As needed to provide care, treatment, and services, the medical record contains	Moved and Revised	RC.12.01.01, EP 3	The medical record contains any informe
· · · , _· ·	the following additional information:		,	access hospital policy or federal or state
	- Any advance directives			Note: The properly executed informed co
	- Any informed consent, when required by critical access hospital policy			record prior to surgery, except in emerger
	Note: The properly executed informed consent is placed in the patient's medical			consent contains documentation of a pat
	record prior to surgery, except in emergencies. For rehabilitation and psychiatric			agreement for care, treatment, and service
	distinct part units in critical access hospitals: A properly executed informed			signature; or, when a patient is unable to
	consent contains documentation of a patient's mutual understanding of and			verbal agreement by the patient or surrog

- ts and reassessments
- evaluations of the patient and findings by clinical and ire of the patient
- are, and revisions to the plan of care
- ations, health care–acquired infections, and adverse thesia
- eatment, laboratory reports, vital signs, and other onitor the patient's condition
- ling the strength, dose, route, date and time of
- for medication, administration devices used, and rate
- f a medication is necessary, the critical access hospital emergent situations in which block charting would be mentation. For the definition and a further explanation e Glossary.
- f-administered medication, as reported by the patient support person where appropriate)
- uclear medicine services, including signed
- rvices provided to the patient
- treatment, and services
- al examination, including any conclusions or information
- rge planning evaluation
- utcome of hospitalization, disposition of case, and
- e, including any medications dispensed or prescribed
- ns established during the patient's course of care,
- ompleted within 30 days following discharge, including

82.23(c)(6)(ii)(E), §482.24(c), §482.24(c)(4)(ii), (4)(iv), §482.24(c)(4)(vi), §482.24(c)(4)(vii), d), §482.26(d)(1), §482.43(a)(3), §482.53(d), , §485.638(a)(4)(i), §485.638(a)(4)(ii), §485.638(a)(4)(iii),

- s any informed consent, when required by critical deral or state law or regulation.
- I informed consent is placed in the patient's medical pt in emergencies. A properly executed informed tation of a patient's mutual understanding of and ent, and services through written signature; electronic t is unable to provide a signature, documentation of the ient or surrogate decision-maker.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	agreement for care, treatment, and services through written signature, electronic signature, or when a patient is unable to provide a signature, documentation of the verbal agreement by the patient or surrogate decision-maker. - Any records of communication with the patient, such as telephone calls or e-mail - Any patient-generated information			CoPs: §482.24(c)(4)(v), §482.5
	CoPs: §482.24(c)(4)(v), §482.51(b)(2), §485.638(a)(4)(i)			
RC.02.01.01, EP 7	 For psychiatric distinct part units in critical access hospitals: Progress notes are recorded by the following individuals involved in the active treatment of the patient: The physician(s), psychologist(s), or other licensed practitioner(s) responsible for the care of the inpatient A nurse A social worker Others involved in active treatment modalities The above individuals record progress notes at least weekly for the first two months of a patient's stay and at least monthly thereafter. CoPs: \$412.27(c)(4) 	Moved and Revised	RC.12.01.01, EP 4	For psychiatric distinct part up recorded at least weekly for the monthly thereafter by the follo the patient: - Physician(s), psychologist(s) care of the inpatient - Nurse - Social worker - Others involved in active trea The progress notes include re- patient's progress in accordar
RC.02.01.01, EP 18	 The medical record of a patient who receives urgent or immediate care, treatment, and services contains the following: The time and means of arrival Indication that the patient left against medical advice, when applicable Conclusions reached at the termination of care, treatment, and services, including the patient's final disposition, condition, and instructions given for follow-up care, treatment, and services A copy of any information made available to the provider providing follow-up care, treatment, or services 	Moved and Revised	RC.11.01.01, EP 3	CoPs: §412.27(c)(4) The medical record of a patien and services contains the follu- - Time and means of arrival - Indication that the patient le - Conclusions reached at the including the patient's final di up care, treatment, and service - A copy of any information ma care, treatment, or services
RC.02.01.01, EP 25	The medical record contains the patient's race and ethnicity.	Consolidation of RC.02.01.01, EP 1; RC.02.01.01, EP 25; RC.02.01.01, EP 27	RC.12.01.01, EP 1	The medical record contains t - Name, address, and date of representative - Sex - Communication needs, inclu - Race and ethnicity Note: If the patient is a minor, communication needs of the legally authorized representat
RC.02.01.01, EP 26	For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The medical record includes the patient's self-management goals and the patient's progress toward achieving those goals. (Refer to PC.01.03.01, EP	Moved and Revised	RC.11.01.01, EP 9	CoPs: §485.638(a)(4)(i) For critical access hospitals t Home option: The medical rea and their progress toward ach
RC.02.01.01, EP 27	44)For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The medical record contains the patient's communication needs, including preferred language for discussing health care. Note: If the patient is a minor, is incapacitated, or has a designated advocate, the	Consolidation of RC.02.01.01, EP 1; RC.02.01.01, EP 25; RC.02.01.01, EP 27	RC.12.01.01, EP 1	The medical record contains t - Name, address, and date of representative - Sex - Communication needs, inclu

units in critical access hospitals: Progress notes are r the first two months of a patient's stay and at least blowing individuals involved in the active treatment of

(s), or other licensed practitioner(s) responsible for the

reatment modalities

revisions to the treatment plan and assessments of the dance with the original or revised treatment plan.

ient who receives urgent or immediate care, treatment, ollowing:

left against medical advice, when applicable

ne termination of care, treatment, and services,

disposition, condition, and instructions given for follow-vices

made available to the provider furnishing follow-up

is the following demographic information for the patient: of birth, and the name of any legally authorized

cluding preferred language for discussing health care

or, is incapacitated, or has a designated advocate, the ne parent or legal guardian, surrogate decision-maker, or tative are documented in the clinical record.

s that elect The Joint Commission Primary Care Medical record includes the patient's self-management goals chieving those goals. (Refer to PC.11.03.01, EP 7)

is the following demographic information for the patient: of birth, and the name of any legally authorized

cluding preferred language for discussing health care

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative are documented in the clinical record.			- Race and ethnicity Note: If the patient is a minor communication needs of the legally authorized representa CoPs: §485.638(a)(4)(i)
RC.02.01.03, EP 1	The critical access hospital documents in the patient's medical record any operative or other high-risk procedure and/or the administration of moderate or deep sedation or anesthesia.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
RC.02.01.03, EP 2	A physician or other licensed practitioner involved in the patient's care documents the provisional diagnosis in the medical record before an operative or other high- risk procedure is performed. CoPs: \$482.51(b)(6), \$485.639(b)(1)	Consolidation of RC.02.01.03, EP 2; RC.02.01.03, EP 5; RC.02.01.03, EP 6; RC.02.01.03, EP 7; RC.02.01.03, EP 8; RC.02.01.03, EP 11	RC.12.01.03, EP 2	For rehabilitation and psychia operative report is written or of the surgeon. The report include - Name and hospital identific - Date and times of the surger - Name(s) of the surgeon(s) a surgical tasks (even when per description of the specific sig practitioners other than the p procedures include opening a removing tissue, implanting of - Preoperative and postopera - Name of the specific surgica - Type of anesthesia administ - Complications, if any - Description of techniques, f - Prosthetic devices, grafts, ti - Any estimated blood loss Note 1: The exception to this risk procedure progress note case the full report can be wr critical access hospital. Note 2: If the physician or oth high-risk procedure accompa unit or area of care, the repor care. CoPs: \$482.51(b)(6)
RC.02.01.03, EP 3	The patient's medical history and physical examination are recorded in the medical record before an operative or other high-risk procedure is performed. CoPs: §482.24(c)(4)(i)(A)	Consolidation of RC.01.03.01, EP 3; RC.02.01.03, EP 3; RC.02.01.03, EP 5; RC.02.01.03, EP 7	RC.12.01.01, EP 6	The medical history and physe and physical examination are hours after admission or regise anesthesia services. CoPs: §482.24(c)(4)(i)(A), §48
RC.02.01.03, EP 5	An operative or other high-risk procedure report is written or dictated upon completion of the operative or other high-risk procedure and before the patient is transferred to the next level of care. Note 1: The exception to this requirement occurs when an operative or other high-	Split to RC.12.01.01, EP 6; RC.12.01.03, EP 2	RC.12.01.01, EP 6	The medical history and physical examination are hours after admission or registances.

or, is incapacitated, or has a designated advocate, the ne parent or legal guardian, surrogate decision-maker, or tative are documented in the clinical record.

hiatric distinct part units in critical access hospitals: An or dictated immediately following surgery and signed by ludes the following:

- fication number of the patient
- gery and as
- and assistants or other practitioners who performed performing those tasks under supervision) and a
- significant surgical tasks that were conducted by primary surgeon/practitioner (significant surgical
- g and closing, harvesting grafts, dissecting tissue,
- devices, altering tissues)
- rative diagnosis
- ical procedure(s) performed
- istered

, findings, and tissues removed or altered tissues, transplants, or devices implanted, if any

is requirement occurs when an operative or other highte is written immediately after the procedure, in which written or dictated within a time frame defined by the

ther licensed practitioner performing the operation or panies the patient from the operating room to the next ort can be written or dictated in the new unit or area of

ysical examination or updates to the medical history are placed in the patient's medical record within 24 gistration, but prior to surgery or a procedure requiring

482.24(c)(4)(i)(B)

ysical examination or updates to the medical history are placed in the patient's medical record within 24 gistration, but prior to surgery or a procedure requiring

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	risk procedure progress note is written immediately after the procedure, in which case the full report can be written or dictated within a time frame defined by the critical access hospital. Note 2: If the physician or other licensed practitioner performing the operation or high-risk procedure accompanies the patient from the operating room to the next unit or area of care, the report can be written or dictated in the new unit or area of care. CoPs: §482.51(b)(6), §485.639(b)(3)			CoPs: §482.24(c)(4)(i)(A), §48
RC.02.01.03, EP 5	An operative or other high-risk procedure report is written or dictated upon completion of the operative or other high-risk procedure and before the patient is transferred to the next level of care. Note 1: The exception to this requirement occurs when an operative or other high- risk procedure progress note is written immediately after the procedure, in which case the full report can be written or dictated within a time frame defined by the critical access hospital. Note 2: If the physician or other licensed practitioner performing the operation or high-risk procedure accompanies the patient from the operating room to the next unit or area of care, the report can be written or dictated in the new unit or area of care. CoPs: \$482.51(b)(6), \$485.639(b)(3)	Split to RC.12.01.01, EP 6; RC.12.01.03, EP 2	RC.12.01.03, EP 2	For rehabilitation and psychia operative report is written or of the surgeon. The report include - Name and hospital identific - Date and times of the surger - Name(s) of the surgeon(s) a surgical tasks (even when per description of the specific sig practitioners other than the p procedures include opening a removing tissue, implanting of - Preoperative and postopera - Name of the specific surgica - Type of anesthesia administ - Complications, if any - Description of techniques, f - Prosthetic devices, grafts, ti - Any estimated blood loss Note 1: The exception to this risk procedure progress note case the full report can be wr critical access hospital. Note 2: If the physician or oth high-risk procedure accompa unit or area of care, the repor care.
RC.02.01.03, EP 6	The operative or other high-risk procedure report includes the following information: - The name(s) of the physician or other licensed practitioner(s) who performed the procedure and their assistant(s) - The name of the procedure performed - A description of the procedure - Findings of the procedure - Any estimated blood loss - Any specimen(s) removed - The postoperative diagnosis	Consolidation of RC.02.01.03, EP 2; RC.02.01.03, EP 5; RC.02.01.03, EP 6; RC.02.01.03, EP 7; RC.02.01.03, EP 8; RC.02.01.03, EP 11	RC.12.01.03, EP 2	For rehabilitation and psychia operative report is written or the surgeon. The report inclu- - Name and hospital identific - Date and times of the surge - Name(s) of the surgeon(s) a surgical tasks (even when pe description of the specific sig practitioners other than the p procedures include opening a removing tissue, implanting o - Preoperative and postopera

482.24(c)(4)(i)(B)

hiatric distinct part units in critical access hospitals: An or dictated immediately following surgery and signed by ludes the following:

- ication number of the patient gery
- and assistants or other practitioners who performed performing those tasks under supervision) and a
- significant surgical tasks that were conducted by
- primary surgeon/practitioner (significant surgical
- g and closing, harvesting grafts, dissecting tissue,
- devices, altering tissues)
- rative diagnosis
- ical procedure(s) performed
- istered

, findings, and tissues removed or altered tissues, transplants, or devices implanted, if any

is requirement occurs when an operative or other highte is written immediately after the procedure, in which written or dictated within a time frame defined by the

ther licensed practitioner performing the operation or panies the patient from the operating room to the next ort can be written or dictated in the new unit or area of

hiatric distinct part units in critical access hospitals: An or dictated immediately following surgery and signed by ludes the following:

- ication number of the patient
- gery

and assistants or other practitioners who performed performing those tasks under supervision) and a

- significant surgical tasks that were conducted by
- primary surgeon/practitioner (significant surgical
- g and closing, harvesting grafts, dissecting tissue,
- devices, altering tissues)
- rative diagnosis

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				 Name of the specific surgical Type of anesthesia administ Complications, if any Description of techniques, fill Prosthetic devices, grafts, tis Any estimated blood loss Note 1: The exception to this in risk procedure progress note in case the full report can be writed access hospital. Note 2: If the physician or oth high-risk procedure accompany unit or area of care, the report care.
				CoPs: §482.51(b)(6)
RC.02.01.03, EP 7	When a full operative or other high-risk procedure report cannot be entered immediately into the patient's medical record after the operation or procedure, a progress note is entered in the medical record before the patient is transferred to the next level of care. This progress note includes the name(s) of the primary surgeon(s) and their assistant(s), procedure performed and a description of each procedure finding, estimated blood loss, specimens removed, and postoperative diagnosis.	Split to RC.12.01.01, EP 6; RC.12.01.03, EP 2	RC.12.01.01, EP 6	The medical history and phys and physical examination are hours after admission or regis anesthesia services. CoPs: §482.24(c)(4)(i)(A), §482
	CoPs: §482.51(b)(6), §485.639(b)(3)			
RC.02.01.03, EP 7	 When a full operative or other high-risk procedure report cannot be entered immediately into the patient's medical record after the operation or procedure, a progress note is entered in the medical record before the patient is transferred to the next level of care. This progress note includes the name(s) of the primary surgeon(s) and their assistant(s), procedure performed and a description of each procedure finding, estimated blood loss, specimens removed, and postoperative diagnosis. CoPs: §482.51(b)(6), §485.639(b)(3) 	Split to RC.12.01.01, EP 6; RC.12.01.03, EP 2	RC.12.01.03, EP 2	For rehabilitation and psychia operative report is written or of the surgeon. The report include - Name and hospital identificat - Date and times of the surger - Name(s) of the surgeon(s) and surgical tasks (even when per description of the specific sig practitioners other than the p procedures include opening at removing tissue, implanting d - Preoperative and postoperate - Name of the specific surgicat - Type of anesthesia administ - Complications, if any - Description of techniques, fit - Prosthetic devices, grafts, tis - Any estimated blood loss Note 1: The exception to this of risk procedure progress note case the full report can be writed critical access hospital. Note 2: If the physician or oth high-risk procedure accompantications and the specific and the specific and the specification of the specification of the complications of the specification of

ical procedure(s) performed istered

, findings, and tissues removed or altered tissues, transplants, or devices implanted, if any

is requirement occurs when an operative or other highte is written immediately after the procedure, in which written or dictated within a time frame defined by the

ther licensed practitioner performing the operation or panies the patient from the operating room to the next ort can be written or dictated in the new unit or area of

ysical examination or updates to the medical history re placed in the patient's medical record within 24 gistration, but prior to surgery or a procedure requiring

482.24(c)(4)(i)(B)

niatric distinct part units in critical access hospitals: An or dictated immediately following surgery and signed by Judes the following:

- ication number of the patient
- gery

and assistants or other practitioners who performed performing those tasks under supervision) and a significant surgical tasks that were conducted by

primary surgeon/practitioner (significant surgical

- g and closing, harvesting grafts, dissecting tissue,
- devices, altering tissues)
- rative diagnosis
- ical procedure(s) performed
- istered

, findings, and tissues removed or altered tissues, transplants, or devices implanted, if any

is requirement occurs when an operative or other highte is written immediately after the procedure, in which written or dictated within a time frame defined by the

ther licensed practitioner performing the operation or panies the patient from the operating room to the next

