

Critical Access Hospital Distinct Part Unit Crosswalk

Medicare Hospital Requirements to 2025 Joint Commission Critical Access Hospital Distinct Part Unit Standards & EPs

| CFR Number §482.1 | Medicare Requirements | | nt Commission ivalent Number | Joint Commission Standards and Elements of Performance |
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| §482.1 TA | AG: A-0008 | | | |
| §482.1 Basis and scope. | | | | |
| §482.1(a) TA | AG: A-0008 | | , | |
| (a) Statutory basis. | | | | |
| §482.1(a)(1) TA | AG: A-0008 | | | |
| (1) Section 1861(e) of the [Social Se | ecurity] Act provides that— | | | |
| §482.1(a)(1)(i) TA | AG: A-0008 | LD.13.01.01 | The critical acce | ess hospital complies with law and regulation. |
| (i) Hospitals participating in Medicard | e must meet certain specified requirements; and | | he critical access hospital prederal, state, and local laws, | ovides care, treatment, and services in accordance with licensure requirements and rules, and regulations. |
| §482.1(a)(1)(ii) | AG: A-0008 | LD.13.01.01 | The critical acce | ess hospital complies with law and regulation. |
| | onal requirements if they are found necessary in of the individuals who are furnished services in | | The critical access hospital prederal, state, and local laws, | ovides care, treatment, and services in accordance with licensure requirements and rules, and regulations. |
| §482.1(b) TA | AG: A-0008 | LD.13.01.01 | The critical acce | ess hospital complies with law and regulation. |
| of this part serve as the basis of sur | opart A of part 488 of this chapter, the provisions vey activities for the purpose of determining ovider agreement under Medicare and Medicaid. | | The critical access hospital prederal, state, and local laws, | ovides care, treatment, and services in accordance with licensure requirements and rules, and regulations. |
| §482.11 T | AG: A-0020 | | | |
| §482.11 Condition of Participation: 0 | Compliance with Federal, State and Local Laws |] | | |
| §482.11(a) TA | AG: A-0021 | LD.13.01.01 | The critical acce | ess hospital complies with law and regulation. |
| (a) The hospital must be in compliar health and safety of patients. | ce with applicable Federal laws related to the | | he critical access hospital prederal, state, and local laws, | ovides care, treatment, and services in accordance with licensure requirements and rules, and regulations. |
| §482.11(b) TA | AG: A-0022 | | | |
| (b) The hospital must be | |] | | |
| §482.11(b)(1) TA | AG: A-0022 | LD.13.01.01 | The critical acce | ess hospital complies with law and regulation. |
| (1) Licensed; or | | s N | ervices for which the critical a lote: For rehabilitation or psy | licensed in accordance with law and regulation to provide the care, treatment, or access hospital is seeking accreditation from Joint Commission. chiatric distinct part units in critical access hospitals: The critical access hospital is ing the standards for licensing established by the state or responsible locality. |

| CFR Number §482.11(b)(2) | Medicare Requirements | | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §482.11(b)(2) | AG: A-0022 | LD.13.01. | 01 The critical acce | ess hospital complies with law and regulation. |
| (2) Approved as meeting standards State or locality responsible for licen | for licensing established by the agency of the using hospitals. | EP 2 | services for which the critical a Note: For rehabilitation or psy | licensed in accordance with law and regulation to provide the care, treatment, or access hospital is seeking accreditation from Joint Commission. chiatric distinct part units in critical access hospitals: The critical access hospital is ing the standards for licensing established by the state or responsible locality. |
| §482.11(c) TA | AG: A-0023 | HR.11.01. | 03 The critical acce | ess hospital determines how staff function within the organization. |
| (c) The hospital must assure that pe standards that are required by State | rsonnel are licensed or meet other applicable or local laws. | EP 1 | All staff who provide patient ca or registration, in accordance | are, treatment, and services are qualified and possess a current license, certification, with law and regulation. |
| | | MS.17.01. | | ess hospital collects information regarding each physician's or other licensed arrent license status, training, experience, competence, and ability to perform rivilege. |
| | | EP 3 | whenever feasible, or from a c Current licensure at the expiration Relevant training Current competence | juires that the critical access hospital verifies in writing and from the primary source credentials verification organization (CVO), the following information for the applicant: time of initial granting, renewal, and revision of privileges and at the time of license |
| | | MS.17.02. | | grant or deny a privilege(s) and/or to renew an existing privilege(s) is an nce-based process. |
| | | EP 9 | . , | sed practitioners that provide care, treatment, and services possess a current ration, as required by law and regulation. |
| §482.12 TA §482.12 Condition of Participation: 0 | AG: A-0043 Governing Body | LD.11.01. | The governing b services. | pody is ultimately accountable for the safety and quality of care, treatment, and |
| There must be an effective governin of the hospital. If a hospital does not | g body that is legally responsible for the conduct thave an organized governing body, the persons of the hospital must carry out the functions | | determining, implementing, ar | as a governing body or an individual that assumes full legal responsibility for and monitoring policies governing the critical access hospital's total operation and for provide quality health care in a safe environment. |
| §482.12(a) TA | AG: A-0044 | | | |
| §482.12(a) Standard: Medical Staff. | | 1 | | |
| The governing body must: | | | | |

| CFR Number §482.12(a)(1) | Medicare Requirements | | mmission nt Number | Joint Commission Standards and Elements of Performance |
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| _ ` ` ` ` ` | : A-0045 | LD.11.01.01 | The governing be services. | oody is ultimately accountable for the safety and quality of care, treatment, and |
| eligible candidates for appointment to | e law, which categories of practitioners are he medical staff; | • Ai • Ri For rehi followin • Di api e Ai e | verning body does the proves and is respon eviews and resolves g abilitation and psychia g: etermines, in accordar pointment to the med points members of the medical staff akes certain that the natients akes certain that the natients akes certain that under the critical access hos body or society akes certain that the natients akes certain that under the critical access hos body or society akes certain that the natients akes certain that under the critical access hos body or society akes certain that the natients akes certain that the natients akes certain that under the critical access hos body or society akes certain that the natients akes certain that under the critical access hos body or society akes certain that the natients akes certain that the natients akes certain that under the critical access hos body or society akes certain that the natients akes certain that under the critical access hos body or society akes certain that the natients akes certain that under the critical access hos body or society akes certain that the natients akes certain that the natient | sible for the effective operation of the grievance process prievances, unless it delegates responsibility in writing to a grievance committee attric distinct part units in critical access hospitals: The governing body also does the note with state law, which categories of practitioners are eligible candidates for |
| • ()() | : A-0046 aff after considering the recommendations of | LD.11.01.01 | The governing be services. | body is ultimately accountable for the safety and quality of care, treatment, and |
| the existing members of the medical si | | • A _I • R For reh- followin • D ap • A _I th • M • A _I • M pa • M pa • M cc • M in bc • M | eviews and resolves gabilitation and psychia g: etermines, in accordar pointment to the med points members of the medical staff akes certain that the nations akes certain that the natients akes certain that the competence, training, exakes certain that under the critical access hos body or society akes certain that the nations and the critical access hos body or society akes certain that the nations are considered as a conside | sible for the effective operation of the grievance process prievances, unless it delegates responsibility in writing to a grievance committee attric distinct part units in critical access hospitals: The governing body also does the note with state law, which categories of practitioners are eligible candidates for |

| CFR Number §482.12(a)(3) | Medicare Requirements | 1 | nt Commission ivalent Number | Joint Commission Standards and Elements of Performance |
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| σ · (·/(·/ | : A-0047 | LD.11.01.01 | | oody is ultimately accountable for the safety and quality of care, treatment, and |
| (3) Assure that the medical staff has by | ylaws; | EP 2 The governing body does the following: | | sible for the effective operation of the grievance process rievances, unless it delegates responsibility in writing to a grievance committee tric distinct part units in critical access hospitals: The governing body also does the nice with state law, which categories of practitioners are eligible candidates for ical staff e medical staff after considering the recommendations of the existing members of nedical staff has bylaws bylaws and other medical staff rules and regulations nedical staff is accountable to the governing body for the quality of care provided to exiteria for selection to the medical staff are based on individual character, experience, and judgment for no circumstances is the accordance of staff membership or professional privileges spital dependent solely upon certification, fellowship, or membership in a specialty nedical staff develops and implements written policies and procedures for appraisal reatment, and referral of patients at the locations without emergency services when not provided at the critical access |
| • () () | i: A-0048 other medical staff rules and regulations; | LD.11.01.01 | The governing be services. | pody is ultimately accountable for the safety and quality of care, treatment, and |
| (4) Approve medical stall bylaws and c | oriel medical stall rules and regulations, | F | Reviews and resolves gor rehabilitation and psychia ollowing: Determines, in accordar appointment to the med Appoints members of the the medical staff Makes certain that the new approves medical staff if Makes certain that the new apatients Makes certain that the new apatients Makes certain that the competence, training, expected in the critical access hos body or society Makes certain that the new apatients Makes certain that under in the critical access hos body or society Makes certain that the new aparticular that the new aparticu | sible for the effective operation of the grievance process rievances, unless it delegates responsibility in writing to a grievance committee tric distinct part units in critical access hospitals: The governing body also does the nee with state law, which categories of practitioners are eligible candidates for ical staff e medical staff after considering the recommendations of the existing members of |

| CFR Number §482.12(a)(5) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §482.12(a)(5) TAG: A-(5) Ensure that the medical staff is accound of care provided to patients; | | LD.11.01.01 The governing services. EP 2 The governing body does the | body is ultimately accountable for the safety and quality of care, treatment, and e following: |
| | | Reviews and resolves For rehabilitation and psychifollowing: Determines, in accordate appointment to the meter appointment to the meter appointment members of the medical staff Makes certain that the Approves medical staff Makes certain that the patients Makes certain that the competence, training, and in the critical access he body or society Makes certain that the of emergencies, initial | he medical staff after considering the recommendations of the existing members of |
| §482.12(a)(6) TAG: A- | 0050 | LD.11.01.01 The governing | or more off-campus locations body is ultimately accountable for the safety and quality of care, treatment, and |
| (6) Ensure the criteria for selection are ind experience, and judgment; and | ividual character, competence, training, | Reviews and resolves For rehabilitation and psychi following: Determines, in accorda appointment to the me Appoints members of t the medical staff Makes certain that the Approves medical staff Makes certain that the patients Makes certain that the competence, training, of Makes certain that und in the critical access he body or society Makes certain that the of emergencies, initial emergency services ar | nsible for the effective operation of the grievance process grievances, unless it delegates responsibility in writing to a grievance committee atric distinct part units in critical access hospitals: The governing body also does the ance with state law, which categories of practitioners are eligible candidates for dical staff he medical staff after considering the recommendations of the existing members of |

| CFR Number §482.12(a)(7) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §482.12(a)(7) TAG: / | | LD.11.01.01 The governing services. | body is ultimately accountable for the safety and quality of care, treatment, and |
| | is the accordance of staff membership or condent solely upon certification, fellowship ciety. | EP 2 The governing body does the | nsible for the effective operation of the grievance process grievances, unless it delegates responsibility in writing to a grievance committee atric distinct part units in critical access hospitals: The governing body also does the since with state law, which categories of practitioners are eligible candidates for dical staff after considering the recommendations of the existing members of |

| CFR Number §482.12(a)(8) | Medicare Requirements | | ommission ent Number | Joint Commission Standards and Elements of Performance |
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| (8) Ensure that, when telemedicine serv through an agreement with a distant-site | (8) Ensure that, when telemedicine services are furnished to the hospital's patients through an agreement with a distant-site hospital, the agreement is written and | | services of the processes of the | ther licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging e originating site. |
| hospital to meet the requirements in par with regard to the distant-site hospital's telemedicine services. The governing bo | ody of the hospital whose patients are r, in accordance with §482.22(a)(3) of this cal staff recommendations that rely on | a distachoose entity is access site hore of the control of the con | int-site hospital or telement to rely upon the creder to rely upon the creder or the individual distants hospital's governing by spital or telemedicine of the distant site telemed the distant-site telemed to consistent with the critical the individual distant-site elemedicine entity provides a current list of the individual distant-site elemedicine entity. The individual distant-site physicial he originating critical action of the periodic evaluation of the periodic evaluation of the periodic evaluation of the telemedicine sitil physician or other license hospital's paties dicine entity, the distant-access hospital's paties dicine entity, the distanter or supplier. | dicine entity provides services in accordance with contract service requirements. dicine entity's medical staff credentialing and privileging process and standards is cal access hospital's process and standards, at a minimum. I providing the telemedicine services is a Medicare-participating hospital. It physician or other licensed practitioner is privileged at the distant-site hospital or riding the telemedicine services, and the distant-site hospital or telemedicine entity if the distant-site physician's or practitioner's privileges at the distant-site hospital or the physician or other licensed practitioner holds a license issued or recognized by the all access hospital whose patients are receiving the telemedicine services is located. The provided practitioners privileged by the originating critical access hospital, access hospital internally reviews services provided by the distant-site physician or telemedicine entity information for use in of the practitioner. At a minimum, this information includes adverse events that result ervices provided by the distant-site physician or other licensed practitioner to the spatients and complaints the critical access hospital has received about the distant-censed practitioner. The site physicians and licensed practitioners providing telemedicine services to the ents under a written agreement between the critical access hospital and a distant-site int-site telemedicine entity is not required to be a Medicare participating psychiatric distinct part units in critical access hospitals: The distant-site staff credentialing and privileging process and standards at least meet the standards gh (a)(7) and 482.22(a)(1) through (a)(2). |

| CFR Number §482.12(a)(9) | Medicare Requirements | | int Commission uivalent Number | Joint Commission Standards and Elements of Performance |
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| §482.12(a)(9) TAG: A- | | LD.13.03.03 | Care, treatment, effectively. | and services provided through contractual agreement are provided safely and |
| (9) Ensure that when telemedicine service through an agreement with a distant-site telemedicine hospital and as such, in accordance with § services in a manner that permits the hosp conditions of participation for the contracte the requirements in paragraphs (a)(1) thro to the distant-site telemedicine entity's phy telemedicine services. The governing body receiving the telemedicine services may, in part, grant privileges to physicians and pra site telemedicine entity based on such hos such staff recommendations may rely on in telemedicine entity. | elemedicine entity, the written agreement entity is a contractor of services to the §482.12(e), furnishes the contracted pital to comply with all applicable ed services, including, but not limited to, bugh (a)(7) of this section with regard ysicians and practitioners providing by of the hospital whose patients are in accordance with §482.22(a)(4) of this actitioners employed by the distant-spital's medical staff recommendations; | N V I F | When telemedicine services a written agreement with the dis The distant site is a cont The distant site furnishe all applicable Medicare (485.635(c)(4)(ii). The originating site mak credentialing and privile CFR 485.616(c)(1)(i) thr Note: For the language of the www.ecfr.gov. If the originating site chooses provider, then the following re The governing body of the credentialing and privile through MS.17.04.01). The governing body of the practitioner based on the provided by the distant services. | Medicare Conditions of Participation pertaining to telemedicine, refer to https:// to use the credentialing and privileging decision of the distant-site telemedicine quirements apply: ne distant site is responsible for having a process that is consistent with the ging requirements in the "Medical Staff" (MS) chapter (Standards MS.17.01.01 ne originating site grants privileges to a distant-site physician or other licensed a originating site's medical staff recommendations, which rely on information site. ses that it is the responsibility of the governing body of the distant-site hospital to meet |
| §482.12(a)(10) TAG: A- | | LD.11.01.01 | The governing b | ody is ultimately accountable for the safety and quality of care, treatment, and |
| (10) Consult directly with the individual assorganization and conduct of the hospital's a minimum, this direct consultation must o calendar year and include discussion of materials of the hospital. | medical staff, or his or her designee. At occur periodically throughout the fiscal or | c h | For rehabilitation and psychia directly with the individual ass nospital's medical staff or with | tric distinct part units in critical access hospitals: The governing body consults igned the responsibility for the organization and conduct of the critical access the individual's designee. At a minimum, this direct consultation occurs periodically |
| governing body, the single multihospital sy directly with the individual responsible for the designee) of each hospital within its system this paragraph (a). | ystem governing body must consult the organized medical staff (or his or her | r s | provided to the critical access single multihospital system go | dar year and includes a discussion of matters related to the quality of medical care hospital's patients. For a multihospital system using a single governing body, the verning body consults directly with the individual responsible for the organized 's designee) of each hospital within its system. |
| governing body, the single multihospital sy directly with the individual responsible for t designee) of each hospital within its system this paragraph (a). §482.12(b) TAG: A- | ystem governing body must consult the organized medical staff (or his or her m in addition to the other requirements of -0057 | r s | provided to the critical access single multihospital system go medical staff (or the individual | hospital's patients. For a multihospital system using a single governing body, the verning body consults directly with the individual responsible for the organized |
| governing body, the single multihospital sy directly with the individual responsible for t designee) of each hospital within its syster this paragraph (a). | ystem governing body must consult the organized medical staff (or his or her m in addition to the other requirements of -0057 | LD.11.01.01 | provided to the critical access single multihospital system go medical staff (or the individual The governing be services. | hospital's patients. For a multihospital system using a single governing body, the verning body consults directly with the individual responsible for the organized 's designee) of each hospital within its system. |
| governing body, the single multihospital sy directly with the individual responsible for the designee) of each hospital within its system this paragraph (a). §482.12(b) TAG: A- §482.12(b) Standard: Chief Executive Office The governing body must appoint a chief executive of the system of the sy | ystem governing body must consult the organized medical staff (or his or her m in addition to the other requirements of -0057 icer executive officer who is responsible for | LD.11.01.01 | provided to the critical access single multihospital system go medical staff (or the individual The governing be services. | hospital's patients. For a multihospital system using a single governing body, the verning body consults directly with the individual responsible for the organized 's designee) of each hospital within its system. |
| governing body, the single multihospital sy directly with the individual responsible for the designee) of each hospital within its systematic paragraph (a). §482.12(b) TAG: A- §482.12(b) Standard: Chief Executive Office The governing body must appoint a chief emanaging the hospital. | ystem governing body must consult the organized medical staff (or his or her m in addition to the other requirements of -0057 icer executive officer who is responsible for -0063 | LD.11.01.01 | provided to the critical access single multihospital system go medical staff (or the individual The governing be services. | hospital's patients. For a multihospital system using a single governing body, the verning body consults directly with the individual responsible for the organized 's designee) of each hospital within its system. |
| governing body, the single multihospital sy directly with the individual responsible for the designee) of each hospital within its systemaths paragraph (a). §482.12(b) TAG: A- §482.12(b) Standard: Chief Executive Office The governing body must appoint a chief emanaging the hospital. §482.12(c) TAG: A- §482.12(c) Standard: Care of Patients In accordance with hospital policy, the governing body must appoint a chief emanaging the hospital. | ystem governing body must consult the organized medical staff (or his or her m in addition to the other requirements of -0057 icer executive officer who is responsible for -0063 | LD.11.01.01 | provided to the critical access single multihospital system go medical staff (or the individual The governing be services. | hospital's patients. For a multihospital system using a single governing body, the verning body consults directly with the individual responsible for the organized 's designee) of each hospital within its system. |

| CFR Number §482.12(c)(1)(i) | Medicare Requirements | 1 | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance | | |
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| §482.12(c)(1)(i) TAG: A-(i) A doctor of medicine or osteopathy. (The | | LD.11.01.0 | The governing be services. | pody is ultimately accountable for the safety and quality of care, treatment, and | | |
| limit the authority of a doctor of medicine of qualified health care personnel to the exte | | EP 7 | | tric distinct part units in critical access hospitals: The governing body makes certain re of the appropriate licensed practitioners. | | |
| regulatory mechanism.); | | MS.16.01.0 | MS.16.01.03 The management and coordination of each patient's care, treatment, and services is the responsibility of a physician or other licensed practitioner with appropriate privileges. | | | |
| | | EP 4 | care of at least one of the folio A doctor of medicine or osteopathy to delegate the state's regulatory mechanisms. A doctor of dental surge who is acting within the A doctor of podiatric mestate to perform A doctor of optometry who is lice but only with respect to demonstrated by x-ray the A clinical psychologist as | osteopathy (This requirement does not limit the authority of a doctor of medicine or tasks to other qualified health care staff to the extent recognized under state law or a anism.) by or dental medicine who is legally authorized to practice dentistry by the state and scope of their license dicine, but only with respect to functions which they are legally authorized by the who is legally authorized to practice optometry by the state in which they practice be sensed by the state or legally authorized to perform the services of a chiropractor, treatment by means of manual manipulation of the spine to correct a subluxation of exist sefined in 42 CFR 410.71, but only with respect to clinical psychologist services as 71 and only to the extent permitted by state law | | |
| §482.12(c)(1)(ii) TAG: A- | | LD.11.01.0 | The governing be services. | pody is ultimately accountable for the safety and quality of care, treatment, and | | |
| dentistry by the State and who is acting wi | edicine who is legally authorized to practice thin the scope of his or her license; | EP 7 | For rehabilitation and psychia | tric distinct part units in critical access hospitals: The governing body makes certain re of the appropriate licensed practitioners. | | |
| | | MS.16.01.0 | | nt and coordination of each patient's care, treatment, and services is the f a physician or other licensed practitioner with appropriate privileges. | | |
| | | EP 4 | care of at least one of the folic A doctor of medicine or osteopathy to delegate the state's regulatory mechanisms. A doctor of dental surge who is acting within the A doctor of podiatric mestate to perform A doctor of optometry who is lice but only with respect to demonstrated by x-ray the A clinical psychologist and defined in 42 CFR 410.7 (See also LD.14.01.03, EP 5) | osteopathy (This requirement does not limit the authority of a doctor of medicine or tasks to other qualified health care staff to the extent recognized under state law or a anism.) by or dental medicine who is legally authorized to practice dentistry by the state and scope of their license dicine, but only with respect to functions which they are legally authorized by the tho is legally authorized to practice optometry by the state in which they practice ensed by the state or legally authorized to perform the services of a chiropractor, treatment by means of manual manipulation of the spine to correct a subluxation o exist s defined in 42 CFR 410.71, but only with respect to clinical psychologist services as 71 and only to the extent permitted by state law | | |
| §482.12(c)(1)(iii) TAG: A- | | LD.11.01.0 | The governing be services. | pody is ultimately accountable for the safety and quality of care, treatment, and | | |
| (iii) A doctor of podiatric medicine, but only is legally authorized by the State to perform | | EP 7 | For rehabilitation and psychia | tric distinct part units in critical access hospitals: The governing body makes certain re of the appropriate licensed practitioners. | | |

| CFR Number §482.12(c)(1)(iii) | Medicare Requirements | 1 | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
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| | | MS.16.01. | | nt and coordination of each patient's care, treatment, and services is the faphysician or other licensed practitioner with appropriate privileges. |
| | | EP 4 | care of at least one of the folic A doctor of medicine or osteopathy to delegate the state's regulatory mechanisms. A doctor of dental surge who is acting within the state to perform A doctor of podiatric mestate to perform A doctor of optometry who is lice but only with respect to the demonstrated by x-ray to a clinical psychologist actions. | osteopathy (This requirement does not limit the authority of a doctor of medicine or casks to other qualified health care staff to the extent recognized under state law or a canism.) ry or dental medicine who is legally authorized to practice dentistry by the state and scope of their license dicine, but only with respect to functions which they are legally authorized by the ho is legally authorized to practice optometry by the state in which they practice ensed by the state or legally authorized to perform the services of a chiropractor, treatment by means of manual manipulation of the spine to correct a subluxation |
| §482.12(c)(1)(iv) TAG: A- | | LD.11.01.0 | The governing b services. | oody is ultimately accountable for the safety and quality of care, treatment, and |
| (iv) A doctor of optometry who is legally au State in which he or she practices; | thorized to practice optometry by the | EP 7 | For rehabilitation and psychia | tric distinct part units in critical access hospitals: The governing body makes certain re of the appropriate licensed practitioners. |
| | | MS.16.01. | | nt and coordination of each patient's care, treatment, and services is the family a physician or other licensed practitioner with appropriate privileges. |
| | | EP 4 | care of at least one of the follo A doctor of medicine or osteopathy to delegate the state's regulatory mechanisms. A doctor of dental surge who is acting within the state to perform. A doctor of podiatric mestate to perform. A doctor of optometry w. A chiropractor who is lictly but only with respect to the demonstrated by x-ray to the A clinical psychologist as | osteopathy (This requirement does not limit the authority of a doctor of medicine or casks to other qualified health care staff to the extent recognized under state law or a anism.) ry or dental medicine who is legally authorized to practice dentistry by the state and scope of their license dicine, but only with respect to functions which they are legally authorized by the ho is legally authorized to practice optometry by the state in which they practice ensed by the state or legally authorized to perform the services of a chiropractor, treatment by means of manual manipulation of the spine to correct a subluxation |
| §482.12(c)(1)(v) TAG: A- | | LD.11.01.0 | The governing b | ody is ultimately accountable for the safety and quality of care, treatment, and |
| (v) A chiropractor who is licensed by the Si services of a chiropractor, but only with res manipulation of the spine to correct a subla and | spect to treatment by means of manual | EP 7 | For rehabilitation and psychia | tric distinct part units in critical access hospitals: The governing body makes certain re of the appropriate licensed practitioners. |

| CFR Number §482.12(c)(1)(v) | Medicare Requirements | | oint Commission Juivalent Number | Joint Commission Standards and Elements of Performance |
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| | | MS.16.01.0 | | nt and coordination of each patient's care, treatment, and services is the faphysician or other licensed practitioner with appropriate privileges. |
| | | EP 4 | care of at least one of the folic A doctor of medicine or osteopathy to delegate the state's regulatory mechanisms. A doctor of dental surge who is acting within the example of the state to perform. A doctor of podiatric mechanisms at the perform. A doctor of optometry with the example of the state to perform. A chiropractor who is like the but only with respect to the demonstrated by x-ray to the state of the st | osteopathy (This requirement does not limit the authority of a doctor of medicine or casks to other qualified health care staff to the extent recognized under state law or a canism.) ry or dental medicine who is legally authorized to practice dentistry by the state and scope of their license dicine, but only with respect to functions which they are legally authorized by the ho is legally authorized to practice optometry by the state in which they practice ensed by the state or legally authorized to perform the services of a chiropractor, treatment by means of manual manipulation of the spine to correct a subluxation |
| §482.12(c)(1)(vi) TAG: A-0 | | LD.11.01.0 | The governing b services. | ody is ultimately accountable for the safety and quality of care, treatment, and |
| (vi) A clinical psychologist as defined in §41 respect to clinical psychologist services as conly to the extent permitted by State law. | | EP 7 | For rehabilitation and psychia | tric distinct part units in critical access hospitals: The governing body makes certain re of the appropriate licensed practitioners. |
| | | MS.16.01.0 | | nt and coordination of each patient's care, treatment, and services is the faphysician or other licensed practitioner with appropriate privileges. |
| | | EP 4 | care of at least one of the folic A doctor of medicine or osteopathy to delegate the state's regulatory mechanisms. A doctor of dental surge who is acting within the search of podiatric means that to perform A doctor of optometry with the search of th | osteopathy (This requirement does not limit the authority of a doctor of medicine or casks to other qualified health care staff to the extent recognized under state law or a canism.) ry or dental medicine who is legally authorized to practice dentistry by the state and scope of their license dicine, but only with respect to functions which they are legally authorized by the ho is legally authorized to practice optometry by the state in which they practice ensed by the state or legally authorized to perform the services of a chiropractor, treatment by means of manual manipulation of the spine to correct a subluxation |
| • ()() | 065, A-0066 | LD.11.01.01 | | ody is ultimately accountable for the safety and quality of care, treatment, and |
| (2) Patients are admitted to the hospital only practitioner permitted by the State to admit patient is admitted by a practitioner not specthat patient is under the care of a doctor of the care of a doctor of the care of a | patients to a hospital. If a Medicare cified in paragraph (c)(1) of this section, | EP 7 | | tric distinct part units in critical access hospitals: The governing body makes certain re of the appropriate licensed practitioners. |

| CFR Number §482.12(c)(2) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|--------------------------|---------------------------------------|--|---|
| | | MS.16.01.0 | | nt and coordination of each patient's care, treatment, and services is the f a physician or other licensed practitioner with appropriate privileges. |
| | | EP 1 | access hospital only on the re | tric distinct part units in critical access hospitals: Patients are admitted to the critical ecommendation of a licensed practitioner permitted by the state to admit patients to a sis admitted by a practitioner not specified in MS.16.01.03, EP 4, that patient is under ne or osteopathy. |
| §482.12(c)(3) TAG: A- | | LD.11.01.0 | The governing services. | pody is ultimately accountable for the safety and quality of care, treatment, and |
| | • | EP 7 | | tric distinct part units in critical access hospitals: The governing body makes certain re of the appropriate licensed practitioners. |
| | | MS.16.01.0 | | nt and coordination of each patient's care, treatment, and services is the f a physician or other licensed practitioner with appropriate privileges. |
| | | EP 2 | For rehabilitation and psychia is on duty or on call at all time | tric distinct part units in critical access hospitals: A doctor of medicine or osteopathy es. |
| §482.12(c)(4) TAG: A- | | LD.11.01.0 | The governing services. | oody is ultimately accountable for the safety and quality of care, treatment, and |
| patient with respect to any medical or psyc | • | EP 7 | | tric distinct part units in critical access hospitals: The governing body makes certain re of the appropriate licensed practitioners. |
| | | MS.16.01.0 | | nt and coordination of each patient's care, treatment, and services is the f a physician or other licensed practitioner with appropriate privileges. |
| | | EP 3 | is responsible for the care of present on admission or deve defined by the medical staff a | tric distinct part units in critical access hospitals: A doctor of medicine or osteopathy each Medicare patient with respect to any medical or psychiatric problem that is slops during hospitalization and is not specifically within the scope of practice, as not in accordance with state law, of a doctor of dental surgery, dental medicine, etry; a chiropractor, as limited under 42 CFR 12(c)(1)(v); or clinical psychologist. |
| §482.12(c)(4)(i) TAG: A-(i) Is present on admission or develops dur | **** | LD.11.01.0 | The governing services. | pody is ultimately accountable for the safety and quality of care, treatment, and |
| (i) is present on admission of develops dur | ing nospitalization, and | EP 7 | | tric distinct part units in critical access hospitals: The governing body makes certain re of the appropriate licensed practitioners. |
| | | MS.16.01.0 | | nt and coordination of each patient's care, treatment, and services is the f a physician or other licensed practitioner with appropriate privileges. |
| | | EP 3 | is responsible for the care of present on admission or deve defined by the medical staff a | tric distinct part units in critical access hospitals: A doctor of medicine or osteopathy each Medicare patient with respect to any medical or psychiatric problem that is clops during hospitalization and is not specifically within the scope of practice, as and in accordance with state law, of a doctor of dental surgery, dental medicine, etry; a chiropractor, as limited under 42 CFR 12(c)(1)(v); or clinical psychologist. |
| §482.12(c)(4)(ii) TAG: A-(ii) Is not specifically within the scope of pro | | LD.11.01.0 | The governing services. | pody is ultimately accountable for the safety and quality of care, treatment, and |
| medicine, podiatric medicine, or optometry as that scope is | | EP 7 | For rehabilitation and psychia | tric distinct part units in critical access hospitals: The governing body makes certain re of the appropriate licensed practitioners. |

| CFR Number §482.12(c)(4)(ii) | Medicare Requirements | I | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|--|-----------|--|--|
| | · | MS.16.01 | | nt and coordination of each patient's care, treatment, and services is the f a physician or other licensed practitioner with appropriate privileges. |
| | | EP 3 | is responsible for the care of present on admission or deve defined by the medical staff a | atric distinct part units in critical access hospitals: A doctor of medicine or osteopathy each Medicare patient with respect to any medical or psychiatric problem that is elops during hospitalization and is not specifically within the scope of practice, as and in accordance with state law, of a doctor of dental surgery, dental medicine, etry; a chiropractor, as limited under 42 CFR 12(c)(1)(v); or clinical psychologist. |
| §482.12(c)(4)(ii)(A) (A) Defined by the medical staff; | TAG: A-0068 | LD.11.01. | .01 The governing services. | body is ultimately accountable for the safety and quality of care, treatment, and |
| (, zemież zy me meżneż etam, | | EP 7 | | atric distinct part units in critical access hospitals: The governing body makes certain are of the appropriate licensed practitioners. |
| | | MS.16.01 | | nt and coordination of each patient's care, treatment, and services is the f a physician or other licensed practitioner with appropriate privileges. |
| | | EP 3 | is responsible for the care of present on admission or deve defined by the medical staff a | atric distinct part units in critical access hospitals: A doctor of medicine or osteopathy each Medicare patient with respect to any medical or psychiatric problem that is elops during hospitalization and is not specifically within the scope of practice, as and in accordance with state law, of a doctor of dental surgery, dental medicine, etry; a chiropractor, as limited under 42 CFR 12(c)(1)(v); or clinical psychologist. |
| · · · · · · · | TAG: A-0068 | LD.11.01. | .01 The governing services. | body is ultimately accountable for the safety and quality of care, treatment, and |
| (B) Permitted by State law; and | | EP 7 | For rehabilitation and psychia | atric distinct part units in critical access hospitals: The governing body makes certain are of the appropriate licensed practitioners. |
| | | MS.16.01 | .03 The manageme | nt and coordination of each patient's care, treatment, and services is the f a physician or other licensed practitioner with appropriate privileges. |
| | | EP 3 | is responsible for the care of present on admission or deve defined by the medical staff a | atric distinct part units in critical access hospitals: A doctor of medicine or osteopathy each Medicare patient with respect to any medical or psychiatric problem that is elops during hospitalization and is not specifically within the scope of practice, as and in accordance with state law, of a doctor of dental surgery, dental medicine, etry; a chiropractor, as limited under 42 CFR 12(c)(1)(v); or clinical psychologist. |
| 0 · (-// // //-/ | TAG: A-0068 (v) of this section, with respect to chiropractors. | LD.11.01. | .01 The governing services. | body is ultimately accountable for the safety and quality of care, treatment, and |
| (C) Limited, under paragraph (C)(1 |)(v) of this section, with respect to chiropractors. | EP 7 | For rehabilitation and psychia | atric distinct part units in critical access hospitals: The governing body makes certain are of the appropriate licensed practitioners. |
| | | MS.16.01 | | nt and coordination of each patient's care, treatment, and services is the f a physician or other licensed practitioner with appropriate privileges. |
| | | EP 3 | is responsible for the care of present on admission or deve defined by the medical staff a | atric distinct part units in critical access hospitals: A doctor of medicine or osteopathy each Medicare patient with respect to any medical or psychiatric problem that is elops during hospitalization and is not specifically within the scope of practice, as and in accordance with state law, of a doctor of dental surgery, dental medicine, etry; a chiropractor, as limited under 42 CFR 12(c)(1)(v); or clinical psychologist. |
| §482.12(d) | TAG: A-0073 | | | |
| §482.12(d) Standard: Institutional | Plan and Budget | 7 | | |
| The institution must have an overa conditions: | all institutional plan that meets the following | | | |

| CFR Number §482.12(d)(1) | Medicare Requirements | | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|--|---|--|
| §482.12(d)(1) TAG: A-(1) The plan must include an annual opera | | LD.13.01.0 | | n and psychiatric distinct part units in critical access hospitals: The leaders ual operating budget and, when needed, a long-term capital expenditure plan. |
| generally accepted accounting principles. | | overall institutional plan that m • The plan includes an and principles and that has a identify item by item the | | nual operating budget that is prepared according to generally accepted accounting all anticipated income and expenses. This provision does not require that the budget components of each anticipated income or expense. pital expenditures for at least a 3-year period, including the year in which the |
| §482.12(d)(2) TAG: A- | | LD.13.01.0 | | n and psychiatric distinct part units in critical access hospitals: The leaders |
| (2) The budget must include all anticipated income and expenses. This provision does not require that the budget identify item by item the components of each anticipated income or expense. | | EP 1 | develop an annual operating budget and, when needed, a long-term capita For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical accoverall institutional plan that meets the following conditions: The plan includes an annual operating budget that is prepared according to generally a principles and that has all anticipated income and expenses. This provision does not reidentify item by item the components of each anticipated income or expense. The plan provides for capital expenditures for at least a 3-year period, including the ye operating budget is applicable. | |
| §482.12(d)(3) TAG: A- | 0073 | LD.13.01.0 | | n and psychiatric distinct part units in critical access hospitals: The leaders |
| (3) The plan must provide for capital expenditures for at least a 3-year period, including the year in which the operating budget specified in paragraph (d)(2) of this section is applicable. | | EP 1 | For rehabilitation and psychia overall institutional plan that m The plan includes an an principles and that has a identify item by item the | nual operating budget that is prepared according to generally accepted accounting all anticipated income and expenses. This provision does not require that the budget components of each anticipated income or expense. pital expenditures for at least a 3-year period, including the year in which the |
| §482.12(d)(4) TAG: A- | | LD.13.01.0 | | n and psychiatric distinct part units in critical access hospitals: The leaders |
| (4) The plan must include and identify in disources of financing for, each anticipated (or a lesser amount that is established, in a Act, by the State in which the hospital is lo | capital expenditure in excess of \$600,000 accordance with section 1122(g)(1) of the | EP 2 | For rehabilitation and psychia and identifies in detail the obje expenditure in excess of \$600 of the Social Security Act [42 relates to any of the following: • Acquisition of land • Improvement of land, but | |
| §482.12(d)(4)(i) TAG: A- | 0073 | LD.13.01.0 | | n and psychiatric distinct part units in critical access hospitals: The leaders |
| (i) Acquisition of land; | | EP 2 | For rehabilitation and psychia and identifies in detail the obje expenditure in excess of \$600 of the Social Security Act [42 relates to any of the following: • Acquisition of land • Improvement of land, but | |

| CFR Number §482.12(d)(4)(ii) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|--|---|---------------------------------------|---|--|
| §482.12(d)(4)(ii) | TAG: A-0073 | LD.13.01.0 | | n and psychiatric distinct part units in critical access hospitals: The leaders ual operating budget and, when needed, a long-term capital expenditure plan. |
| (ii) Improvement of land, buildings, and equipment; or | | EP 2 | For rehabilitation and psychia and identifies in detail the obje expenditure in excess of \$600 of the Social Security Act [42 relates to any of the following: • Acquisition of land • Improvement of land, but | tric distinct part units in critical access hospitals: The institutional plan includes ective of, and the anticipated sources of financing for, each anticipated capital ,,000 (or a lesser amount that is established, in accordance with section 1122(g)(1) U.S.C. 1320a–1], by the state in which the critical access hospital is located) that |
| §482.12(d)(4)(iii) | TAG: A-0073 ation, and expansion of buildings and equipment. | LD.13.01.0 | | n and psychiatric distinct part units in critical access hospitals: The leaders all operating budget and, when needed, a long-term capital expenditure plan. |
| | | EP 2 | and identifies in detail the obje expenditure in excess of \$600 of the Social Security Act [42 relates to any of the following: | |
| §482.12(d)(5) | TAG: A-0074, A-0075 for review to the planning agency designated in | LD.13.01.0 | | n and psychiatric distinct part units in critical access hospitals: The leaders all operating budget and, when needed, a long-term capital expenditure plan. |
| accordance with section 1122(b) the appropriate health planning capital expenditure is not subject care facility's patients who are expenditure is made are individu (HMO) or competitive medical planting in the Defor services and facilities that are | o) of the Act, or if an agency is not designated, to agency in the State. (See part 100 of this title.) A ct to section 1122 review if 75 percent of the health expected to use the service for which the capital uals enrolled in a health maintenance organization plan (CMP) that meets the requirements of section expartment determines that the capital expenditure is the needed by the HMO or CMP in order to operate it that are not otherwise readily accessible to the | EP 4 | for review to the planning age U.S.C. 1320a–1(b)), or if an a capital expenditure is not subjare expected to use the servic maintenance organization (HN 1876(b) of the Social Security Services determines that the in order to operate efficiently a because of one of the followin The facilities do not prov The facilities are not ava Full and equal medical s Arrangements with these | tric distinct part units in critical access hospitals: The institutional plan is submitted ncy designated in accordance with section 1122(b) of the Social Security Act (42 gency is not designated, to the appropriate health planning agency in the state. A ect to section 1122 review if 75 percent of the health care facility's patients who are for which the capital expenditure is made are individuals enrolled in a health and O) or competitive medical plan (CMP) that meets the requirements of section Act (42 U.S.C. 1395mm(b)), and if the US Department of Health and Human capital expenditure is for services and facilities that are needed by the HMO or CMP and economically and that are not otherwise readily accessible to the HMO or CMP are common services at the same site. Aliable under a contract of reasonable duration. Staff privileges in the facilities are not available. The effective services directly. |

| CFR Number §482.12(d)(5)(i) | Medicare Requireme | nts | t Commission valent Number | Joint Commission Standards and Elements of Performance |
|-------------------------------------|---|--|---|---|
| §482.12(d)(5)(i) | TAG: A-0075 common services at the same site; | LD.13.01.05 | | on and psychiatric distinct part units in critical access hospitals: The leaders ual operating budget and, when needed, a long-term capital expenditure plan. |
| () The facilities do not provide | common services at the same site, | fo U. ca ar m. 18 Se in | r review to the planning age S.C. 1320a–1(b)), or if an a pital expenditure is not sub e expected to use the servical antenance organization (HI 876(b) of the Social Security ervices determines that the order to operate efficiently ecause of one of the followine. The facilities do not prove The facilities are not avairable. Arrangements with thes | attric distinct part units in critical access hospitals: The institutional plan is submitted ency designated in accordance with section 1122(b) of the Social Security Act (42 agency is not designated, to the appropriate health planning agency in the state. A ject to section 1122 review if 75 percent of the health care facility's patients who ce for which the capital expenditure is made are individuals enrolled in a health MO) or competitive medical plan (CMP) that meets the requirements of section Act (42 U.S.C. 1395mm(b)), and if the US Department of Health and Human capital expenditure is for services and facilities that are needed by the HMO or CMP and economically and that are not otherwise readily accessible to the HMO or CMP and: Wide common services at the same site. Bailable under a contract of reasonable duration. Staff privileges in the facilities are not available. Be facilities are not administratively feasible. Beservices is more costly than if the HMO or CMP provided the services directly. |
| §482.12(d)(5)(ii) | TAG: A-0075 ble under a contract of reasonable duration: | LD.13.01.05 | | on and psychiatric distinct part units in critical access hospitals: The leaders ual operating budget and, when needed, a long-term capital expenditure plan. |
| () The resultings are not available | and a domination of reasonable duration, | fo U. ca ar m. 18 Se in | r review to the planning age S.C. 1320a–1(b)), or if an a pital expenditure is not subset expected to use the serviciantenance organization (HI 876(b) of the Social Security ervices determines that the order to operate efficiently exause of one of the followine. The facilities do not proten that the order to proten the facilities are not averaged. Full and equal medical security and the followine that the facilities are not averaged. | attric distinct part units in critical access hospitals: The institutional plan is submitted ency designated in accordance with section 1122(b) of the Social Security Act (42 agency is not designated, to the appropriate health planning agency in the state. A ject to section 1122 review if 75 percent of the health care facility's patients who ce for which the capital expenditure is made are individuals enrolled in a health MO) or competitive medical plan (CMP) that meets the requirements of section Act (42 U.S.C. 1395mm(b)), and if the US Department of Health and Human capital expenditure is for services and facilities that are needed by the HMO or CMP and economically and that are not otherwise readily accessible to the HMO or CMP and common services at the same site. Table 1 accessible to the HMO or CMP in the Implication of the facilities are not available. The facilities are not administratively feasible. The institutional plan is submitted to each of the Social Security Act (42 accessible to the submitted the services directly. |

| CFR Number §482.12(d)(5)(iii) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|----------------------------------|--|---|---|---|
| 0 · (·/(·// / | TAG: A-0075 vileges in the facilities are not available: | LD.13.01.05 | | on and psychiatric distinct part units in critical access hospitals: The leaders ual operating budget and, when needed, a long-term capital expenditure plan. |
| (m) i an and oqual modesa otan p | | for re U.S.(capit are e main 1876 Serv in ord beca | eview to the planning age C. 1320a–1(b)), or if an a land expenditure is not sub expected to use the service tenance organization (HI (b) of the Social Security ces determines that the der to operate efficiently suse of one of the following The facilities do not provide the provided of the facilities are not available. Arrangements with thes | tric distinct part units in critical access hospitals: The institutional plan is submitted ency designated in accordance with section 1122(b) of the Social Security Act (42 agency is not designated, to the appropriate health planning agency in the state. A ject to section 1122 review if 75 percent of the health care facility's patients who ce for which the capital expenditure is made are individuals enrolled in a health MO) or competitive medical plan (CMP) that meets the requirements of section Act (42 U.S.C. 1395mm(b)), and if the US Department of Health and Human capital expenditure is for services and facilities that are needed by the HMO or CMP and economically and that are not otherwise readily accessible to the HMO or CMP and common services at the same site. aliable under a contract of reasonable duration. staff privileges in the facilities are not available. Services is more costly than if the HMO or CMP provided the services directly. |
| 0 · (·/(·/(/ | TAG: A-0075 ties are not administratively feasible; or | LD.13.01.05 | | on and psychiatric distinct part units in critical access hospitals: The leaders ual operating budget and, when needed, a long-term capital expenditure plan. |
| | and the dammentatively leadible, of | for re U.S.0 capit are e main 1876 Serv in ore beca | eview to the planning age C. 1320a–1(b)), or if an a all expenditure is not sub expected to use the servictenance organization (HI (b) of the Social Security ces determines that the dust of one of the following the facilities are not available. Arrangements with thes | attric distinct part units in critical access hospitals: The institutional plan is submitted ency designated in accordance with section 1122(b) of the Social Security Act (42 agency is not designated, to the appropriate health planning agency in the state. A ject to section 1122 review if 75 percent of the health care facility's patients who ce for which the capital expenditure is made are individuals enrolled in a health MO) or competitive medical plan (CMP) that meets the requirements of section Act (42 U.S.C. 1395mm(b)), and if the US Department of Health and Human capital expenditure is for services and facilities that are needed by the HMO or CMP and economically and that are not otherwise readily accessible to the HMO or CMP ng: Vide common services at the same site. Caliable under a contract of reasonable duration. Staff privileges in the facilities are not available. The institutional plan is submitted that it is submitted. |

| CFR Number §482.12(d)(5)(v) | Medicare Requirements | | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance | | |
|---|---------------------------------------|------------|--|--|--|--|
| §482.12(d)(5)(v) TAG: A- | | LD.13.01.0 | | n and psychiatric distinct part units in critical access hospitals: The leaders ual operating budget and, when needed, a long-term capital expenditure plan. | | |
| (v) The purchase of these services is more costly than if the HMO or CMP provided the services directly. | | EP 4 | | | | |
| §482.12(d)(6) TAG: A- | | LD.13.01.0 | | n and psychiatric distinct part units in critical access hospitals: The leaders | | |
| (6) The plan must be reviewed and update | d annually | EP 3 | For rehabilitation and psychia by representatives of the critic | tric distinct part units in critical access hospitals: The institutional plan is prepared cal access hospital's governing body, the administrative staff, and the medical staff erning body. The institutional plan is reviewed and updated annually. | | |
| §482.12(d)(7) TAG: A- | 0077 | | | | | |
| (7) The plan must be prepared | | | | | | |
| §482.12(d)(7)(i) TAG: A- | | LD.13.01.0 | | n and psychiatric distinct part units in critical access hospitals: The leaders ual operating budget and, when needed, a long-term capital expenditure plan. | | |
| (i) Under the direction of the governing boo | ay; and | EP 3 | For rehabilitation and psychia by representatives of the critic | tric distinct part units in critical access hospitals: The institutional plan is prepared cal access hospital's governing body, the administrative staff, and the medical staff erning body. The institutional plan is reviewed and updated annually. | | |
| §482.12(d)(7)(ii) TAG: A- (ii) By a committee consisting of represent | | LD.13.01.0 | | n and psychiatric distinct part units in critical access hospitals: The leaders all operating budget and, when needed, a long-term capital expenditure plan. | | |
| administrative staff, and the medical staff of | | EP 3 | by representatives of the critic | tric distinct part units in critical access hospitals: The institutional plan is prepared cal access hospital's governing body, the administrative staff, and the medical staff erning body. The institutional plan is reviewed and updated annually. | | |
| §482.12(e) TAG: A- | | LD.13.03.0 | Care, treatment, effectively. | and services provided through contractual agreement are provided safely and | | |
| §482.12(e) Standard: Contracted Services The governing body must be responsible f | or services furnished in the hospital | EP 1 | The critical access hospital m | aintains a current list of all patient care services provided under contract, The list describes nature and scope of services provided. | | |
| whether or not they are furnished under contracts. The governing body must ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the contracted services. | | EP 2 | services. The governing body to address issues pertaining t Note: For rehabilitation and po- certain that a contractor of se permit the critical access hosp | sible for all services provided in the critical access hospital, including contracted assesses that services are provided in a safe and effective manner and takes action o quality and performance. sychiatric distinct part units in critical access hospitals: The governing body makes rvices (including one for shared services and joint ventures) provides services that bital to that comply with applicable Centers for Medicare & Medicaid Services (CMS) d standards for contract services. | | |

| CFR Numbe §482.12(e)(| | Medicare Requirements | - | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|------------------|--|------------|-------------------------------------|---|
| §482.12(e)(1) | TAG: A | | LD.13.03.0 | Care, treatment effectively. | , and services provided through contractual agreement are provided safely and |
| (1) The governing body must ensure that the services performed under a contract are provided in a safe and effective manner. | | The governing body is responsible for all services provided in the critical access hospital, including c services. The governing body assesses that services are provided in a safe and effective manner and to address issues pertaining to quality and performance. Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: The governing be certain that a contractor of services (including one for shared services and joint ventures) provides sepermit the critical access hospital to that comply with applicable Centers for Medicare & Medicaid Seconditions of Participation and standards for contract services. | | | |
| §482.12(e)(2) | TAG: A | | LD.13.03.0 | Care, treatment effectively. | , and services provided through contractual agreement are provided safely and |
| and nature of the services | | contracted services, including the scope | EP 1 | The critical access hospital m | naintains a current list of all patient care services provided under contract, The list describes nature and scope of services provided. |
| §482.12(f) | TAG: A | -0091 | | | |
| §482.12(f) Standard: Emer | gency Services | |] | | |
| §482.12(f)(1) | TAG: A | -0092 | LD.13.03.0 | 1 The critical acco | ess hospital provides services that meet patient needs. |
| (1) If emergency services a the requirements of §482.5 | | the hospital, the hospital must comply with | EP 8 | | atric distinct part units in critical access hospitals: If emergency services are provided the critical access hospital complies with the requirements of 42 CFR 482.55. |
| §482.12(f)(2) | TAG: A | | LD.11.01.0 | The governing I services. | body is ultimately accountable for the safety and quality of care, treatment, and |
| | ff has written p | d at the hospital, the governing body must colicies and procedures for appraisal of l when appropriate. | EP 2 | The governing body does the | asible for the effective operation of the grievance process grievances, unless it delegates responsibility in writing to a grievance committee atric distinct part units in critical access hospitals: The governing body also does the name with state law, which categories of practitioners are eligible candidates for lical staff after considering the recommendations of the existing members of |

| CFR Numl §482.12(f) | | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | |
|---|--|--|---------------------------------------|---------------------------------|---|--|
| §482.12(f)(3) | TAG: A-0 | | LD.11.01.01 | The governing b | oody is ultimately accountable for the safety and quality of care, treatment, and | |
| or more off-campus depa must assure that the med respect to the off-campus when appropriate. | If emergency services are provided at the hospital but are not provided at one more off-campus departments of the hospital, the governing body of the hospital ust assure that the medical staff has written policies and procedures in effect with spect to the off-campus department(s) for appraisal of emergencies and referral nen appropriate. | | | | | |
| §482.13 | TAG: A-0 | | RI.11.01.01 | | ess hospital respects, protects, and promotes patient rights. | |
| §482.13 Condition of Par A hospital must protect a | • | - | EP 1 | The critical access hospital de | evelops and implements written policies to protect and promote patient rights. | |
| §482.13(a) | TAG: A-0 | 116 | | , | | |
| §482.13(a) Standard: Not | tice of Rights | | | | | |
| §482.13(a)(1) | TAG: A-0 | 117 | RI.11.01.01 | The critical acce | ess hospital respects, protects, and promotes patient rights. | |
| | d under State law) | when appropriate, the patient's , of the patient's rights, in advance of never possible. | I . | | forms each patient, or when appropriate, the patient's representative (as allowed, t's rights in advance of providing or discontinuing care, treatment, or services | |