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				unit or area of care, the repor
				care.
				$C_{2}D_{2}$, \$482, 51(b)(c)
RC.02.01.03, EP 8	The medical record contains the following postoperative information:	Consolidation of	RC.12.01.03, EP 2	CoPs: §482.51(b)(6) For rehabilitation and psychia
NG.02.01.03, EF 0	- The patient's vital signs and level of consciousness	RC.02.01.03, EP 2;	NG. 12.01.03, EF 2	operative report is written or
	- Any medications, including intravenous fluids and any administered blood, blood	RC.02.01.03, EP 5;		the surgeon. The report inclu
	products, and blood components	RC.02.01.03, EP 6;		- Name and hospital identific
	- Any unanticipated events or complications (including blood transfusion reactions)	RC.02.01.03, EP 7;		- Date and times of the surge
	and the management of those events	RC.02.01.03, EP 8;		- Name(s) of the surgeon(s) a
		RC.02.01.03, EP 11		surgical tasks (even when pe
	CoPs: §482.24(c)(4)(iv), §482.51(b)(6), §485.639(b)(3)			description of the specific si
				practitioners other than the p
				procedures include opening
				removing tissue, implanting o
				- Preoperative and postopera
				- Name of the specific surgic - Type of anesthesia adminis
				- Complications, if any
				- Description of techniques,
				- Prosthetic devices, grafts, t
				- Any estimated blood loss
				Note 1: The exception to this
				risk procedure progress note
				case the full report can be wi
				critical access hospital.
				Note 2: If the physician or oth
				high-risk procedure accompa
				unit or area of care, the repor
				care.
				CoPs: §482.51(b)(6)
RC.02.01.03, EP 9	The medical record contains documentation that the patient was discharged from	Deleted EP -	N/A	N/A
	the post-sedation or postanesthesia care area either by the physician or other	Replaced with more		
	licensed practitioner responsible for the patient's care or according to discharge	direct EP(s) or		
	criteria.	moved to guidance within SPG		
	CoPs: §485.639(b)(3)	within SPG		
RC.02.01.03, EP 11	The postoperative documentation contains the name of the physician or other	Consolidation of	RC.12.01.03, EP 2	For rehabilitation and psychia
,	licensed practitioner responsible for discharge.	RC.02.01.03, EP 2;		operative report is written or
		RC.02.01.03, EP 5;		the surgeon. The report inclu
	CoPs: §482.51(b)(6)	RC.02.01.03, EP 6;		- Name and hospital identific
		RC.02.01.03, EP 7;		- Date and times of the surge
		RC.02.01.03, EP 8;		- Name(s) of the surgeon(s) a
		RC.02.01.03, EP 11		surgical tasks (even when pe
				description of the specific sig
				practitioners other than the p
				procedures include opening
				removing tissue, implanting o

ort can be written or dictated in the new unit or area of

hiatric distinct part units in critical access hospitals: An or dictated immediately following surgery and signed by ludes the following:

- ication number of the patient
- gery
- and assistants or other practitioners who performed performing those tasks under supervision) and a
- significant surgical tasks that were conducted by
- primary surgeon/practitioner (significant surgical gand closing, harvesting grafts, dissecting tissue,
- devices, altering tissues)
- rative diagnosis
- ical procedure(s) performed
- istered

, findings, and tissues removed or altered tissues, transplants, or devices implanted, if any

is requirement occurs when an operative or other highte is written immediately after the procedure, in which written or dictated within a time frame defined by the

ther licensed practitioner performing the operation or panies the patient from the operating room to the next ort can be written or dictated in the new unit or area of

hiatric distinct part units in critical access hospitals: An or dictated immediately following surgery and signed by ludes the following:

- fication number of the patient gery
- and assistants or other practitioners who performed
- performing those tasks under supervision) and a
- significant surgical tasks that were conducted by
- primary surgeon/practitioner (significant surgical
- g and closing, harvesting grafts, dissecting tissue,
- devices, altering tissues)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				 Preoperative and postopera Name of the specific surgica Type of anesthesia administ Complications, if any Description of techniques, f Prosthetic devices, grafts, ti Any estimated blood loss Note 1: The exception to this risk procedure progress note case the full report can be wr critical access hospital. Note 2: If the physician or oth high-risk procedure accompaunit or area of care, the report care.
				CoPs: §482.51(b)(6)
RC.02.01.03, EP 15	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a complete and up-to-date operating room register that includes the following: - Patient's name - Patient's critical access hospital identification number - Date of operation - Inclusive or total time of operation - Name of surgeon and any assistants - Name of nursing personnel - Type of anesthesia used and name of person administering it - Operation performed - Pre- and postoperative diagnosis - Age of patient Note: A postoperative summary may be considered equivalent if all items listed in this element of performance are included. CoPs: \$482.51(b)(5)	Moved and Revised	RC.12.01.03, EP 1	For rehabilitation and psychia critical access hospital has a equivalent record that include - Patient's name - Patient's critical access hos - Date of operation - Inclusive or total time of ope - Name of surgeon and any as - Name of nursing staff - Type of anesthesia used and - Operation performed - Pre- and postoperative diago - Age of patient CoPs: §482.51(b)(5)
RC.02.03.07, EP 1	The critical access hospital identifies, in writing, the staff who are authorized to receive and record verbal orders, in accordance with law and regulation. CoPs: §482.23(c)(3)(ii)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
RC.02.03.07, EP 2	Only authorized staff receive and record verbal orders.	Moved and Revised	RC.12.02.01, EP 1	Only staff authorized by critic
	CoPs: §482.23(c)(3)(ii)			with federal and state law acc CoPs: §482.23(c)(3)(ii)
RC.02.03.07, EP 3	Documentation of verbal orders includes the date and the names of individuals	Deleted EP -	N/A	N/A
	who gave, received, recorded, and implemented the orders. CoPs: §482.23(c)(3)(ii), §482.24(c)(2), §485.635(d)(3)	Replaced with more direct EP(s) or moved to guidance within SPG		

rative diagnosis ical procedure(s) performed istered

s, findings, and tissues removed or altered tissues, transplants, or devices implanted, if any

is requirement occurs when an operative or other highte is written immediately after the procedure, in which written or dictated within a time frame defined by the

ther licensed practitioner performing the operation or panies the patient from the operating room to the next ort can be written or dictated in the new unit or area of

hiatric distinct part units in critical access hospitals: The a complete and up-to-date operating room register or udes the following:

ospital identification number

peration assistants

nd name of person administering it

agnosis

tical access hospital policies and procedures consistent accept and record verbal orders.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
RC.02.03.07, EP 4	Verbal orders are authenticated within the time frame specified by law and	Deleted EP -	N/A	N/A
	regulation.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.23(c)(3), §482.23(c)(3)(ii), §482.24(c)(2), §485.635(d)(3)	moved to guidance		
		within SPG		
RC.02.03.07, EP 6	For rehabilitation and psychiatric distinct part units in critical access hospitals:	Deleted EP -	N/A	N/A
	Documentation of verbal orders includes the time the verbal order was received.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.23(c)(3)(ii), §482.24(c)(2)	moved to guidance		
		within SPG		
RC.02.04.01, EP 1	For swing beds in critical access hospitals: Documentation in the medical record	Moved and Revised	RC.12.03.01, EP 1	For swing beds in critical acc
	includes discharge information provided to the resident and/or to the receiving			includes discharge information
	organization. There is documentation in the resident's medical record by the			organization. A physician doc
	resident's physician when the resident is transferred or discharged, either when the			resident is being transferred o
	transfer is due to the resident improving and no longer needing long term care			would otherwise be endanger
	services or when the resident's needs cannot be met in the critical access			medical record when the tran
	hospital's swing bed. There is documentation in the resident's medical record by a			needing long term care servic
	physician when the resident is being transferred or discharged because the safety			and resident's needs cannot
	of other residents would otherwise be endangered.			
				CoPs: §483.15(c)(2), §483.15
	CoPs: §483.15(c)(2), §483.15(c)(2)(ii)(A), §483.15(c)(2)(ii)(B), §483.15(c)(2)(iii)(A),			
	\$483.15(c)(2)(iii)(B), \$483.15(c)(2)(iii)(C), \$483.15(c)(2)(iii)(D), \$483.15(c)(2)(iii)(E),			
	\$483.15(c)(2)(iii)(F), \$483.21(c)(2)(i), \$483.21(c)(2)(ii), \$483.21(c)(2)(iii),			
	\$483.21(c)(2)(iv), \$485.645(d)(2), \$485.645(d)(5)			
RC.02.04.01, EP 2	For swing beds in critical access hospitals: The resident's discharge information	Moved and Revised	RC.12.03.01, EP 2	For swing beds in critical acco
	includes the following:			includes the following:
	- The reason for transfer, discharge, or referral			- Reason for transfer, discharg
	- Treatment provided, diet, medication orders, and orders for the resident's			- Treatment provided, diet, me
	immediate care			immediate care
	- Referrals provided to the resident, the referring physician's or other licensed			- Referrals provided to the res
	practitioner's name, and the name of the physician or other licensed practitioner			practitioner's name, and the r
	who has agreed to be responsible for the resident's medical care and treatment, if			who has agreed to be respons
	this person is someone other than the referring physician or other licensed			this person is someone other
	practitioner			practitioner
	- Medical findings and diagnoses; a summary of the care, treatment, and services			- Medical findings and diagno
	provided; and progress reached toward goals			provided; and progress reach
	- Information about the resident's behavior, ambulation, nutrition, physical status,			- Information about the reside
	psychosocial status, and potential for rehabilitation			psychosocial status, and pote
	 Nursing information that is useful in the resident's care Any advance directives 			- Nursing information that is u
				- Any advance directives
	 Instructions given to the resident before discharge Attempts to meet the resident's needs 			- Instructions given to the resi - Attempts to meet the reside
	- Attempts to meet the resident's needs			- Attempts to meet the reside
	CoPs: §483.15(c)(2), §483.15(c)(2)(i)(A), §483.15(c)(2)(i)(B), §483.15(c)(2)(iii)(A),			CoPs: §483.15(c)(2)(i)(A), §48
	\$483.15(c)(2)(iii)(B), \$483.15(c)(2)(iii)(C), \$483.15(c)(2)(iii)(D), \$483.15(c)(2)(iii)(A), \$483.15(c)(2)(iii)(B),			
	\$483.15(c)(2)(iii)(B), \$483.15(c)(2)(iii)(C), \$483.15(c)(2)(iii)(D), \$483.15(c)(2)(iii)(E), \$483.15(c)(2)(iii)(F), \$483.21(c)(2)(i), \$483.21(c)(2)(ii), \$483.21(c)(2)(iii), \$483.21(c)(2)(
	\$483.21(c)(2)(iv), \$485.645(d)(2), \$485.645(d)(5)	1	1	

ccess hospitals: Documentation in the medical record tion provided to the resident and/or to the receiving ocument in the resident's medical record when the d or discharged because the safety of other residents gered. The resident's physician documents in the ansfer is due to the resident improving and no longer vices or when the transfer is due to the resident's welfare of be met in the critical access hospital's swing bed.

15(c)(2)(ii)(A), \$483.15(c)(2)(ii)(B), \$485.645(d)(2)

ccess hospitals: The resident's discharge information

arge, or referral medication orders, and orders for the resident's

esident, the referring physician's or other licensed e name of the physician or other licensed practitioner onsible for the resident's medical care and treatment, if er than the referring physician or other licensed

noses; a summary of the care, treatment, and services ched toward goals

ident's behavior, ambulation, nutrition, physical status,

otential for rehabilitation

useful in the resident's care

esident before discharge dent's needs

485.645(d)(2)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
RC.02.04.01, EP 3	In order to provide information to other caregivers and facilitate the patient's	Split to RC.11.01.01,	RC.11.01.01, EP 6	For psychiatric distinct part u
	continuity of care, the medical record contains a discharge summary that includes	EP 6; RC.12.03.01,		reflects the degree and intens
	the following:	EP 5		information:
	- The reason for hospitalization			- History of findings and treat
	- The procedures performed			the patient is hospitalized
	- The care, treatment, and services provided			- Identification data, includin
	- The patient's condition and disposition at discharge			- Provisional or admitting dia
	- Information provided to the patient and family			includes the diagnoses of int
	- Provisions for follow-up care			diagnoses
	- For critical access hospitals with swing beds: Where the resident plans to reside			- Reasons for admission, as s
	Note 1: A discharge summary is not required when a patient is seen for minor			involved
	problems or interventions, as defined by the medical staff. In this instance, a final			- Social service records, inclu
	progress note may be substituted for the discharge summary provided the note			members, and others; an ass
	contains the outcome of hospitalization, disposition of the case, and provisions for			community resource contact
	follow-up care.			- When indicated, record of a
	Note 2: When a patient is transferred to a different level of care within the critical			time of the admission physic
	access hospital, and caregivers change, a transfer summary may be substituted for			- Documentation of treatmer
	the discharge summary. If the caregivers do not change, a progress note may be			- Discharge summary of the p
	used.			of the patient's hospitalizatio
				services concerning follow-u
	CoPs: §412.27(c)(5), §482.24(c)(4)(vii), §483.15(c)(2)(iii)(F), §483.21(c)(2)(i),			condition on discharge
	§483.21(c)(2)(ii), §483.21(c)(2)(iii), §483.21(c)(2)(iv), §485.638(a)(4)(i),			
	§485.645(d)(2), §485.645(d)(5)			CoPs: §412.27(c), §412.27(c)
				\$412.27(c)(1)(iv), \$412.27(c)(
RC.02.04.01, EP 3	In order to provide information to other caregivers and facilitate the patient's	Split to RC.11.01.01,	RC.12.03.01, EP 5	For swing beds in critical acc
	continuity of care, the medical record contains a discharge summary that includes	EP 6; RC.12.03.01,		anticipates the discharge of a
	the following:	EP 5		limited to the following:
	- The reason for hospitalization			- A summary of the resident's
	- The procedures performed			diagnosis, course of illness/t
	- The care, treatment, and services provided			radiology, and consultation re
	- The patient's condition and disposition at discharge			- A final summary of the resid
	- Information provided to the patient and family			the time of the discharge that
	- Provisions for follow-up care			agencies, with the consent o
	- For critical access hospitals with swing beds: Where the resident plans to reside			- Reconciliation of all predisc
	Note 1: A discharge summary is not required when a patient is seen for minor			medications (both prescribed
	problems or interventions, as defined by the medical staff. In this instance, a final			- A postdischarge plan of care
	progress note may be substituted for the discharge summary provided the note			new living environment, that
	contains the outcome of hospitalization, disposition of the case, and provisions for			with the resident's consent, t
	follow-up care.			of care indicates where the ir
	Note 2: When a patient is transferred to a different level of care within the critical			been made for the resident's
	access hospital, and caregivers change, a transfer summary may be substituted for			nonmedical services
	the discharge summary. If the caregivers do not change, a progress note may be			
	used.			CoPs: §483.21(c)(2)(i), §483.2
				§485.645(d)(5)
	CoPs: §412.27(c)(5), §482.24(c)(4)(vii), §483.15(c)(2)(iii)(F), §483.21(c)(2)(i),			
	§483.21(c)(2)(ii), §483.21(c)(2)(iii), §483.21(c)(2)(iv), §485.638(a)(4)(i),			
	\$485.645(d)(2), \$485.645(d)(5)			
N/A	N/A	New, more-direct EP	RC.12.01.01, EP 7	An assessment of the patient
IN/A				All assessment of the patient

t units in critical access hospitals: The medical record ensity of treatment and contains the following

atment provided for the psychiatric condition for which

- ing the patient's legal status
- agnosis for the patient at the time of admission that ntercurrent diseases as well as the psychiatric

stated by the patient and/or others significantly

- cluding reports of interviews with patients, family ssessment of home plans, family attitudes, and cts; and a social history
- a complete neurological examination, recorded at the ical examination
- ent received, including all active therapeutic efforts patient's hospitalization that includes a recapitulation ion in the unit, recommendations from appropriate -up or aftercare, and a brief summary of the patient's

c)(1), §412.27(c)(1)(i), §412.27(c)(1)(ii), §412.27(c)(1)(iii),)(1)(v), §412.27(c)(3)(ii), §412.27(c)(5)

ccess hospitals: When the critical access hospital f a resident, the discharge summary includes but is not

- t's stay that includes at a minimum the resident's /treatment or therapy, and pertinent laboratory, results
- sident's status to include items in 42 CFR 483.20 (b)(1) at nat is available for release to authorized persons and of the resident or resident's representative.
- scharge medications with the resident's postdischarge ed and over-the-counter).
- are, which will assist the resident to adjust to his or her at is developed with the participation of the resident and, , the resident representative(s). The postdischarge plan individual plans to reside, any arrangements that have 's follow up care, and any postdischarge medical and

3.21(c)(2)(ii), §483.21(c)(2)(iii), §483.21(c)(2)(iv),

nt (in lieu of a medical history and physical examination .24(c)(4)(i)(A) and (B)) is completed and documented

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				after registration, but prior to
				when the following conditions
				- The patient is receiving spec
				- The medical staff has chose
				accordance with the requiren
				requiring a comprehensive m
				update to it, prior to specific o
				CoPs: §482.24(c)(4)(i)(C)
N/A	N/A	New, more-direct EP	RC.12.03.01, EP 3	For swing beds in critical acc
		for CoP requirement		discharged because the critic
				critical access hospital docur
				access hospital's attempts to
				at the receiving organization t
				CoPs: §483.15(c)(2)(i)(B), §48
N/A	N/A	New, more-direct EP	RC.12.03.01, EP 4	For swing beds in critical acce
		for CoP requirement		reasons for the transfer or dis
				with 42 CFR 483.15(c)(2).
	The estate of a second se			CoPs: §483.15(c)(3)(ii), §485.0
RI.01.01.01, EP 1	The critical access hospital has written policies on patient rights.	Moved and Revised	RI.11.01.01, EP 1	The critical access hospital d
	Note: The critical access hospital's written policies address procedures regarding			and promote patient rights.
	patient visitation rights, including any clinically necessary or reasonable restrictions or limitations.			CoPs: §482.13, §485.614
				0053.3402.13,3403.014
	CoPs: §482.13, §482.13(a)(1), §482.13(h), §483.10(b)(7), §483.10(b)(7)(i),			
	\$483.10(b)(7)(ii), \$483.10(h)(3), \$483.10(h)(3)(i), \$485.614, \$485.614(h),			
	\$485.645(d)(1)			
RI.01.01.01, EP 2	The critical access hospital informs the patient of the patient's rights.	Moved and Revised	RI.11.01.01, EP 2	The critical access hospital ir
-	Note 1: The critical access hospital informs the patient (or support person, where			patient's representative (as al
	appropriate) of the patient's visitation rights. Visitation rights include the right to			advance of providing or disco
	receive the visitors designated by the patient, including, but not limited to, a			possible.
	spouse, a domestic partner (including a same-sex domestic partner), another			
	family member, or a friend. Also included is the right to withdraw or deny such			CoPs: §482.13(a)(1), §485.614
	consent at any time.			
	Note 2: The critical access hospital informs each patient (or support person, where			
	appropriate) of the patient's rights in advance of furnishing or discontinuing patient			
	care whenever possible.			
	CoPs: §482.13, §482.13(a)(1), §482.13(h)(1), §482.13(h)(2), §483.10(c)(1), §485.614,			
	\$485.614(a)(1), \$485.614(h)(1), \$485.614(h)(2), \$485.645(d)(1)			
RI.01.01.01, EP 4	The critical access hospital treats the patient in a dignified and respectful manner	Moved and Revised	RI.11.01.01, EP 3	The patient has the right to re-
	that supports the patient's dignity.			
	$C_{0}D_{0}$; \$492.12; \$492.12(0)(2); \$495.014			CoPs: §482.13(c)(2)
RI.01.01.01, EP 5	CoPs: §482.13, §482.13(c)(2), §485.614 The critical access hospital respects the patient's right to and need for effective	Moved	NPG.07.01.01, EP 1	The critical access hospital re
11.01.01.01, LF J	communication.			communication.
		1	1	

to surgery or a procedure requiring anesthesia services, ons are met:

ecific outpatient surgical or procedural services. sen to develop and maintain a policy that identifies, in ements at § 482.22(c)(5)(v), specific patients as not medical history and physical examination, or any c outpatient surgical or procedural services.

ccess hospitals: When the resident is transferred or tical access hospital cannot meet their needs, the cuments which needs could not be met, the critical to meet the resident's needs, and the services available n that will meet the resident's needs.

485.645(d)(2)

ccess hospitals: The critical access hospital records the discharge in the resident's medical record in accordance

5.645(d)(2) I develops and implements written policies to protect

l informs each patient, or when appropriate, the allowed, under state law) of the patient's rights in continuing care, treatment, or services whenever

614(a)(1)

receive care in a safe setting.

respects the patient's right to and need for effective

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	CoPs: §482.13(b)(4), §483.10(c)(1), §483.15(c)(3)(i), §483.15(c)(3)(iii), §485.645(d)(1), §485.645(d)(2)			
RI.01.01.01, EP 6	The critical access hospital respects the patient's cultural and personal values, beliefs, and preferences.	Moved	NPG.07.04.01, EP 1	The critical access hospital rebeliefs, and preferences.
	CoPs: §483.10(b)(7)(ii), §483.21(b)(3)(iii), §485.645(d)(1)			
RI.01.01.01, EP 7	The critical access hospital respects the patient's right to privacy. Note: This element of performance (EP) addresses a patient's personal privacy. For EPs addressing the privacy of a patient's health information, refer to Standard IM.02.01.01. CoPs: §482.13(c)(1), §483.10(g)(8)(i), §483.10(h), §483.10(h)(1), §483.10(h)(2), §485.614(c)(1), §485.645(d)(1)	Moved and Revised	RI.11.01.01, EP 5	The critical access hospital re Note 1: This element of perfor For EPs addressing the privac IM.12.01.01. Note 2: For swing beds in criti accommodations, medical tro personal care, visits, and mee require the facility to provide a
				CoPs: §482.13(c)(1), §483.10(
RI.01.01.01, EP 9	The critical access hospital accommodates the patient's right to religious and other spiritual services.	Moved	NPG.07.04.01, EP 2	The critical access hospital ac spiritual services.
RI.01.01.01, EP 10	The critical access hospital allows the patient, through oral or written request, to access, request amendment to, and obtain information on disclosures of the patient's health information, in accordance with law and regulation. Note: Access to medical records, including past and current records, is in the form and format requested by the patient (including in electronic form or format when available). If electronic is unavailable, the medical record is in hard copy form or another form agreed to by the organization and patient. The critical access hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these electronic or hard-copy requests within a reasonable time frame (that is, as quickly as its recordkeeping system permits).	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
RI.01.01.01, EP 28	CoPs: §482.13(d)(2), §485.614(d)(2)The critical access hospital allows a family member, friend, or other individual to be present with the patient for emotional support during the course of stay. Note: The critical access hospital allows for the presence of a support individual of the patient's choice, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient's surrogate decision-maker or legally authorized representative. (For more information on surrogate or family involvement in patient care, treatment, and services, refer to RI.01.02.01, EP 8.)CoPs: §482.13(h)(2), §482.13(h)(4), §485.614(h)(4)	Moved and Revised	RI.11.01.01, EP 7	The critical access hospital depatient visitation rights. Visitation rights. Visitatios designated by the patient, inc. (including a same-sex domestipatient also has the right to will Note 1: The critical access horestrictions or limitations that be placed on visitation rights a Note 2: The critical access horestriction of the patient's vill limitation on such rights.
RI.01.01.01, EP 29	The critical access hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.	Moved and Revised	RI.11.01.01, EP 4	\$485.614(h)(2) The critical access hospital pr religion, culture, language, ph sex, sexual orientation, and ge

respects the patient's cultural and personal values,

respects the patient's right to personal privacy. formance (EP) addresses a patient's personal privacy. acy of a patient's health information, refer to Standard

ritical access hospitals: Personal privacy includes treatment, written and telephone communications, neetings of family and resident groups, but this does not le a private room for each resident.

0(h)(1), §483.10(h)(2), §485.614(c)(1), §485.645(d)(1) accommodates the patient's right to religious and other

develops and implements policies and procedures for itation rights include the right to receive visitors ncluding but not limited to a spouse, a domestic partner estic partner), another family member, or a friend. The withdraw or deny consent for visitors at any time. hospital's written policies and procedures include any nat are clinically necessary or reasonable that need to ts and the reasons for the restriction or limitation. hospital informs the patient (or support person, where s visitation rights, including any clinical restriction or

h)(1), §482.13(h)(2), §485.614(h), §485.614(h)(1),

prohibits discrimination based on age, race, ethnicity, physical or mental disability, socioeconomic status, I gender identity or expression.

ting discrimination through restricting, limiting, or

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	otherwise denying visitation privileges. CoPs: §482.13(h)(3), §483.21(b)(3)(iii), §485.614(h)(3)			otherwise denying visitation p visitors to have full and equal preferences.
				CoPs: §482.13(h)(3), §482.13
RI.01.01.01, EP 37	The critical access hospital considers patients' privacy and complies with law and regulation when making and using recordings, films, or other images of patients. Note: The term "recordings, films, or other images" refers to photographic, video, digital, electronic, or audio media.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
RI.01.01.03, EP 1	The critical access hospital provides information in a manner tailored to the patient's age, language, and ability to understand. CoPs: §482.13(a)(2)(i), §483.10(c)(1), §483.15(c)(3)(i), §483.15(c)(3)(iii), §485.614(a)(2)(i), §485.645(d)(1), §485.645(d)(2)	Consolidation of PC.02.01.21, EP 2; RI.01.01.03, EP 1	RI.11.02.01, EP 1	The critical access hospital p patient's total health status, i ability to understand. Note: The critical access hos provision of care, treatment, and written communication r CoPs: §483.10(c)(1), §483.15 §485.645(d)(1), §485.645(d)(2)
RI.01.01.03, EP 2	The critical access hospital provides interpreting and translation services, as necessary. Note: For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: Language interpreting options may include trained bilingual staff, contract interpreting services, or employed language interpreters. These options may be provided in person or via telephone or video. The documents translated, and the languages into which they are translated, are dependent on the primary care medical home's patient population.	Moved	NPG.07.01.01, EP 2	The critical access hospital p necessary. Note: For critical access hosp Medical Home option: Langu staff, contract interpreting se options may be provided in p translated, and the languages primary care medical home's
RI.01.01.03, EP 3	The critical access hospital communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs.	Moved	NPG.07.01.01, EP 3	The critical access hospital c speech, hearing, or cognitive needs.
	CoPs: §482.13(b)(2), §483.10(c)(1), §485.645(d)(1)			
RI.01.02.01, EP 1	The critical access hospital involves the patient in making decisions about their care, treatment, and services, including the right to have the patient's family and physician or other licensed practitioner promptly notified of their admission to or discharge or transfer from the critical access hospital. Note 1: The patient is informed, prior to the notification occurring, of any process to automatically notify the patient's established primary care practitioner, primary care practice group/entity, or other practitioner group/entity, as well as all applicable post-acute care services providers and suppliers. The critical access hospital has a process for documenting a patient's refusal to permit notification of registration to the emergency department, admission to an inpatient unit, or discharge or transfer from the emergency department or inpatient unit. Notifications with primary care practitioners and entities are in accordance with all applicable federal and state laws and regulations. Note 2: For swing beds in critical access hospitals: The resident has the right to be informed in advance of changes to their plan of care.	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 2; RI.12.01.01, EP 3; RI.12.01.01, EP 4	RI.12.01.01, EP 1	The patient or their represent the right to make informed de include being informed of the treatment, and being able to patient has the right to demai medically unnecessary or ina CoPs: §482.13(b)(2), §483.10
	CoPs: §482.13(b)(1), §482.13(b)(2), §482.13(b)(4), §483.10(b)(7), §483.10(b)(7)(i),			

n privileges. The critical access hospital allows all ual visitation privileges consistent with patient

3(h)(4), §485.614(h)(3), §485.614(h)(4)

l provides information, including but not limited to the s, in a manner tailored to the patient's age, language, and

ospital communicates with the patient during the it, and services in a manner that meets the patient's oral n needs.

15(c)(3)(i), §483.15(c)(3)(iii), §485.614(a)(2)(i),)(2)

provides interpreting and translation services, as

ospitals that elect The Joint Commission Primary Care guage interpreting options may include trained bilingual services, or employed language interpreters. These person or via telephone or video. The documents ges into which they are translated, are dependent on the b's patient population.

l communicates with the patient who has vision, ve impairments in a manner that meets the patient's

entative (as allowed, in accordance with state law) has decisions regarding their care. The patient's rights heir health status, being involved in care planning and to request or refuse treatment. This does not mean the nand the provision of treatment or services deemed nappropriate.

0(c), §485.614(b)(2), §485.645(d)(1)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	\$483.10(b)(7)(ii), \$483.10(b)(7)(iii), \$483.10(c)(1), \$483.10(c)(2)(iii), \$483.10(c)(6), \$485.614(b)(4), \$485.645(d)(1)			
RI.01.02.01, EP 1	The critical access hospital involves the patient in making decisions about their care, treatment, and services, including the right to have the patient's family and physician or other licensed practitioner promptly notified of their admission to or discharge or transfer from the critical access hospital. Note 1: The patient is informed, prior to the notification occurring, of any process to automatically notify the patient's established primary care practitioner, primary care practice group/entity, or other practitioner group/entity, as well as all applicable post-acute care services providers and suppliers. The critical access hospital has a process for documenting a patient's refusal to permit notification of registration to the emergency department, admission to an inpatient unit, or discharge or transfer from the emergency department or inpatient unit. Notifications with primary care practitioners and entities are in accordance with all applicable federal and state laws and regulations. Note 2: For swing beds in critical access hospitals: The resident has the right to be informed in advance of changes to their plan of care. CoPs: \$482.13(b)(1), \$482.13(b)(2), \$482.13(b)(4), \$483.10(b)(7), \$483.10(b)(7)(ii), \$483.10(b)(7)(iii), \$483.10(c)(1), \$483.10(c)(2)(iii), \$483.10(c)(6), \$485.614(b)(4), \$485.645(d)(1)	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 2; RI.12.01.01, EP 3; RI.12.01.01, EP 4	RI.12.01.01, EP 2	The critical access hospital a representative, or physician of admission to the critical acce notifies the identified individu Note: The patient is informed automatically notify the patie care practice group/entity, or applicable post–acute care so hospital has a process for door registration to the emergency discharge or transfer from the Notifications with primary ca applicable federal and state t CoPs: §482.13(b)(4), §485.615
RI.01.02.01, EP 1	 The critical access hospital involves the patient in making decisions about their care, treatment, and services, including the right to have the patient's family and physician or other licensed practitioner promptly notified of their admission to or discharge or transfer from the critical access hospital. Note 1: The patient is informed, prior to the notification occurring, of any process to automatically notify the patient's established primary care practitioner, primary care practice group/entity, or other practitioner group/entity, as well as all applicable post-acute care services providers and suppliers. The critical access hospital has a process for documenting a patient's refusal to permit notification of registration to the emergency department, admission to an inpatient unit. Notifications with primary care practitioners and entities are in accordance with all applicable federal and state laws and regulations. Note 2: For swing beds in critical access hospitals: The resident has the right to be informed in advance of changes to their plan of care. CoPs: \$482.13(b)(1), \$482.13(b)(2), \$482.13(b)(4), \$483.10(b)(7), \$483.10(b)(7)(ii), \$483.10(b)(7)(iii), \$483.10(c)(1), \$483.10(c)(2)(iii), \$483.10(c)(6), \$485.614(b)(4), \$485.645(d)(1) 	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 2; RI.12.01.01, EP 3; RI.12.01.01, EP 4	RI.12.01.01, EP 3	For swing beds in critical accounder state law by a court of pautomatically transfer to and by the court under state law to representative exercises the raccordance with state law. Note 1: If a resident represent law or court appointment, the outside the representative's a Note 2: The resident's wishes when exercising the patient's Note 3: To the extent practica participate in the care plannin CoPs: §483.10(b)(7), §483.10(b)(7), §483.10(b)(7), §485.645(d)(1)
RI.01.02.01, EP 1	 The critical access hospital involves the patient in making decisions about their care, treatment, and services, including the right to have the patient's family and physician or other licensed practitioner promptly notified of their admission to or discharge or transfer from the critical access hospital. Note 1: The patient is informed, prior to the notification occurring, of any process to automatically notify the patient's established primary care practitioner, primary care practice group/entity, or other practitioner group/entity, as well as all applicable post-acute care services providers and suppliers. The critical access hospital has a process for documenting a patient's refusal to permit notification of 	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 2; RI.12.01.01, EP 3; RI.12.01.01, EP 4	RI.12.01.01, EP 4	For swing beds in critical accorrefuse, and/or discontinue treexperimental research; and to CoPs: \$483.10(c)(6), \$485.64

l asks the patient whether they want a family member, n or other licensed practitioner notified of their cess hospital. The critical access hospital promptly dual(s).

ed, prior to the notification occurring, of any process to tient's established primary care practitioner, primary or other practitioner group/entity, as well as all e service providers and suppliers. The critical access documenting a patient's refusal to permit notification of cy department, admission to an inpatient unit, or the emergency department or inpatient unit.

care practitioners and entities are in accordance with all e laws and regulations.

614(b)(4)

ccess hospitals: If a resident is adjudged incompetent of proper jurisdiction, the rights of the resident and are exercised by a resident representative appointed v to act on the resident's behalf. The resident e resident's rights to the extent allowed by the court in

entative's decision-making authority is limited by state the resident retains the right to make those decisions s authority.

es and preferences are considered by the representative t's rights.

cable, the resident is provided with opportunities to ning process.

0(b)(7)(i), §483.10(b)(7)(ii), §483.10(b)(7)(iii),

ccess hospitals: The resident has the right to request, treatment; to participate in or refuse to participate in I to formulate an advance directive.

645(d)(1)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	 registration to the emergency department, admission to an inpatient unit, or discharge or transfer from the emergency department or inpatient unit. Notifications with primary care practitioners and entities are in accordance with all applicable federal and state laws and regulations. Note 2: For swing beds in critical access hospitals: The resident has the right to be informed in advance of changes to their plan of care. CoPs: §482.13(b)(1), §482.13(b)(2), §482.13(b)(4), §483.10(b)(7), §483.10(b)(7)(i), 			
	\$483.10(b)(7)(ii), \$483.10(b)(7)(iii), \$483.10(c)(1), \$483.10(c)(2)(iii), \$483.10(c)(6), \$485.614(b)(4), \$485.645(d)(1)			
RI.01.02.01, EP 2	 When a patient is unable to make decisions about their care, treatment, and services, the critical access hospital involves a surrogate decision-maker in making these decisions. Note: For swing beds in critical access hospitals: The selection of the surrogate decision-maker is in accordance with state law. CoPs: §482.13(a)(1), §482.13(b)(1), §482.13(b)(2), §483.10(b)(7), §483.10(b)(7)(i), §483.10(b)(7)(ii), §485.614(b)(2), §485.645(d)(1) 	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 3	RI.12.01.01, EP 1	The patient or their representation the right to make informed de include being informed of the treatment, and being able to repatient has the right to demar medically unnecessary or ination CoPs: §482.13(b)(2), §483.100
RI.01.02.01, EP 2	 When a patient is unable to make decisions about their care, treatment, and services, the critical access hospital involves a surrogate decision-maker in making these decisions. Note: For swing beds in critical access hospitals: The selection of the surrogate decision-maker is in accordance with state law. CoPs: §482.13(a)(1), §482.13(b)(1), §482.13(b)(2), §483.10(b)(7), §483.10(b)(7)(i), §483.10(b)(7)(ii), §485.614(b)(2), §485.645(d)(1) 	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 3	RI.12.01.01, EP 3	For swing beds in critical acce under state law by a court of p automatically transfer to and by the court under state law to representative exercises the r accordance with state law. Note 1: If a resident represent law or court appointment, the outside the representative's a Note 2: The resident's wishes when exercising the patient's Note 3: To the extent practica participate in the care plannin CoPs: §483.10(b)(7), §483.10(§485.645(d)(1)
RI.01.02.01, EP 3	The critical access hospital provides the patient or surrogate decision-maker with written information about the right to refuse care, treatment, and services. CoPs: §482.13(a)(1), §482.13(b)(2), §483.10(c)(6), §485.614(b)(2), §485.645(d)(1)	Consolidation of RI.01.02.01, EP 1; RI.01.02.01, EP 2; RI.01.02.01, EP 3; RI.01.02.01, EP 4; RI.01.02.01, EP 8; RI.01.02.01, EP 20	RI.12.01.01, EP 1	The patient or their representative right to make informed de include being informed of the treatment, and being able to r patient has the right to demar medically unnecessary or ina
RI.01.02.01, EP 4	The critical access hospital respects the right of the patient or surrogate decision- maker to refuse care, treatment, and services in accordance with law and regulation.	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 3; RI.12.01.01, EP 4	RI.12.01.01, EP 1	The patient or their representative the right to make informed of the include being informed of the treatment, and being able to r
	CoPs: §482.13(b)(2), §483.10(c)(6), §485.614(b)(2), §485.645(d)(1)			patient has the right to deman medically unnecessary or ina

ntative (as allowed, in accordance with state law) has decisions regarding their care. The patient's rights heir health status, being involved in care planning and o request or refuse treatment. This does not mean the hand the provision of treatment or services deemed nappropriate.