| CFR Number §482.13(a)(2) | | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|--|---|--|---|--|--|
| and must inform each patien governing body must approv | ish a process to the whom to corve and be resp | | LD.11.01.01 EP 2 | services. The governing body does the • Approves and is response | following: sible for the effective operation of the grievance process rievances, unless it delegates responsibility in writing to a grievance committee |
| governing body must approve and be responsible for the effective operation of the grievance process and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee. The grievance process must include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization. At a minimum: | | | Reviews and resolves grievances, unless it delegates responsibility in writing to a grievance For rehabilitation and psychiatric distinct part units in critical access hospitals: The governing be following: Determines, in accordance with state law, which categories of practitioners are eligible car appointment to the medical staff Appoints members of the medical staff after considering the recommendations of the exist the medical staff Makes certain that the medical staff has bylaws Approves medical staff bylaws and other medical staff rules and regulations Makes certain that the medical staff is accountable to the governing body for the quality of patients Makes certain that the criteria for selection to the medical staff are based on individual characompetence, training, experience, and judgment Makes certain that under no circumstances is the accordance of staff membership or profein the critical access hospital dependent solely upon certification, fellowship, or membersh body or society Makes certain that the medical staff develops and implements written policies and procedulof emergencies, initial treatment, and referral of patients at the locations without emergency emergency services are not provided at the critical access hospital, or are provided at the hospital but not at one or more off-campus locations | | |
| | | | RI.14.01.01 | The patient and hospital. | their family have the right to have grievances reviewed by the critical access |
| | | | | | vances includes a mechanism for timely referral of patient concerns regarding ischarge to the appropriate Utilization and Quality Control Quality Improvement |
| | | | | grievances. The policies clear | evelops and implements policies and procedures for the prompt resolution of patient ly explain the procedure for patients to submit written or verbal grievances and iew of and response to the grievance. |
| §482.13(a)(2)(i) | TAG: A- | 0121 plained procedure for the submission of a | RI.14.01.01 | The patient and hospital. | their family have the right to have grievances reviewed by the critical access |
| patient's written or verbal gri | | | EP 2 | grievances. The policies clear | evelops and implements policies and procedures for the prompt resolution of patient rely explain the procedure for patients to submit written or verbal grievances and iew of and response to the grievance. |
| §482.13(a)(2)(ii) | TAG: A- | 0122 ne frames for review of the grievance and | RI.14.01.01 | The patient and hospital. | their family have the right to have grievances reviewed by the critical access |
| the provision of a response. | .ast opoony till | is named to remain or the grievarioe and | EP 2 | grievances. The policies clear | evelops and implements policies and procedures for the prompt resolution of patient ly explain the procedure for patients to submit written or verbal grievances and iew of and response to the grievance. |

| CFR Number §482.13(a)(2)(iii) | Medicare Requirements | | pint Commission Juivalent Number | Joint Commission Standards and Elements of Performance | |
|--|--|-------------------------|--|--|--|
| §482.13(a)(2)(iii) TAG: A | | RI.14.01.01 | The patient and hospital. | their family have the right to have grievances reviewed by the critical access | |
| written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion. | | EP 3 | the critical access hospital provides the patient with a written notice of its decision, ess hospital contact person f the individual to investigate the grievances e grievance process | | |
| §482.13(b) TAG: A | A-0129 |] | | | |
| §482.13(b) Standard: Exercise of Rights | | | | | |
| §482.13(b)(1) TAG: A | | PC.11.03.0 ⁻ | | ess hospital plans the patient's care. | |
| (1) The patient has the right to participate his or her plan of care. | e in the development and implementation of | | | volves the patient in the development and implementation of their plan of care. al access hospitals: The resident has the right to be informed, in advance, of changes | |
| §482.13(b)(2) TAG: A | A-0131 | RI.12.01.01 | | ess hospital respects the patient's right to participate in decisions about | |
| right to make informed decisions regarding | The patient or his or her representative (as allowed under State law) has the to make informed decisions regarding his or her care. The patient's rights clude being informed of his or her health status, being involved in care planning | | their care, treatment, and services. Note: This right is not to be construed as a to demand the provision of treatment or services deemed medically unnecessa inappropriate. | | |
| and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate. | | | decisions regarding their care care planning and treatment, | ative (as allowed, in accordance with state law) has the right to make informed. The patient's rights include being informed of their health status, being involved in and being able to request or refuse treatment. This does not mean the patient has sion of treatment or services deemed medically unnecessary or inappropriate. | |
| §482.13(b)(3) TAG: A (3) The patient has the right to formulate staff and practitioners who provide care i in accordance with §489.100 of this part | advance directives and to have hospital n the hospital comply with these directives, | RI.12.01.01 | their care, treatr | ess hospital respects the patient's right to participate in decisions about ment, and services. Note: This right is not to be construed as a mechanism provision of treatment or services deemed medically unnecessary or | |
| (Requirements for providers), and §489. | | | the patient's right to formulate regulation. | s who provide care, treatment, or services in the critical access hospital honor advance directives and comply with these directives, in accordance with law and udes, at a minimum, 42 CFR 489.100, 489.102, and 489.104. | |
| §482.13(b)(4) TAG: A | A-0133 | RI.12.01.01 | | ess hospital respects the patient's right to participate in decisions about | |
| | mily member or representative of his or her ried promptly of his or her admission to the | | | ement, and services. Note: This right is not to be construed as a mechanism provision of treatment or services deemed medically unnecessary or | |
| | | | other licensed practitioner not promptly notifies the identified Note: The patient is informed, established primary care pract as all applicable post—acute of documenting a patient's refus inpatient unit, or discharge or | sks the patient whether they want a family member, representative, or physician or ified of their admission to the critical access hospital. The critical access hospital I individual(s). prior to the notification occurring, of any process to automatically notify the patient's titioner, primary care practice group/entity, or other practitioner group/entity, as well are service providers and suppliers. The critical access hospital has a process for all to permit notification of registration to the emergency department, admission to an transfer from the emergency department or inpatient unit. Notifications with primary are in accordance with all applicable federal and state laws and regulations. | |
| §482.13(c) TAG: A | A-0142 | | | | |
| §482.13(c) Standard: Privacy and Safety | |] | | | |

| CFR Number §482.13(c)(1) | Medicare Requirements | | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|------------------------|------------|--|---|
| §482.13(c)(1) TAG: | A-0143 | RI.11.01.0 | 1 The critical acco | ess hospital respects, protects, and promotes patient rights. |
| (1) The patient has the right to personal privacy. | | EP 5 | Note 1: This element of perfo of a patient's health information Note 2: For swing beds in crit written and telephone commu | espects the patient's right to personal privacy. rmance (EP) addresses a patient's personal privacy. For EPs addressing the privacy on, refer to Standard IM.12.01.01. ical access hospitals: Personal privacy includes accommodations, medical treatment, unications, personal care, visits, and meetings of family and resident groups, but this provide a private room for each resident. |
| §482.13(c)(2) TAG: | A-0144 | NPG.08.01 | | ess hospital reduces the risk for suicide. Note: EPs 2-7 apply to patients in |
| (2) The patient has the right to receive of | are in a safe setting. | | for behavioral h | inct part units in critical access hospitals or patients being evaluated or treated ealth conditions as their primary reason for care in critical access hospitals. In -7 apply to all patients who express suicidal ideation during the course of care. |
| | | EP 1 | environmental risk assessme suicide; the critical access ho points, door hinges, and hook For nonpsychiatric units in cri of suicide for patients at high self-harm if they can be remo into a room by visitors, and us access hospital. Note: Nonpsychiatric units in facilities should routinely asset those objects, when possible, information can be used for tr staff remember which equipm | nits in critical access hospitals: The critical access hospital conducts an int that identifies features in the physical environment that could be used to attempt spital takes necessary action to minimize the risk(s) (for example, removal of anchor its that can be used for hanging). It is to establish the critical access hospitals: The organization implements procedures to mitigate the risk risk for suicide, such as one-to-one monitoring, removing objects that pose a risk for ved without adversely affecting the patient's medical care, assessing objects brought sing safe transportation procedures when moving patients to other parts of the critical critical access hospitals do not need to be ligature resistant. Nevertheless, these less clinical areas to identify objects that could be used for self-harm and remove, from the area around a patient who has been identified as high risk for suicide. This raining staff who monitor high-risk patients (for example, developing checklists to help then the should be removed when possible). |
| | | EP 2 | behavioral health conditions a | creens all patients for suicidal ideation who are being evaluated or treated for as their primary reason for care using a validated screening tool. Items screening for suicidal ideation using a validated tool starting at age 12 and |
| | | EP 3 | have screened positive for su suicidal or self-harm behavior Note: EPs 2 and 3 can be sat | ses an evidence-based process to conduct a suicide assessment of patients who icidal ideation. The assessment directly asks about suicidal ideation, plan, intent, is, risk factors, and protective factors. isfied through the use of a single process or instrument that simultaneously screens and assesses the severity of suicidal ideation. |
| | | EP 4 | The critical access hospital de suicide. | ocuments patients' overall level of risk for suicide and the plan to mitigate the risk for |
| | | EP 5 | risk for suicide. At a minimum Training and competend Guidelines for reassess | Illows written policies and procedures addressing the care of patients identified as at the third that the following: the assessment of staff who care for patients at risk for suicide ment are at high risk for suicide |
| | | EP 7 | • | nonitors implementation and effectiveness of policies and procedures for screening, nt of patients at risk for suicide and takes action as needed to improve compliance. |
| | | RI.11.01.0 | | ess hospital respects, protects, and promotes patient rights. |
| | | EP 3 | The patient has the right to re | |

| CFR Number §482.13(c)(3) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|--|---|---------------------------------------|--|--|
| §482.13(c)(3) TAG: A-C (3) The patient has the right to be free from | | RI.13.01.01 | The patient has physical, and se | the right to be free from harassment, neglect, exploitation, and verbal, mental, xual abuse. |
| (c) The patient has the right to be not not all forms of about of hardening. | | EP 1 | involuntary seclusion, and ver care, treatment, and services. | otects the patient from harassment, neglect, exploitation, corporal punishment, bal, mental, sexual, or physical abuse that could occur while the patient is receiving ess hospitals: The critical access hospital also protects the resident from |
| §482.13(d) TAG: A-0 | 0146 | 1 | | |
| §482.13(d) Standard: Confidentiality of Pati | ent Records |] | | |
| §482.13(d)(1) TAG: A-0 |)147 | IM.12.01.01 | The critical acce | ss hospital protects the privacy and confidentiality of health information. |
| (1) The patient has the right to the confiden | tiality of his or her clinical records. | EP 1 | confidentiality of health inform | evelops and implements policies and procedures addressing the privacy and ation. all access hospitals: Policies and procedures also address the resident's personal |
| §482.13(d)(2) TAG: A-0 | 0148 | RI.11.01.01 | The critical acce | ss hospital respects, protects, and promotes patient rights. |
| (2) The patient has the right to access their medical records, including current medical records, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such medical records are maintained electronically); or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, and within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits. | | | available). If electronic is unaversely the critical access hospital individuals to gain access to the | ords, in the form and format requested (including in electronic form or format when vailable, the medical record is provided in hard copy or another form agreed to and patient. The critical access hospital does not impede the legitimate efforts of neir own medical records and fulfills these electronic or hard-copy requests within a , as quickly as its recordkeeping system permits). |
| §482.13(e) TAG: A-0 | 0154 | PC.13.02.0 ⁻ | | ss hospital uses restraint or seclusion only when it can be clinically justified |
| §482.13(e) Standard: Restraint or seclusion | n. | | | ed by patient behavior that threatens the physical safety of the patient, staff, See Glossary for the definitions of restraint and seclusion. |
| All patients have the right to be free from pl punishment. All patients have the right to be form, imposed as a means of coercion, disc staff. Restraint or seclusion may only be im | e free from restraint or seclusion, of any cipline, convenience, or retaliation by posed to ensure the immediate physical | EP 1 | convenience, or staff retaliation patient, staff, or others when le | bes not use restraint or seclusion of any form as a means of coercion, discipline, on. Restraint or seclusion is only used to protect the immediate physical safety of the ess restrictive interventions have been ineffective and is discontinued at the earliest le length of time specified in the order. |
| safety of the patient, a staff member, or oth earliest possible time. | ers and must be discontinued at the | RI.13.01.01 | The patient has physical, and se | the right to be free from harassment, neglect, exploitation, and verbal, mental, xual abuse. |
| | | EP 1 | involuntary seclusion, and ver care, treatment, and services. | otects the patient from harassment, neglect, exploitation, corporal punishment, bal, mental, sexual, or physical abuse that could occur while the patient is receiving as hospitals: The critical access hospital also protects the resident from |
| §482.13(e)(1) TAG: A-0 | 0159 | 1 | | |
| (1) Definitions. | |] | | |
| §482.13(e)(1)(i) TAG: A-0 | 0159 | 1 | | |
| (i) A restraint is— | |] | | |

| CFR Number §482.13(e)(1)(i)(A) | Medicare Requirements | _ | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|---|--|---|---|--|
| §482.13(e)(1)(i)(A) TAG: A-(A) Any manual method, physical or mech immobilizes or reduces the ability of a pati | | or when wa | | cess hospital uses restraint or seclusion only when it can be clinically justified nted by patient behavior that threatens the physical safety of the patient, staff, e: See Glossary for the definitions of restraint and seclusion. |
| head freely; or | | The critical access hospital restraint policies are followed when any manual method, phydevice, material, or equipment that immobilizes or reduces the ability of a patient to move body, or head freely; or when a drug or medication is used as a restriction to manage the restrict the patient's freedom of movement and is not a standard treatment or dosage for Note: A restraint does not include devices, such as orthopedically prescribed devices, such as pandages, protective helmets, or other methods that involve the physical holding of a patient to participate in activities without the risk of physical harm (this does not include | | ent that immobilizes or reduces the ability of a patient to move his or her arms, legs, in a drug or medication is used as a restriction to manage the patient's behavior or in of movement and is not a standard treatment or dosage for the patient's condition. Include devices, such as orthopedically prescribed devices, surgical dressings or its, or other methods that involve the physical holding of a patient for the purpose of examinations or tests, or to protect the patient from falling out of bed, or to permit the |
| \$482.13(e)(1)(i)(B) TAG: A- (B) A drug or medication when it is used a | s a restriction to manage the patient's | PC.13.02.0 | or when warra | cess hospital uses restraint or seclusion only when it can be clinically justified nted by patient behavior that threatens the physical safety of the patient, staff, es: See Glossary for the definitions of restraint and seclusion. |
| behavior or restrict the patient's freedom of treatment or dosage for the patient's cond | | EP 4 | The critical access hospital device, material, or equipm body, or head freely; or whe restrict the patient's freedor Note: A restraint does not in bandages, protective helme conducting routine physical | restraint policies are followed when any manual method, physical or mechanical ent that immobilizes or reduces the ability of a patient to move his or her arms, legs, in a drug or medication is used as a restriction to manage the patient's behavior or no form of movement and is not a standard treatment or dosage for the patient's condition. Include devices, such as orthopedically prescribed devices, surgical dressings or ts, or other methods that involve the physical holding of a patient for the purpose of examinations or tests, or to protect the patient from falling out of bed, or to permit the rities without the risk of physical harm (this does not include a physical escort). |
| §482.13(e)(1)(i)(C) TAG: A- (C) A restraint does not include devices, s surgical dressings or bandages, protective | uch as orthopedically prescribed devices, | PC.13.02.0 | or when warra | cess hospital uses restraint or seclusion only when it can be clinically justified nted by patient behavior that threatens the physical safety of the patient, staff, e: See Glossary for the definitions of restraint and seclusion. |
| the physical holding of a patient for the pu examinations or tests, or to protect the pat the patient to participate in activities witho include a physical escort). | rpose of conducting routine physical tient from falling out of bed, or to permit | EP 4 | device, material, or equipmody, or head freely; or who restrict the patient's freedor Note: A restraint does not in bandages, protective helme conducting routine physical | restraint policies are followed when any manual method, physical or mechanical ent that immobilizes or reduces the ability of a patient to move his or her arms, legs, in a drug or medication is used as a restriction to manage the patient's behavior or no followed movement and is not a standard treatment or dosage for the patient's condition. Include devices, such as orthopedically prescribed devices, surgical dressings or its, or other methods that involve the physical holding of a patient for the purpose of examinations or tests, or to protect the patient from falling out of bed, or to permit the rities without the risk of physical harm (this does not include a physical escort). |
| §482.13(e)(1)(ii) TAG: A | | PC.13.02.0 | | cess hospital uses restraint or seclusion only when it can be clinically justified nted by patient behavior that threatens the physical safety of the patient, staff, |
| which the patient is physically prevented fi | nt of a patient alone in a room or area from rom leaving. Seclusion may only be used | | | e: See Glossary for the definitions of restraint and seclusion. |
| for the management of violent or self-destructive behavior. | | or area from which the | | seclusion policies are followed when a patient is involuntarily confined alone in a room ent is physically prevented from leaving. If for the management of violent or self-destructive behavior. |
| | ed when less restrictive interventions have | PC.13.02.0 | or when warra | cess hospital uses restraint or seclusion only when it can be clinically justified nted by patient behavior that threatens the physical safety of the patient, staff, e: See Glossary for the definitions of restraint and seclusion. |
| from harm. | been determined to be ineffective to protect the patient, a staff member, or others from harm. | | The critical access hospital convenience, or staff retalia patient, staff, or others whe | does not use restraint or seclusion of any form as a means of coercion, discipline, tion. Restraint or seclusion is only used to protect the immediate physical safety of the less restrictive interventions have been ineffective and is discontinued at the earliest the length of time specified in the order. |

| CFR Numb §482.13(e) | | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | |
|--|--|--|--|---|--|--|
| | TAG: A-0165 3) The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the patient, a staff member, or others | | PC.13.02 | PC.13.02.01 The critical access hospital uses restraint or seclusion only when it can be clinical or when warranted by patient behavior that threatens the physical safety of the pat or others. Note: See Glossary for the definitions of restraint and seclusion. | | |
| from harm. | | , | EP 2 | The critical access hospital us the patient, a staff member, o | ses the least restrictive form of restraint or seclusion that will be effective to protect r others from harm. | |
| §482.13(e)(4) | TAG: A- | 0166 | | | | |
| (4) The use of restraint or | seclusion must b | e | | | | |
| §482.13(e)(4)(i) | TAG: A- | 0166 | PC.13.02 | .03 The critical acce | ess hospital uses restraint or seclusion safely. | |
| (i) in accordance with a written modification to the patient's plan of care. | | EP 1 | In accordance with a wrImplemented by trained | use of restraint or seclusion meets the following requirements: itten modification to the patient's plan of care staff using safe techniques identified by the critical access hospital's policies and ce with law and regulation | | |
| §482.13(e)(4)(ii) | TAG: A- | 0167 | PC.13.02 | .03 The critical acce | ess hospital uses restraint or seclusion safely. | |
| techniques as determined | l by hospital polic | nd appropriate restraint and seclusion y in accordance with State law. | EP 1 | In accordance with a wr Implemented by trained procedures in accordance | use of restraint or seclusion meets the following requirements: itten modification to the patient's plan of care staff using safe techniques identified by the critical access hospital's policies and ce with law and regulation | |
| §482.13(e)(5) (5) The use of restraint or | TAG: A- | e in accordance with the order of a | PC.13.02 | | on and psychiatric distinct part units in critical access hospitals: The critical initiates restraint or seclusion based on an individual order. | |
| physician or other license | d practitioner who | o is responsible for the care of the patient on by hospital policy in accordance with | EP 1 | restraint or seclusion as order | tric distinct part units in critical access hospitals: The critical access hospital uses red by a physician or other authorized licensed practitioner responsible for the with critical access hospital policy and state law and regulation. | |
| §482.13(e)(6) | TAG: A-C | on must never be written as a standing | PC.13.02 | | n and psychiatric distinct part units in critical access hospitals: The critical initiates restraint or seclusion based on an individual order. | |
| order or on an as needed | | on must never be written as a standing | EP 2 | For rehabilitation and psychia | tric distinct part units in critical access hospitals: The critical access hospital does no also known as "as needed") orders for restraint or seclusion. | |
| §482.13(e)(7) (7) The attending physicial | TAG: A- | 1170 ted as soon as possible if the attending | PC.13.02 | | n and psychiatric distinct part units in critical access hospitals: The critical initiates restraint or seclusion based on an individual order. | |
| physician did not order the | | | EP 3 | psychologist is consulted as so order the restraint or seclusion | cian" is the same as that used by the Centers for Medicare & Medicaid Services | |
| §482.13(e)(8) | TAG: A- | 0171 | | | | |
| (8) Unless superseded by | State law that is | more restrictive | 1 | | | |

| CFR Number §482.13(e)(8)(i) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|--|--|---|---|
| §482.13(e)(8)(i) TAG: | | PC.13.02.05 | | on and psychiatric distinct part units in critical access hospitals: The critical initiates restraint or seclusion based on an individual order. |
| (i) Each order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others may only be renewed in accordance with the following limits for up to a total of 24 hours: | | EP 4 For rehabilitation and psychiatric orders for the use of restraint or jeopardizes the immediate physimits: • 4 hours for adults 18 year • 2 hours for children and a • 1 hour for children under 9 | | tric distinct part units in critical access hospitals: Unless state law is more restrictive, or seclusion used for the management of violent or self-destructive behavior that sysical safety of the patient, staff, or others may be renewed within the following time ars of age or older adolescents 9 to 17 years of age |
| §482.13(e)(8)(i)(A) TAG: | A-0171 | PC.13.02.05 | | n and psychiatric distinct part units in critical access hospitals: The critical |
| (A) 4 hours for adults 18 years of age or | older; | | For rehabilitation and psychia orders for the use of restraint jeopardizes the immediate philimits: • 4 hours for adults 18 ye • 2 hours for children and • 1 hour for children unde | adolescents 9 to 17 years of age |
| §482.13(e)(8)(i)(B) TAG: | | PC.13.02.05 | | on and psychiatric distinct part units in critical access hospitals: The critical initiates restraint or seclusion based on an individual order. |
| (B) 2 hours for children and adolescents 9 to 17 years of age; or | | | For rehabilitation and psychia orders for the use of restraint jeopardizes the immediate philimits: • 4 hours for adults 18 ye • 2 hours for children and • 1 hour for children unde | tric distinct part units in critical access hospitals: Unless state law is more restrictive, or seclusion used for the management of violent or self-destructive behavior that sysical safety of the patient, staff, or others may be renewed within the following time ars of age or older adolescents 9 to 17 years of age |
| §482.13(e)(8)(i)(C) TAG: | | PC.13.02.05 | | on and psychiatric distinct part units in critical access hospitals: The critical initiates restraint or seclusion based on an individual order. |
| (C) 1 hour for children under 9 years of a | ige; and | | For rehabilitation and psychia orders for the use of restraint jeopardizes the immediate ph limits: • 4 hours for adults 18 ye • 2 hours for children and • 1 hour for children unde | tric distinct part units in critical access hospitals: Unless state law is more restrictive, or seclusion used for the management of violent or self-destructive behavior that sysical safety of the patient, staff, or others may be renewed within the following time ars of age or older adolescents 9 to 17 years of age |
| §482.13(e)(8)(ii) TAG: | A- 0172 | PC.13.02.05 | | on and psychiatric distinct part units in critical access hospitals: The critical |
| the management of violent or self-destru practitioner who is responsible for the ca | order for the use of restraint or seclusion for ctive behavior, a physician or other licensed re of the patient and authorized to order accordance with State law must see and | | For rehabilitation and psychia every 24 hours, a physician o evaluates the patient before v or self-destructive behavior the | initiates restraint or seclusion based on an individual order. Itric distinct part units in critical access hospitals: Unless state law is more restrictive, or other authorized licensed practitioner responsible for the patient's care sees and writing a new order for restraint or seclusion used for the management of violent nat jeopardizes the immediate physical safety of the patient, staff, or others, in as hospital policy and state law and regulation. |

| CFR Number §482.13(e)(8)(iii) | Medicare Requirements | 1 | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|----------|---|---|
| §482.13(e)(8)(iii) TAG: A- (iii) Each order for restraint used to ensure | | PC.13.02 | | n and psychiatric distinct part units in critical access hospitals: The critical initiates restraint or seclusion based on an individual order. |
| non-self-destructive patient may be renewed | | EP 6 | | tric distinct part units in critical access hospitals: Orders for restraint used to protect plent or non-self-destructive patient are renewed in accordance with critical access |
| §482.13(e)(9) TAG: A-0174 (9) Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order. | | PC.13.02 | or when warrant | ess hospital uses restraint or seclusion only when it can be clinically justified ted by patient behavior that threatens the physical safety of the patient, staff, See Glossary for the definitions of restraint and seclusion. |
| | | EP 1 | convenience, or staff retaliation patient, staff, or others when I | bes not use restraint or seclusion of any form as a means of coercion, discipline, on. Restraint or seclusion is only used to protect the immediate physical safety of the less restrictive interventions have been ineffective and is discontinued at the earliest ne length of time specified in the order. |
| §482.13(e)(10) TAG: A- | | PC.13.02 | | n and psychiatric distinct part units in critical access hospitals: The critical monitors patients who are restrained or secluded. |
| (10) The condition of the patient who is res by a physician, other licensed practitioner of training criteria specified in paragraph (f) of hospital policy. | or trained staff that have completed the | EP 1 | For rehabilitation and psychia practitioners, or staff who hav | tric distinct part units in critical access hospitals: Physicians, other licensed e been trained in accordance with 42 CFR 482.13(f) monitor the condition of patients interval determined by the critical access hospital. |
| §482.13(e)(11) TAG: A- | | PC.13.02 | | ess hospital has written policies and procedures that guide the use of restraint |
| (11) Physician and other licensed practition be specified in hospital policy. At a minimu practitioners authorized to order restraint of accordance with State law must have a wo regarding the use of restraint or seclusion. | im, physicians and other licensed or seclusion by hospital policy in orking knowledge of hospital policy | EP 1 | with current standards of practions for rehabilitation and psychia the following: Definitions for restraint and physician and other lice Staff training requirement who has authority to ord Who has authority to dise who can initiate the use Circumstances under who has authority to dise who can assess and many the Requirement that restrations who can assess and many time frames for assession for rehabilitation and psychiat practitioners authorized to order | tric distinct part units in critical access hospitals: The policies and procedures include and seclusion that are consistent with state and federal law and regulation insed practitioner training requirements into the continue the use of restraint or seclusion is continue the use of restraint or seclusion |
| §482.13(e)(12) TAG: A- | | ļ | | |
| (12) When restraint or seclusion is used fo destructive behavior that jeopardizes the ir staff member, or others, the patient must b initiation of the intervention | mmediate physical safety of the patient, a | | | |
| §482.13(e)(12)(i) TAG: A- | 0178 | | | |
| (i) By a | | | | |