0(c), §485.614(b)(2), §485.645(d)(1)

ccess hospitals: If a resident is adjudged incompetent of proper jurisdiction, the rights of the resident nd are exercised by a resident representative appointed v to act on the resident's behalf. The resident e resident's rights to the extent allowed by the court in

entative's decision-making authority is limited by state the resident retains the right to make those decisions s authority.

es and preferences are considered by the representative t's rights.

cable, the resident is provided with opportunities to ning process.

0(b)(7)(i), §483.10(b)(7)(ii), §483.10(b)(7)(iii),

ntative (as allowed, in accordance with state law) has decisions regarding their care. The patient's rights heir health status, being involved in care planning and o request or refuse treatment. This does not mean the hand the provision of treatment or services deemed nappropriate.

10(c), §485.614(b)(2), §485.645(d)(1)

ntative (as allowed, in accordance with state law) has decisions regarding their care. The patient's rights heir health status, being involved in care planning and o request or refuse treatment. This does not mean the hand the provision of treatment or services deemed nappropriate.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				CoPs: §482.13(b)(2), §483.10(
RI.01.02.01, EP 4	The critical access hospital respects the right of the patient or surrogate decision- maker to refuse care, treatment, and services in accordance with law and regulation.	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 3; RI.12.01.01, EP 4	RI.12.01.01, EP 3	For swing beds in critical acce under state law by a court of p automatically transfer to and by the court under state law to
	CoPs: §482.13(b)(2), §483.10(c)(6), §485.614(b)(2), §485.645(d)(1)			representative exercises the reaccordance with state law. Note 1: If a resident represent law or court appointment, the outside the representative's a Note 2: The resident's wishes when exercising the patient's Note 3: To the extent practical participate in the care plannin
				CoPs: §483.10(b)(7), §483.10(§485.645(d)(1)
RI.01.02.01, EP 4	The critical access hospital respects the right of the patient or surrogate decision- maker to refuse care, treatment, and services in accordance with law and regulation.	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 3; RI.12.01.01, EP 4	RI.12.01.01, EP 4	For swing beds in critical acce refuse, and/or discontinue tre experimental research; and to
	CoPs: §482.13(b)(2), §483.10(c)(6), §485.614(b)(2), §485.645(d)(1)			CoPs: §483.10(c)(6), §485.645
RI.01.02.01, EP 8	The critical access hospital involves the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision- maker, in accordance with law and regulation. CoPs: §482.13(a)(1), §482.13(b)(1), §482.13(b)(2), §482.13(b)(4), §485.614(b)(2)	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 2	RI.12.01.01, EP 1	The patient or their representa the right to make informed de include being informed of the treatment, and being able to r patient has the right to demar
	COPS. 3402. 13(d)(1), 3402. 13(b)(1), 3402. 13(b)(2), 3402. 13(b)(4), 3403.014(b)(2)			medically unnecessary or ina
RI.01.02.01, EP 8	The critical access hospital involves the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.	Split to RI.12.01.01, EP 1; RI.12.01.01, EP 2	RI.12.01.01, EP 2	CoPs: §482.13(b)(2), §483.10(The critical access hospital as representative, or physician o admission to the critical acce notifies the identified individu
	CoPs: §482.13(a)(1), §482.13(b)(1), §482.13(b)(2), §482.13(b)(4), §485.614(b)(2)			Note: The patient is informed, automatically notify the patient care practice group/entity, or applicable post-acute care set hospital has a process for door registration to the emergency discharge or transfer from the Notifications with primary care applicable federal and state la
RI.01.02.01, EP 20	The critical access hospital provides the patient or surrogate decision-maker with	Consolidation of	RI.12.01.01, EP 1	CoPs: §482.13(b)(4), §485.614 The patient or their representa
	the information about the following: - Outcomes of care, treatment, and services that the patient needs in order to	RI.01.02.01, EP 1; RI.01.02.01, EP 2;		the right to make informed de include being informed of the

10(c), §485.614(b)(2), §485.645(d)(1)

ccess hospitals: If a resident is adjudged incompetent of proper jurisdiction, the rights of the resident ad are exercised by a resident representative appointed v to act on the resident's behalf. The resident e resident's rights to the extent allowed by the court in

entative's decision-making authority is limited by state the resident retains the right to make those decisions s authority.

cable, the resident is provided with opportunities to ning process.

0(b)(7)(i), §483.10(b)(7)(ii), §483.10(b)(7)(iii),

ccess hospitals: The resident has the right to request, treatment; to participate in or refuse to participate in I to formulate an advance directive.

645(d)(1)

ntative (as allowed, in accordance with state law) has decisions regarding their care. The patient's rights heir health status, being involved in care planning and o request or refuse treatment. This does not mean the hand the provision of treatment or services deemed happropriate.

l0(c), §485.614(b)(2), §485.645(d)(1)

asks the patient whether they want a family member, n or other licensed practitioner notified of their cess hospital. The critical access hospital promptly dual(s).

ed, prior to the notification occurring, of any process to tient's established primary care practitioner, primary or other practitioner group/entity, as well as all service providers and suppliers. The critical access locumenting a patient's refusal to permit notification of cy department, admission to an inpatient unit, or he emergency department or inpatient unit.

care practitioners and entities are in accordance with all e laws and regulations.

614(b)(4)

ntative (as allowed, in accordance with state law) has decisions regarding their care. The patient's rights neir health status, being involved in care planning and

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	participate in current and future health care decisions.	RI.01.02.01, EP 3;		treatment, and being able to i
	- Unanticipated outcomes of the patient's care, treatment, and services that are	RI.01.02.01, EP 4;		patient has the right to demar
	sentinel events as defined by The Joint Commission. This information is provided by	RI.01.02.01, EP 8;		medically unnecessary or ina
	the physician or other licensed practitioner responsible for managing the patient's	RI.01.02.01, EP 20		
	care, treatment, and services. (Refer to the Glossary for a definition of sentinel			CoPs: §482.13(b)(2), §483.10
	event.)			
	CoPs: §482.13(b)(2)			
RI.01.02.01, EP 31	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved	RI.12.01.01, EP 8	For critical access hospitals t
	Home option: The primary care medical home respects the patient's right to make			Home option: The primary ca
	decisions about the management of the patient's care.			decisions about the manager
RI.01.02.01, EP 32	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved and Revised	RI.12.01.01, EP 9	For critical access hospitals t
	Home option: The primary care medical home respects the patient's right and			Home option: The primary ca
	provides the patient the opportunity to do the following:			provides the patient the oppo
	- Obtain care from other clinicians of the patient's choosing within the primary care			- Obtain care from other clini
	medical home			medical home
	- Seek a second opinion from a clinician of the patient's choosing			- Seek a second opinion from
	- Seek specialty care			- Seek specialty care
	Note: This element of performance does not imply financial responsibility for any			Note: This element of perform
	activities associated with these rights.			activities associated with the
RI.01.02.01, EP 40	The patient has the right to participate in the development and implementation of	Deleted EP -	N/A	N/A
	their plan of care.	Replaced with more		
		direct EP(s) or		
	CoPs: §485.614(b)(1), §485.614(b)(2)	moved to guidance		
		within SPG		
RI.01.03.01, EP 1	The critical access hospital follows a written policy on informed consent that	Moved and Revised	NPG.07.02.01, EP 1	The critical access hospital d
	describes the following:			consent that describes the fo
	- The specific care, treatment, and services that require informed consent			- Specific care, treatment, and
	- Circumstances that would allow for exceptions to obtaining informed consent			- Circumstances that would a
	- The process used to obtain informed consent			- Process used to obtain infor
	- The physician or other licensed practitioner permitted to conduct the informed			- Physicians or other licensed
	consent discussion in accordance with law and regulation			consent discussion in accord
	- How informed consent is documented in the patient record			- How informed consent is do
	Note: Documentation may be recorded in a form, in progress notes, or elsewhere in			Note: Documentation may be
	the record.			the record.
	- When a surrogate decision-maker may give informed consent			- When a surrogate decision-r
	CoPs: §482.13(b)(2), §482.24(c)(4)(v), §482.51(b)(2), §485.614(b)(2),			
	§485.638(a)(4)(i)			
RI.01.03.01, EP 2	The informed consent process includes a discussion about the following:	Moved and Revised	NPG.07.02.01, EP 2	The informed consent proces
	- The patient's proposed care, treatment, and services			- Patient's proposed care, trea
	- Potential benefits, risks, and side effects of the patient's proposed care,			- Potential benefits, risks, and
	treatment, and services; the likelihood of the patient achieving their goals; and any			treatment, and services; the l
	potential problems that might occur during recuperation			potential problems that migh
	- Reasonable alternatives to the patient's proposed care, treatment, and services.			- Reasonable alternatives to t
	The discussion encompasses risks, benefits, and side effects related to the			The discussion encompasses
	alternatives and the risks related to not receiving the proposed care, treatment, and			alternatives and the risks rela
	services.			services.

o request or refuse treatment. This does not mean the nand the provision of treatment or services deemed nappropriate.

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10(c), §485.614(b)(2), §485.645(d)(1)
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s that elect The Joint Commission Primary Care Medical care medical home respects the patient's right to make rement of the patient's care.

s that elect The Joint Commission Primary Care Medical care medical home respects the patient's rights and portunity to do the following:

nicians of the patient's choosing within the primary care

m a clinician of the patient's choosing

rmance does not imply financial responsibility for any nese rights.

develops and implements a written policy on informed following:

- and services that require informed consent
- d allow for exceptions to obtaining informed consent formed consent
- ed practitioners permitted to conduct the informed
- rdance with law and regulation
- documented in the patient record
- be recorded in a form, in progress notes, or elsewhere in

n-maker may give informed consent

ess includes a discussion about the following: reatment, and services.

- nd side effects of the patient's proposed care,
- e likelihood of the patient achieving their goals; and any ght occur during recuperation.
- o the patient's proposed care, treatment, and services. ses risks, benefits, and side effects related to the
- elated to not receiving the proposed care, treatment, and

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	$C_{0}D_{0}$: 8482 12(b)(2) 8482 24(a)(4)(4) 8485 614(b)(2)			
RI.01.03.05, EP 2	CoPs: §482.13(b)(2), §482.24(c)(4)(v), §485.614(b)(2)To help the patient determine whether or not to participate in research, investigation, or clinical trials, the critical access hospital provides the patient with all of the following information: - An explanation of the purpose of the research - The expected duration of the patient's participation - A clear description of the procedures to be followed - A statement of the potential benefits, risks, discomforts, and side effects - Alternative care, treatment, and services available to the patient that might prove advantageous to the patient	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
RI.01.03.05, EP 3	The critical access hospital informs the patient that refusing to participate in research, investigation or clinical trials, or discontinuing participation at any time will not jeopardize the patient's access to care, treatment, and services unrelated to the research. CoPs: §483.10(c)(6), §485.645(d)(1)	Consolidation of RI.01.02.01, EP 1; RI.01.02.01, EP 4; RI.01.03.05, EP 3; RI.01.05.01, EP 1	RI.12.01.01, EP 4	For swing beds in critical accorrefuse, and/or discontinue tree experimental research; and to CoPs: §483.10(c)(6), §485.64
RI.01.03.05, EP 4	 The critical access hospital documents the following in the research consent form: That the patient received information to help determine whether or not to participate in the research, investigation, or clinical trials That the patient was informed that refusing to participate in research, investigation, or clinical trials or discontinuing participation at any time will not jeopardize their access to care, treatment, and services unrelated to the research The name of the person who provided the information and the date the form was signed The patient's right to privacy, confidentiality, and safety 	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
RI.01.04.01, EP 7	For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home allows the patient to select their primary care clinician.	Moved	RI.12.01.01, EP 7	For critical access hospitals t Home option: The primary car primary care clinician.
RI.01.04.03, EP 1	 For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home provides information to the patient about its mission, vision, and goals. Note: This may include how it provides for patient-centered and team-based comprehensive care, a systems-based approach to quality and safety, and enhanced patient access. 	Moved	RI.12.02.03, EP 1	For critical access hospitals t Home option: The primary car about its mission, vision, and Note: This may include how it comprehensive care, a system enhanced patient access.
RI.01.04.03, EP 2	For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home provides information to the patient about the scope of care and types of services it provides. (Refer to LD.01.03.01, EP 3)	Moved and Revised	RI.12.02.03, EP 2	For critical access hospitals t Home option: The primary car about the scope of care and ty
RI.01.04.03, EP 3	 For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: The primary care medical home provides information to the patient about how it functions, including the following: Processes supporting patient selection of a primary care clinician Involving the patient in their treatment plan Obtaining and tracking referrals Coordinating care Collaborating with patient-selected clinicians who provide specialty care or second opinions Note: Supporting patients in selecting a primary care clinician may include 	Moved	RI.12.02.03, EP 3	For critical access hospitals t Home option: The primary car about how it functions, includ - Processes supporting patien - Involving the patient in their - Obtaining and tracking refer - Coordinating care - Collaborating with patient-se second opinions Note: Supporting patients in s

ccess hospitals: The resident has the right to request, treatment; to participate in or refuse to participate in I to formulate an advance directive.

645(d)(1)

s that elect The Joint Commission Primary Care Medical care medical home allows the patient to select their

s that elect The Joint Commission Primary Care Medical care medical home provides information to the patient nd goals.

i it provides for patient-centered and team-based mems-based approach to quality and safety, and

s that elect The Joint Commission Primary Care Medical care medical home provides information to the patient d types of services it provides.

s that elect The Joint Commission Primary Care Medical care medical home provides information to the patient uding the following:

ient selection of a primary care clinician

eir treatment plan

errals

-selected clinicians who provide specialty care or

selecting a primary care clinician may include

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	providing patients with information regarding the clinician's credentials, area(s) of			providing patients with inforn
	specialty, interests, languages spoken, and gender.			specialty, interests, language
RI.01.04.03, EP 4	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved	RI.12.02.03, EP 4	For critical access hospitals
	Home option: The primary care medical home provides information to the patient			Home option: The primary ca
	about how to access the organization for care or information.			about how to access the orga
RI.01.04.03, EP 5	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved	RI.12.02.03, EP 5	For critical access hospitals
· · · · · · · · · · · · · · · · · · ·	Home option: The primary care medical home provides information to the patient			Home option: The primary ca
	about patient responsibilities, including providing health history and current			about patient responsibilities
	medications, and participating in self-management activities.			medications, and participatir
RI.01.04.03, EP 6	For critical access hospitals that elect The Joint Commission Primary Care Medical	Moved and Revised	RI.12.02.03, EP 6	For critical access hospitals
,	Home option: The primary care medical home provides information to the patient			Home option: The primary ca
	about the patient's right to obtain care from other clinicians within the primary care			about the patient's right to ob
	medical home, to seek a second opinion, and to seek specialty care. (Refer to			medical home, to seek a seco
	RI.01.01.03, EPs 1 and 3)			RI.11.02.01, EPs 1 and 3)
RI.01.05.01, EP 1	The critical access hospital follows written policies on advance directives, forgoing	Consolidation of	RI.12.01.01, EP 4	For swing beds in critical acc
11.01.00.01, El 1	or withdrawing life-sustaining treatment, and withholding resuscitative services	RI.01.02.01, EP 1;		refuse, and/or discontinue tre
	that address the following:	RI.01.02.01, EP 4;		experimental research; and t
	- Providing patients with written information about advance directives, forgoing or	RI.01.03.05, EP 3;		
	withdrawing life-sustaining treatment, and withholding resuscitative services.	RI.01.05.01, EP 1		CoPs: §483.10(c)(6), §485.64
	- For outpatient settings: Communicating its policy on advance directives upon	NI.01.03.01, LF 1		
	request or when warranted by the care, treatment, and services provided.			
	- Providing the patient upon admission with information on the extent to which the			
	critical access hospital is able, unable, or unwilling to honor advance directives.			
	- Whether the critical access hospital will honor advance directives in its outpatient			
	settings.			
	- That the critical access hospital will honor the patient's right to formulate or			
	review and revise the patient's advance directives.			
	- Informing staff who are involved in the patient's care, treatment, and services			
	whether or not the patient has an advance directive.			
	Note: The patient's right to formulate advance directives and have staff and			
	licensed practitioners comply with these directives is in accordance with 42 CFR			
	489.100, 489.102, and 489.104.			
	CoPs: \$482.13(b)(2), \$482.13(b)(3), \$483.10(c)(6), \$485.614(b)(3), \$485.638(a)(4)(i),			
	§485.645(d)(1)			
RI.01.05.01, EP 9	The critical access hospital documents whether or not the patient has an advance	Deleted EP -	N/A	N/A
	directive.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.13(b)(3), §485.614(b)(3)	moved to guidance		
		within SPG		
RI.01.05.01, EP 10	Upon request, the critical access hospital refers the patient to resources for	Deleted EP -	N/A	N/A
	assistance in formulating advance directives.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.13(b)(3), §485.614(b)(3)	moved to guidance		
		within SPG		
RI.01.05.01, EP 17	The existence or lack of an advance directive does not determine the patient's right	Deleted EP -	N/A	N/A
	to access care, treatment, and services.	Replaced with more		
		direct EP(s) or		
	CoPs: §482.13(b)(3), §485.614(b)(3)			
		1		

rmation regarding the clinician's credentials, area(s) of ges spoken, and gender.

ls that elect The Joint Commission Primary Care Medical care medical home provides information to the patient rganization for care or information.