| CFR Number §482.13(e)(12)(i)(A) | Medicare | Requirements | | int Commission uivalent Number | Joint Commission Standards and Elements of Performance |
|--|-------------------------------|--------------|---------|--|--|
| §482.13(e)(12)(i)(A) (A) Physician or other licensed pr | TAG: A-0178 actitioner; or | PC.1 | 3.02.11 | | n and psychiatric distinct part units in critical access hospitals: The critical evaluates and reevaluates the patient who is restrained or secluded. |
| | | EP 1 | | practitioner responsible for the restraint or seclusion used for safety of the patient, staff, or of the initiation of restraint or sec Note: The critical access hosp requirements in this element of | ' |
| §482.13(e)(12)(i)(B) (B) Registered nurse who has been | TAG: A-0178 | | 3.02.11 | | n and psychiatric distinct part units in critical access hospitals: The critical evaluates and reevaluates the patient who is restrained or secluded. |
| specified in paragraph (f) of this s | | EP 1 | | practitioner responsible for the restraint or seclusion used for safety of the patient, staff, or of the initiation of restraint or sec | tric distinct part units in critical access hospitals: A physician or other licensed by patient's care evaluates the patient in person within one hour of the initiation of the management of violent or self-destructive behavior that jeopardizes the physical others. A registered nurse may conduct the in-person evaluation within one hour of clusion if they are trained in accordance with the requirements in PC.13.02.17, EP 3. oital also follows any state statute or regulation that may be more stringent than the of performance. |
| §482.13(e)(12)(ii) | TAG: A-0179 | | | | |
| (ii)To evaluate – | | | | | |
| §482.13(e)(12)(ii)(A) (A) the patient's immediate situati | TAG: A-0179 | PC.1 | 3.02.11 | | n and psychiatric distinct part units in critical access hospitals: The critical evaluates and reevaluates the patient who is restrained or secluded. |
| (A) the patients infinediate studio | | EP 2 | | conducted within one hour of the destructive behavior that jeopa following: • An evaluation of the pati • The patient's reaction to • The patient's medical an | the intervention |
| 0 · · · · · · · / / / | TAG: A-0179 | PC.1 | 3.02.11 | | n and psychiatric distinct part units in critical access hospitals: The critical evaluates and reevaluates the patient who is restrained or secluded. |
| (B) The patient's reaction to the ir | nervention; | EP 2 | | For rehabilitation and psychiat conducted within one hour of t destructive behavior that jeop following: • An evaluation of the pati • The patient's reaction to • The patient's medical an | tric distinct part units in critical access hospitals: The in-person evaluation is the initiation of restraint or seclusion for the management of violent or self-ardizes the physical safety of the patient, staff, or others. The evaluation includes the ent's immediate situation the intervention |

| CFR Number §482.13(e)(12)(ii)(C) | Medicare Requirements | 1 | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance | | | |
|---|--|------------|---|---|--|--|--|
| §482.13(e)(12)(ii)(C) TAG: A-(C) The patient's medical and behavioral c | | PC.13.02.1 | PC.13.02.11 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital evaluates and reevaluates the patient who is restrained or secluded. | | | | |
| | | EP 2 | intaric distinct part units in critical access hospitals: The in-person evaluation is of the initiation of restraint or seclusion for the management of violent or self-pardizes the physical safety of the patient, staff, or others. The evaluation includes the atient's immediate situation to the intervention and behavioral condition or terminate the restraint or seclusion | | | | |
| §482.13(e)(12)(ii)(D) TAG: A- | **** | PC.13.02.1 | | on and psychiatric distinct part units in critical access hospitals: The critical all evaluates and reevaluates the patient who is restrained or secluded. | | | |
| (D)The need to continue or terminate the r | estraint or seclusion. | EP 2 | For rehabilitation and psychiconducted within one hour of destructive behavior that jet following: • An evaluation of the patent's reaction • The patient's medical and the | intric distinct part units in critical access hospitals: The in-person evaluation is of the initiation of restraint or seclusion for the management of violent or self-pardizes the physical safety of the patient, staff, or others. The evaluation includes the attent's immediate situation to the intervention | | | |
| §482.13(e)(13) TAG: A- | | PC.13.02.1 | | on and psychiatric distinct part units in critical access hospitals: The critical | | | |
| (13) States are free to have requirements by statute or regulation that are more restrictive than those contained in paragraph (e)(12)(i) of this section. | | EP 1 | For rehabilitation and psychi practitioner responsible for t restraint or seclusion used for safety of the patient, staff, of the initiation of restraint or se | al evaluates and reevaluates the patient who is restrained or secluded. intric distinct part units in critical access hospitals: A physician or other licensed the patient's care evaluates the patient in person within one hour of the initiation of or the management of violent or self-destructive behavior that jeopardizes the physical or others. A registered nurse may conduct the in-person evaluation within one hour of eclusion if they are trained in accordance with the requirements in PC.13.02.17, EP 3. spital also follows any state statute or regulation that may be more stringent than the tof performance. | | | |
| §482.13(e)(14) TAG: A- | | PC.13.02.1 | | on and psychiatric distinct part units in critical access hospitals: The critical all evaluates and reevaluates the patient who is restrained or secluded. | | | |
| (14) If the face-to-face evaluation specified conducted by a trained registered nurse, the attending physician or other licensed p of the patient as soon as possible after the evaluation. | ne trained registered nurse must consult ractitioner who is responsible for the care | EP 3 | For rehabilitation and psychic (performed within one hour consult with the attending ph | ristric distinct part units in critical access hospitals: When the in-person evaluation of the initiation of restraint or seclusion) is done by a trained registered nurse, they hysician or other licensed practitioner responsible for the care of the patient as soon as , as determined by critical access hospital policy. | | | |
| §482.13(e)(15) TAG: A- | | | | | | | |
| (15) All requirements specified under this p simultaneous use of restraint and seclusion use is only permitted if the patient is contin | n. Simultaneous restraint and seclusion | | | | | | |
| §482.13(e)(15)(i) TAG: A- | | PC.13.02.1 | | on and psychiatric distinct part units in critical access hospitals: The critical | | | |
| (i) Face-to-face by an assigned, trained sta | aff member; or | | secluded. | al continually monitors patients who are simultaneously restrained and | | | |
| | | EP 1 | restrained and secluded is cand audio equipment that is | iatric distinct part units in critical access hospitals: The patient who is simultaneously continually monitored by trained staff, either in person or through the use of both video in close proximity to the patient. ormance, continually means ongoing without interruption. | | | |

| CFR Number §482.13(e)(15)(ii) | Medicare Requirements | | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance | |
|--|---|----------|---|--|--|
| §482.13(e)(15)(ii) (ii) By trained staff using both violation close proximity to the patient. | (ii) By trained staff using both video and audio equipment. This monitoring must be | | PC.13.02.13 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital continually monitors patients who are simultaneously restrained and secluded. | | |
| | | EP 1 | restrained and secluded is co and audio equipment that is ir | tric distinct part units in critical access hospitals: The patient who is simultaneously ntinually monitored by trained staff, either in person or through the use of both video or close proximity to the patient. Imance, continually means ongoing without interruption. | |
| §482.13(e)(16) | TAG: A-0184 | | | | |
| (16) When restraint or seclusion patient's medical record of the fo | is used, there must be documentation in the ollowing: | | | | |
| §482.13(e)(16)(i) (i) The 1-hour face-to-face medi | TAG: A-0184 cal and behavioral evaluation if restraint or seclusion | PC.13.02 | | n and psychiatric distinct part units in critical access hospitals: The critical documents the use of restraint or seclusion. | |
| is used to manage violent or sel | f-destructive behavior; | EP 1 | seclusion in the medical recor The 1-hour face-to-face or self-destructive behave Description of the patier Alternatives or other less Patient's condition or sy | medical and behavioral evaluation if restraint or seclusion is used to manage violent | |
| §482.13(e)(16)(ii) (ii) A description of the patient's | TAG: A-0185 behavior and the intervention used. | PC.13.02 | | n and psychiatric distinct part units in critical access hospitals: The critical documents the use of restraint or seclusion. | |
| | | EP 1 | seclusion in the medical recor The 1-hour face-to-face or self-destructive behav Description of the patier Alternatives or other less Patient's condition or sy | medical and behavioral evaluation if restraint or seclusion is used to manage violent | |
| §482.13(e)(16)(iii) | TAG: A-0186 trictive interventions attempted (as applicable). | PC.13.02 | | n and psychiatric distinct part units in critical access hospitals: The critical documents the use of restraint or seclusion. | |
| (iii) Alternatives or other less restrictive interventions attempted (as applicable). | | EP 1 | seclusion in the medical recor The 1-hour face-to-face or self-destructive behav Description of the patier Alternatives or other less Patient's condition or sy | medical and behavioral evaluation if restraint or seclusion is used to manage violent | |

| CFR Number §482.13(e)(16)(iv) | Medicare Requirements | | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|---|------------|---|--|
| §482.13(e)(16)(iv) TAG: A- (iv) The patient's condition or symptom(s) | | PC.13.02.1 | | n and psychiatric distinct part units in critical access hospitals: The critical documents the use of restraint or seclusion. |
| seclusion. | nat warranted the use of the restraint of | EP 1 | For rehabilitation and psychia seclusion in the medical recording of the 1-hour face-to-face or self-destructive behaves the patient of the patient Alternatives or other les Patient's condition or sy | tric distinct part units in critical access hospitals: Documentation of restraint or rd includes the following: medical and behavioral evaluation if restraint or seclusion is used to manage violent |
| §482.13(e)(16)(v) TAG: A- (v) The patient's response to the interventi | | PC.13.02.1 | | n and psychiatric distinct part units in critical access hospitals: The critical documents the use of restraint or seclusion. |
| continued use of the intervention. | | EP 1 | The 1-hour face-to-face or self-destructive behave Description of the patier Alternatives or other les Patient's condition or sy | medical and behavioral evaluation if restraint or seclusion is used to manage violent |
| §482.13(f) TAG: A- | 0194 | PC.13.02.0 | The critical acce | ess hospital uses restraint or seclusion safely. |
| §482.13(f) Standard: Restraint or seclusion has the right to safe implementation of rest | | EP 1 | In accordance with a wrImplemented by trained | use of restraint or seclusion meets the following requirements: itten modification to the patient's plan of care staff using safe techniques identified by the critical access hospital's policies and ce with law and regulation |
| §482.13(f)(1) TAG: A- | 0196 | | | |
| (1) Training Intervals. Staff must be trained the application of restraints, implementatio and providing care for a patient in restraint | n of seclusion, monitoring, assessment, | | | |
| §482.13(f)(1)(i) TAG: A- | 0196 | PC.13.02.1 | 7 The critical acce | ess hospital trains staff to safely implement the use of restraint or seclusion. |
| (i) Before performing any of the actions spe | ecified in this paragraph; | EP 1 | staff on the use of restraint arAt orientationBefore participating in the | tric distinct part units in critical access hospitals: The critical access hospital trains and seclusion and assesses their competence at the following intervals: ne use of restraint or seclusion eafter, as determined by critical access hospital policy |
| §482.13(f)(1)(ii) TAG: A- | 0196 | PC.13.02.1 | 7 The critical acce | ess hospital trains staff to safely implement the use of restraint or seclusion. |
| (ii) As part of orientation; and | | EP 1 | staff on the use of restraint arAt orientationBefore participating in the | tric distinct part units in critical access hospitals: The critical access hospital trains and seclusion and assesses their competence at the following intervals: ne use of restraint or seclusion eafter, as determined by critical access hospital policy |
| §482.13(f)(1)(iii) TAG: A- | | PC.13.02.1 | 7 The critical acce | ess hospital trains staff to safely implement the use of restraint or seclusion. |
| (iii) Subsequently on a periodic basis cons | istent with hospital policy. | EP 1 | staff on the use of restraint arAt orientationBefore participating in the | tric distinct part units in critical access hospitals: The critical access hospital trains and seclusion and assesses their competence at the following intervals: the use of restraint or seclusion eafter, as determined by critical access hospital policy |

| CFR Numb §482.13(f)(| | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|--|-------------------|---|---------------------------------------|--|--|
| | d knowledge ba | t-0199 equire appropriate staff to have education, ased on the specific needs of the patient | | | |
| §482.13(f)(2)(i) | TAG: A | 1-0199 | PC.13.02. | 17 The critical acce | ess hospital trains staff to safely implement the use of restraint or seclusion. |
| (i) Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion. | | For rehabilitation and psychiatric distinct part units in critical access hospitals: Based on the population served, staff education, training, and demonstrated knowledge focus on the following: Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion Use of nonphysical intervention skills Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition Safe application and use of all types of restraint or seclusion used in the critical access hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by critical access hospital policy associated with the in-person evaluation conducted within one hour of initiation of restraint or seclusion Use of first aid techniques and certification in the use of cardiopulmonary resuscitation (CPR), including required periodic recertification | | | |
| §482.13(f)(2)(ii) | TAG: A | N-0200 | PC.13.02. | 17 The critical acce | ess hospital trains staff to safely implement the use of restraint or seclusion. |
| (ii) The use of nonphysica | l intervention sk | cills. | EP 3 | staff education, training, and of a Techniques to identify straining. • Techniques to identify straining the dehavioral status or con a Safe application and use training in how to recogr positional asphyxia. • Clinical identification of straining the physical abut not limited to respirate specified by critical acceptour of initiation of restraining to identify the physical abut not limited to respirate specified by critical acceptour of initiation of restraining the physical acceptour of the physical acce | the least restrictive intervention based on an assessment of the patient's medical or addition e of all types of restraint or seclusion used in the critical access hospital, including nize and respond to signs of physical and psychological distress (for example, specific behavioral changes that indicate that restraint or seclusion is no longer and psychological well-being of the patient who is restrained or secluded, including story and circulatory status, skin integrity, vital signs, and any special requirements less hospital policy associated with the in-person evaluation conducted within one aint or seclusion es and certification in the use of cardiopulmonary resuscitation (CPR), including |

| CFR Number §482.13(f)(2)(iii) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | |
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| §482.13(f)(2)(iii) TAG | G: A-0201 | PC.13.02.17 | The critical acce | ess hospital trains staff to safely implement the use of restraint or seclusion. | |
| §482.13(f)(2)(iii) TAG: A-0201 (iii) Choosing the least restrictive intervention based on an individualized assessment of the patient's medical, or behavioral status or condition. | | For rehabilitation and psychiatric distinct part units in critical access hospitals: Based on the population served, staff education, training, and demonstrated knowledge focus on the following: Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion Use of nonphysical intervention skills Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition Safe application and use of all types of restraint or seclusion used in the critical access hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by critical access hospital policy associated with the in-person evaluation conducted within one hour of initiation of restraint or seclusion Use of first aid techniques and certification in the use of cardiopulmonary resuscitation (CPR), including required periodic recertification | | | |
| §482.13(f)(2)(iv) TAG | G: A-0202 | PC.13.02.17 | The critical acce | ess hospital trains staff to safely implement the use of restraint or seclusion. | |
| | I types of restraint or seclusion used in the ecognize and respond to signs of physical and ositional asphyxia). | | staff education, training, and of techniques to identify structure to identify structure. Use of nonphysical interest Methods for choosing the behavioral status or cones Safe application and use training in how to recogn positional asphyxia. Clinical identification of structure to Monitoring the physical abut not limited to respirate specified by critical accession of structure. | e least restrictive intervention based on an assessment of the patient's medical or dition e of all types of restraint or seclusion used in the critical access hospital, including nize and respond to signs of physical and psychological distress (for example, specific behavioral changes that indicate that restraint or seclusion is no longer and psychological well-being of the patient who is restrained or secluded, including tory and circulatory status, skin integrity, vital signs, and any special requirements as hospital policy associated with the in-person evaluation conducted within one aint or seclusion es and certification in the use of cardiopulmonary resuscitation (CPR), including | |

| CFR Number §482.13(f)(2)(v) | Medicare Requirements | | nt Commission uivalent Number | Joint Commission Standards and Elements of Performance | |
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| §482.13(f)(2)(v) TAG | G: A-0204 | PC.13.02.17 | The critical acce | ess hospital trains staff to safely implement the use of restraint or seclusion. | |
| §482.13(f)(2)(v) TAG: A-0204 (v) Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary. | | | | | |
| §482.13(f)(2)(vi) TAG | G: A-0205 | PC.13.02.17 | The critical acce | ess hospital trains staff to safely implement the use of restraint or seclusion. | |
| restrained or secluded, including but r | nological well-being of the patient who is not limited to, respiratory and circulatory status, cial requirements specified by hospital policy be evaluation. | | staff education, training, and of techniques to identify significant training. Techniques to identify significant training in the techniques of the techniqu | e least restrictive intervention based on an assessment of the patient's medical or dition e of all types of restraint or seclusion used in the critical access hospital, including nize and respond to signs of physical and psychological distress (for example, specific behavioral changes that indicate that restraint or seclusion is no longer and psychological well-being of the patient who is restrained or secluded, including story and circulatory status, skin integrity, vital signs, and any special requirements as hospital policy associated with the in-person evaluation conducted within one aint or seclusion es and certification in the use of cardiopulmonary resuscitation (CPR), including | |

| CFR Number §482.13(f)(2)(vii) | Medicare Requirements | 1 | oint Commission Juivalent Number | Joint Commission Standards and Elements of Performance |
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| §482.13(f)(2)(vii) TAG: A | -0206 | PC.13.02.17 | 7 The critical acce | ss hospital trains staff to safely implement the use of restraint or seclusion. |
| \$482.13(f)(2)(vii) TAG: A-0206 (vii) The use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification. | | For rehabilitation and psychiatric distinct part units in critical access hospitals: Based on the population served staff education, training, and demonstrated knowledge focus on the following: Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion Use of nonphysical intervention skills Methods for choosing the least restrictive intervention based on an assessment of the patient's medical obehavioral status or condition Safe application and use of all types of restraint or seclusion used in the critical access hospital, includin training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to respiratory and circulatory status, skin integrity, vital signs, and any special requirement specified by critical access hospital policy associated with the in-person evaluation conducted within one hour of initiation of restraint or seclusion Use of first aid techniques and certification in the use of cardiopulmonary resuscitation (CPR), including required periodic recertification | | |
| §482.13(f)(3) TAG: A | -0207 | PC.13.02.17 | | ess hospital trains staff to safely implement the use of restraint or seclusion. |
| (3) Trainer Requirements. Individuals provevidenced by education, training, and expedients' behaviors. | | EP 4 | For rehabilitation and psychiat restraint or seclusion are quali | tric distinct part units in critical access hospitals: Individuals providing staff training in ified as evidenced by education, training, and experience in the techniques used to t necessitate the use of restraint or seclusion. |
| §482.13(f)(4) TAG: A | -0208 | PC.13.02.17 | 7 The critical acce | ess hospital trains staff to safely implement the use of restraint or seclusion. |
| (4) Training Documentation. The hospital records that the training and demonstratio completed. | | EP 5 | | tric distinct part units in critical access hospitals: The critical access hospital at they have completed restraint and seclusion training and demonstrated |
| §482.13(g) TAG: A | -0213 | PC.13.02.19 | The critical acce | ess hospital reports deaths associated with the use of restraint or seclusion. |
| §482.13(g) Standard: Death Reporting Reassociated with the use of seclusion or res | equirements: Hospitals must report deaths straint. | | regarding deaths related to rec Each death that occurs was a Each death that occurs was used when it is reas indirectly to the patient's Note 1: This reporting required deaths related to the use of so Note 2: In this element of perfections. | while a patient is in restraint or seclusion within 24 hours after the patient has been removed from restraint or seclusion e critical access hospital that occurs within one week after restraint or seclusion conable to assume that the use of the restraint or seclusion contributed directly or |
| §482.13(g)(1) TAG: A | -0213 | PC.13.02.19 | The critical acce | ss hospital reports deaths associated with the use of restraint or seclusion. |
| (1) With the exception of deaths described the hospital must report the following infor or electronically, as determined by CMS, next business day following knowledge of | rmation to CMS by telephone, facsimile, no later than the close of business on the | EP 2 | telephone, by facsimile, or ele | 13.02.19, EP 1, are reported to the Centers for Medicare & Medicaid Services by ctronically no later than the close of the next business day following knowledge of and time that the patient's death was reported is documented in the patient's medical |

| CFR Number §482.13(g)(1)(i) | Medicare Requirements | | Commission alent Number | Joint Commission Standards and Elements of Performance | |
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| §482.13(g)(1)(i) TAG | : A-0213 | PC.13.02.19 | The critical acce | ess hospital reports deaths associated with the use of restraint or seclusion. | |
| (i) Each death that occurs while a patient is in restraint or seclusion. | | The critical access hospital reports the following information to the Centers for Medicare & Medicaid Se regarding deaths related to restraint or seclusion: Each death that occurs while a patient is in restraint or seclusion Each death that occurs within 24 hours after the patient has been removed from restraint or seclu Each death known to the critical access hospital that occurs within one week after restraint or seclu was used when it is reasonable to assume that the use of the restraint or seclusion contributed directly to the patient's death Note 1: This reporting requirement includes all restraints except soft wrist restraints. For more information deaths related to the use of soft wrist restraints, refer to EP 3 in this standard. Note 2: In this element of performance "reasonable to assume" includes but is not limited to deaths related to chest compression, restriction breathing, or asphyxiation. | | | |
| §482.13(g)(1)(ii) TAG | : A-0213 | PC.13.02.19 | The critical acce | ess hospital reports deaths associated with the use of restraint or seclusion. | |
| (ii) Each death that occurs within 24 ho restraint or seclusion. | urs after the patient has been removed from | rega • • • Note dea Note rest | arding deaths related to re Each death that occurs Each death that occurs Each death known to the was used when it is reas indirectly to the patient's at 1: This reporting require the related to the use of se 2: In this element of perf | while a patient is in restraint or seclusion within 24 hours after the patient has been removed from restraint or seclusion e critical access hospital that occurs within one week after restraint or seclusion sonable to assume that the use of the restraint or seclusion contributed directly or | |
| §482.13(g)(1)(iii) TAG | : A-0213 | PC.13.02.19 | The critical acce | ess hospital reports deaths associated with the use of restraint or seclusion. | |
| seclusion where it is reasonable to ass seclusion contributed directly or indirect type(s) of restraint used on the patient this context includes, but is not limited | nat occurs within 1 week after restraint or ume that use of restraint or placement in the theorem of the theorem of the theorem of the during this time. "Reasonable to assume" in to, deaths related to restrictions of movement related to chest compression, restriction of | rega • • • Note dea Note rest | arding deaths related to re Each death that occurs Each death that occurs Each death known to the was used when it is reas indirectly to the patient's e 1: This reporting require ths related to the use of se e 2: In this element of perf | while a patient is in restraint or seclusion within 24 hours after the patient has been removed from restraint or seclusion e critical access hospital that occurs within one week after restraint or seclusion sonable to assume that the use of the restraint or seclusion contributed directly or | |
| §482.13(g)(2) TAG | : A-0214 | 1 | | | |
| (2) When no seclusion has been used the patient are those applied exclusively | y to the patient's wrist(s), and which are h-like materials, the hospital staff must record | | | | |

| CFR Number §482.13(g)(2)(i) | Medicare Requirements | 1 | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance | | |
|---|--|--|--|--|--|--|
| §482.13(g)(2)(i) TAG: A | -0214 | PC.13.02 | .19 The critical acce | ess hospital reports deaths associated with the use of restraint or seclusion. | | |
| (i) Any death that occurs while a patient is in such restraints. | | When no seclusion has been used and when the only restraints used on the patient are wrist restraints compose solely of soft, nonrigid, cloth-like material, the critical access hospital does the following: Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient. Records in a log or other system any death that occurs within 24 hours after a patient has been removed from such restraints. The information is recorded within seven days of the date of death of the patient. Documents in the patient record the date and time that the death was recorded in the log or other system. Documents in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed practitioner responsible for the patient's care, medical record number, and primary diagnosis(es). Makes the information in the log or other system available to the Centers for Medicare & Medicaid Services either electronically or in writing, immediately upon request. | | | | |
| §482.13(g)(2)(ii) TAG: A | -0214 | PC.13.02 | .19 The critical acce | ess hospital reports deaths associated with the use of restraint or seclusion. | | |
| (ii) Any death that occurs within 24 hours such restraints. | after a patient has been removed from | EP 3 | solely of soft, nonrigid, cloth-li Records in a log or other recorded within seven d Records in a log or other from such restraints. The Documents in the patier Documents in the log or physician or other licens primary diagnosis(es). Makes the information in | used and when the only restraints used on the patient are wrist restraints composed ke material, the critical access hospital does the following: r system any death that occurs while a patient is in restraint. The information is ays of the date of death of the patient. r system any death that occurs within 24 hours after a patient has been removed e information is recorded within seven days of the date of death of the patient. It record the date and time that the death was recorded in the log or other system. Other system the patient's name, date of birth, date of death, name of attending sed practitioner responsible for the patient's care, medical record number, and in the log or other system available to the Centers for Medicare & Medicaid Services, in writing, immediately upon request. | | |
| §482.13(g)(3) TAG: A | -0213, A-0214 | | | | | |
| (3) The staff must document in the patien death was: | t's medical record the date and time the | | | | | |
| §482.13(g)(3)(i) TAG: A | -0213 | PC.13.02 | .19 The critical acce | ess hospital reports deaths associated with the use of restraint or seclusion. | | |
| (i) Reported to CMS for deaths described | in paragraph (g)(1) of this section; or | EP 2 | telephone, by facsimile, or ele | 13.02.19, EP 1, are reported to the Centers for Medicare & Medicaid Services by actronically no later than the close of the next business day following knowledge of and time that the patient's death was reported is documented in the patient's medical | | |
| §482.13(g)(3)(ii) TAG: A | -0214 | PC.13.02 | .19 The critical acce | ess hospital reports deaths associated with the use of restraint or seclusion. | | |
| (ii) Recorded in the internal log or other sy (g)(2) of this section. | ystem for deaths described in paragraph | EP 3 | solely of soft, nonrigid, cloth-li Records in a log or other recorded within seven d Records in a log or other from such restraints. The Documents in the patier Documents in the log or physician or other licens primary diagnosis(es). Makes the information in | used and when the only restraints used on the patient are wrist restraints composed ke material, the critical access hospital does the following: r system any death that occurs while a patient is in restraint. The information is ays of the date of death of the patient. r system any death that occurs within 24 hours after a patient has been removed e information is recorded within seven days of the date of death of the patient. In trecord the date and time that the death was recorded in the log or other system. Other system the patient's name, date of birth, date of death, name of attending seed practitioner responsible for the patient's care, medical record number, and in the log or other system available to the Centers for Medicare & Medicaid Services, a writing, immediately upon request. | | |

| CFR Number §482.13(g)(4) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
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| §482.13(g)(4) TAG: A-0214 (4) For deaths described in paragraph (g)(2) of this section, entries into the internal log or other system must be documented as follows: | | | | |
| §482.13(g)(4)(i) TAG: | A-0214 | PC.13.02.19 | The critical acce | ess hospital reports deaths associated with the use of restraint or seclusion. |
| (i) Each entry must be made not later than seven days after the date of death of the patient. | | sol | ely of soft, nonrigid, cloth-lii Records in a log or other recorded within seven do Records in a log or other from such restraints. The Documents in the patien Documents in the log or physician or other licens primary diagnosis(es). Makes the information in | used and when the only restraints used on the patient are wrist restraints composed ke material, the critical access hospital does the following: r system any death that occurs while a patient is in restraint. The information is ays of the date of death of the patient. r system any death that occurs within 24 hours after a patient has been removed e information is recorded within seven days of the date of death of the patient. It record the date and time that the death was recorded in the log or other system. Other system the patient's name, date of birth, date of death, name of attending sed practitioner responsible for the patient's care, medical record number, and in the log or other system available to the Centers for Medicare & Medicaid Services, in writing, immediately upon request. |
| §482.13(g)(4)(ii) TAG: | A-0214 | PC.13.02.19 | The critical acce | ess hospital reports deaths associated with the use of restraint or seclusion. |
| 1 1 | nt's name, date of birth, date of death, name practitioner who is responsible for the care and primary diagnosis(es). | sol | ely of soft, nonrigid, cloth-lii Records in a log or other recorded within seven do Records in a log or other from such restraints. The Documents in the patien Documents in the log or physician or other licens primary diagnosis(es). Makes the information in | used and when the only restraints used on the patient are wrist restraints composed ke material, the critical access hospital does the following: r system any death that occurs while a patient is in restraint. The information is ays of the date of death of the patient. r system any death that occurs within 24 hours after a patient has been removed e information is recorded within seven days of the date of death of the patient. It record the date and time that the death was recorded in the log or other system. Other system the patient's name, date of birth, date of death, name of attending sed practitioner responsible for the patient's care, medical record number, and in the log or other system available to the Centers for Medicare & Medicaid Services, in writing, immediately upon request. |
| §482.13(g)(4)(iii) TAG: | A-0214 | PC.13.02.19 | The critical acce | ess hospital reports deaths associated with the use of restraint or seclusion. |
| (iii) The information must be made avail CMS immediately upon request. | able in either written or electronic form to | sol | ely of soft, nonrigid, cloth-lii Records in a log or other recorded within seven do Records in a log or other from such restraints. The Documents in the patien Documents in the log or physician or other licens primary diagnosis(es). Makes the information in | used and when the only restraints used on the patient are wrist restraints composed ke material, the critical access hospital does the following: r system any death that occurs while a patient is in restraint. The information is ays of the date of death of the patient. r system any death that occurs within 24 hours after a patient has been removed e information is recorded within seven days of the date of death of the patient. In trecord the date and time that the death was recorded in the log or other system. Other system the patient's name, date of birth, date of death, name of attending and practitioner responsible for the patient's care, medical record number, and in the log or other system available to the Centers for Medicare & Medicaid Services, a writing, immediately upon request. |

| CFR Numl §482.13(l | | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|---|--|---------------------------------------|--|---|
| §482.13(h) | TAG: A-02 | 15, A-0216, A-0217 | RI.11.01.01 | The critical acce | ess hospital respects, protects, and promotes patient rights. |
| and procedures regarding forth any clinically necess | the visitation rights ary or reasonable r th rights and the rea | . A hospital must have written policies sof patients, including those setting estriction or limitation that the hospital asons for the clinical restriction or requirements: | EP 7 | rights include the right to recei domestic partner (including a shas the right to withdraw or de Note 1: The critical access hos clinically necessary or reasonal limitation. Note 2: The critical access hos visitation rights, including any | evelops and implements policies and procedures for patient visitation rights. Visitation rive visitors designated by the patient, including but not limited to a spouse, a same-sex domestic partner), another family member, or a friend. The patient also eny consent for visitors at any time. spital's written policies and procedures include any restrictions or limitations that are able that need to be placed on visitation rights and the reasons for the restriction or spital informs the patient (or support person, where appropriate) of the patient's clinical restriction or limitation on such rights. |
| §482.13(h)(1) | TAG: A-02 | 16 | RI.11.01.01 | The critical acce | ess hospital respects, protects, and promotes patient rights. |
| | al restriction or limi | there appropriate) of his or her visitation tation on such rights, when he or she is section. | | rights include the right to receive domestic partner (including a shas the right to withdraw or de Note 1: The critical access host clinically necessary or reasonal limitation. Note 2: The critical access host | evelops and implements policies and procedures for patient visitation rights. Visitation rights ive visitors designated by the patient, including but not limited to a spouse, a same-sex domestic partner), another family member, or a friend. The patient also eny consent for visitors at any time. Spital's written policies and procedures include any restrictions or limitations that are able that need to be placed on visitation rights and the reasons for the restriction or spital informs the patient (or support person, where appropriate) of the patient's clinical restriction or limitation on such rights. |
| §482.13(h)(2) | TAG: A-02 | 16 | RI.11.01.01 | The critical acce | ess hospital respects, protects, and promotes patient rights. |
| to his or her consent, to rebut not limited to, a spous | eceive the visitors vee, a domestic partractmember, or a friend, | where appropriate) of the right, subject whom he or she designates, including, her (including a same-sex domestic and his or her right to withdraw or deny | EP 7 | rights include the right to receid domestic partner (including a shas the right to withdraw or de Note 1: The critical access hoclinically necessary or reasonalimitation. Note 2: The critical access hoc | evelops and implements policies and procedures for patient visitation rights. Visitation rights ive visitors designated by the patient, including but not limited to a spouse, a same-sex domestic partner), another family member, or a friend. The patient also eny consent for visitors at any time. Spital's written policies and procedures include any restrictions or limitations that are able that need to be placed on visitation rights and the reasons for the restriction or spital informs the patient (or support person, where appropriate) of the patient's clinical restriction or limitation on such rights. |
| §482.13(h)(3) | TAG: A-02 | 17 | RI.11.01.01 | The critical acce | ess hospital respects, protects, and promotes patient rights. |
| | | tion privileges on the basis of race, entity, sexual orientation, or disability. | EP 4 | physical or mental disability, s Note: This includes prohibiting | ohibits discrimination based on age, race, ethnicity, religion, culture, language, ocioeconomic status, sex, sexual orientation, and gender identity or expression. g discrimination through restricting, limiting, or otherwise denying visitation privileges. lows all visitors to have full and equal visitation privileges consistent with patient |
| §482.13(h)(4) | TAG: A-02 | 17 | RI.11.01.01 | The critical acce | ess hospital respects, protects, and promotes patient rights. |
| (4) Ensure that all visitors patient preferences. | enjoy full and equa | al visitation privileges consistent with | EP 4 | physical or mental disability, s Note: This includes prohibiting | ohibits discrimination based on age, race, ethnicity, religion, culture, language, ocioeconomic status, sex, sexual orientation, and gender identity or expression. g discrimination through restricting, limiting, or otherwise denying visitation privileges. lows all visitors to have full and equal visitation privileges consistent with patient |

| CFR Number §482.15 | er | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|------------------|---|--|--|---|
| §482.15 8482.15 Condition of Partic | TAG: E- | | EM.09.01 | | ess hospital has a comprehensive emergency management program that example approach. |
| §482.15 Condition of Participation: Emergency Preparedness The hospital must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements: | | EP 1 | The critical access hospital ha hazards approach. The progra Leadership structure and Hazard vulnerability and Mitigation and prepared Emergency operations Education and training Exercises and testing Continuity of operations Disaster recovery Program evaluation | as a written comprehensive emergency management program that utilizes an all- am includes, but is not limited to, the following: d program accountability llysis ness activities plan and policies and procedures | |
| | | | EP 3 | The critical access hospital coand regulations. | omplies with all applicable federal, state, and local emergency preparedness laws |
| | ıst be reviewed, | velop and maintain an emergency and updated at least every 2 years. The | EM.12.01 | approach. Note: of its hazards vu The critical access hospital ha and procedures that provides incidents. The EOP and polici • Mobilizing incident comr • Communications plan • Maintaining, expanding, • Protecting critical system • Conserving and/or supp • Surge plans (such as flu • Identifying alternate trea • Sheltering in place | curtailing, or closing operations and infrastructure lementing resources or pandemic plans) atment areas or locations amplete) or relocating services |
| | | EM.17.01 | operations plan | ess hospital evaluates its emergency management program, emergency , and continuity of operations plans. | |
| | | EP 3 | for improvement to the followi Hazard vulnerability ana Emergency managemer | nt program plan, policies, and procedures plan | |

| CFR Number §482.15(a)(1) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|--|--|---------------------------------------|---|--|
| • (// / | : E-0006 | EM.11.01.0 | The critical acce | ess hospital conducts a hazard vulnerability analysis utilizing an all-hazards |
| (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach. | | EP 1 | approach that includes the fole Hazards that are likely to patient population A community-based risk agencies) Separate HVAs for its of the findings are documented Note: A separate HVA is only | o impact the critical access hospital's geographic region, community, facility, and assessment (such as those developed by external emergency management ther accredited facilities if they significantly differ from the main site |
| | | | Natural hazards (such a Human-caused hazards Technological hazards (Hazardous materials (such a | hazard vulnerability analysis includes the following: as flooding, wildfires) s (such as bomb threats or cyber/information technology crimes) (such as utility or information technology outages) uch as radiological, nuclear, chemical) eases (such as the Ebola, Zika, or SARS-CoV-2 viruses) |
| • ()() | : E-0006 | EM.11.01.0 | The critical acce | ess hospital conducts a hazard vulnerability analysis utilizing an all-hazards |
| (2) Include strategies for addressing emergency events identified by the risk assessment. | | EP 3 | The critical access hospital even what presents the highest like | valuates and prioritizes the findings of the hazard vulnerability analysis to determine slihood of occurring and the impacts those hazards will have on the operating status and its ability to provide services. The findings are documented. |
| | | | | ses its prioritized hazards from the hazard vulnerability analysis to identify and paredness actions to increase the resilience of the critical access hospital and helps services or functions. |
| (3) Address patient population, including | : E-0007 ng, but not limited to, persons at-risk; the type o provide in an emergency; and continuity of | EM.12.01.0 | approach. Note: | ess hospital develops an emergency operations plan based on an all-hazards. The critical access hospital considers its prioritized hazards identified as part ulnerability analysis when developing an emergency operations plan. |
| operations, including delegations of au | thority and succession plans. | EP 2 | including at-risk populations, a disaster event. Note: At-risk populations such may have additional needs to | emergency operations plan identifies the patient population(s) that it will serve, and the types of services it would have the ability to provide in an emergency or as the elderly, dialysis patients, or persons with physical or mental disabilities be addressed during an emergency or disaster incident such as medical care, n, supervision, and maintaining independence. |
| | | EM.13.01.0 | hospital conside | ess hospital has a continuity of operations plan. Note: The critical access ers its prioritized hazards identified as part of its hazard vulnerability analysis g a continuity of operations plan. |
| | | EP 1 | participation of key executive by the critical access hospital considered essential or critica Note: The COOP provides gu business functions to deliver administrative/vital records, in telecommunications, and build | as a written continuity of operations plan (COOP) that is developed with the leaders, business and finance leaders, and other department leaders as determined. These key leaders identify and prioritize the services and functions that are all for maintaining operations. idance on how the critical access hospital will continue to perform its essential essential or critical services. Essential business functions to consider include information technology, financial services, security systems, communications/ ding operations to support essential and critical services that cannot be deferred activities must be performed continuously or resumed quickly following a disruption. |

| CFR Number §482.15(a)(3) | Medicare Requirements | _ | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|---|------------|---|--|
| | | EP 2 | to provide its essential busine compromised due to an emer Note: Example of options to c | continuity of operations plan identifies in writing how and where it will continue ess functions when the location of the essential or critical service has been gency or disaster incident. consider for providing essential services include use of off-site locations, space zation, existing facilities or space, telework (remote work), or telehealth. |
| | | EP 3 | | as a written order of succession plan that identifies who is authorized to assume nagement role when that person(s) is unable to fulfill their function or perform their |
| | | EP 4 | authorization to act on behalf Note: Delegations of authority sufficiently detailed to make c | as a written delegation of authority plan that provides the individual(s) with the legal of the critical access hospital for specified purposes and to carry out specific duties. It are an essential part of an organization's continuity program and should be certain the critical access hospital can perform its essential functions. Delegations of lar function that an individual is authorized to perform and includes restrictions and at authority. |
| §482.15(a)(4) TAG: E | -0009 | EM.12.01.0 | | ess hospital develops an emergency operations plan based on an all-hazards |
| (4) Include a process for cooperation and State, and Federal emergency preparedn | | | | The critical access hospital considers its prioritized hazards identified as part ulnerability analysis when developing an emergency operations plan. |
| integrated response during a disaster or e | emergency situation. | EP 6 | The critical access hospital's with other health care facilities preparedness officials' efforts emergency or disaster incider | emergency operations plan includes a process for cooperating and collaborating s; health care coalitions; and local, tribal, regional, state, and federal emergency to leverage support and resources and to provide an integrated response during an |
| §482.15(b) TAG: E | | EM.12.01.0 | | ess hospital develops an emergency operations plan based on an all-hazards The critical access hospital considers its prioritized hazards identified as part |
| (b) Policies and procedures. The hospital preparedness policies and procedures, based on the procedures of the procedure | must develop and implement emergency ased on the emergency plan set forth in | | | ulnerability analysis when developing an emergency operations plan. |
| paragraph (a) of this section, risk assessr and the communication plan at paragraph | ment at paragraph (a)(1) of this section, in (c) of this section. The policies and ed at least every 2 years. At a minimum, the | | and procedures that provides incidents. The EOP and polici Mobilizing incident communications plan Maintaining, expanding, Protecting critical system Conserving and/or supp Surge plans (such as fluidentifying alternate treated sheltering in place) Evacuating (partial or conserving and security) Securing information and | curtailing, or closing operations ms and infrastructure elementing resources u or pandemic plans) atment areas or locations emplete) or relocating services |
| | | EM.17.01.0 | | ess hospital evaluates its emergency management program, emergency , and continuity of operations plans. |
| | | EP 3 | for improvement to the followiHazard vulnerability anaEmergency managemer | nt program plan, policies, and procedures plan |

| CFR Number §482.15(b)(1) | Medicare Requirements | | int Commission uivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|-------------|--|--|
| §482.15(b)(1) TAG: E- | -0015 | | | |
| (1) The provision of subsistence needs for or shelter in place, include, but are not lim | staff and patients, whether they evacuate ited to the following: | | | |
| §482.15(b)(1)(i) TAG: E- | -0015 | EM.12.01.01 | | ess hospital develops an emergency operations plan based on an all-hazards |
| (i) Food, water, medical, and pharmaceutical supplies. | | | | The critical access hospital considers its prioritized hazards identified as part ulnerability analysis when developing an emergency operations plan. |
| | | | | al supplies supplies supplies |
| §482.15(b)(1)(ii) TAG: E- | -0015 | | | |
| (ii) Alternate sources of energy to maintain | n the following: | | | |
| §482.15(b)(1)(ii)(A) TAG: E- (A) Temperatures to protect patient health storage of provisions. | | EM.12.02.11 | emergency or di | ess hospital has a plan for managing essential or critical utilities during an isaster incident. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing a plan for ment. |
| | | 1 | following: Temperatures to protect Emergency lighting Fire detection, extinguis Sewage and waste disp Note: It is important for critical a level that protects the health | |
| §482.15(b)(1)(ii)(B) TAG: E- | -0015 | EM.12.02.11 | The critical acce | ess hospital has a plan for managing essential or critical utilities during an |
| (B) Emergency lighting. | | | | isaster incident. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing a plan for ment. |
| | | 1 | following: Temperatures to protect Emergency lighting Fire detection, extinguis Sewage and waste disp Note: It is important for critical a level that protects the health | |

| CFR Number §482.15(b)(1)(ii)(C) | Medicare Requirements | - | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance | |
|---|---|--|--|---|--|
| §482.15(b)(1)(ii)(C) TAG: E-0015 (C) Fire detection, extinguishing, and alarm systems. | | EM.12.02.1 | EM.12.02.11 The critical access hospital has a plan for managing essential or critical utilities demergency or disaster incident. Note: The critical access hospital considers its properties in hazards identified as part of its hazard vulnerability analysis when developing a plutilities management. | | |
| | | The critical access hospital's plan for managing utilities includes alternate sources for maintaining energy to the following: Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions Emergency lighting Fire detection, extinguishing, and alarm systems Sewage and waste disposal Note: It is important for critical access hospitals to consider alternative means for maintaining temperatures at a level that protects the health and safety of all persons within the facility. For example, when safe temperature levels cannot be maintained, the critical access hospital considers partial or full evacuation or closure. | | | |
| §482.15(b)(1)(ii)(D) TAG: E- (D) Sewage and waste disposal. | | | emergency or | cess hospital has a plan for managing essential or critical utilities during an disaster incident. Note: The critical access hospital considers its prioritized fied as part of its hazard vulnerability analysis when developing a plan for lement. | |
| | | The critical access hospital's plan for managing utilities includes alternate sources for maintaining energy to following: Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions Emergency lighting Fire detection, extinguishing, and alarm systems Sewage and waste disposal Note: It is important for critical access hospitals to consider alternative means for maintaining temperatures a level that protects the health and safety of all persons within the facility. For example, when safe tempera levels cannot be maintained, the critical access hospital considers partial or full evacuation or closure. | | | |
| §482.15(b)(2) TAG: E- (2) A system to track the location of on-dur hospital's care during an emergency. If on relocated during the emergency, the hospital to the control of the control | ty staff and sheltered patients in the -duty staff and sheltered patients are | EM.12.02.0 | emergency or | cess hospital has a plan for safety and security measures to take during an disaster incident. Note: The critical access hospital considers its prioritized fied as part of its hazard vulnerability analysis when developing a plan for safety | |
| location of the receiving facility or other loc | | EP 2 | on-duty staff and volunteers volunteers and patients are name and location of the re | s plan for safety and security measures includes a system to track the location of its and patients when sheltered in place, relocated, or evacuated. If on-duty staff and relocated during an emergency, the critical access hospital documents the specific ceiving facility or evacuation location. used for tracking purposes include the use of established technology or tracking into at defined intervals. | |
| §482.15(b)(3) TAG: E-0020 (3) Safe evacuation from the hospital, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of | | EM.12.01.0 | approach. Not | cess hospital develops an emergency operations plan based on an all-hazards e: The critical access hospital considers its prioritized hazards identified as part vulnerability analysis when developing an emergency operations plan. | |
| evacuation location(s); and primary and al external sources of assistance. | | EP 3 | shelter in place or evacuate Note 1: Shelter-in-place pla or situation. Note 2: Safe evacuation fro | s emergency operations plan includes written procedures for when and how it will (partial or complete) its staff, volunteers, and patients. In may vary by department and facility and may vary based on the type of emergency on the critical access hospital includes consideration of care, treatment, and service sponsibilities, and transportation. | |

| CFR Number §482.15(b)(3) Medicare Requirements | Joint Commission Equivalent Number Joint Commission Standards and Elements of Performance | ce |
|---|---|---|
| EM | M.12.02.01 The critical access hospital has a communications plan that addresses how it will initial maintain communications during an emergency. Note: The critical access hospital comprioritized hazards identified as part of its hazard vulnerability analysis when developing emergency response communications plan. | siders |
| EP | The critical access hospital's communications plan identifies its primary and alternate means for communications that staff and relevant authorities (such as federal, state, tribal, regional, and local emergency preparedne The plan includes procedures for the following: • How and when alternate/backup communication methods are used • Verifying that its communications systems are compatible with those of community partners and rele authorities the critical access hospital plans to communicate with • Testing the functionality of the critical access hospital's alternate/backup communication systems or equipment Note: Examples of alternate/backup communication systems include amateur radios, portable radios, text-notifications, cell and satellite phones, and reverse 911 notification systems. | ss staff). vant |
| A means to shelter in place for patients, staff, and volunteers who remain in the ility. | M.12.01.01 The critical access hospital develops an emergency operations plan based on an all-ha approach. Note: The critical access hospital considers its prioritized hazards identified of its hazards vulnerability analysis when developing an emergency operations plan. | |
| | The critical access hospital's emergency operations plan includes written procedures for when and how it shelter in place or evacuate (partial or complete) its staff, volunteers, and patients. Note 1: Shelter-in-place plans may vary by department and facility and may vary based on the type of emerging or situation. Note 2: Safe evacuation from the critical access hospital includes consideration of care, treatment, and sendeds of evacuees, staff responsibilities, and transportation. | ergency |
| 82.15(b)(5) TAG: E-0023 IM. | M.11.01.01 The critical access hospital plans for continuity of its information management process | ses. |
| A system of medical documentation that preserves patient information, protects infidentiality of patient information, and secures and maintains the availability of ords. | The critical access hospital develops and implements policies and procedures regarding medical documer and patient information during emergencies and other interruptions to information management systems, is security and availability of patient records to support continuity of care. Note: These policies and procedures are based on the emergency plan, risk assessment, and emergency communication plan and are reviewed and updated at least every 2 years. | ncluding |
| TAG: E-0024 The use of volunteers in an emergency and other emergency staffing strategies, luding the process and role for integration of State and Federally designated | M.12.02.03 The critical access hospital has a staffing plan for managing all staff and volunteers du an emergency or disaster incident. Note: The critical access hospital considers its prio hazards identified as part of its hazard vulnerability analysis when developing a staffing | ritized |
| | The critical access hospital develops a staffing plan for managing all staff and volunteers to meet patient or needs during the duration of an emergency or disaster incident or during a patient surge. The plan include following: • Methods for contacting off-duty staff • Acquisition of staff from its other health care facilities • Use of volunteer staffing, such as staffing agencies, health care coalition support, and those deploye part of the disaster medical assistance teams Note: If the critical access hospital determines that it will never use volunteers during disasters, this is doct in its plan. The critical access hospital's staffing plan addresses the management of all staff and volunteers as follows • Reporting processes • Roles and responsibilities for essential functions • Integration of staffing agencies, volunteer staffing, or deployed medical assistance teams into assign | s the ed as umented s: |
| EP | Note: If the critical access hospital determines in its plan. P 2 The critical access hospital's staffing plan add Reporting processes Roles and responsibilities for essential for | that it will never use volunteers during disasters, this is docuresses the management of all staff and volunteers as follows unctions |

| CFR Number §482.15(b)(7) | Medicare Requirements | 1 | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|---|--|------------|---|--|
| §482.15(b)(7) TAG: E-0025 (7) The development of arrangements with other hospitals and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to hospital patients. | | EM.12.02.0 | The critical access hospital has a plan for providing patient care and clinic an emergency or disaster incident. Note: The critical access hospital cons hazards identified as part of its hazard vulnerability analysis when develop patient care and clinical support. The critical access hospital's plan for providing patient care and clinical support includes written and arrangements with other hospitals and providers for how it will share patient care information and how it will transfer patients to other health care facilities to maintain conti | |
| (8) The role of the hospital under a w | vaiver declared by the Secretary, in accordance rovision of care and treatment at an alternate | EM.12.01.0 | approach. Note: | ess hospital develops an emergency operations plan based on an all-hazards The critical access hospital considers its prioritized hazards identified as part Unerability analysis when developing an emergency operations plan. |
| care site identified by emergency ma | | EP 7 | address the role of the critical section 1135 of the Social Se emergency management offic Note 1: This element of perfo or Children's Health Insuranc Note 2: For more information response/how-can-we-help/w | rmance is applicable only to critical access hospitals that receive Medicare, Medicaid, |
| G = -(-) | G: E-0029 al must develop and maintain an emergency | EM.09.01.0 | | ess hospital has a comprehensive emergency management program that azards approach. |
| preparedness communication plan than d must be reviewed and updated a | nat complies with Federal, State, and local laws at least every 2 years. The communication plan | EP 3 | The critical access hospital co | omplies with all applicable federal, state, and local emergency preparedness laws |
| must include all of the following: | | EM.12.01.0 | approach. Note: | ess hospital develops an emergency operations plan based on an all-hazards : The critical access hospital considers its prioritized hazards identified as part ulnerability analysis when developing an emergency operations plan. |
| | | EP 1 | and procedures that provides incidents. The EOP and polic Mobilizing incident come Communications plan Maintaining, expanding, Protecting critical syster Conserving and/or supp Surge plans (such as flue identifying alternate treates Sheltering in place | curtailing, or closing operations ms and infrastructure elementing resources u or pandemic plans) etment areas or locations emplete) or relocating services |

| CFR Number §482.15(c) | Medicare Requirements | Joint Con Equivalen | | Joint Commission Standards and Elements of Performance |
|---|-----------------------|--|---|---|
| | | EM.17.01.01 | | ess hospital evaluates its emergency management program, emergency , and continuity of operations plans. |
| | | for impro Ha. Em Co Co Edu | ovement to the following and vulnerability and nergency managements. | olan, policies, and procedures |
| §482.15(c)(1) TAG: E- | | | | |
| (1) Names and contact information for the | following: | | | |
| §482.15(c)(1)(i) TAG: E- | -0030 | EM.12.02.01 | maintain commo | ess hospital has a communications plan that addresses how it will initiate and unications during an emergency. Note: The critical access hospital considers rds identified as part of its hazard vulnerability analysis when developing an ionse communications plan. |
| | | an emerg Sta Phy Vol Oth Enri sup Re Re Oth Note: Th | gency. The list of con aff ysicians and other lic lunteers her health care organ tities providing servic oplies levant community pa levant authorities (fed her sources of assista | izations es under arrangement, including suppliers of essential services, equipment, and rtners (such as fire, police, local incident command, public health departments) deral, state, tribal, regional, and local emergency preparedness staff) ance (such as health care coalitions) will determine what organizations/individuals need to be contacted to assist with the |
| §482.15(c)(1)(ii) TAG: E- (ii) Entities providing services under arrange | | EM.12.02.01 | maintain commo | ess hospital has a communications plan that addresses how it will initiate and unications during an emergency. Note: The critical access hospital considers rds identified as part of its hazard vulnerability analysis when developing an conse communications plan. |
| | | an emery Sta Phy Voi Ott Ent sup Re Re Ott Note: Th | gency. The list of con aff ysicians and other lic lunteers her health care organ tities providing servic oplies levant community pa levant authorities (fed her sources of assista | izations es under arrangement, including suppliers of essential services, equipment, and rtners (such as fire, police, local incident command, public health departments) deral, state, tribal, regional, and local emergency preparedness staff) ance (such as health care coalitions) will determine what organizations/individuals need to be contacted to assist with the |

| CFR Numbe §482.15(c)(1)(i | | Medicare Requirements | I | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | |
|--|--------------------|-----------------------|---|---|---|---|--|
| §482.15(c)(1)(iii) TAG: E-0030 (iii) Patients' physicians. | | EM.12.02 | EM.12.02.01 The critical access hospital has a communications plan that addresses how it wil maintain communications during an emergency. Note: The critical access hospital prioritized hazards identified as part of its hazard vulnerability analysis when developed emergency response communications plan. | | | | |
| | | | EP 1 | an emergency. The list Staff Physicians and Volunteers Other health cal Entities providin supplies Relevant comm Relevant author Other sources of | other license other license re organizating services u unity partne rities (federa of assistance ergency will | ' | |
| §482.15(c)(1)(iv) (iv) Other hospitals and CAF | TAG: E-0030 | | EM.12.02 | maintain prioritize | communiced hazards | hospital has a communications plan that addresses how it will initiate and cations during an emergency. Note: The critical access hospital considers identified as part of its hazard vulnerability analysis when developing an se communications plan. | |
| | | | EP 1 | an emergency. The list Staff Physicians and Volunteers Other health cate Entities providing supplies Relevant comm Relevant author Other sources of | other license other license re organizating services u unity partne rities (federa of assistance ergency will | · | |