Is that elect The Joint Commission Primary Care Medical care medical home provides information to the patient ies, including providing health history and current iting in self-management activities.

Is that elect The Joint Commission Primary Care Medical care medical home provides information to the patient obtain care from other clinicians within the primary care econd opinion, and to seek specialty care. (Refer to

ccess hospitals: The resident has the right to request, treatment; to participate in or refuse to participate in I to formulate an advance directive.

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		moved to guidance within SPG		
RI.01.06.01, EP 1	For swing beds in critical access hospitals: The critical access hospital has policies and procedures that support the resident's right to be free from chemical and physical restraint. Note: The critical access hospital's use of restraint is consistent with the requirements in the "Provision of Care, Treatment, and Services" (PC) chapter.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
RI.01.06.03, EP 1	CoPs: \$483.12(a)(2), \$485.645(d)(3)The critical access hospital protects the patient from harassment, neglect, exploitation, corporal punishment, and abuse that could occur while the patient is receiving care, treatment, and services. Note: For critical access hospitals with swing beds: The critical access hospital protects residents from involuntary seclusion.CoPs: \$482.13(c)(2), \$482.13(c)(3), \$482.13(e), \$483.12(a)(1), \$483.12(b)(1), \$483.12(c)(1), \$483.12(c)(2), \$483.12(c)(3), \$483.12(c)(4), \$485.614(c)(3), \$485.614(e), \$485.645(d)(3)	Moved and Revised	RI.13.01.01, EP 1	The critical access hospital pre- exploitation, corporal punishr sexual, or physical abuse that treatment, and services. For swing beds in critical acce protects the resident from mis CoPs: §482.13(c)(3), §482.13(§485.645(d)(3)
RI.01.06.03, EP 2	The critical access hospital evaluates all allegations, observations, and suspected cases of neglect, exploitation, and abuse that occur within the critical access hospital. CoPs: §482.13(c)(3), §482.13(e), §485.614(c)(3)	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
RI.01.06.03, EP 3	 The critical access hospital reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events, or as required by law. Note: For swing beds in critical access hospitals: Alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported to the administrator of the facility and to other officials (including the state survey agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with state law and established procedures. The alleged violations are reported in the following time frames: No later than 2 hours after the allegation is made if the allegation does not involve abuse or serious bodily injury CoPs: \$482.13(c)(3), \$482.13(e), \$483.12(c)(1), \$485.614(c)(3), \$485.645(d)(3) 	Moved and Revised	RI.13.01.01, EP 4	The critical access hospital re of neglect, exploitation, and a evaluation of the suspected e Note: For swing beds in critica abuse, neglect, exploitation, o and misappropriation of resid facility and to other officials (i services where state law prov accordance with state law an reported in the following time - No later than 2 hours after th or serious bodily injury - No later than 24 hours after th involve abuse or serious bodil CoPs: §483.12(c)(1), §485.645
RI.01.06.03, EP 4	For critical access hospitals with swing beds: The critical access hospital develops and implements written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. The policies and procedures also address investigation of allegations related to these issues. CoPs: §483.12(b)(1), §483.12(b)(2), §485.645(d)(3)	Moved and Revised	RI.13.01.01, EP 3	For critical access hospitals v and implements written polic mistreatment, neglect, and al property. The policies and pro related to these issues. CoPs: §483.12(b)(1), §483.12(
RI.01.06.03, EP 5	For critical access hospitals with swing beds: The critical access hospital has evidence that all alleged violations are thoroughly investigated and that it prevents further abuse while the investigation is in progress. The results of all investigations	Moved and Revised	RI.13.01.01, EP 5	For critical access hospitals v evidence that all alleged viola are thoroughly investigated a

protects the patient from harassment, neglect, shment, involuntary seclusion, and verbal, mental, nat could occur while the patient is receiving care,

ccess hospitals: The critical access hospital also misappropriation of property.

3(e), §483.12(a)(1), §485.614(c)(3), §485.614(e),

reports allegations, observations, and suspected cases d abuse to appropriate authorities based on its d events or as required by law.

ical access hospitals: Alleged violations involving n, or mistreatment, including injuries of unknown source sident property, are reported to the administrator of the s (including the state survey agency and adult protective ovides for jurisdiction in long-term care facilities) in and established procedures. The alleged violations are ne frames:

the allegation is made if the allegation involves abuse

er the allegation is made if the allegation does not dily injury

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s with swing beds: The critical access hospital develops licies and procedures that prohibit and prevent abuse of residents and misappropriation of resident procedures also address investigation of allegations

2(b)(2), §485.645(d)(3)

s with swing beds: The critical access hospital has blations of abuse, neglect, exploitation, or mistreatment and that it prevents further abuse, neglect, exploitation,

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	are reported to the administrator or their designated representative and to other officials in accordance with state law, within five working days of the incident. If the alleged violation is verified, appropriate corrective actions is taken.			or mistreatment while the inv investigations are reported to and to other officials in accor agency, within five working da
	CoPs: §483.12(b)(2), §483.12(c)(2), §483.12(c)(3), §483.12(c)(4), §485.645(d)(3)			appropriate corrective action
RI.01.06.05, EP 1	For swing beds in critical access hospitals: The critical access hospital's	Deleted EP -	N/A	CoPs: §483.12(c)(2), §483.12(N/A
NI.01.06.03, EF 1	environment of care supports the resident's positive self-image and dignity.	Replaced with more direct EP(s) or	N/A	N/A
	CoPs: §483.10(h)(1), §485.645(d)(1)	moved to guidance within SPG		
RI.01.06.05, EP 4	For swing beds in critical access hospitals: The critical access hospital allows the resident to keep and use personal clothing and possessions, unless this infringes on others' rights or is medically or therapeutically contraindicated, based on the setting or service.	Moved	RI.13.01.03, EP 1	For swing beds in critical according to the second
	CoPs: §483.10(e)(2), §485.645(d)(1)			CoPs: §483.10(e)(2), §485.64
RI.01.06.05, EP 8	For swing beds in critical access hospitals: The resident has a right to share a room with their spouse when married residents are living in the same facility and when both individuals consent to the arrangement.	Moved and Revised	RI.13.01.03, EP 2	For swing beds in critical accornegation for some series of the series of the same critical access hospital arrangement.
	CoPs: §483.10(e)(4), §485.645(d)(1)			CoPs: §483.10(e)(4), §485.64
RI.01.06.05, EP 14	For swing beds in critical access hospitals: The resident has the right to have access to stationery, postage, and writing implements at the resident's own expense.	Consolidation of RI.01.06.05, EP 14; RI.01.06.05, EP 15	RI.13.01.03, EP 3	For swing beds in critical acc the resident's right to send an letters, packages, and other r the resident through a means
	CoPs: §483.10(g)(8)(ii), §485.645(d)(1)			hospital respects the residen allows access to stationery, p expense.
				CoPs: §483.10(g)(8), §483.10(
RI.01.06.05, EP 15	The critical access hospital offers patients telephone and mail service, based on the setting and population.	Consolidation of RI.01.06.05, EP 14; RI.01.06.05, EP 15	RI.13.01.03, EP 3	For swing beds in critical according to the resident's right to send an letters, packages, and other r
	CoPs: §483.10(g)(8), §483.10(h)(2), §485.645(d)(1)			the resident through a means hospital respects the residen allows access to stationery, p expense.
				CoPs: §483.10(g)(8), §483.10(
RI.01.06.05, EP 16	The critical access hospital provides access to telephones for patients who desire private telephone conversations in a private space, based on the setting and population.	Deleted EP - Replaced with more direct EP(s) or	N/A	N/A
	CoPs: §483.10(h), §483.10(h)(1), §485.645(d)(1)	moved to guidance within SPG		
RI.01.06.05, EP 19	For swing beds in critical access hospitals: Room changes in an organization that is a composite distinct part (a distinct part consisting of two or more noncontiguous	Moved	RI.13.01.03, EP 4	For swing beds in critical according a composite distinct part (a d

nvestigation is in progress. The results of all to the administrator or their designated representative ordance with state law, including the state survey days of the incident. If the alleged violation is verified, ons is taken.

2(c)(3), §483.12(c)(4), §485.645(d)(3)

ccess hospitals: The critical access hospital allows the ersonal clothing and possessions, unless this infringes cally or therapeutically contraindicated, based on the

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ccess hospitals: The critical access hospital allows the th their spouse when married residents are living in the tal and when both individuals consent to the

645(d)(1)

ccess hospitals: The critical access hospital supports and promptly receive unopened mail and to receive or materials delivered to the critical access hospital for ns other than a postal service. The critical access ent's right to privacy of such communications and postage, and writing implements at the resident's

0(g)(8)(i), §483.10(g)(8)(ii), §483.10(h)(2), §485.645(d)(1)

ccess hospitals: The critical access hospital supports and promptly receive unopened mail and to receive or materials delivered to the critical access hospital for ns other than a postal service. The critical access ent's right to privacy of such communications and y postage, and writing implements at the resident's

0(g)(8)(i), §483.10(g)(8)(ii), §483.10(h)(2), §485.645(d)(1)

ccess hospitals: Room changes in an organization that is distinct part consisting of two or more noncontiguous

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	components that are not located within the same campus, as defined in 42 CFR			components that are not loca
	413.65(a)(2)) are limited to moves within the particular building in which the			413.65(a)(2)) are limited to m
	resident resides, unless the resident voluntarily agrees to move to another of the			resident resides, unless the r
	composite distinct part's locations.			composite distinct part's loca
	CoPs: §483.15(c)(9), §485.645(d)(2)			CoPs: §483.15(c)(9), §485.64
RI.01.06.09, EP 1	For swing beds in critical access hospitals: The critical access hospital supports	Moved and Revised	RI.12.01.01, EP 6	For swing beds in critical acc
	the resident's right to choose an attending physician, dentist, and other care			the residents right to choose
	providers.			Note: If the physician chosen
	Note: The critical access hospital informs the resident if it determines that the			requirements for attending pl
	physician chosen by the resident is unlicensed or unable to serve as the attending			may seek alternative physicia
	physician. The critical access hospital also discusses alternative physician			adequate care and treatment
	participation with the resident and honors the resident's preferences, if any, among			determines that the physician
	the options.			serve as the attending physic
				alternative physician particip
	CoPs: §483.10(d), §483.10(d)(2), §483.10(d)(4), §483.10(d)(5), §485.645(d)(1)			preferences, if any, among th
				CoPs: §483.10(d), §483.10(d)
				\$485.645(d)(1)
RI.01.06.11, EP 1	For swing beds in critical access hospitals: The critical access hospital provides	Deleted EP -	N/A	N/A
·	the resident and the resident's family with the name, specialty, and telephone	Replaced with more		
	number of the physician or other licensed practitioner primarily responsible for the	direct EP(s) or		
	resident's care.	moved to guidance		
		within SPG		
	CoPs: §483.10(d)(3), §485.645(d)(1)			
RI.01.06.11, EP 3	For swing beds in critical access hospitals: The critical access hospital helps the	Split to PC.14.02.01,	PC.14.02.01, EP 5	For swing beds in critical acc
	resident make and keep appointments with medical, dental, and other care	EP 5; PC.14.02.01,		access hospital assists resid
	providers.	EP 7		transportation to and from th
	CoPs: §483.55(a)(4)(i), §483.55(a)(4)(ii), §483.55(b)(2)(i), §483.55(b)(2)(ii),			CoPs: §483.55(a)(4)(i), §483.5
	\$485.645(d)(7)			§485.645(d)(7)
RI.01.06.11, EP 3	For swing beds in critical access hospitals: The critical access hospital helps the	Split to PC.14.02.01,	PC.14.02.01, EP 7	For swing beds in critical acc
	resident make and keep appointments with medical, dental, and other care	EP 5; PC.14.02.01,		obtains from an outside reso
	providers.	EP 7		plan) and emergency dental s
	CoPs: §483.55(a)(4)(i), §483.55(a)(4)(ii), §483.55(b)(2)(i), §483.55(b)(2)(ii),			CoPs: §483.55(b)(1)(i), §485.6
	\$485.645(d)(7)			
RI.01.07.01, EP 1	The critical access hospital establishes a complaint resolution process for the	Moved and Revised	RI.14.01.01, EP 2	The critical access hospital d
	prompt resolution of patient complaints that includes a clearly explained			the prompt resolution of patie
	procedure for the submission of a patient's written or verbal complaint and informs			procedure for patients to sub
	the patient and the patient's family about it.			timeframes for the review of a
	Note: The governing body is responsible for the effective operation of the complaint			
	resolution process unless it delegates this responsibility in writing to a complaint			CoPs: §482.13(a)(2), §482.13
	resolution committee.			\$485.614(a)(2)(i), \$485.614(a)
	CoPs: §482.13(a)(2), §482.13(a)(2) continued, §482.13(a)(2)(i), §485.614(a)(2),			
	\$485.614(a)(2)(i)			
RI.01.07.01, EP 4	The critical access hospital reviews and, when possible, resolves complaints from	Deleted EP -	N/A	N/A
	the patient and the patient's family.	Replaced with more	1	

cated within the same campus, as defined in 42 CFR moves within the particular building in which the e resident voluntarily agrees to move to another of the ocations.

645(d)(2)

ccess hospitals: The critical access hospital supports e a licensed attending physician.

en by the resident refuses to or does not meet the physicians at 42 CFR 483, the critical access hospital cian participation to assure provision of appropriate and ent. The critical access hospital informs the resident if it ian chosen by the resident is unlicensed or unable to sician. The critical access hospital also discusses ipation with the resident and honors the resident's the options.

d)(1), §483.10(d)(2), §483.10(d)(4), §483.10(d)(5),

ccess hospitals: If necessary or requested, the critical idents in making dental appointments and arranging for the dental services location.

3.55(a)(4)(ii), \$483.55(b)(2)(i), \$483.55(b)(2)(ii),

ccess hospitals: The critical access hospital provides or source routine (to the extent covered under the state Il services.