| CFR Number §482.15(c)(1)(v) | Medicare Requirements | | t Commission valent Number | Joint Commission Standards and Elements of Performance | | |
|---|-----------------------|-------------|--|---|--|--|
| §482.15(c)(1)(v) TAG: E-0030 (v) Volunteers. | | EM.12.02.01 | maintain commu prioritized hazar | tical access hospital has a communications plan that addresses how it will initiate and in communications during an emergency. Note: The critical access hospital considers zed hazards identified as part of its hazard vulnerability analysis when developing an ency response communications plan. | | |
| | | | The critical access hospital maintains a contact list of individuals and entities that are to be notified in response to an emergency. The list of contacts includes the following: Staff Physicians and other licensed practitioners Volunteers Other health care organizations Entities providing services under arrangement, including suppliers of essential services, equipment, and supplies Relevant community partners (such as fire, police, local incident command, public health departments) Relevant authorities (federal, state, tribal, regional, and local emergency preparedness staff) Other sources of assistance (such as health care coalitions) Note: The type of emergency will determine what organizations/individuals need to be contacted to assist with the emergency or disaster incident. | | | |
| §482.15(c)(2) TAG: E- | 0031 | | | | | |
| (2) Contact information for the following: | | | | | | |
| §482.15(c)(2)(i) TAG: E- (i) Federal, State, tribal, regional, and loca | | EM.12.02.01 | maintain commu prioritized hazar | ess hospital has a communications plan that addresses how it will initiate and unications during an emergency. Note: The critical access hospital considers desidentified as part of its hazard vulnerability analysis when developing an onse communications plan. | | |
| | | an No | emergency. The list of con Staff Physicians and other lice Volunteers Other health care organi Entities providing service supplies Relevant community par Relevant authorities (fee Other sources of assista | ensed practitioners izations es under arrangement, including suppliers of essential services, equipment, and theres (such as fire, police, local incident command, public health departments) deral, state, tribal, regional, and local emergency preparedness staff) unce (such as health care coalitions) will determine what organizations/individuals need to be contacted to assist with the | | |

| CFR Number §482.15(c)(2)(ii) | Medicare Requirements | | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance | | | |
|---|--------------------------------|-----------|---|---|--|--|--|
| §482.15(c)(2)(ii) TAG: E-0031 (ii) Other sources of assistance. | | | EM.12.02.01 The critical access hospital has a communications plan that addresses how it will initiate and maintain communications during an emergency. Note: The critical access hospital considers prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency response communications plan. | | | | |
| | | EP 1 | an emergency. The list of con Staff Physicians and other lice Volunteers Other health care organ Entities providing service supplies Relevant community par Relevant authorities (fee | ensed practitioners izations es under arrangement, including suppliers of essential services, equipment, and rtners (such as fire, police, local incident command, public health departments) deral, state, tribal, regional, and local emergency preparedness staff) ance (such as health care coalitions) will determine what organizations/individuals need to be contacted to assist with the | | | |
| §482.15(c)(3) TAG: E | E-0032 | | | | | | |
| (3) Primary and alternate means for com- | municating with the following: | | | | | | |
| §482.15(c)(3)(i) (i) Hospital's staff. | | | maintain commu prioritized hazar | ess hospital has a communications plan that addresses how it will initiate and unications during an emergency. Note: The critical access hospital considers rds identified as part of its hazard vulnerability analysis when developing an conse communications plan. | | | |
| | | EP 5 | with staff and relevant authori The plan includes procedures How and when alternate Verifying that its commu authorities the critical ac Testing the functionality equipment Note: Examples of alternate/b | communications plan identifies its primary and alternate means for communicating ties (such as federal, state, tribal, regional, and local emergency preparedness staff). If or the following: be/backup communication methods are used inications systems are compatible with those of community partners and relevant excess hospital plans to communicate with of the critical access hospital's alternate/backup communication systems or eackup communication systems include amateur radios, portable radios, text-based phones, and reverse 911 notification systems. | | | |
| §482.15(c)(3)(ii) TAG: E (ii) Federal, State, tribal, regional, and loc | | EM.12.02. | maintain commi | ess hospital has a communications plan that addresses how it will initiate and unications during an emergency. Note: The critical access hospital considers rds identified as part of its hazard vulnerability analysis when developing an | | | |
| | | EP 5 | emergency resp The critical access hospital's ewith staff and relevant authorithe plan includes procedures How and when alternate Verifying that its communication authorities the critical acceptation. Testing the functionality equipment Note: Examples of alternate/b | communications plan. communications plan identifies its primary and alternate means for communicating ties (such as federal, state, tribal, regional, and local emergency preparedness staff). | | | |

| CFR Numb §482.15(c) | | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | | |
|---|---|--|---|---|---|--|--|
| §482.15(c)(4) TAG: E-0033 (4) A method for sharing information and medical documentation for patients under the hospital's care, as necessary, with other health care providers to maintain the continuity of care. | | | EM.12.02.01 The critical access hospital has a communications plan that addresses how it v maintain communications during an emergency. Note: The critical access hosp prioritized hazards identified as part of its hazard vulnerability analysis when demergency response communications plan. | | | | |
| | | EP 4 | In the event of an emergency or evacuation, the critical access hospital's communications for sharing and/or releasing location information and medical documentation for patients u to the following individuals or entities, in accordance with law and regulation: • Patient's family, representative, or others involved in the care of the patient • Disaster relief organizations and relevant authorities • Other health care providers Note: Sharing and releasing of patient information is consistent with 45 CFR 164.510(b)(1) | | | | |
| | | EM.12.02. | an emergency of hazards identifit patient care and | ess hospital has a plan for providing patient care and clinical support during or disaster incident. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing a plan for diclinical support. | | | |
| | | | EP 1 | and arrangements with other | plan for providing patient care and clinical support includes written procedures hospitals and providers for how it will share patient care information and medical I transfer patients to other health care facilities to maintain continuity of care. | | |
| §482.15(c)(5) TAG: E-0033 (5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii). | | EM.12.02. | maintain comm prioritized haza | ess hospital has a communications plan that addresses how it will initiate and unications during an emergency. Note: The critical access hospital considers rds identified as part of its hazard vulnerability analysis when developing an conse communications plan. | | | |
| | | EP 4 | for sharing and/or releasing to the following individuals or Patient's family, represe Disaster relief organizat Other health care provided | or evacuation, the critical access hospital's communications plan includes a method ocation information and medical documentation for patients under the hospital's care entities, in accordance with law and regulation: entative, or others involved in the care of the patient tions and relevant authorities ders of patient information is consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4). | | | |
| | | the general condition and location of ed under 45 CFR 164.510(b)(4). | EM.12.02. | maintain comm prioritized haza | ess hospital has a communications plan that addresses how it will initiate and unications during an emergency. Note: The critical access hospital considers rds identified as part of its hazard vulnerability analysis when developing an conse communications plan. | | |
| | for sharing to the follown Patis | | for sharing and/or releasing to the following individuals or Patient's family, represe Disaster relief organizat Other health care provided | or evacuation, the critical access hospital's communications plan includes a method ocation information and medical documentation for patients under the hospital's care entities, in accordance with law and regulation: entative, or others involved in the care of the patient tions and relevant authorities ders of patient information is consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4). | | | |
| its ability to provide assist | 7) A means of providing information about the hospital's occupancy, needs, and is ability to provide assistance, to the authority having jurisdiction, the Incident | | maintain com prioritized ha | | ess hospital has a communications plan that addresses how it will initiate and unications during an emergency. Note: The critical access hospital considers rds identified as part of its hazard vulnerability analysis when developing an conse communications plan. | | |
| Command Center, or designee. | | | EP 3 | The critical access hospital's and report information about relevant authorities. Note: Examples of critical acc | communication plan describes how the critical access hospital will communicate with its organizational needs, available occupancy, and ability to provide assistance to cess hospital needs include shortages in personal protective equipment, staffing seer of patients, and temporary loss of part or all organization function. | | |

| CFR Number §482.15(d) | Medicare Requirements | | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance | | | |
|--|----------------------------------|---------|--|--|--|--|--|
| §482.15(d) TAG: E-0036 (d) Training and testing. The hospital must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years. | | EM.15.0 | EM.15.01.01 The critical access hospital has an emergency management education and training program. Note: The critical access hospital considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing education and training. | | | | |
| | | EP 1 | on the critical access hospital operations plan, communicating Note: If the critical access hospital access ho | as a written education and training program in emergency management that is based 's prioritized risks identified as part of its hazard vulnerability analysis, emergency ons plan, and policies and procedures. Spital has developed multiple hazard vulnerability analyses based on the location of ucation and training for those facilities are specific to their needs. | | | |
| | | EM.16.0 | plan and respor | ess hospital plans and conducts exercises to test its emergency operations are procedures. Note: The critical access hospital considers its prioritized as part of its hazard vulnerability analysis when developing emergency | | | |
| | | EP 1 | emergency operations plan (E Likely emergencies or d EOP and policies and p After-action reports (AA Six critical areas (command assets, utilities) Note 1: The planned exercise assess how prepared the critical experiences. Note 2: An AAR is a detailed planned and unplanned even | rocedures | | | |
| | | EM.17.0 | | ess hospital evaluates its emergency management program, emergency , and continuity of operations plans. | | | |
| | | EP 3 | for improvement to the followi Hazard vulnerability ana Emergency management | nt program plan, policies, and procedures plan | | | |
| §482.15(d)(1) | TAG: E-0037 | | | | | | |
| (1) Training program. The hospita | ll must do all of the following: | 7 | | | | | |

| CFR Number §482.15(d)(1)(i) | | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|---|-----------------------|---------------------------------------|--|---|
| (i) Initial training in emergency prepa | 482.15(d)(1)(i) TAG: E-0037 Initial training in emergency preparedness policies and procedures to all new and kisting staff, individuals providing services under arrangement, and volunteers, | | EM.15.01.0 | Note: The critical | ess hospital has an emergency management education and training program. al access hospital considers its prioritized hazards identified as part of its bility analysis when developing education and training. |
| consistent with their expected role. | | | EP 2 | existing staff, individuals prov and responsibilities in an eme • Activation and deactivat • Communications plan • Emergency response po • Evacuation, shelter-in-p | rovides initial education and training in emergency management to all new and riding services under arrangement, and volunteers that are consistent with their roles ergency. The initial education and training include the following: tion of the emergency operations plan policies and procedures alace, lockdown, and surge procedures in resources and supplies for emergencies (such as procedure manuals or |
| §482.15(d)(1)(ii) (ii) Provide emergency preparednes | AG: E-0037 ss training at | least every 2 years. | EM.15.01.0 | Note: The critical | ess hospital has an emergency management education and training program. al access hospital considers its prioritized hazards identified as part of its oility analysis when developing education and training. |
| | | | EP 3 | under arrangement, and volue education and training occur • At least every two years • When roles or responsil • When there are significa • When procedural change education and training. Documentation is required. Note 1: Staff demonstrate knowll as post-training tests, pamethods determined and doc Note 2: Critical access hospit choose to provide education aprogram. | bilities change ant revisions to the emergency operations plan, policies, and/or procedures ges are made during an emergency or disaster incident requiring just-in-time owledge of emergency procedures through participation in drills and exercises, as rticipation in instructor-led feedback (for example, questions and answers), or other rumented by the organization. als are not required to retrain staff on the entire emergency operations plan but can and training specific to the new or revised elements of the emergency management |
| §482.15(d)(1)(iii) TA (iii) Maintain documentation of the tr | AG: E-0037 raining. | | EM.15.01.0 | Note: The critical | ess hospital has an emergency management education and training program. al access hospital considers its prioritized hazards identified as part of its bility analysis when developing education and training. |
| | | | EP 2 | existing staff, individuals prov and responsibilities in an eme • Activation and deactival • Communications plan • Emergency response po • Evacuation, shelter-in-p | rovides initial education and training in emergency management to all new and riding services under arrangement, and volunteers that are consistent with their roles ergency. The initial education and training include the following: tion of the emergency operations plan plicies and procedures place, lockdown, and surge procedures in resources and supplies for emergencies (such as procedure manuals or |

| CFR Number §482.15(d)(1)(iii) | Medicare Requirements | | pint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|---|-----------------------|------------|---|---|
| | | EP 3 | under arrangement, and volumeducation and training occur and training occur and the At least every two years are when roles or responsition. When there are significated when procedural change education and training. Documentation is required. Note 1: Staff demonstrate knowled as post-training tests, pare methods determined and doc Note 2: Critical access hospitical access hospitical access. | bilities change ant revisions to the emergency operations plan, policies, and/or procedures les are made during an emergency or disaster incident requiring just-in-time by b |
| §482.15(d)(1)(iv) TAG: E- | **** | EM.15.01.0 | | ess hospital has an emergency management education and training program. al access hospital considers its prioritized hazards identified as part of its |
| (iv) Demonstrate staff knowledge of emerg | gency procedures. | | | ility analysis when developing education and training. |
| | | | existing staff, individuals provand responsibilities in an eme | lace, lockdown, and surge procedures n resources and supplies for emergencies (such as procedure manuals or |
| | | EP 3 | under arrangement, and volumeducation and training occur and training occur and the At least every two years are when roles or responsition. When there are significated when procedural change education and training. Documentation is required. Note 1: Staff demonstrate knowled as post-training tests, pare methods determined and doc Note 2: Critical access hospit. | bilities change ant revisions to the emergency operations plan, policies, and/or procedures les are made during an emergency or disaster incident requiring just-in-time by b |

| CFR Number §482.15(d)(1)(v) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | | |
|---|--|--|---|---|--|--|
| (v) If the emergency preparedness policies and procedures are significantly updated, the hospital must conduct training on the updated policies and procedures. | | EM.15.01.01 | EM.15.01.01 The critical access hospital has an emergency management education and training progr. Note: The critical access hospital considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing education and training. | | | |
| | | The critical access hospital provides ongoing education and training to all staff, individuals providing services under arrangement, and volunteers that are consistent with their roles and responsibilities in an emergency. The education and training occur at the following times: • At least every two years • When roles or responsibilities change • When there are significant revisions to the emergency operations plan, policies, and/or procedures • When procedural changes are made during an emergency or disaster incident requiring just-in-time education and training. Documentation is required. Note 1: Staff demonstrate knowledge of emergency procedures through participation in drills and exercises, as well as post-training tests, participation in instructor-led feedback (for example, questions and answers), or other methods determined and documented by the organization. Note 2: Critical access hospitals are not required to retrain staff on the entire emergency operations plan but can choose to provide education and training specific to the new or revised elements of the emergency management program. | | | | |
| §482.15(d)(2) (2) Testing. The hospital must twice per year. The hospital m | TAG: E-0039 conduct exercises to test the emergency plan at least ust do all of the following: | EM.16.01.01 | plan and respor | ess hospital plans and conducts exercises to test its emergency operations are procedures. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing emergency | | |
| | | E: N if e) er | One of the annual exerce Full-scale, commuse Functional, facility The other annual exercifollows: Full-scale, commuse Functional, facility Mock disaster drill Tabletop, seminar narrated, clinically or prepared questive exercises and actual emergence of the experiences an actual emergency operations plan. | | | |

| CFR Number §482.15(d)(2)(i) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|-----------------------------------|---------------------------------------|--|---|
| (i) Participate in an annual full-scale exercise that is community-based; or | | EM.16.01. | plan and respor | ess hospital plans and conducts exercises to test its emergency operations use procedures. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing emergency |
| | | EP 2 | The critical access hospital is required to conduct two exercises per year to test the emergency operations of the annual exercises must consist of an operations-based exercise as follows: Full-scale, community-based exercise; or Functional, facility-based exercise when a community-based exercise is not possible The other annual exercise must consist of either an operations-based or discussion-based exercise follows: Full-scale, community-based exercise; or Functional, facility-based exercise; or Mock disaster drill; or Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion narrated, clinically relevant emergency scenarios and a set of problem statements, directed or prepared questions designed to challenge an emergency plan. Exercises and actual emergency or disaster incidents are documented (after-action reports). Note 1: The critical access hospital would be exempt from conducting its next annual operations-based if it experiences an actual emergency or disaster incident (discussion-based exercises are excluded fexemption). An exemption only applies if the critical access hospital provides documentation that it are emergency operations plan. Note 2: See the Glossary for the definitions of operations-based and discussion-based exercises. | |
| §482.15(d)(2)(i)(A) TAG: E- (A) When a community-based exercise is individual, facility-based functional exercise | not accessible, conduct an annual | EM.16.01.0 | plan and respor | ess hospital plans and conducts exercises to test its emergency operations nse procedures. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing emergency |
| | | EP 2 | One of the annual exerce Full-scale, commuse Functional, facility The other annual exercifollows: Full-scale, commuse Functional, facility Mock disaster drill Tabletop, seminar narrated, clinically or prepared questifor prepared questiformula exercises and actual emergency if it experiences an actual emexemption). An exemption on emergency operations plan. | |

| CFR Number §482.15(d)(2)(i)(B) | Medicare Requirements | | nt Commission livalent Number | Joint Commission Standards and Elements of Performance | | | |
|--|---|--|--|--|--|--|--|
| §482.15(d)(2)(i)(B) TAG: E-0039 (B) If the hospital experiences an actual natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required fullscale community-based exercise or individual, facility-based | | EM.16.01.01 The critical access hospital plans and conducts exercises to test its emergency operations plan and response procedures. Note: The critical access hospital considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing emergency exercises. | | | | | |
| functional exercise following the onset of the | | E N ii e e | required to conduct two exercises per year to test the emergency operations plan. cises must consist of an operations-based exercise as follows: unity-based exercise; or -based exercise when a community-based exercise is not possible is must consist of either an operations-based or discussion-based exercise as unity-based exercise; or -based exercise; or -based exercise; or -consist of either an operations-based or discussion-based exercise as unity-based exercise; or -consist of either an operations-based as group discussion using relevant emergency scenarios and a set of problem statements, directed messages, ions designed to challenge an emergency plan Incomparison of consister incidents are documented (after-action reports) Sepital would be exempt from conducting its next annual operations-based exercise ergency or disaster incident (discussion-based exercises are excluded from ally applies if the critical access hospital provides documentation that it activated its | | | | |
| §482.15(d)(2)(ii) TAG: E- | 0039 | | | | | | |
| (ii) Conduct an additional exercise that ma following: | y include, but is not limited to the | | | | | | |
| §482.15(d)(2)(ii)(A) TAG: E- | 0039 | EM.16.01.01 | | ess hospital plans and conducts exercises to test its emergency operations | | | |
| (A) A second full-scale exercise that is conbased functional exercise; or | nmunity-based or an individual, facility- | | | nse procedures. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing emergency | | | |
| | | E N ii e e | One of the annual exerce Full-scale, commuse Functional, facility The other annual exercifollows: Full-scale, commuse Functional, facility Mock disaster drill Tabletop, seminar narrated, clinically or prepared questive exercises and actual emergency and the exemption. An exemption on emergency operations plan. | | | | |

| CFR Number §482.15(d)(2)(ii)(B) | Medicare Requirements | 1 | loint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|-----------------------------------|-----------|---|---|
| §482.15(d)(2)(ii)(B) TAG: E-0039 (B) A mock disaster drill; or | | EM.16.01. | plan and respon | ess hospital plans and conducts exercises to test its emergency operations nse procedures. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing emergency |
| | | EP 2 | The critical access hospital is required to conduct two exercises per year to test the emergen One of the annual exercises must consist of an operations-based exercise as follows: Full-scale, community-based exercise; or Functional, facility-based exercise when a community-based exercise is not possi follows: The other annual exercise must consist of either an operations-based or discussion-base follows: Full-scale, community-based exercise; or Functional, facility-based exercise; or Mock disaster drill; or Tabletop, seminar, or workshop that is led by a facilitator and includes a group dis narrated, clinically relevant emergency scenarios and a set of problem statements or prepared questions designed to challenge an emergency plan. Exercises and actual emergency or disaster incidents are documented (after-action reports). Note 1: The critical access hospital would be exempt from conducting its next annual operation if it experiences an actual emergency or disaster incident (discussion-based exercises are exemption). An exemption only applies if the critical access hospital provides documentation emergency operations plan. Note 2: See the Glossary for the definitions of operations-based and discussion-based exercises. | |
| §482.15(d)(2)(ii)(C) TAG: E- (C) A tabletop exercise or workshop that in facilitator, using a narrated, clinically-releved of problem statements, directed messages | ant emergency scenario, and a set | EM.16.01. | plan and respon | ess hospital plans and conducts exercises to test its emergency operations nse procedures. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing emergency |
| challenge an emergency plan. | | EP 2 | One of the annual exerce Full-scale, commu Functional, facility The other annual exerce follows: Full-scale, commu Functional, facility Mock disaster drill Tabletop, seminan narrated, clinically or prepared quest exercises and actual emerge Note 1: The critical access he if it experiences an actual emexemption). An exemption on emergency operations plan. | * |

| CFR Number §482.15(d)(2)(ii | Wedicare Redilirements | : I | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance | | | |
|--|--|------------|---|---|--|--|--|
| §482.15(d)(2)(iii) | TAG: E-0039 ponse to and maintain documentation of all drills | EM.17.01.0 | | ess hospital evaluates its emergency management program, emergency, and continuity of operations plans. | | | |
| tabletop exercises, and emergency events, and revise the hospital's emergency plan, as needed. | | | The multidisciplinary committee that oversees the emergency management program reviews and evaluates all exercises and actual emergency or disaster incidents. The committee reviews after-action reports (AARs), identifies opportunities for improvement, and recommends actions to take to improve the emergency management program. The AARs and improvement plans are documented. Note 1: The review and evaluation address the effectiveness of its emergency response procedure, continuity of operations plans (if activated), training and exercise programs, evacuation procedures, surge response procedures, and activities related to communications, resources and assets, security, staff, utilities, and patients. Note 2: An AAR provides a detailed critical summary or analysis of a planned exercise or an actual emergency or disaster incident. The report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement. | | | | |
| | | EP 3 | for improvement to the followi Hazard vulnerability ana Emergency managemer | nt program plan, policies, and procedures plan | | | |
| emergency and standby pow | (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in | | emergency or d | ess hospital has a plan for managing essential or critical utilities during an isaster incident. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing a plan for ment. | | | |
| paragraphs (b)(1)(i) and (ii) of this section. | · | EP 1 | essential or critical to provide Note: Essential or critical utilit vertical and horizontal transpo | plan for managing utilities describes in writing the utility systems that it considers as care, treatment, and services. ies to consider may include systems for electrical distribution; emergency power; port; heating, ventilation, and air conditioning; plumbing and steam boilers; medical; and network or communication systems. | | | |
| | | EP 2 | | plan for managing utilities describes in writing how it will continue to maintain ems if one or more are impacted during an emergency or disaster incident. | | | |
| | | EP 3 | | plan for managing utilities describes in writing alternative means for providing ch as water supply, emergency power supply systems, fuel storage tanks, and | | | |

| CFR Number §482.15(e)(1) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | |
|---|---|---|--|---|--|
| <u>σ</u> | e generator must be located in accordance | PE.03.01.01 | The critical acce Life Safety Code | ess hospital designs and manages the physical environment to comply with the e. | |
| (1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated. | | Te No reg No Se acr No dis de up; No Co wa No de | ntative Interim Amendment te 1: Outpatient surgical de lardless of the number of p te 2: The provisions of the rvices (CMS) finds that a fixes hospitals. te 3: In consideration of a receion of the Secretary for emed appropriate, specific on a critical access hospitate 4: After consideration of de that, if rigidly applied, wiver does not adversely aff te 5: All inspecting activitie vices, equipment, or other activity; NFPA standard(s | Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid re and safety code imposed by state law adequately protects patients in critical recommendation by the state survey agency or accrediting organization or at the the US Department of Health & Human Services, CMS may waive, for periods provisions of the Life Safety Code, which would result in unreasonable hardship II, but only if the waiver will not adversely affect the health and safety of the patients. state survey agency findings, CMS may waive specific provisions of the Life Safety rould result in unreasonable hardship on the critical access hospital, but only if the ect the health and safety of patients. s are documented with the name of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity. | |
| İ | | PE.04.01.01 | The critical acce | ess hospital addresses building safety and facility management. | |
| | | Facilities Code (NFPA 98 Note 1: Chapters 7, 8, 12 Note 2: If application of the access hospital, the Cen Facilities Code, but only Note 3: All inspecting act devices, equipment, or o | | ital meets the applicable provisions and proceeds in accordance with the Health Care 9-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). 2, and 13 of the Health Care Facilities Code do not apply. The Health Care Facilities Code would result in unreasonable hardship for the critical sters for Medicare & Medicaid Services may waive specific provisions of the Health Care if the waiver does not adversely affect the health and safety of patients. tivities are documented with the name of the activity; date of the activity; inventory of other items; required frequency; name and contact information of person who performed ard(s) referenced for the activity; and results of the activity. | |
| | | PE.04.01.03 | | ess hospital manages utility systems. | |
| | | 99- | | eets the emergency power system and generator requirements found in NFPA s Code, NFPA 110-2010 Standard for Emergency and Standby Power Systems, and code requirements. | |
| §482.15(e)(2) TAG | : E-0041 | PE.04.01.03 | The critical acce | ess hospital manages utility systems. | |
| () | nd testing. The hospital must implement the testing, and maintenance requirements found PA 110, and Life Safety Code. | 99- | | eets the emergency power system and generator requirements found in NFPA s Code, NFPA 110-2010 Standard for Emergency and Standby Power Systems, and Code requirements. | |

| CFR Number §482.15(e)(3) | Medicare Requirements | | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|----------|---|---|
| §482.15(e)(3) TAG: E-0041 (3) Emergency generator fuel. Hospitals that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates. | | EM.12.02 | emergency or d | ess hospital has a plan for managing resources and assets during an isaster incident. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing a plan for issets. |
| | | EP 2 | track, monitor, and locate the emergency or disaster incider Medications and related Medical/surgical supplie Medical gases, including Potable or bottled water Non-potable water Laboratory equipment a Personal protective equ Fuel for operations Equipment and nonmed Note: The critical access hosp resources and assets may be The critical access hospital's allocate, mobilize, replenish, a incident, including the followir If part of a health care s Coordinating with local, Coordinating with local, Coordinating with regior Managing donations (su Note: High priority should be | supplies g oxygen and supplies and nutrition Ind supplies ipment Ical supplies to sustain operations oital should be aware of the resources and assets it has readily available and what quickly depleted depending on the type of emergency or disaster incident. Ical for managing its resources and assets describes in writing how it will obtain, and conserve its resources and assets during and after an emergency or disaster ag: yetem, coordinating within the system to request resources supply chains or vendors state, or federal agencies for additional resources hal health care coalitions for additional resources chas food, water, equipment, materials) given to resources that are known to deplete quickly and are extremely competitive as fuel, oxygen, personal protective equipment, ventilators, intravenous fluids, |
| | | EM.12.02 | emergency or d | ess hospital has a plan for managing essential or critical utilities during an isaster incident. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing a plan for ment. |
| | | EP 2 | | olan for managing utilities describes in writing how it will continue to maintain ems if one or more are impacted during an emergency or disaster incident. |
| | | EP 3 | | plan for managing utilities describes in writing alternative means for providing ch as water supply, emergency power supply systems, fuel storage tanks, and |
| §482.15(f) TAG: E-0042 | | ļ | | |
| (f) Integrated healthcare systems. If a hospital consisting of multiple separately certified healt unified and integrated emergency preparednes to participate in the healthcare system's coordi program. If elected, the unified and integrated must | hcare facilities that elects to have a ss program, the hospital may choose inated emergency preparedness | | | |