5.645(d)(7)

l develops and implements policies and procedures for atient grievances. The policies clearly explain the ubmit written or verbal grievances and specify of and response to the grievance.

l3(a)(2)(i), §482.13(a)(2)(ii), §485.614(a)(2), (a)(2)(ii)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		direct EP(s) or		
		moved to guidance		
		within SPG		
RI.01.07.01, EP 6	The critical access hospital acknowledges receipt of a complaint that the critical	Deleted EP -	N/A	N/A
	access hospital cannot resolve immediately and notifies the patient of follow-up to	Replaced with more		
	the complaint.	direct EP(s) or		
		moved to guidance		
		within SPG		
RI.01.07.01, EP 7	The critical access hospital provides the patient with the phone number and	Deleted EP -	N/A	N/A
	address needed to file a complaint with the relevant state authority.	Replaced with more		
		direct EP(s) or		
		moved to guidance		
		within SPG		
RI.01.07.01, EP 18	In its resolution of complaints, the critical access hospital provides the individual	Moved and Revised	RI.14.01.01, EP 3	In its resolution of grievances
	with a written notice of its decision, which contains the following:			a written notice of its decisior
	-The name of the critical access hospital contact person			-Name of the critical access h
	-The steps taken on behalf of the individual to investigate the complaint			-Steps taken on behalf of the
	-The results of the process			-Results of the process
	-The date of completion of the complaint process			-Date of completion of the gri
	0-0-2 \$400.40(-)(0)(:::) \$405.014(-)(0)(:::)			0-0-5400 10(-)(0)(0) \$405
	CoPs: \$482.13(a)(2)(iii), \$485.614(a)(2)(iii)	Deleted 5D	N1/A	CoPs: §482.13(a)(2)(iii), §485.
RI.01.07.01, EP 19	The critical access hospital determines time frames for complaint review and	Deleted EP -	N/A	N/A
	response.	Replaced with more		
	C_{0} Det \$492, 12(0)(2)(ii) \$495, 614(0)(2)(ii)	direct EP(s) or		
	CoPs: §482.13(a)(2)(ii), §485.614(a)(2)(ii)	moved to guidance within SPG		
RI.01.07.01, EP 20	The process for resolving complaints includes a mechanism for timely referral of	Moved and Revised	RI.14.01.01, EP 1	The process for resolving griev
,	patient concerns regarding quality of care or premature discharge to the			patient concerns regarding qu
	appropriate Utilization and Quality Control Quality Improvement Organization.			appropriate Utilization and Qu
	CoPs: §482.13(a)(2) continued, §485.614(a)(2)			CoPs: §482.13(a)(2), §485.614
RI.01.07.05, EP 1	For swing beds in critical access hospitals: The critical access hospital establishes	Consolidation of	RI.11.01.01, EP 8	For swing beds in critical acce
	liberal visiting hours that are limited only by the resident's personal preferences.	RI.01.07.05, EP 1;		immediate family and other re
		RI.01.07.05, EP 5;		when the resident denies or w
	CoPs: §483.10(f)(4)(ii), §483.10(f)(4)(iii), §485.645(d)(1)	RI.01.07.05, EP 6		provides others who are visiti
				reasonable clinical or safety r
				withdraws consent.
				CoPs: §483.10(f)(4)(ii), §483.1
RI.01.07.05, EP 3	For swing beds in critical access hospitals: The critical access hospital provides	Deleted EP -	N/A	N/A
	space for the resident to receive visitors in comfort and privacy.	Replaced with more		
		direct EP(s) or		
	CoPs: §483.10(h)(1), §485.645(d)(1)	moved to guidance within SPG		
RI.01.07.05, EP 5	For swing beds in critical access hospitals: The critical access hospital supports	Consolidation of	RI.11.01.01, EP 8	For swing beds in critical acc
11.01.07.00, EF 0	the resident's right to choose with whom the resident communicates.	RI.01.07.05, EP 1;		immediate family and other re
		RI.01.07.05, EP 1;		when the resident denies or w
	CoPs: §483.10(f)(4)(ii), §483.10(f)(4)(iii), §485.645(d)(1)	RI.01.07.05, EP 6		provides others who are visiti
		11.01.07.00, EF 0		reasonable clinical or safety r
			1	reasonable clinical of safety f

es, the critical access hospital provides the patient with ion, which contains the following: s hospital contact person ne individual to investigate the grievances

grievance process

85.614(a)(2)(iii)

ievances includes a mechanism for timely referral of quality of care or premature discharge to the Quality Control Quality Improvement Organization.

614(a)(2)

ccess hospitals: The critical access hospital provides r relatives immediate access to the resident, except r withdraws consent. The critical access hospital iting immediate access to the resident, except when y restrictions apply or when the resident denies or

3.10(f)(4)(iii), §485.645(d)(1)

ccess hospitals: The critical access hospital provides r relatives immediate access to the resident, except r withdraws consent. The critical access hospital iting immediate access to the resident, except when y restrictions apply or when the resident denies or

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				withdraws consent.
				CoPs: §483.10(f)(4)(ii), §483.1
RI.01.07.05, EP 6	 For swing beds in critical access hospitals: The critical access hospital complies with law and regulation regarding individuals who are exempted from visiting hour restrictions in order to gain immediate access to the resident. CoPs: \$483.10(f)(4)(ii), \$483.10(f)(4)(iii), \$485.645(d)(1) 	Consolidation of RI.01.07.05, EP 1; RI.01.07.05, EP 5; RI.01.07.05, EP 6	RI.11.01.01, EP 8	For swing beds in critical acce immediate family and other re when the resident denies or w provides others who are visiti reasonable clinical or safety r withdraws consent.
				CoPs: §483.10(f)(4)(ii), §483.1
RI.01.07.13, EP 1	For swing beds in critical access hospitals: The critical access hospital arranges transportation for the resident to and from medical or dental appointments and other activities identified in the resident's care or service plan.	Split to PC.14.02.01, EP 5; PC.14.02.01, EP 7	PC.14.02.01, EP 5	For swing beds in critical acce access hospital assists reside transportation to and from the
	CoPs: §483.55(a)(4)(i), §483.55(a)(4)(ii), §483.55(b)(2)(i), §483.55(b)(2)(ii), §485.645(d)(7)			CoPs: §483.55(a)(4)(i), §483.5 §485.645(d)(7)
RI.01.07.13, EP 1	For swing beds in critical access hospitals: The critical access hospital arranges transportation for the resident to and from medical or dental appointments and other activities identified in the resident's care or service plan.	Split to PC.14.02.01, EP 5; PC.14.02.01, EP 7	PC.14.02.01, EP 7	For swing beds in critical acce obtains from an outside resou plan) and emergency dental s
	CoPs: §483.55(a)(4)(i), §483.55(a)(4)(ii), §483.55(b)(2)(i), §483.55(b)(2)(ii), §485.645(d)(7)			CoPs: §483.55(b)(1)(i), §485.6
N/A	N/A	New, more-direct EP for CoP requirement	RI.11.01.01, EP 6	The critical access hospital pr with access to medical record format requested (including in electronic is unavailable, the form agreed to by the critical hospital does not impede the own medical records and fulf reasonable time frame (that is
				CoPs: §482.13(d)(2), §485.614
N/A	N/A	New, more-direct EP for CoP requirement	RI.12.01.01, EP 5	Staff and licensed practitione critical access hospital honor and comply with these directi Note: Law and regulation incl 489.104.
				CoPs: §482.13(b)(3), §485.614
N/A	N/A	New, more-direct EP for CoP requirement	RI.12.02.01, EP 1	For swing beds in critical acce the resident and the resident' or other licensed practitioner method to contact them.
TS.01.01.01, EP 1	The critical access hospital has a written agreement with an organ procurement organization (OPO) and follows its rules and regulations.	Moved and Revised	TS.11.01.01, EP 1	The critical access hospital de procedures for organ procure - A written agreement with an
	CoPs: §482.45(a)(1), §485.643(a)			the critical access hospital to designated by the OPO of indi

3.10(f)(4)(iii), §485.645(d)(1)

ccess hospitals: The critical access hospital provides r relatives immediate access to the resident, except r withdraws consent. The critical access hospital iting immediate access to the resident, except when y restrictions apply or when the resident denies or

3.10(f)(4)(iii), §485.645(d)(1)

ccess hospitals: If necessary or requested, the critical idents in making dental appointments and arranging for the dental services location.

3.55(a)(4)(ii), \$483.55(b)(2)(i), \$483.55(b)(2)(ii),

ccess hospitals: The critical access hospital provides or source routine (to the extent covered under the state l services.

5.645(d)(7)

provides the patient, upon an oral or written request, ords, including past and current records, in the form and g in electronic form or format when available). If ne medical record is provided in hard copy or another al access hospital and patient. The critical access ne legitimate efforts of individuals to gain access to their ulfills these electronic or hard-copy requests within a t is, as quickly as its recordkeeping system permits).

614(d)(2)

ners who provide care, treatment, or services in the nor the patient's right to formulate advance directives ctives, in accordance with law and regulation. Includes, at a minimum, 42 CFR 489.100, 489.102, and

614(b)(3)

ccess hospitals: The critical access hospital provides nt's family with the name and specialty of the physician er primarily responsible for the resident's care and a

develops and implements written policies and rement responsibilities that include the following: an organ procurement organization (OPO) that requires to notify, in a timely manner, the OPO or a third party ndividuals whose death is imminent or who have died in

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				the critical access hospital, a
				determine medical suitability
				- A written agreement with at
				cooperate in retrieving, proce
				eyes to make certain that all
				donors, to the extent that the
				- Designation of an individual
				organizational representative
				notify the family regarding the
				tissues, or eyes
				- Procedures for informing the
				donate or decline to donate of
				designated OPO
				- Education and training of st
				circumstances, views, and be
				tissue, or eye donations
				Note 1: The critical access ho
				under 42 CFR part 486.
				Note 2: The requirements for
				at least one eye bank may be
				provides services for organ, t
				another tissue and/or eye bar
				hospital.
				Note 3: A designated request
				offered or approved by the OI
				tissue and eye bank commur
				potential donor families and
				Note 4: The term "organ" mea
				intestines (or multivisceral or
				Note 5: For additional inform
				death, see the American Aca
				https://n.neurology.org/conte
				American Academy of Pediat
				https://www.aan.com/Guide
				tool that can be used alongsi
				the BD/DNC evaluation proce
				CoPs: §482.45(a)(1), §482.45
				§485.643(a), §485.643(b), §48
S.01.01.01, EP 3	The critical access hospital has a written agreement with at least one tissue bank	Deleted EP -	N/A	N/A
	and at least one eye bank to cooperate in retrieving, processing, preserving,	Replaced with more		
	storing, and distributing tissues and eyes.	direct EP(s) or		
	Note 1: This process should not interfere with organ procurement.	moved to guidance		
	Note 2: It is not necessary for a critical access hospital to have a separate	within SPG		
	agreement with a tissue bank if it has an agreement with its organ procurement			
	organization (OPO) to provide tissue procurement services, nor is it necessary for a			
	critical access hospital to have a separate agreement with an eye bank if its OPO			
	provides eye procurement services. The critical access hospital is not required to			
	use the OPO for tissue or eye procurement, and is free to have an agreement with			

, and that includes the OPO's responsibility to ity for organ donation

at least one tissue bank and at least one eye bank to cessing, preserving, storing, and distributing tissues and ll usable tissues and eyes are obtained from potential ne agreement does not interfere with organ procurement al, who is an organ procurement representative, an we of a tissue or eye bank, or a designated requestor, to he option to donate or decline to donate organs,

he family of each potential donor about the option to e organs, tissues, or eyes, in collaboration with the

staff in the use of discretion and sensitivity to the beliefs of the family when discussing potential organ,

hospital has an agreement with an OPO designated

or a written agreement with at least one tissue bank and be satisfied through a single agreement with an OPO that , tissue, and eye, or by a separate agreement with ank outside the OPO, chosen by the critical access

stor is an individual who has completed a course OPO. This course is designed in conjunction with the unity to provide a methodology for approaching

d requesting organ and tissue donation.

eans a human kidney, liver, heart, lung, pancreas, or organs).

mation about criteria for the determination of brain cademy of Neurology guidelines available at

itent/early/2023/09/13/WNL.0000000000207740, the atrics guidelines available at

Ielines/Home/GuidelineDetail/1085, and the interactive side the new guidance to help walk clinicians through cess at https://www.aan.com/Guidelines/BDDNC.

l5(a)(2), §482.45(a)(3), §482.45(a)(4), §482.45(b)(2), 485.643(c), §485.643(d), §485.643(f)

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	the tissue bank or eye bank of its choice.			
	CoPs: §482.45(a)(2), §485.643(b)			
TS.01.01.01, EP 4	The critical access hospital works with the organ procurement organization (OPO)	Moved and Revised	TS.11.01.01, EP 2	The critical access hospital d
	and tissue and eye banks to do the following:			working with the organ procu
	- Review death records in order to improve identification of potential donors.			to do the following:
	- Maintain potential donors while the necessary testing and placement of potential			- Review death records in ord
	donated organs, tissues, and eyes takes place in order to maximize the viability of donor organs for transplant.			- Maintain potential donors w donated organs, tissues, and
	- Educate staff about issues surrounding donation.			donor organs for transplant
	- Develop a written donation policy that addresses opportunities for asystolic			- Educate staff about issues s
	recovery that is mutually agreed upon by the critical access hospital, its medical			
	staff, and the designated OPO. When the critical access hospital and its medical			CoPs: §482.45(a)(5), §485.64
	staff agree not to provide for asystolic recovery and cannot achieve agreement with			
	the designated OPO, the critical access hospital documents its efforts to reach an			
	agreement with its OPO, and the donation policy addresses the critical access			
	hospital's justification for not providing for asystolic recovery.			
	CoPs: \$482.45(a)(5), \$482.45(a)(5) continued, \$482.45(a)(5) continued, \$485.643(e)			
TS.01.01.01, EP 5	Staff education includes training in the use of discretion and sensitivity to the	Deleted EP -	N/A	N/A
	circumstances, beliefs, and desires of the families of potential organ, tissue, or eye	Replaced with more		
	donors.	direct EP(s) or		
	$C_{0}D_{0}$; \$492, $4E(_{0})(_{1})$; \$492, $4E(_{0})(_{1})$; \$495, $C_{1}2(_{1})$	moved to guidance within SPG		
TS.01.01.01, EP 6	CoPs: §482.45(a)(4), §482.45(a)(5), §485.643(d) The critical access hospital develops, in collaboration with the designated organ	Deleted EP -	N/A	N/A
13.01.01.01, EF 0	procurement organization, written procedures for notifying the family of each	Replaced with more	IN/A	N/A
	potential donor about the option to donate or decline to donate organs, tissues, or	direct EP(s) or		
	eyes.	moved to guidance		
		within SPG		
	CoPs: §482.45(a)(3), §485.643(c)			
TS.01.01.01, EP 7	The individual designated by the critical access hospital to notify the family	Deleted EP -	N/A	N/A
	regarding the option to donate or decline to donate organs, tissues, or eyes is an	Replaced with more		
	organ procurement representative, an organizational representative of a tissue or	direct EP(s) or		
	eye bank, or a designated requestor.	moved to guidance		
	Note: A designated requestor is an individual who has completed a course offered	within SPG		
	or approved by the organ procurement organization. This course is designed in			
	conjunction with the tissue and eye bank community to provide a methodology for			
	approaching potential donor families and requesting organ and tissue donation.			
	CoPs: §482.45(a)(3) continued, §485.643(c)			
TS.01.01.01, EP 8	The individual designated by the critical access hospital documents that the	Moved	TS.11.01.01, EP 3	The individual designated by
· · · · · · · · · ·	patient or family accepts or declines the opportunity for the patient to become an			patient or family accepts or d
	organ, tissue, or eye donor.			organ, tissue, or eye donor.
	CoPs: §485.643(c)			CoPs: §485.643(c)
TS.01.01.01, EP 9	The critical access hospital notifies the organ procurement organization (OPO) of	Deleted EP -	N/A	N/A
	patients who have died and of mechanically ventilated patients whose death is	Replaced with more		
	imminent, according to the following:	direct EP(s) or		
	- Clinical triggers defined jointly with its medical staff and the designated OPO			

l develops and implements policies and procedures for
curement organization (OPO) and tissue and eye banks

order to improve identification of potential donors while the necessary testing and placement of potential nd eyes takes place in order to maximize the viability of

s surrounding donation

643(e)

by the critical access hospital documents that the r declines the opportunity for the patient to become an

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	- Within the time frames (ideally, within one hour of death for patients who have	moved to guidance		
	expired) jointly agreed on by the critical access hospital and the designated OPO	within SPG		
	- For mechanically ventilated patients, prior to the withdrawal of life-sustaining			
	therapies including medical or pharmacological support			
	Note: For additional information about criteria for the determination of brain death,			
	please see the American Academy of Neurology guidelines available at			
	https://n.neurology.org/content/early/2023/09/13/WNL.0000000000207740 and			
	the American Academy of Pediatrics guidelines available at			
	https://www.aan.com/Guidelines/Home/GuidelineDetail/1085 and the interactive			
	tool that can be used alongside the new guidance to help walk clinicians through			
	the BD/DNC evaluation process at https://www.aan.com/Guidelines/BDDNC.			
	CoPs: §482.45(a)(1), §485.643(a)			
TS.01.01.01, EP 11	The organ procurement organization determines medical suitability of organs for	Deleted EP -	N/A	N/A
	organ donation and, in the absence of alternative arrangements by the critical	Replaced with more		
	access hospital, it determines the medical suitability of tissue and eyes for	direct EP(s) or		
	donation.	moved to guidance		
		within SPG		
	CoPs: §482.45(a)(1), §485.643(a)			
TS.01.01.01, EP 12	The critical access hospital maintains records of potential organ, tissue, or eye	Deleted EP -	N/A	N/A
	donors whose names have been sent to the organ procurement organization and	Replaced with more		
	tissue and eye banks.	direct EP(s) or		
		moved to guidance		
	CoPs: §485.643(c)	within SPG		
TS.02.01.01, EP 1	For rehabilitation and psychiatric distinct part units in critical access hospitals: The	Moved and Revised	TS.12.01.01, EP 1	For rehabilitation and psychia
	critical access hospital performing organ transplants belongs to and abides by the			critical access hospital perfo
	rules of the Organ Procurement and Transplantation Network (OPTN) * established			rules of the Organ Procureme
	under section 372 of the Public Health Service (PHS) Act.			under section 372 of the Pub
	Footnote *: The term "rules of the OPTN" means those rules provided for in			Note: The term "rules of the (
	regulations issued by the Secretary in accordance with section 372 of the PHS Act			issued by the Secretary of the
	which are enforceable under 42 CFR 121.10. No hospital is considered to be out of			accordance with section 372
	compliance with section 1138(a)(1)(B) of the Act, or with the requirements of this			121.10. No hospital is consid
	paragraph, unless the Secretary has given the OPTN formal notice that the			1138(a)(1)(B) of the Act, or wi
	Secretary approves the decision to exclude the hospital from the OPTN and has			unless the Secretary has give
	notified the hospital in writing.			the decision to exclude the c
				the critical access hospital ir
	CoPs: §482.45(b)(1)			CoPs: §482.45(b)(1)
TS.02.01.01, EP 2	For rehabilitation and psychiatric distinct part units in critical access hospitals: If	Moved and Revised	TS.12.01.01, EP 2	For rehabilitation and psychia
· · · · · · · · · · · · · · · · · · ·	requested, the critical access hospital provides all data related to organ transplant			requested, the critical access
	to the Organ Procurement and Transplantation Network (OPTN), the Scientific			to the Organ Procurement an
	Registry, or the critical access hospital's designated organ procurement			Registry of Transplant Recipi
	organization (OPO), and when requested by the Office of the Secretary, directly to			procurement organization (O
	the US Department of Health & Human Services.			Secretary, directly to the US
	CoPs: §482.45(b)(3)			CoPs: §482.45(b)(3)
	The critical access hospital assigns responsibility to one or more individuals for	Deleted EP -	N/A	N/A
TS.03.01 01 FP 1				
TS.03.01.01, EP 1	overseeing the acquisition, receipt, storage, and issuance of tissues throughout the	Replaced with more		

hiatric distinct part units in critical access hospitals: The rforming organ transplants belongs to and abides by the ment and Transplantation Network (OPTN) established ublic Health Service (PHS) Act.

e OPTN" means those rules provided for in regulations the US Department of Health & Human Services in 72 of the PHS Act which are enforceable under 42 CFR sidered to be out of compliance with section

with the requirements of this element of performance, iven the OPTN formal notice that the Secretary approves e critical access hospital from the OPTN and has notified l in writing.

chiatric distinct part units in critical access hospitals: If ess hospital provides all data related to organ transplant and Transplantation Network (OPTN), the Scientific ipients, the critical access hospital's designated organ (OPO), and, when requested by the Office of the IS Department of Health & Human Services.