| CFR Number §482.15(f)(1) | Medicare Require | ments | Commission valent Number | Joint Commission Standards and Elements of Performance | | | |
|--|---|---------------------------|---|---|--|--|--|
| §482.15(f)(1) TAG: E-0042 (1) Demonstrate that each separately certified facility within the system actively | | EM.09.01.01 | EM.09.01.01 The critical access hospital has a comprehensive emergency management program that utilizes an all-hazards approach. | | | | |
| (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program. | | y EP 2 If t ma | | | | | |
| §482.15(f)(2) | TAG: E-0042 | EM.09.01.01 | | cess hospital has a comprehensive emergency management program that nazards approach. | | | |
| | ned in a manner that takes into account e nique circumstances, patient populations, | and services EP 2 If t ma | ne critical access hospital inagement program and it ordinated emergency man Each separately certific the unified and integra The program is develo critical access hospital Each separately certific emergency manageme Documented communi Documented individual | is part of a health care system that has a unified and integrated emergency to chooses to participate in the program, the following must be demonstrated within the nagement program: ed critical access hospital within the system actively participates in the development of ted emergency management program ped and maintained in a manner that takes into account each separately certified 's unique circumstances, patient population, and services offered ed critical access hospital is capable of actively using the unified and integrated ent program and is in compliance with the program ity-based risk assessment utilizing an all-hazards approach I, facility-based risk assessment utilizing an all-hazards approach for each separately thospital within the health care system emergency plan I procedures cation plan | | | |

| CFR Number §482.15(f)(3) | Medicare Requirements | | nt Commission ivalent Number | Joint Commission Standards and Elements of Performance |
|---|-----------------------|-------------|--|--|
| 0 ()(-) | AG: E-0042 | EM.09.01.01 | | ess hospital has a comprehensive emergency management program that azards approach. |
| (3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program. | | EP 2 If | the critical access hospital is nanagement program and it of coordinated emergency mana Each separately certified the unified and integrate The program is develop critical access hospital's Each separately certified emergency managemer Documented community Documented individual, | s part of a health care system that has a unified and integrated emergency chooses to participate in the program, the following must be demonstrated within the agement program: d critical access hospital within the system actively participates in the development of ad emergency management program ed and maintained in a manner that takes into account each separately certified and unique circumstances, patient population, and services offered a critical access hospital is capable of actively using the unified and integrated at program and is in compliance with the program and is assessment utilizing an all-hazards approach for each separately nospital within the health care system are gency plan procedures ation plan |
| §482.15(f)(4) T. | AG: E-0042 | EM.09.01.01 | | ess hospital has a comprehensive emergency management program that |
| §482.15(f)(4) TAG: E-0042 (4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following: | | n c | the critical access hospital in the program and it of coordinated emergency mana. Each separately certified the unified and integrate. The program is develop critical access hospital's. Each separately certified emergency managemer. Documented community. Documented individual, certified critical access hospital access hospital's. Unified and integrated e. Integrated policies and p. Coordinated communication. | d critical access hospital within the system actively participates in the development of ad emergency management program ed and maintained in a manner that takes into account each separately certified a unique circumstances, patient population, and services offered districal access hospital is capable of actively using the unified and integrated at program and is in compliance with the program and is in compliance with the program and is assessment utilizing an all-hazards approach facility-based risk assessment utilizing an all-hazards approach for each separately nospital within the health care system amergency plan procedures ation plan gram |
| | | EM.11.01.01 | approach. | ess hospital conducts a hazard vulnerability analysis utilizing an all-hazards |
| | | | hat presents the highest like f the critical access hospital | valuates and prioritizes the findings of the hazard vulnerability analysis to determine slihood of occurring and the impacts those hazards will have on the operating status and its ability to provide services. The findings are documented. |
| | | | | ses its prioritized hazards from the hazard vulnerability analysis to identify and paredness actions to increase the resilience of the critical access hospital and helps services or functions. |

| CFR Number §482.15(f)(4) | Medicare Requirements | | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|-----------------------------|-----------------------|------------|--|---|
| | | EM.12.01.0 | approach. Note: | ss hospital develops an emergency operations plan based on an all-hazards The critical access hospital considers its prioritized hazards identified as part Ilnerability analysis when developing an emergency operations plan. |
| | | | including at-risk populations, a disaster event. Note: At-risk populations such may have additional needs to | amergency operations plan identifies the patient population(s) that it will serve, and the types of services it would have the ability to provide in an emergency or as the elderly, dialysis patients, or persons with physical or mental disabilities be addressed during an emergency or disaster incident such as medical care, is, supervision, and maintaining independence. |
| | | | with other health care facilities | emergency operations plan includes a process for cooperating and collaborating s; health care coalitions; and local, tribal, regional, state, and federal emergency to leverage support and resources and to provide an integrated response during an it. |
| | | EM.13.01.0 | hospital conside | es hospital has a continuity of operations plan. Note: The critical access ers its prioritized hazards identified as part of its hazard vulnerability analysis g a continuity of operations plan. |
| | | | participation of key executive by the critical access hospital considered essential or critica Note: The COOP provides gu business functions to deliver e administrative/vital records, in telecommunications, and build | is a written continuity of operations plan (COOP) that is developed with the leaders, business and finance leaders, and other department leaders as determined. These key leaders identify and prioritize the services and functions that are I for maintaining operations. I dance on how the critical access hospital will continue to perform its essential essential or critical services. Essential business functions to consider include formation technology, financial services, security systems, communications/ ding operations to support essential and critical services that cannot be deferred ctivities must be performed continuously or resumed quickly following a disruption. |
| | | | to provide its essential busine compromised due to an emerg Note: Example of options to co | continuity of operations plan identifies in writing how and where it will continue as functions when the location of the essential or critical service has been gency or disaster incident. consider for providing essential services include use of off-site locations, space exation, existing facilities or space, telework (remote work), or telehealth. |
| | | | | is a written order of succession plan that identifies who is authorized to assume agement role when that person(s) is unable to fulfill their function or perform their |
| | | | authorization to act on behalf Note: Delegations of authority sufficiently detailed to make c | is a written delegation of authority plan that provides the individual(s) with the legal of the critical access hospital for specified purposes and to carry out specific duties. are an essential part of an organization's continuity program and should be ertain the critical access hospital can perform its essential functions. Delegations of ar function that an individual is authorized to perform and includes restrictions and t authority. |

| CFR Number §482.15(f)(4)(i) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | | |
|---|-----------------------|---|---|---|--|--|
| §482.15(f)(4)(i) TAG: | | EM.09.01.01 | | ess hospital has a comprehensive emergency management program that azards approach. | | |
| (i) A documented community-based risk assessment, utilizing an all-hazards approach. | | If the critical access hospital is part of a health care system that has a unified and integrated emergency management program and it chooses to participate in the program, the following must be demonstrated within the coordinated emergency management program: Each separately certified critical access hospital within the system actively participates in the development of the unified and integrated emergency management program The program is developed and maintained in a manner that takes into account each separately certified critical access hospital's unique circumstances, patient population, and services offered Each separately certified critical access hospital is capable of actively using the unified and integrated emergency management program and is in compliance with the program Documented community-based risk assessment utilizing an all-hazards approach Documented individual, facility-based risk assessment utilizing an all-hazards approach for each separately certified critical access hospital within the health care system Unified and integrated emergency plan Integrated policies and procedures Coordinated communication plan Training and testing program | | | | |
| §482.15(f)(4)(ii) TAG: | | EM.09.01.01 | | ess hospital has a comprehensive emergency management program that azards approach. | | |
| (ii) A documented individual facility-base certified facility within the health system, | | man coor | e critical access hospital is agement program and it of dinated emergency mana Each separately certified the unified and integrate The program is develop- critical access hospital's Each separately certified emergency managemen Documented community Documented individual, | s part of a health care system that has a unified and integrated emergency chooses to participate in the program, the following must be demonstrated within the agement program: d critical access hospital within the system actively participates in the development of ed emergency management program ed and maintained in a manner that takes into account each separately certified and unique circumstances, patient population, and services offered d critical access hospital is capable of actively using the unified and integrated at program and is in compliance with the program y-based risk assessment utilizing an all-hazards approach facility-based risk assessment utilizing an all-hazards approach for each separately nospital within the health care system amergency plan procedures ation plan | | |

| CFR Number §482.15(f)(5) | Medicare Requirements | 1 | Joint Commission equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|-----------|--|--|
| • (// / | E-0042 dures that meet the requirements set forth | EM.09.01. | | ess hospital has a comprehensive emergency management program that azards approach. |
| in paragraph (b) of this section, a coord | · | EP 2 | management program and it coordinated emergency mana Each separately certifie the unified and integrate The program is develop critical access hospital's Each separately certifie emergency managemen Documented community Documented individual, certified critical access in Unified and integrated end integrated end integrated policies and integrated communication. Training and testing pro | d critical access hospital within the system actively participates in the development of ed emergency management program and maintained in a manner that takes into account each separately certified a unique circumstances, patient population, and services offered discritical access hospital is capable of actively using the unified and integrated in the program and is in compliance with the program sy-based risk assessment utilizing an all-hazards approach for each separately hospital within the health care system emergency plan procedures ation plan igram |
| | | EP 3 | The critical access hospital coand regulations. | omplies with all applicable federal, state, and local emergency preparedness laws |
| | | EM.12.01. | approach. Note: | ess hospital develops an emergency operations plan based on an all-hazards : The critical access hospital considers its prioritized hazards identified as part ulnerability analysis when developing an emergency operations plan. |
| | | EP 1 | and procedures that provides incidents. The EOP and polic Mobilizing incident come Communications plan Maintaining, expanding, Protecting critical syster Conserving and/or supp Surge plans (such as flue Identifying alternate treates Sheltering in place | curtailing, or closing operations ms and infrastructure plementing resources u or pandemic plans) atment areas or locations complete) or relocating services |
| | | EM.15.01. | Note: The critical | ess hospital has an emergency management education and training program. al access hospital considers its prioritized hazards identified as part of its bility analysis when developing education and training. |
| | | EP 1 | on the critical access hospital operations plan, communicati Note: If the critical access hospital access hosp | as a written education and training program in emergency management that is based i's prioritized risks identified as part of its hazard vulnerability analysis, emergency ions plan, and policies and procedures. spital has developed multiple hazard vulnerability analyses based on the location of ucation and training for those facilities are specific to their needs. |

| CFR Number §482.15(f)(5) | Medicare Requirements | 1 | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|-----------------------|-----------|--|--|
| | | EM.16.01. | plan and respor | ess hospital plans and conducts exercises to test its emergency operations as procedures. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing emergency |
| | | EP 1 | emergency operations plan (E Likely emergencies or d EOP and policies and p After-action reports (AA Six critical areas (command assets, utilities) Note 1: The planned exercise assess how prepared the criti experiences. Note 2: An AAR is a detailed planned and unplanned eventaken by participants, and pro The critical acce | R) and improvement plans functions, staffing, patient care and clinical support, safety and security, resources as should attempt to stress the limits of its emergency response procedures to cal access hospital may be if a real event or disaster were to occur based on past critical summary or analysis of an emergency or disaster incident, including both ts. The report summarizes what took place during the event, analyzes the actions wides areas needing improvement. |
| | | EP 3 | The critical access hospital refor improvement to the following Hazard vulnerability and Emergency management | nt program plan, policies, and procedures plan |
| §482.15(g) TAG: E- (g) Transplant hospitals. If a hospital has of defined in § 482.70) | | | | |
| §482.15(g)(1) TAG: E- | | EM.09.01. | | ess hospital has a comprehensive emergency management program that azards approach. |
| development and maintenance of the hospand | | EP 4 | A representative from excritical access hospital's The critical access hospithe duties and responsitive procurement organization. | tric distinct part units in critical access hospitals: If a critical access hospital has one (as defined in 42 CFR 482.70) the following must occur: ach transplant program must be included in the development and maintenance of the semergency preparedness program oital must develop and maintain mutually agreed upon protocols that address politities of the critical access hospital, each transplant program, and the organ on (OPO) for the donation service area where the critical access hospital is cal access hospital has been granted a waiver to work with another OPO, during an |

| CFR Number §482.15(g)(2) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | | |
|---|--|---------------------------------------|--|--|--|--|
| §482.15(g)(2) TAG: E-0043 | | EM.09.01.0 | EM.09.01.01 The critical access hospital has a comprehensive emergency management program utilizes an all-hazards approach. | | | |
| (2) The hospital must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the hospital, each transplant program, and the OPO for the DSA where the hospital is situated, unless the hospital has been granted a waiver to work with another OPO, during an emergency. | | EP 4 | For rehabilitation and psychia or more transplant programs • A representative from experition of critical access hospital's • The critical access hospithe duties and responsite procurement organization | tric distinct part units in critical access hospitals: If a critical access hospital has one (as defined in 42 CFR 482.70) the following must occur: ach transplant program must be included in the development and maintenance of the semergency preparedness program oital must develop and maintain mutually agreed upon protocols that address oilities of the critical access hospital, each transplant program, and the organ on (OPO) for the donation service area where the critical access hospital is cal access hospital has been granted a waiver to work with another OPO, during an | | |
| §482.15(h) TAG | 6: E-0041 | | | | | |
| accordance with 5 U.S.C. 552(a) and from the sources listed below. You ma Resource Center, 7500 Security Boule Archives and Records Administration (of this material at NARA, call 202–741 federal_register/code_of_federal_regu | ctor of the Office of the Federal Register in 1 CFR part 51. You may obtain the material by inspect a copy at the CMS Information evard, Baltimore, MD or at the National (NARA). For information on the availability –6030, or go to: http://www.archives.gov/ulations/ibr_locations.html. If any changes in ed by reference, CMS will publish a document | | | | | |
| §482.15(h)(1) TAG | 6: E-0041 | † | | | | |
| (1) National Fire Protection Association www.nfpa.org, 1.617.770.3000. | n, 1 Batterymarch Park, Quincy, MA 02169, | | | | | |
| §482.15(h)(1)(i) TAG | 6: E-0041 | PE.04.01.0 | 1 The critical acce | ess hospital addresses building safety and facility management. | | |
| (i) NFPA 99, Health Care Facilities Co. | de, 2012 edition, issued August 11, 2011. | EP 1 | Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activitie devices, equipment, or other i | eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). d 13 of the Health Care Facilities Code do not apply. ealth Care Facilities Code would result in unreasonable hardship for the critical for Medicare & Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. s are documented with the name of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed perferenced for the activity; and results of the activity. | | |
| §482.15(h)(1)(ii) TAG | 6: E-0041 | PE.04.01.0 | | ess hospital addresses building safety and facility management. | | |
| (ii) Technical interim amendment (TIA) |) 12-2 to NFPA 99, issued August 11, 2011. | EP 1 | Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activitie devices, equipment, or other i | eets the applicable provisions and proceeds in accordance with the Health Care 12 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). In the Health Care Facilities Code do not apply. It is earlier to Medicare & Medicaid Services may waive specific provisions of the Health Care is waiver does not adversely affect the health and safety of patients. It is are documented with the name of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity. | | |

| CFR Number §482.15(h)(1)(iii) | Medicare Requirements | Eq | int Commission uivalent Number | Joint Commission Standards and Elements of Performance |
|---|-----------------------|-------------|--|--|
| 0 · · · (// // / | : E-0041 | PE.04.01.01 | | ess hospital addresses building safety and facility management. |
| (iii) TIA 12-3 to NFPA 99, issued Augus | | | Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other in the activity; NFPA standard(s) | eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). In 3 of the Health Care Facilities Code do not apply. It is earlier to Medicare & Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. It is are documented with the name of the activity; date of the activity; inventory of the step of the activity; and results of the activity. |
| §482.15(h)(1)(iv) TAG | : E-0041 | PE.04.01.01 | The critical acce | ess hospital addresses building safety and facility management. |
| (iv) TIA 12-4 to NFPA 99, issued March | n 7, 2013. | | Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other i | eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). In 3 of the Health Care Facilities Code do not apply. In 3 ealth Care Facilities Code would result in unreasonable hardship for the critical for Medicare & Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. In 3 are documented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed of the activity; and results of the activity. |
| §482.15(h)(1)(v) TAG | : E-0041 | PE.04.01.01 | The critical acce | ess hospital addresses building safety and facility management. |
| (v) TIA 12-5 to NFPA 99, issued Augus | st 1, 2013. | | Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other i | eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). In 13 of the Health Care Facilities Code do not apply. In 14 earlier Earlie |
| §482.15(h)(1)(vi) TAG | : E-0041 | PE.04.01.01 | The critical acce | ess hospital addresses building safety and facility management. |
| (vi) TIA 12-6 to NFPA 99, issued March | า 3, 2014. | | Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other i | eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). In 13 of the Health Care Facilities Code do not apply. In 14 earlier Care Facilities Code would result in unreasonable hardship for the critical for Medicare & Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. In 15 sare documented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed of the activity; and results of the activity. |

| CFR Numbe §482.15(h)(1)(| | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | | |
|---|-----------------|-----------------------|---------------------------------------|---|--|--|--|
| §482.15(h)(1)(vii) | TAG: E-0 | | PE.03.01 | .01 The critical acce | ess hospital designs and manages the physical environment to comply with the | | |
| (vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011. | | EP 3 | | | | | |
| §482.15(h)(1)(viii) (viii) TIA 12-1 to NFPA 101, | TAG: E-0 | <u> </u> | PE.03.01 | .01 The critical acce | ess hospital designs and manages the physical environment to comply with the e. | | |
| | , issued August | 11, 2011. | EP 3 | Tentative Interim Amendment Note 1: Outpatient surgical de regardless of the number of p Note 2: The provisions of the Services (CMS) finds that a fil access hospitals. Note 3: In consideration of a r discretion of the Secretary for deemed appropriate, specific upon a critical access hospital Note 4: After consideration of Code that, if rigidly applied, w waiver does not adversely aff Note 5: All inspecting activitie devices, equipment, or other in the surgical devices in the surgical devices in the surgical devices and the surgical devices in the surgical devices are surgical devices. | neets the applicable provisions of the Life Safety Code (NFPA 101-2012 and ts [TIA] 12-1, 12-2, 12-3, and 12-4). Expartments meet the provisions applicable to ambulatory health care occupancies, patients served. Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid are and safety code imposed by state law adequately protects patients in critical recommendation by the state survey agency or accrediting organization or at the rethe US Department of Health & Human Services, CMS may waive, for periods provisions of the Life Safety Code, which would result in unreasonable hardship al, but only if the waiver will not adversely affect the health and safety of the patients. It state survey agency findings, CMS may waive specific provisions of the Life Safety would result in unreasonable hardship on the critical access hospital, but only if the feet the health and safety of patients. It is a safety of the activity; inventory of items; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity. | | |

| CFR Number §482.15(h)(1)(ix) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | | |
|--|-----------------------|---------------------------------------|---|--|--|--|
| • · · · · · · · · · · · · · · · · · · · | | | The critical acce | ess hospital designs and manages the physical environment to comply with the | | |
| (ix) TIA 12-2 to NFPA 101, issued October 30, 2012. | | EP 3 | | | | |
| §482.15(h)(1)(x) TAG: E (x) TIA 12-3 to NFPA 101, issued Octobe | | PE.03.01.0 | The critical acce | ess hospital designs and manages the physical environment to comply with the | | |
| (4) 1.1.1.1.2.3 (6.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | . 22, 20.0. | EP 3 | Tentative Interim Amendment Note 1: Outpatient surgical de regardless of the number of p Note 2: The provisions of the Services (CMS) finds that a fil access hospitals. Note 3: In consideration of a r discretion of the Secretary for deemed appropriate, specific upon a critical access hospital Note 4: After consideration of Code that, if rigidly applied, w waiver does not adversely aff Note 5: All inspecting activitie devices, equipment, or other in the surgical devices and the surgical devices are surgical devices. | eets the applicable provisions of the Life Safety Code (NFPA 101-2012 and is [TIA] 12-1, 12-2, 12-3, and 12-4). Expartments meet the provisions applicable to ambulatory health care occupancies, atients served. Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid re and safety code imposed by state law adequately protects patients in critical recommendation by the state survey agency or accrediting organization or at the the US Department of Health & Human Services, CMS may waive, for periods provisions of the Life Safety Code, which would result in unreasonable hardship I, but only if the waiver will not adversely affect the health and safety of the patients. state survey agency findings, CMS may waive specific provisions of the Life Safety ould result in unreasonable hardship on the critical access hospital, but only if the ect the health and safety of patients. Is a redocumented with the name of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity. | | |

| CFR Number §482.15(h)(1)(xi) | Medicare Requiremen | nts I | int Commission uivalent Number | Joint Commission Standards and Elements of Performance |
|---|--|--|--|---|
| §482.15(h)(1)(xi) | TAG: E-0041 | PE.03.01.01 | The critical acc Life Safety Cod | ess hospital designs and manages the physical environment to comply with the |
| (xi) TIA 12-4 to NFPA 101, issue | d October 22, 2013. | | The critical access hospital material rentative Interim Amendmen Note 1: Outpatient surgical deregardless of the number of professions of the Services (CMS) finds that a fraccess hospitals. Note 3: In consideration of a discretion of the Secretary for deemed appropriate, specific upon a critical access hospital Note 4: After consideration of Code that, if rigidly applied, waiver does not adversely aff Note 5: All inspecting activities devices, equipment, or other | neets the applicable provisions of the Life Safety Code (NFPA 101-2012 and ts [TIA] 12-1, 12-2, 12-3, and 12-4). epartments meet the provisions applicable to ambulatory health care occupancies, |
| §482.15(h)(1)(xii) | TAG: E-0041 | PE.04.01.03 | The critical acc | ess hospital manages utility systems. |
| | ergency and Standby Power Systems, 201 ed August 6, 2009. | | | neets the emergency power system and generator requirements found in NFPA as Code, NFPA 110-2010 Standard for Emergency and Standby Power Systems, and Code requirements. |
| §482.15(h)(2) | TAG: E-0041 | | | |
| (2) [Reserved] | | | | |
| §482.21 | TAG: A-0308, A-0263 | LD.11.01.01 | The governing services. | body is ultimately accountable for the safety and quality of care, treatment, and |
| §482.21 Condition of Participation: Quality Assessment and Performance Improvement Program The hospital must develop, implement, and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. The hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. The hospital must maintain and demonstrate evidence | | hospital- am. The exity s and b; and on and | The governing body or design performance improvement properfied the complexity of the control involve all departments and strocuses on indicators related objective measures to evaluate contracted services, see Star Note: For rehabilitation and p | nated individual is responsible and accountable for the quality assessment and ogram. The governing body makes sure that performance improvement activities critical access hospital's organization and services; are ongoing and comprehensive; services, including those services provided under contract or arrangement; and to improved health outcomes and the prevention and reduction of medical errors and the its organizational processes, functions, and services. (For more information on indiard LD.13.03.03) sychiatric distinct part units in critical access hospitals: If the hospital does not have a the leadership structure that is responsible for these activities. |
| of its QAPI program for review b | y CMS. | LD.12.01.01 | Leaders establi Improvement" [| sh priorities for performance improvement. (Refer to the "Performance PI] chapter.) |
| | | | hospitalwide quality assessm Note: For rehabilitation and p | evelops, implements, maintains, and documents an effective, ongoing, data-driven, ent and performance improvement program. sychiatric distinct part units in critical access hospitals: The critical access hospital evidence of its QAPI program for review by CMS. |
| | | PI.14.01.01 | The critical acc | ess hospital improves performance. |
| | | | | |
| | | EP 1 | The critical access hospital a | cts on improvement priorities. |
| §482.21(a) §482.21(a) Standard: Program § | TAG: A-0273 | EP 1 | The critical access hospital a | cts on improvement priorities. |

| CFR Number §482.21(a)(1) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|--|--|---------------------------------------|--|---|
| 0 - (-)(-) | A-0286 | PI.11.01.01 | The critical acce program. | ess hospital has an ongoing quality assessment and performance improvement |
| (1) The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will improve health outcomes and identify and reduce medical errors. | | | shows measurable improvement outcomes and aid in the identificate, including patient care danger. For rehabilitation and possibilities are submitted to or received from limited to data related to hosp | as an ongoing quality assessment and performance improvement program that ent for indicators that are selected based on evidence that they will improve health ification and reduction of medical errors. The program incorporates quality indicator at and other relevant data to achieve the goals of the program. Sychiatric distinct part units in critical access hospitals: Relevant data includes data Medicare quality reporting and quality performance programs including but not ital readmissions and hospital-acquired conditions. |
| 0 - (-7() | A-0286 | PI.12.01.01 | | ess hospital collects data. |
| (2) The hospital must measure, analyze adverse patient events, and other aspecare, hospital service and operations. | , and track quality indicators, including ets of performance that assess processes of | EP 3 | | easures, analyzes, and tracks quality indicators, including adverse patient events, ance that assess processes of care, hospital service, and operations. |
| §482.21(b) TAG: | A-0273 | | ' | |
| §482.21(b) Standard: Program Data | | | | |
| 3 (0)(-) | A-0273 | PI.11.01.01 | The critical acce program. | ess hospital has an ongoing quality assessment and performance improvement |
| (1) The program must incorporate quality indicator data including patient care data, and other relevant data such as data submitted to or received from Medicare quality reporting and quality performance programs, including but not limited to data related to hospital readmissions and hospital-acquired conditions. | | EP 2 | The critical access hospital has shows measurable improvement outcomes and aid in the identificate, including patient care dangle. For rehabilitation and possibmitted to or received from | is an ongoing quality assessment and performance improvement program that ent for indicators that are selected based on evidence that they will improve health ification and reduction of medical errors. The program incorporates quality indicator and other relevant data to achieve the goals of the program. Sychiatric distinct part units in critical access hospitals: Relevant data includes data Medicare quality reporting and quality performance programs including but not ital readmissions and hospital-acquired conditions. |
| §482.21(b)(2) TAG: | A-0273 | ĺ | | |
| (2) The hospital must use the data collection | cted to | | | |
| §482.21(b)(2)(i) TAG: | A-0273 | PI.13.01.01 | The critical acce | ess hospital compiles, analyzes, and uses data. |
| (i) Monitor the effectiveness and safety of | of services and quality of care; and | EP 1 | do the following:Monitor the effectivenesMonitor the quality of ca | |
| §482.21(b)(2)(ii) TAG: | A-0283 | PI.13.01.01 | The critical acce | ess hospital compiles, analyzes, and uses data. |
| (ii) Identify opportunities for improvemen | at and changes that will lead to improvement. | EP 1 | do the following:Monitor the effectivenesMonitor the quality of ca | |