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	Note: Responsibility for this oversight involves coordinating efforts to provide	moved to guidance		
	standardized practices throughout the critical access hospital. A critical access	within SPG		
	hospital may have a centralized process (one department responsible for the			
	ordering, receipt, storage, and issuance of tissue throughout the critical access			
	hospital) or a decentralized process (multiple departments responsible for the			
	ordering, receipt, storage, and issuance of tissue throughout the critical access			
	hospital).			
TS.03.01.01, EP 2	The critical access hospital develops and maintains standardized written	Moved and Revised	NPG.09.01.01, EP 1	The critical access hospital d
	procedures for the acquisition, receipt, storage, and issuance of tissues.			procedures for the acquisitio
TS.03.01.01, EP 3	The critical access hospital confirms that tissue suppliers are registered with the	Moved and Revised	NPG.09.01.01, EP 2	The critical access hospital c
	US Food and Drug Administration (FDA) * as a tissue establishment and maintain a			US Food and Drug Administra
	state license when required.			state license when required.
	Note: This element of performance does not apply to autologous tissue- or cellular-			Note 1: This element of perfo
	based products considered tissue for the purposes of these standards but			cellular-based products cons
	classified as medical devices by the FDA.			classified as medical devices
	Footnote *: For US Food and Drug Administration (FDA) registration, the supplier			Note 2: The supplier's FDA re
	registration status may also be checked annually by using the FDA's online			using the FDA's online databa
	database: https://www.fda.gov/vaccines-blood-biologics/biologics-establishment-			biologics/biologics-establish
	registration/find-tissue-establishment.			
TS.03.01.01, EP 5	The critical access hospital follows the tissue suppliers' or manufacturers' written	Moved	NPG.09.01.01, EP 3	The critical access hospital for
	directions for transporting, handling, storing, and using tissue.			directions for transporting, ha
TS.03.01.01, EP 6	The critical access hospital documents the receipt of all tissues.	Deleted EP -	N/A	N/A
		Replaced with more		
		direct EP(s) or		
		moved to guidance		
		within SPG		
TS.03.01.01, EP 7	The critical access hospital verifies at the time of receipt that package integrity is	Deleted EP -	N/A	N/A
	met and transport temperature range was controlled and acceptable for tissues	Replaced with more		
	requiring a controlled environment. This verification is documented.	direct EP(s) or		
	Note 1: If the distributor uses validated shipping containers, then the receiver may	moved to guidance		
	document that the shipping container was received undamaged and within the	within SPG		
	stated time frame.			
	Note 2: Tissues requiring no greater control than "ambient temperature" (generally			
	defined as the temperature of the immediate environment) for transport and			
	storage would not need to have the temperature verified on receipt.			
TS.03.01.01, EP 8	The critical access hospital maintains daily records to demonstrate that tissues	Moved	NPG.09.01.01, EP 4	The critical access hospital n
	requiring a controlled environment are stored at the required temperatures.			requiring a controlled environ
	Note 1: Types of tissue storage include room temperature, refrigerated, frozen (for			Note 1: Types of tissue storage
	example, deep freezing colder than -40°C), and liquid nitrogen storage.			example, deep freezing colde
	Note 2: Tissues requiring no greater control than "ambient temperature" (defined as			Note 2: Tissues requiring no g
	the temperature of the immediate environment) for storage would not require			the temperature of the imme
	temperature monitoring.			temperature monitoring.
TS.03.01.01, EP 9	The critical access hospital continuously monitors the temperature of refrigerators,	Moved	NPG.09.01.01, EP 5	The critical access hospital c
	freezers, nitrogen tanks, and other storage equipment used to store tissues.			freezers, nitrogen tanks, and
	Note 1: Continuous temperature recording is not required but may be available			Note 1: Continuous temperat
	with some continuous temperature monitoring systems.			with some continuous tempe
	Note 2: For tissue stored at room temperature, continuous temperature monitoring			Note 2: For tissue stored at ro
	is not required.			is not required.

l develops and implements standardized written ion, receipt, storage, and issuance of tissues.

l confirms that tissue suppliers are registered with the tration (FDA) as a tissue establishment and maintain a 1

formance does not apply to autologous tissue- or nsidered tissue for the purposes of these standards but es by the FDA.

registration status may also be checked annually by base: https://www.fda.gov/vaccines-blood-

shment-registration/find-tissue-establishment.

follows the tissue suppliers' or manufacturers' written handling, storing, and using tissue.

I maintains daily records to demonstrate that tissues onment are stored at the required temperatures. age include room temperature, refrigerated, frozen (for

der than -40°C), and liquid nitrogen storage. o greater control than "ambient temperature" (defined as nediate environment) for storage would not require

l continuously monitors the temperature of refrigerators, d other storage equipment used to store tissues. rature recording is not required but may be available perature monitoring systems.

room temperature, continuous temperature monitoring

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
TS.03.01.01, EP 10	Refrigerators, freezers, nitrogen tanks, and other storage equipment used to store tissues at a controlled temperature have functional alarms and an emergency backup plan. Note: For tissue stored at room temperature, alarm systems are not required.	Moved	NPG.09.01.01, EP 6	Refrigerators, freezers, nitrog tissues at a controlled tempe backup plan. Note: For tissue stored at roo
TS.03.02.01, EP 1	The critical access hospital's records allow any tissue to be traced from the donor or tissue supplier to the recipient(s) or other final disposition, including discard, and from the recipient(s) or other final disposition back to the donor or tissue supplier.	Moved	NPG.09.02.01, EP 1	The critical access hospital's or tissue supplier to the recip and from the recipient(s) or o supplier.
TS.03.02.01, EP 2	The critical access hospital identifies, in writing, the materials and related instructions used to prepare or process tissues.	Moved	NPG.09.02.01, EP 2	The critical access hospital ic instructions used to prepare
TS.03.02.01, EP 3	The critical access hospital documents the dates, times, and staff involved when tissue is accepted, prepared, and issued.	Deleted	N/A	N/A
TS.03.02.01, EP 4	The critical access hospital documents in the recipient's medical record the tissue type and its unique identifier.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
TS.03.02.01, EP 5	The critical access hospital retains tissue records on storage temperatures, outdated procedures, manuals, and publications for a minimum of 10 years. If required by state and/or federal laws, critical access hospitals may have to retain tissue records longer than 10 years.	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
TS.03.02.01, EP 6	The critical access hospital retains tissue records for a minimum of 10 years beyond the date of distribution, transplantation, disposition, or expiration of tissue (whichever is latest). If required by state and/or federal laws, critical access hospitals may have to retain tissue records longer than 10 years. Records are kept on all of the following: - The tissue supplier Note: For medical devices, the manufacturer may be the tissue supplier. - The original numeric or alphanumeric donor and lot identification - The name(s) of the recipient(s) or the final disposition of each tissue - The expiration dates of all tissues	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
TS.03.02.01, EP 7	The critical access hospital completes and returns tissue usage information cards requested by the tissue supplier. * Footnote *: According to the Health Insurance Portability and Accountability Act (HIPAA) regulations regarding protected health information, "A covered entity may disclose protected health information for public health activities or other purposes to a person subject to the jurisdiction of the Food and Drug Administration (FDA) for the following purposes: - To track products if the disclosure is made to a person required or directed by the FDA to track the product - To enable product recalls, repairs or replacement (including locating and notifying individuals who have received products of product recalls, withdrawals, or other problems" (Refer to 45 CFR 164.512(b)(1)(iii)(B) and (C))	Deleted EP - Replaced with more direct EP(s) or moved to guidance within SPG	N/A	N/A
TS.03.03.01, EP 1	The critical access hospital has a written procedure to investigate tissue adverse events, including disease transmission or other complications that are suspected of being directly related to the use of tissue.	Consolidation of TS.03.03.01, EP 1; TS.03.03.01, EP 2; TS.03.03.01, EP 3;	NPG.09.03.01, EP 1	The critical access hospital h events, including disease trar of being directly related to the at a minimum: - Investigating disease transm

ogen tanks, and other storage equipment used to store perature have functional alarms and an emergency

bom temperature, alarm systems are not required. L's records allow any tissue to be traced from the donor sipient(s) or other final disposition, including discard, r other final disposition back to the donor or tissue

l identifies, in writing, the materials and related re or process tissues.

l has a written procedure to investigate tissue adverse ransmission or other complications that are suspected the use of tissue. The procedure includes the following

Investigating disease transmission or other complications that are suspected of

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Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
		TS.03.03.01, EP 4;		being directly related to the u
		TS.03.03.01, EP 5		- Reporting of a post-transpla
				tissue to the tissue supplier a
				- Sequestering of tissue whos
				reported by the tissue supplie
				- Identifying and informing tis
				subsequently found to have h
				lymphotropic virus-I/II (HTLV-
				to be transmitted through tiss
TS.03.03.01, EP 2	The critical access hospital investigates tissue adverse events, including disease	Consolidation of	NPG.09.03.01, EP 1	The critical access hospital h
13.03.03.01, LF Z	transmission or other complications that are suspected of being directly related to	TS.03.03.01, EP 1;	NF 0.09.03.01, LF 1	events, including disease tra
	the use of tissue.			
	the use of tissue.	TS.03.03.01, EP 2;		of being directly related to th
		TS.03.03.01, EP 3;		at a minimum:
		TS.03.03.01, EP 4;		- Investigating disease transn
		TS.03.03.01, EP 5		being directly related to the u
				- Reporting of a post-transpla
				tissue to the tissue supplier a
				- Sequestering of tissue who
				reported by the tissue suppli
				- Identifying and informing tis
				subsequently found to have h
				lymphotropic virus-I/II (HTLV-
				to be transmitted through tiss
TS.03.03.01, EP 3	As soon as the critical access hospital becomes aware of a post-transplant	Consolidation of	NPG.09.03.01, EP 1	The critical access hospital h
	infection or other adverse event related to the use of tissue, it reports the infection	TS.03.03.01, EP 1;		events, including disease trai
	or adverse event to the tissue supplier.	TS.03.03.01, EP 2;		of being directly related to the
		TS.03.03.01, EP 3;		at a minimum:
		TS.03.03.01, EP 4;		- Investigating disease transn
		TS.03.03.01, EP 5		being directly related to the u
				- Reporting of a post-transpla
				tissue to the tissue supplier a
				- Sequestering of tissue whose
				reported by the tissue supplie
				- Identifying and informing tis
				subsequently found to have h
				lymphotropic virus-I/II (HTLV-
				to be transmitted through tiss
TS.03.03.01, EP 4	The critical access hospital sequesters tissue whose integrity may have been	Consolidation of	NPG.09.03.01, EP 1	The critical access hospital h
	compromised or that is reported by the tissue supplier as a suspected cause of	TS.03.03.01, EP 1;		events, including disease trai
	infection.	TS.03.03.01, EP 2;		of being directly related to the
		TS.03.03.01, EP 3;		at a minimum:
		TS.03.03.01, EP 4;		- Investigating disease transn
		TS.03.03.01, EP 5		being directly related to the u
				- Reporting of a post-transpla
				tissue to the tissue supplier a
				- Sequestering of tissue whos
				reported by the tissue supplie
				- Identifying and informing tis

use of tissue

lant infection or adverse event related to the use of r as soon as the critical access hospital becomes aware ose integrity may have been compromised or that is lier as a suspected cause of infection

issue recipients of infection risk when donors are human immunodeficiency virus (HIV), human T-V-I/II), viral hepatitis, or other infectious agents known ssue

has a written procedure to investigate tissue adverse ansmission or other complications that are suspected he use of tissue. The procedure includes the following

smission or other complications that are suspected of use of tissue

lant infection or adverse event related to the use of r as soon as the critical access hospital becomes aware ose integrity may have been compromised or that is lier as a suspected cause of infection

issue recipients of infection risk when donors are e human immunodeficiency virus (HIV), human T-V-I/II), viral hepatitis, or other infectious agents known ssue

has a written procedure to investigate tissue adverse ransmission or other complications that are suspected he use of tissue. The procedure includes the following

smission or other complications that are suspected of use of tissue

lant infection or adverse event related to the use of r as soon as the critical access hospital becomes aware ose integrity may have been compromised or that is lier as a suspected cause of infection

issue recipients of infection risk when donors are e human immunodeficiency virus (HIV), human T-V-I/II), viral hepatitis, or other infectious agents known ssue

has a written procedure to investigate tissue adverse ansmission or other complications that are suspected he use of tissue. The procedure includes the following

smission or other complications that are suspected of use of tissue

lant infection or adverse event related to the use of r as soon as the critical access hospital becomes aware ose integrity may have been compromised or that is lier as a suspected cause of infection

issue recipients of infection risk when donors are human immunodeficiency virus (HIV), human T-

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				lymphotropic virus-I/II (HTLV-
				to be transmitted through tiss
TS.03.03.01, EP 5	The critical access hospital identifies and informs tissue recipients of infection risk	Consolidation of	NPG.09.03.01, EP 1	The critical access hospital h
	when donors are subsequently found to have human immunodeficiency virus (HIV),	TS.03.03.01, EP 1;		events, including disease tran
	human T-lymphotropic virus-I/II (HTLV-I/II), viral hepatitis, or other infectious agents	TS.03.03.01, EP 2;		of being directly related to the
	known to be transmitted through tissue.	TS.03.03.01, EP 3;		at a minimum:
		TS.03.03.01, EP 4;		- Investigating disease transn
		TS.03.03.01, EP 5		being directly related to the u
				- Reporting of a post-transpla
				tissue to the tissue supplier a
				- Sequestering of tissue whose
				reported by the tissue suppli
				- Identifying and informing tis
				subsequently found to have h
				lymphotropic virus-I/II (HTLV-
				to be transmitted through tiss
UP.01.01.01, EP 1	Implement a preprocedure process to verify the correct procedure, for the correct	Moved and Revised	NPG.01.06.01, EP 1	The critical access hospital in
	patient, at the correct site.			correct procedure, for the co
UP.01.01.01, EP 2	Note: The patient is involved in the verification process when possible.	Moved and Revised	NPG.01.06.01, EP 2	Note: The patient is involved
UP.01.01.01, EP 2	Identify the items that must be available for the procedure and use a standardized	Moved and Revised	NPG.01.06.01, EP 2	The critical access hospital ic procedure and uses a standa
	list to verify their availability. At a minimum, these items include the following: - Relevant documentation (for example, history and physical, signed procedure			these items include the follow
	consent form, nursing assessment, and preanesthesia assessment)			- Relevant documentation (fo
	- Labeled diagnostic and radiology test results (for example, radiology images and			consent form, nursing assess
	scans, or pathology and biopsy reports) that are properly displayed			- Labeled diagnostic and radi
	- Any required blood products, implants, devices, and/or special equipment for the			scans, or pathology and biop
	procedure			- Any required blood products
	Note: The expectation of this element of performance is that the standardized list is			procedure
	available and is used consistently during the preprocedure verification. It is not			Note: The expectation of this
	necessary to document that the standardized list was used for each patient.			available and is used consist
				necessary to document that t
UP.01.02.01, EP 1	Identify those procedures that require marking of the incision or insertion site. At a	Moved and Revised	NPG.01.06.02, EP 1	The critical access hospital ic
	minimum, sites are marked when there is more than one possible location for the			incision or insertion site. At a
	procedure and when performing the procedure in a different location would			one possible location for the
	negatively affect quality or safety.			different location would nega
	Note: For spinal procedures, in addition to preoperative skin marking of the general			Note: For spinal procedures,
	spinal region, special intraoperative imaging techniques may be used for locating			spinal region, special intraop
	and marking the exact vertebral level.			and marking the exact verteb
UP.01.02.01, EP 2	Mark the procedure site before the procedure is performed and, if possible, with	Moved and Revised	NPG.01.06.02, EP 2	The procedure site is marked
	the patient involved.			with the patient involved.
UP.01.02.01, EP 3	The procedure site is marked by a licensed practitioner who is ultimately	Moved	NPG.01.06.02, EP 3	The procedure site is marked
	accountable for the procedure and will be present when the procedure is			accountable for the procedur
	performed. In limited circumstances, the licensed practitioner may delegate site			performed. In limited circums
	marking to an individual who is permitted by the organization to participate in the			marking to an individual who
	procedure and has the following qualifications:			procedure and has the follow
	- An individual in a medical postgraduate education program who is being			- An individual in a medical p
	supervised by the licensed practitioner performing the procedure; who is familiar			supervised by the licensed pr
	with the patient; and who will be present when the procedure is performed			with the patient; and who will
	- A licensed individual who performs duties requiring a collaborative agreement or			- A licensed individual who pe

V-I/II), viral hepatitis, or other infectious agents known ssue

has a written procedure to investigate tissue adverse ransmission or other complications that are suspected he use of tissue. The procedure includes the following

smission or other complications that are suspected of use of tissue

lant infection or adverse event related to the use of r as soon as the critical access hospital becomes aware ose integrity may have been compromised or that is lier as a suspected cause of infection

issue recipients of infection risk when donors are human immunodeficiency virus (HIV), human T-V-I/II), viral hepatitis, or other infectious agents known issue

implements a preprocedure process to verify the correct patient, at the correct site.

d in the verification process when possible.

identifies the items that must be available for the dardized list to verify their availability. At a minimum, owing:

for example, history and physical, signed procedure ssment, and preanesthesia assessment)

diology test results (for example, radiology images and opsy reports) that are properly displayed

cts, implants, devices, and/or special equipment for the

is element of performance is that the standardized list is stently during the preprocedure verification. It is not It the standardized list was used for each patient.

identifies those procedures that require marking of the a minimum, sites are marked when there is more than e procedure and when performing the procedure in a gatively affect quality or safety.

s, in addition to preoperative skin marking of the general operative imaging techniques may be used for locating abral level.

ed before the procedure is performed and, if possible,

ed by a licensed practitioner who is ultimately ure and will be present when the procedure is mstances, the licensed practitioner may delegate site to is permitted by the organization to participate in the owing qualifications:

postgraduate education program who is being

practitioner performing the procedure; who is familiar *i*ll be present when the procedure is performed

performs duties requiring a collaborative agreement or

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	supervisory agreement with the licensed practitioner performing the procedure			supervisory agreement with t
	(that is, an advanced practice registered nurse [APRN] or physician assistant [PA]);			(that is, an advanced practice
	who is familiar with the patient; and who will be present when the procedure is			who is familiar with the patier
	performed.			performed.
	Note: The critical access hospital's leaders define the limited circumstances (if			Note: The critical access hos
	any) in which site marking may be delegated to an individual meeting these			any) in which site marking ma
	qualifications.			qualifications.
UP.01.02.01, EP 4	The method of marking the site and the type of mark is unambiguous and is used	Moved	NPG.01.06.02, EP 4	The method of marking the si
·	consistently throughout the critical access hospital.			consistently throughout the c
	Note: The mark is made at or near the procedure site and is sufficiently permanent			Note: The mark is made at or
	to be visible after skin preparation and draping. Adhesive markers are not the sole			to be visible after skin prepar
	means of marking the site.			means of marking the site.
UP.01.02.01, EP 5	A written, alternative process is in place for patients who refuse site marking or	Moved and Revised	NPG.01.06.02, EP 5	A written, alternative process
01.01.02.01, 21.0	when it is technically or anatomically impossible or impractical to mark the site (for			when it is technically or anato
	example, mucosal surfaces or perineum).			example, mucosal surfaces of
	Note: Examples of other situations that involve alternative processes include:			Note: Examples of other situa
	- Minimal access procedures treating a lateralized internal organ, whether			following:
				- Minimal access procedures
	percutaneous or through a natural orifice - Teeth			
				percutaneous or through a na
	- Premature infants, for whom the mark may cause a permanent tattoo			- Teeth
		Marcal and Device al		- Premature infants, for whon
UP.01.03.01, EP 1	Conduct a time-out immediately before starting the invasive procedure or making	Moved and Revised	NPG.01.06.03, EP 1	The critical access hospital c
	the incision.			invasive procedure or making
UP.01.03.01, EP 2	The time-out has the following characteristics:	Moved	NPG.01.06.03, EP 2	The time-out has the followin
	- It is standardized, as defined by the critical access hospital.			- It is standardized, as defined
	- It is initiated by a designated member of the team.			- It is initiated by a designated
	- It involves the immediate members of the procedure team, including the			- It involves the immediate m
	individual performing the procedure, the anesthesia providers, the circulating			individual performing the pro
	nurse, the operating room technician, and other active participants who will be			nurse, the operating room teo
	participating in the procedure from the beginning.			participating in the procedure
UP.01.03.01, EP 3	When two or more procedures are being performed on the same patient, and the	Moved and Revised	NPG.01.06.03, EP 3	When two or more procedure
	person performing the procedure changes, perform a time-out before each			person performing the procee
	procedure is initiated.			time-out before each proced
UP.01.03.01, EP 4	During the time-out, the team members agree, at a minimum, on the following:	Moved	NPG.01.06.03, EP 4	During the time-out, the tean
	- Correct patient identity			- Correct patient identity
	- The correct site			- The correct site
	- The procedure to be done			- The procedure to be done
UP.01.03.01, EP 5	Document the completion of the time-out.	Moved and Revised	NPG.01.06.03, EP 5	The critical access hospital d
	Note: The critical access hospital determines the amount and type of			Note: The critical access hos
	documentation.			documentation.
WT.01.01.01, EP 1	The director named on the Clinical Laboratory Improvement Amendments of 1988	Consolidation of	NPG.10.01.01, EP 1	The person from the critical a
	(CLIA '88) certificate approves a consistent approach for when waived test results	WT.01.01.01, EP 1;	,	Laboratory Improvement Am
	can be used for diagnosis and treatment and when follow-up testing is required.	WT.01.01.01, EP 2		designee, establishes written
				address the following:
				- Clinical usage and limitation
				- Need for confirmatory testir
				manufacturer for rapid tests)
				a recommendation to repeat
				•
				reportable range of the test)

n the licensed practitioner performing the procedure ce registered nurse [APRN] or physician assistant [PA]); ent; and who will be present when the procedure is

ospital's leaders define the limited circumstances (if nay be delegated to an individual meeting these

site and the type of mark is unambiguous and is used critical access hospital.

or near the procedure site and is sufficiently permanent aration and draping. Adhesive markers are not the sole

ss is in place for patients who refuse site marking or atomically impossible or impractical to mark the site (for s or perineum).

uations that involve alternative processes include the

es treating a lateralized internal organ, whether natural orifice

om the mark may cause a permanent tattoo

conducts a time-out immediately before starting the ng the incision.

ing characteristics:

ed by the critical access hospital.

ed member of the team.

members of the procedure team, including the

rocedure, the anesthesia providers, the circulating echnician, and other active participants who will be

ire from the beginning.

res are being performed on the same patient, and the edure changes, the critical access hospital performs a edure is initiated.

am members agree, at a minimum, on the following:

documents the completion of the time-out. ospital determines the amount and type of

l access hospital whose name appears on the Clinical mendments of 1988 (CLIA '88) certificate, or a qualified en policies and procedures for waived testing that

ons of the test methodology

ting (for example, recommendations made by the

s) and result follow-up recommendations (for example,

at the test when results are higher or lower than the

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				- Specimen type, collection, and identification, and required labeling
				- Specimen preservation, if applicable
				- Instrument maintenance and function checks, such as calibration
				- Storage conditions for test components
				- Reagent use, including not using a reagent after its expiration date
				- Quality control (including frequency and type) and corrective action when quality
				control is unacceptable
				- Test performance
				- Result reporting, including not reporting individual patient results unless quality
				control is acceptable
				- Equipment performance evaluation
				Note 1: Policies and procedures for waived testing are made available to testing
				personnel.
				Note 2: The designee should be knowledgeable by virtue of training, experience,
	The nerveen from the exiting leases been its where normal encoders on the Clinical	Consolidation of		and competence about the waived testing performed.
WT.01.01.01, EP 2	The person from the critical access hospital whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified	WT.01.01.01, EP 1;	NPG.10.01.01, EP 1	The person from the critical access hospital whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified
	designee, establishes written policies and procedures for waived testing that	WT.01.01.01, EP 2		designee, establishes written policies and procedures for waived testing that
	address the following:	WI.01.01.01, LF 2		address the following:
	- Clinical usage and limitations of the test methodology			- Clinical usage and limitations of the test methodology
	- Need for confirmatory testing (for example, recommendations made by the			- Need for confirmatory testing (for example, recommendations made by the
	manufacturer for rapid tests) and result follow-up recommendations (for example,			manufacturer for rapid tests) and result follow-up recommendations (for example,
	a recommendation to repeat the test when results are higher or lower than the			a recommendation to repeat the test when results are higher or lower than the
	reportable range of the test)			reportable range of the test)
	- Specimen type, collection, and identification, and required labeling			- Specimen type, collection, and identification, and required labeling
	- Specimen preservation, if applicable			- Specimen preservation, if applicable
	- Instrument maintenance and function checks, such as calibration			- Instrument maintenance and function checks, such as calibration
	- Storage conditions for test components			- Storage conditions for test components
	- Reagent use, including not using a reagent after its expiration date			- Reagent use, including not using a reagent after its expiration date
	- Quality control (including frequency and type) and corrective action when quality			- Quality control (including frequency and type) and corrective action when quality
	control is unacceptable			control is unacceptable
	- Test performance			- Test performance
	- Result reporting, including not reporting individual patient results unless quality			- Result reporting, including not reporting individual patient results unless quality
	control is acceptable			control is acceptable
	- Equipment performance evaluation			- Equipment performance evaluation
	Note 1: Policies and procedures for waived testing are made available to testing			Note 1: Policies and procedures for waived testing are made available to testing
	personnel.			personnel.
	Note 2: The designee should be knowledgeable by virtue of training, experience,			Note 2: The designee should be knowledgeable by virtue of training, experience,
	and competence about the waived testing performed.	Mound and Device of		and competence about the waived testing performed.
WT.01.01.01, EP 3	If manufacturers' manuals or package inserts are used as the policies or	Moved and Revised	NPG.10.01.01, EP 2	Policies or procedures for each waived test are consistent with manufacturers'
	procedures for each waived test, they are enhanced to include specific operational policies (that is, detailed quality control protocols and any other institution-specific			instructions for use and include specific operational policies (that is, detailed quality control protocols and any other institution-specific procedures regarding
	procedures regarding the test or instrument).			the test or instrument).
WT.02.01.01, EP 1	The person from the critical access hospital whose name appears on the Clinical	Deleted	N/A	N/A
	Laboratory Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified			
	designee, identifies in writing the staff responsible for performing and supervising			
	waived testing.			
WT.03.01.01, EP 1	The person from the critical access hospital whose name appears on the Clinical	Deleted	N/A	N/A
	Laboratory Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified			

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
	designee, provides orientation and training to, and assesses the competency of,			
	staff who perform waived testing.			
WT.03.01.01, EP 2	Staff who perform waived testing have received orientation in accordance with the	Deleted	N/A	N/A
	critical access hospital's specific services. The orientation for waived testing is			
	documented.			
WT.03.01.01, EP 3	Staff who perform waived testing have been trained for each test that they are	Consolidation of	NPG.10.02.01, EP 1	Staff who perform waived test
	authorized to perform. The training for each waived test is documented.	WT.03.01.01, EP 3;		authorized to perform. The tra
		WT.03.01.01, EP 4		Note: This includes training of
WT.03.01.01, EP 4	Staff who perform waived testing that requires the use of an instrument have been	Consolidation of	NPG.10.02.01, EP 1	Staff who perform waived test
	trained on its use and maintenance. The training on the use and maintenance of an	WT.03.01.01, EP 3;		authorized to perform. The tra
	instrument for waived testing is documented.	WT.03.01.01, EP 4		Note: This includes training of
WT.03.01.01, EP 5	Competency for waived testing is assessed using at least two of the following	Consolidation of	NPG.10.02.01, EP 2	Competence for waived testin
	methods per person per test:	WT.03.01.01, EP 5;		policy at defined intervals, but
	- Performance of a test on a blind specimen	WT.03.01.01, EP 6		thereafter. Competency is ass
	 Periodic observation of routine work by the supervisor or qualified designee Monitoring of each user's quality control performance 			person per test: - Performance of a test on a b
	- Use of a written test specific to the test assessed			- Periodic observation of routi
				- Monitoring of each user's qu
				- Use of a written test specific
				This competency is documen
				Note 1: When a licensed prac
				an instrument and the test fal
				may use the medical staff cre
				evidence of training and com
				this circumstance, individual
				appropriate to the scope of pr
				discretion of the person from
				the Clinical Laboratory Impro
				according to critical access h
				requirements may be implem
				Note 2: Provider-performed m
WT.03.01.01, EP 6	Competence for waived testing is assessed according to critical access hospital	Consolidation of	NPG.10.02.01, EP 2	Competence for waived testir
	policy at defined intervals, but at least at the time of orientation and annually	WT.03.01.01, EP 5;		policy at defined intervals, bu
	thereafter. This competency is documented.	WT.03.01.01, EP 6		thereafter. Competency is ass
	Note 1: When a physician or other licensed practitioner performs waived testing			person per test:
	that does not involve an instrument and the test falls within their specialty, the			- Performance of a test on a b
	critical access hospital may use the medical staff credentialing and privileging			- Periodic observation of routi
	process to document evidence of training and competency in lieu of annual			- Monitoring of each user's qu
	competency assessment. In this circumstance, individual privileges include the			- Use of a written test specific
	specific waived tests appropriate to the scope of practice that they are authorized			This competency is documen
	to perform. At the discretion of the person from the critical access hospital whose			Note 1: When a licensed prac
	name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA			an instrument and the test fal
	'88) certificate or according to critical access hospital policy, more stringent			may use the medical staff cre
	competency requirements may be implemented.			evidence of training and comp
	Note 2: Provider-performed microscopy (PPM) procedures are not waived tests.			this circumstance, individual
				appropriate to the scope of pr
				discretion of the person from
				the Clinical Laboratory Improv
				according to critical access h

esting have been trained for each test that they are raining for each waived test is documented. on the use and maintenance of instruments.

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on the use and maintenance of instruments. ting is assessed according to critical access hospital

out at least at the time of orientation and annually ssessed using at least two of the following methods per

- blind specimen
- Itine work by the supervisor or qualified designee quality control performance
- ic to the test assessed
- ented.

actitioner performs waived testing that does not involve falls within their specialty, the critical access hospital redentialing and privileging process to document mpetency in lieu of annual competency assessment. In al privileges include the specific waived tests practice that they are authorized to perform. At the m the critical access hospital whose name appears on

rovement Amendments of 1988 (CLIA '88) certificate or hospital policy, more stringent competency mented.

microscopy (PPM) procedures are not waived tests.

ting is assessed according to critical access hospital out at least at the time of orientation and annually ssessed using at least two of the following methods per

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m the critical access hospital whose name appears on rovement Amendments of 1988 (CLIA '88) certificate or hospital policy, more stringent competency

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
				requirements may be implemen
				Note 2: Provider-performed mic
WT.04.01.01, EP 2	The documented quality control rationale for waived testing is based on the	Deleted	N/A	N/A
	following:			
	- How the test is used			
	- Reagent stability			
	- Manufacturers' recommendations			
	- The critical access hospital's experience with the test			
	- Currently accepted guidelines			
WT.04.01.01, EP 3	For non-instrument-based waived testing, quality control checks are performed at	Deleted	N/A	N/A
	the frequency and number of levels recommended by the manufacturer and as			
	defined by the critical access hospital's policies.			
	Note: If these elements are not defined by the manufacturer, the critical access			
	hospital defines the frequency and number of levels for quality control.			
WT.04.01.01, EP 4	For instrument-based waived testing, quality control checks are performed on each	Deleted	N/A	N/A
	instrument used for patient testing per manufacturers' instructions.			
WT.04.01.01, EP 5	For instrument-based waived testing, quality control checks require two levels of	Deleted	N/A	N/A
	control, if commercially available.			
WT.05.01.01, EP 1	Quality control results, including internal and external controls for waived testing,	Deleted	N/A	N/A
	are documented.			
	Note 1: Internal quality controls may include electronic, liquid, or control zone.			
	External quality controls may include electronic or liquid.			
	Note 2: Quality control results may be located in the medical record.			
WT.05.01.01, EP 3	Quantitative test result reports in the medical record for waived testing are	Deleted	N/A	N/A
	accompanied by reference intervals (normal values) specific to the test method			
	used and the population served.			
	Note 1: Semiquantitative results, such as urine macroscopic and urine dipsticks,			
	are not required to comply with this element of performance.			
	Note 2: If the reference intervals (normal values) are not documented on the same			
	page as and adjacent to the waived test result, they must be located elsewhere			
	within the permanent medical record. The result must have a notation directing the			
	reader to the location of the reference intervals (normal values) in the medical			
	record.			
WT.05.01.01, EP 4	Individual test results for waived testing are associated with quality control results	Deleted	N/A	N/A
,	and instrument records.			
	Note: A formal log is not required, but a functional audit trail is maintained that			
	allows retrieval of individual test results and their association with quality control			
	and instrument records.			
WT.05.01.01, EP 5	Quality control result records, test result records, and instrument records for	Deleted	N/A	N/A
	waived testing are retained for at least two years.			

plemented.
ned microscopy (PPM) procedures are not waived tests.