| CFR Numb §482.21(b) | | Medicare Requirements | | int Commission uivalent Number | Joint Commission Standards and Elements of Performance |
|--|----------------------|---|-------------|--|--|
| §482.21(b)(3) | TAG: A | | LD.12.01.01 | Leaders establis | sh priorities for performance improvement. (Refer to the "Performance |
| (3) The frequency and de governing body. | tail of data collec | ction must be specified by the hospital's | EP 2 | As part of performance impro Set priorities for perform be predictive of desired Give priority to high-volu and consider the incider | vement, leaders (including the governing body) do the following: nance improvement activities related to improved health outcomes that are shown to patient outcomes, patient safety, and quality of care ume, high-risk, or problem-prone processes for performance improvement activities nce, prevalence, and severity of problems in those areas nd detail of data collection for performance improvement activities |
| §482.21(c) | TAG: A | -0283 | | | |
| §482.21(c) Standard: Pro | gram Activities | | | | |
| §482.21(c)(1) | TAG: A | -0283 | | | |
| (1) The hospital must set | priorities for its p | performance improvement activities that | | | |
| §482.21(c)(1)(i) (i) Focus on high-risk, high | TAG: A | | LD.12.01.01 | Leaders establis | sh priorities for performance improvement. (Refer to the "Performance |
| | | | EP 2 | Set priorities for perform be predictive of desired Give priority to high-volu and consider the incider | vement, leaders (including the governing body) do the following: nance improvement activities related to improved health outcomes that are shown to patient outcomes, patient safety, and quality of care ume, high-risk, or problem-prone processes for performance improvement activities nce, prevalence, and severity of problems in those areas nd detail of data collection for performance improvement activities are and track performance |
| §482.21(c)(1)(ii) | TAG: A | -0283 nd severity of problems in those areas; and | LD.12.01.01 | Leaders establis | sh priorities for performance improvement. (Refer to the "Performance PI] chapter.) |
| (ii) consider the incidence | , prevalence, an | ia severity of problems in those areas, and | | Set priorities for perform be predictive of desired Give priority to high-volu and consider the incider | vement, leaders (including the governing body) do the following: nance improvement activities related to improved health outcomes that are shown to patient outcomes, patient safety, and quality of care ume, high-risk, or problem-prone processes for performance improvement activities nce, prevalence, and severity of problems in those areas nd detail of data collection for performance improvement activities are and track performance |
| §482.21(c)(1)(iii) (iii) Affect health outcome | TAG: A | | LD.12.01.01 | Leaders establis | sh priorities for performance improvement. (Refer to the "Performance PI] chapter.) |
| (iii) Airest Health Gulcollie | o, pationt saidty | , and quality of outo. | EP 2 | As part of performance impro • Set priorities for perform be predictive of desired • Give priority to high-volu and consider the incider | vement, leaders (including the governing body) do the following: nance improvement activities related to improved health outcomes that are shown to patient outcomes, patient safety, and quality of care ume, high-risk, or problem-prone processes for performance improvement activities nce, prevalence, and severity of problems in those areas nd detail of data collection for performance improvement activities |

| CFR Num §482.21(c) | Medicare Redilirements | . | oint Commission Juivalent Number | Joint Commission Standards and Elements of Performance |
|--|---|-------------|---|---|
| §482.21(c)(2) | TAG: A-0286 | PI.12.01.01 | The critical acce | ess hospital collects data. |
| patient events, analyze th | ment activities must track medical errors and adverse eir causes, and implement preventive actions and feedback and learning throughout the hospital. | | tracks medical errors and adv and mechanisms that include | |
| §482.21(c)(3) | TAG: A-0283 | PI.12.01.01 | The critical acce | ess hospital collects data. |
| implementing those actio | e actions aimed at performance improvement and, af ns, the hospital must measure its success, and track | | • | kes action to improve its performance. After implementing changes, the critical success and tracks performance to ensure that improvements are sustained. |
| performance to ensure that improvements are sustained. | | PI.14.01.01 | The critical acce | ess hospital improves performance. |
| | | EP 1 | The critical access hospital ac | cts on improvement priorities. |
| §482.21(d) | TAG: A-0297 | PI.11.01.01 | | ess hospital has an ongoing quality assessment and performance improvement |
| As part of its quality asse hospital must conduct pe | formance Improvement Projects ssment and performance improvement program, the formance improvement projects. | | conducts performance improvements and complexity of the critical at Note 1: The critical access he system explicitly designed to project does not need to dem Note 2: The critical access he project, but its own projects a | tric distinct part units in critical access hospitals: The critical access hospital vement projects as part of its quality assessment and performance improvement ope of distinct improvement projects conducted annually is proportional to the scope access hospital's services and operations. In a spital may, as one of its projects, develop and implement an information technology improve patient safety and quality of care. In the initial stage of development, this constrate measurable improvement in indicators related to health outcomes. In spital is not required to participate in a quality improvement organization cooperative are required to be of comparable effort. |
| §482.21(d)(1) | TAG: A-0297 | PI.11.01.01 | The critical acce program. | ess hospital has an ongoing quality assessment and performance improvement |
| | e of distinct improvement projects conducted annual le scope and complexity of the hospital's services an | d EP 3 | For rehabilitation and psychia conducts performance improvements program. The number and so and complexity of the critical and Note 1: The critical access he system explicitly designed to project does not need to dem Note 2: The critical access he | tric distinct part units in critical access hospitals: The critical access hospital rement projects as part of its quality assessment and performance improvement ope of distinct improvement projects conducted annually is proportional to the scope access hospital's services and operations. In a spital may, as one of its projects, develop and implement an information technology improve patient safety and quality of care. In the initial stage of development, this constrate measurable improvement in indicators related to health outcomes. In spital is not required to participate in a quality improvement organization cooperative re required to be of comparable effort. |

| CFR Number §482.21(d)(2) | Medicare Requirements | | oint Commission uivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|-------------|---|--|
| §482.21(d)(2) TAG: A (2) A hospital may, as one of its projects | A-0297 | PI.11.01.01 | The critical acce program. | ess hospital has an ongoing quality assessment and performance improvement |
| technology system explicitly designed to | improve patient safety and quality of evelopment, does not need to demonstrate | EP 3 | For rehabilitation and psychiat conducts performance improvements of the critical and complexity of the critical and complexity of the critical and the critical access hosystem explicitly designed to inproject does not need to demonstrate the critical access hosystem the critical access hosystem explicitly designed to inproject does not need to demonstrate the critical access hosystems. | tric distinct part units in critical access hospitals: The critical access hospital ement projects as part of its quality assessment and performance improvement ope of distinct improvement projects conducted annually is proportional to the scope access hospital's services and operations. spital may, as one of its projects, develop and implement an information technology mprove patient safety and quality of care. In the initial stage of development, this constrate measurable improvement in indicators related to health outcomes. spital is not required to participate in a quality improvement organization cooperative re required to be of comparable effort. |
| §482.21(d)(3) TAG: | A-0297 | PI.12.01.01 | The critical acce | ess hospital collects data. |
| (3) The hospital must document what qu conducted, the reasons for conducting the achieved on these projects. | ality improvement projects are being nese projects, and the measurable progress | EP 2 | | ocuments what quality improvement projects it is conducting, the reasons for d the measurable progress achieved on these projects. |
| 0 - (-)(-) | A-0297 | PI.11.01.01 | The critical acce program. | ess hospital has an ongoing quality assessment and performance improvement |
| (4) A hospital is not required to participate in a QIO cooperative project, but its own projects are required to be of comparable effort. | | EP 3 | conducts performance improv program. The number and soc and complexity of the critical a Note 1: The critical access ho system explicitly designed to i project does not need to demo Note 2: The critical access ho | tric distinct part units in critical access hospitals: The critical access hospital ement projects as part of its quality assessment and performance improvement ope of distinct improvement projects conducted annually is proportional to the scope access hospital's services and operations. spital may, as one of its projects, develop and implement an information technology mprove patient safety and quality of care. In the initial stage of development, this constrate measurable improvement in indicators related to health outcomes. spital is not required to participate in a quality improvement organization cooperative required to be of comparable effort. |
| | | PI.14.01.01 | | ess hospital improves performance. |
| \$492.24(a) TAG | A 0200 | EP 1 | The critical access hospital ac | ets on improvement priorities. |
| §482.21(e) Standard: Executive Respon The hospital's governing body (or organi legal authority and responsibility for oper | A-0309 sibilities zed group or individual who assumes full rations of the hospital), medical staff, and nd accountable for ensuring the following: | | | |

| CFR Number §482.21(e)(1) | Medicare Requirements | _ | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|---|-------------|--|--|
| §482.21(e)(1) TAG: A | | LD.12.01.0 | 1 Leaders establi Improvement" [| sh priorities for performance improvement. (Refer to the "Performance PI] chapter.) |
| the reduction of medical errors, is defined, implemented, and maintained. | | EP 3 | governing body (or organized of the critical access hospital) following: • An ongoing program for defined, implemented, a • The hospitalwide quality quality of care and patie • Clear expectations for s • Adequate resources are hospital's performance a • The determination of the | vassessment and performance improvement efforts address priorities for improved ent safety, and all improvement actions are evaluated |
| | | PI.14.01.01 | The critical acce | ess hospital improves performance. |
| | | EP 1 | The critical access hospital ac | |
| §482.21(e)(2) TAG: A (2) That the hospital-wide quality assessm | | LD.12.01.0 | 1 Leaders establis Improvement" [| sh priorities for performance improvement. (Refer to the "Performance PI] chapter.) |
| efforts address priorities for improved qua improvement actions are evaluated. | lity of care and patient safety; and that all | EP 3 | governing body (or organized of the critical access hospital) following: • An ongoing program for defined, implemented, a • The hospitalwide quality quality of care and patie • Clear expectations for s • Adequate resources are hospital's performance a | v assessment and performance improvement efforts address priorities for improved ent safety, and all improvement actions are evaluated |
| §482.21(e)(3) TAG: A | | LD.12.01.0 | 1 Leaders establis | sh priorities for performance improvement. (Refer to the "Performance |
| (3) That clear expectations for safety are e | estadiished. | EP 3 | For rehabilitation and psychia governing body (or organized of the critical access hospital) following: • An ongoing program for defined, implemented, a • The hospitalwide quality quality of care and patie • Clear expectations for s • Adequate resources are hospital's performance a | ritic distinct part units in critical access hospitals: The critical access hospital's group or individual who assumes full legal authority and responsibility for operations, medical staff, and administrative officials are responsible and accountable for the quality improvement and patient safety, including the reduction of medical errors, is and maintained assessment and performance improvement efforts address priorities for improved ent safety, and all improvement actions are evaluated |

| CFR Number §482.21(e)(4) | Medicare Requirements | | t Commission valent Number | Joint Commission Standards and Elements of Performance |
|---|--|--|--|--|
| • () (| G: A-0315 cated for measuring, assessing, improving, and | LD.12.01.01 | Leaders establis Improvement" [I | bh priorities for performance improvement. (Refer to the "Performance PI] chapter.) |
| sustaining the hospital's performance | | go of fol | or rehabilitation and psychian verning body (or organized the critical access hospital) lowing: • An ongoing program for defined, implemented, a • The hospitalwide quality quality of care and patie • Clear expectations for so the companion of the companion o | tric distinct part units in critical access hospitals: The critical access hospital's group or individual who assumes full legal authority and responsibility for operations, medical staff, and administrative officials are responsible and accountable for the quality improvement and patient safety, including the reduction of medical errors, is and maintained assessment and performance improvement efforts address priorities for improved ent safety, and all improvement actions are evaluated |
| 0 - (-)(-) | G: A-0309 ber of distinct improvement projects is | LD.12.01.01 | Leaders establis Improvement" [I | sh priorities for performance improvement. (Refer to the "Performance PI] chapter.) |
| conducted annually. | | go of fol | verning body (or organized the critical access hospital) lowing: An ongoing program for defined, implemented, a The hospitalwide quality quality of care and patie Clear expectations for so Adequate resources are hospital's performance as a contract of the contract o | r assessment and performance improvement efforts address priorities for improved ent safety, and all improvement actions are evaluated |
| 0 - () | G: A-0320 API program for multi-hospital systems. If | LD.11.01.01 | The governing be services. | pody is ultimately accountable for the safety and quality of care, treatment, and |
| a hospital is part of a hospital system hospitals using a system governing b of two or more hospitals, the system and integrated QAPI program for all of that such a decision is in accordance system governing body is responsible its separately certified hospitals meet | consisting of multiple separately certified ody that is legally responsible for the conduct governing body can elect to have a unified of its member hospitals after determining with all applicable State and local laws. The e and accountable for ensuring that each of s all of the requirements of this section. Each of the system governing body must demonstrate | ho co bo all lav un No ce | spitals, and/or rural emerge nduct of two or more hospit dy can elect to have a unific of its member facilities aftews. Each separately certified ified and integrated quality. Accounts for each meml patient populations and Establishes and implemits separately certified hunified and integrated praccess hospitals are dulte: The system governing be | part of a system consisting of multiple separately accredited hospitals, critical access ency hospitals using a system governing body that is legally responsible for the tals, critical access hospitals, and/or rural emergency hospitals, the system governing ed and integrated quality assessment and performance improvement program for or determining that such decision is in accordance with all applicable state and local discritical access hospital subject to the system governing body demonstrates that the assessment and performance improvement program does the following: bericitical access hospital's unique circumstances and any significant differences in services offered ents policies and procedures to make certain that the needs and concerns of each of ospitals, regardless of practice or location, are given due consideration, and that the rogram has mechanisms in place to ensure that issues localized to particular critical ly considered and addressed body is responsible and accountable for making certain that each of its separately als meets the requirements for quality assessment and performance improvement at |

| CFR Numb §482.21(f)(| Wedicare Redilirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|--|---------------------------------------|--|---|
| §482.21(f)(1) (1) The unified and integra | TAG: A-0321 Ited QAPI program is established in a manner that takes | LD.11.01.0 | The governing be services. | body is ultimately accountable for the safety and quality of care, treatment, and |
| into account each member | r hospital's unique circumstances and any significant laters and any significant laters and services offered in each hospital; and | EP 9 | hospitals, and/or rural emerge conduct of two or more hospit body can elect to have a unifi- all of its member facilities afte laws. Each separately certifie- unified and integrated quality | part of a system consisting of multiple separately accredited hospitals, critical access ency hospitals using a system governing body that is legally responsible for the tals, critical access hospitals, and/or rural emergency hospitals, the system governing ed and integrated quality assessment and performance improvement program for er determining that such decision is in accordance with all applicable state and local d critical access hospital subject to the system governing body demonstrates that the assessment and performance improvement program does the following: ber critical access hospital's unique circumstances and any significant differences in services offered lents policies and procedures to make certain that the needs and concerns of each of ospitals, regardless of practice or location, are given due consideration, and that the rogram has mechanisms in place to ensure that issues localized to particular critical ly considered and addressed body is responsible and accountable for making certain that each of its separately als meets the requirements for quality assessment and performance improvement at |
| §482.21(f)(2) | TAG: A-0322 | LD.11.01.0 | | body is ultimately accountable for the safety and quality of care, treatment, and |
| and procedures to ensure certified hospitals, regardle and that the unified and int | ated QAPI program establishes and implements policies that the needs and concerns of each of its separately ess of practice or location, are given due consideration, tegrated QAPI program has mechanisms in place ized to particular hospitals are duly considered and | EP 9 | hospitals, and/or rural emerge conduct of two or more hospit body can elect to have a unifi- all of its member facilities afte laws. Each separately certifier unified and integrated quality Accounts for each mem patient populations and Establishes and implem its separately certified h unified and integrated p access hospitals are du Note: The system governing to | part of a system consisting of multiple separately accredited hospitals, critical access ency hospitals using a system governing body that is legally responsible for the tals, critical access hospitals, and/or rural emergency hospitals, the system governing ed and integrated quality assessment and performance improvement program for er determining that such decision is in accordance with all applicable state and local dicritical access hospital subject to the system governing body demonstrates that the assessment and performance improvement program does the following: ber critical access hospital's unique circumstances and any significant differences in services offered lents policies and procedures to make certain that the needs and concerns of each of ospitals, regardless of practice or location, are given due consideration, and that the rogram has mechanisms in place to ensure that issues localized to particular critical ly considered and addressed body is responsible and accountable for making certain that each of its separately als meets the requirements for quality assessment and performance improvement at |
| §482.22 | TAG: A-0338 | MS.16.01.0 | | nedical staff oversees the quality of patient care, treatment, and services |
| §482.22 Condition of Partic | cipation: Medical staff | | provided by phy process. | sicians and other licensed practitioners privileged through the medical staff |
| | organized medical staff that operates under bylaws body, and which is responsible for the quality of medical by the hospital. | EP 1 | organized medical staff that o | tric distinct part units in critical access hospitals: The critical access hospital has an perates under bylaws approved by the governing body and that is responsible for the ed by the critical access hospital. |

| CFR Nun §482.22 | | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|--|---|---|---|---|--|
| §482.22(a) | TAG: A | -0339 | MS.14.01 | .01 Medical staff by | aws address self-governance and accountability to the governing body. |
| The medical staff must be accordance with State la also include other categ | pe composed of daw, including scopories of physicians | ess for appointment to medical staff. Dectors of medicine or osteopathy. In e-of-practice laws, the medical staff may so (as listed at § 482.12(c)(1)) and non-d to be eligible for appointment by the | EP 2 | Note: For rehabilitation and ps composed of doctors of medic the medical staff may also inc | de the qualifications for appointment and reappointment to the medical staff. sychiatric distinct part units in critical access hospitals: The medical staff is cine or osteopathy. In accordance with state law, including scope of practice laws, lude other categories of physicians, as listed at 42 CFR 482.12(c)(1), and other governing body determines are eligible for appointment. |
| §482.22(a)(1) | TAG: A | | | | sional practice evaluation information is factored into the decision to maintain e(s), to revise existing privilege(s), or to revoke an existing privilege prior to or |
| (1) The medical staff mu | st periodically cor | nduct appraisals of its members. | | at the time of re | |
| | | | EP 1 | periodic evaluation of each ph Note: For rehabilitation or psy | rofessional practice evaluation includes a clearly defined process that facilitates the sysician's or other licensed practitioner's professional practice. Chiatric distinct part units in critical access hospitals: Privileges are granted for a ears or for the period required by law and regulation if shorter. |
| | | edentials of all eligible candidates for | MS.17.01 | | ess hospital collects information regarding each physician's or other licensed irrent license status, training, experience, competence, and ability to perform rivilege. |
| medical staff membership and make recommendations to the governing body on he appointment of these candidates in accordance with State law, including scope-of-practice laws, and the medical staff bylaws, rules, and regulations. A candidate who has been recommended by the medical staff and who has been appointed by he governing body is subject to all medical staff bylaws, rules, and regulations, in addition to the requirements contained in this section. | | EP 4 | credentials of all candidates e body on the appointment of th the medical staff bylaws, rules who has been appointed by th | tric distinct part units in critical access hospitals: The medical staff examines the ligible for medical staff membership and makes recommendations to the governing ese candidates, in accordance with state law, including scope-of-practice laws, and s, and regulations. A candidate who has been recommended by the medical staff and se governing body is subject to all medical staff bylaws, rules, and regulations. Seen recommended by the medical staff and who has been appointed by the st to 42 CFR 482.22(a). | |

| CFR Number §482.22(a)(3) | Medicare Requirements | | ommission ent Number | Joint Commission Standards and Elements of Performance |
|--|--|--|--|---|
| (3) When telemedicine services are furrian agreement with a distant-site hospital | §482.22(a)(3) TAG: A-0342 (3) When telemedicine services are furnished to the hospital's patients through an agreement with a distant-site hospital, the governing body of the hospital whose patients are receiving the telemedicine services may choose, in lieu of the | | services of the processes of the | ther licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging e originating site. are furnished to the critical access hospital's patients through an agreement with |
| requirements in paragraphs (a)(1) and staff rely upon the credentialing and pri hospital when making recommendation physicians and practitioners providing s | edicine services may choose, in lieu of the (a)(2) of this section, to have its medical vileging decisions made by the distant-site is on privileges for the individual distant-site such services, if the hospital's governing body with the distant-site hospital, that all of the | a dist choosentity accessite here. Note criticatelem provice Note telem at 42 | ant-site hospital or telemente to rely upon the creder for the individual distants hospital or telemedicine of the distant site telemedicine of the distant-site telemedicine of the distant-site telemedicine of the distant-site telemedicine entity provides a current list of telemedicine entity. The individual distant-site provides a current list of telemedicine entity. The individual distant-site provides a current list of telemedicine entity attention of the periodic evaluation of from the telemedicine of critical access hospital's site physician or other lial access hospital's patient all access hospital's patient edicine entity, the distant edicine entity, the distant derior supplier. 2: For rehabilitation and edicine entity's medical | nedicine entity, the governing body of the originating critical access hospital may entialing and privileging decisions made by the distant-site hospital or telemedicine t-site physicians and other licensed practitioners providing such services if the critical ody includes all of the following provisions in its written agreement with the distant-entity: dicine entity provides services in accordance with contract service requirements. dicine entity's medical staff credentialing and privileging process and standards is the access hospital's process and standards, at a minimum. It providing the telemedicine services is a Medicare-participating hospital. The physician or other licensed practitioner is privileged at the distant-site hospital or iding the telemedicine services, and the distant-site hospital or telemedicine entity if the distant-site physician's or practitioner's privileges at the distant-site hospital or the physician or other licensed practitioner holds a license issued or recognized by the all access hospital whose patients are receiving the telemedicine services is located. In sor other licensed practitioners privileged by the originating critical access hospital, access hospital internally reviews services provided by the distant-site physician or the rand sends the distant-site hospital or telemedicine entity information for use in of the practitioner. At a minimum, this information includes adverse events that result envices provided by the distant-site physician or other licensed practitioner to the apatients and complaints the critical access hospital has received about the distant-site physicians and licensed practitioners providing telemedicine services to the intents under a written agreement between the critical access hospital and a distant-site int-site telemedicine entity is not required to be a Medicare participating physician and privileging process and standards at least meet the standards gh (a)(7) and 482.22(a)(1) through (a)(2). |

| CFR Number §482.22(a)(3)(i) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | | | | | |
|---|-----------------------|---|--|--|--|--|--|--|--|
| §482.22(a)(3)(i) TAG: A-0342 (i) The distant-site hospital providing the telemedicine services is a Medicare-participating hospital. | | MS.20.01.01 | services of the patient via telemedicine link are subject to the credentialing and processes of the originating site. | | | | | | |
| | | a dista choose entity f access site ho T T T T T T T T T T T T T T T T T T | ent-site hospital or telement to rely upon the crede or the individual distant to hospital's governing by spital or telemedicine enthe distant site telemed the distant-site telemed on sistent with the critical the individual distant-site elemedicine entity provides a current list of the individual distant-site elemedicine entity. The individual distant-site in which the critical or distant-site physicial he originating critical action of the entity entitical access hospital's ite physician or other lice. In the case of distant-access hospital's patie dicine entity, the distanter or supplier. For rehabilitation and dicine entity's medical services and the case of distant-site dicine entity, the distanter or supplier. | licine entity provides services in accordance with contract service requirements. Ilicine entity's medical staff credentialing and privileging process and standards is all access hospital's process and standards, at a minimum. providing the telemedicine services is a Medicare-participating hospital. It physician or other licensed practitioner is privileged at the distant-site hospital or iding the telemedicine services, and the distant-site hospital or telemedicine entity if the distant-site physician's or practitioner's privileges at the distant-site hospital or the physician or other licensed practitioner holds a license issued or recognized by the all access hospital whose patients are receiving the telemedicine services is located. In sor other licensed practitioners privileged by the originating critical access hospital, because hospital internally reviews services provided by the distant-site physician or er and sends the distant-site hospital or telemedicine entity information for use in of the practitioner. At a minimum, this information includes adverse events that result ervices provided by the distant-site physician or other licensed practitioner to the patients and complaints the critical access hospital has received about the distant-censed practitioner. Site physicians and licensed practitioners providing telemedicine services to the intention of the practitioner and intensed practitioners provided by the distant-site at-site telemedicine entity is not required to be a Medicare participating process and standards at least meet the standards gh (a)(7) and 482.22(a)(1) through (a)(2). | | | | | |

| CFR Number §482.22(a)(3)(ii) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---------------------------------|--|---|--|
| Medicare Redilirements | | Equivalent Number MS.20.01.01 Physicians services of processes of the processes of | or other licensed practitioners who are responsible for the care, treatment, and the patient via telemedicine link are subject to the credentialing and privileging of the originating site. The case are furnished to the critical access hospital's patients through an agreement with relemedicine entity, the governing body of the originating critical access hospital may be redentialing and privileging decisions made by the distant-site hospital or telemedicine estant-site physicians and other licensed practitioners providing such services if the critical ing body includes all of the following provisions in its written agreement with the distant-site entity: Semedicine entity provides services in accordance with contract service requirements. Semedicine entity's medical staff credentialing and privileging process and standards is critical access hospital's process and standards, at a minimum. Sepital providing the telemedicine services is a Medicare-participating hospital. Int-site physician or other licensed practitioner is privileged at the distant-site hospital or providing the telemedicine services, and the distant-site hospital or telemedicine entity is of the distant-site physician's or practitioner's privileges at the distant-site hospital or |
| | state in which the control of the periodic evaluation of the periodic evaluation of the periodic evaluation of the periodic evaluation of the telemedic critical access hospisation or of the periodic evaluation of the physician or of the physician or of the control of the periodic of the physician or of the physician of the physician of the periodic of the pe | nt-site physician or other licensed practitioner holds a license issued or recognized by the ritical access hospital whose patients are receiving the telemedicine services is located. sicians or other licensed practitioners privileged by the originating critical access hospital, all access hospital internally reviews services provided by the distant-site physician or titioner and sends the distant-site hospital or telemedicine entity information for use in tion of the practitioner. At a minimum, this information includes adverse events that result ne services provided by the distant-site physician or other licensed practitioner to the bital's patients and complaints the critical access hospital has received about the distant-ner licensed practitioner. It is the physicians and licensed practitioners providing telemedicine services to the patients under a written agreement between the critical access hospital and a distant-site istant-site telemedicine entity is not required to be a Medicare participating and psychiatric distinct part units in critical access hospitals: The distant-site lical staff credentialing and privileging process and standards at least meet the standards brough (a)(7) and 482.22(a)(1) through (a)(2). | |

| CFR Number §482.22(a)(3)(iii) | Medicare Requirements | | ommission ent Number | Joint Commission Standards and Elements of Performance |
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| §482.22(a)(3)(iii) §482.22(a)(3)(iii) (iii) The individual distant-site physical | Medicare Requirements TAG: A-0342 sician or practitioner holds a license issued or the hospital whose patients are receiving the | Equivale MS.20.01.01 EP 1 When a dista choose entity fraccess site ho Trice | Physicians or or services of the processes of the processes of the processes of the delemedicine services and the individual distantion of the distant site telemed on the individual distant site telemed on the individual distant site in which the critical or distant site physicial the originating critical and the ricensed practition the periodic evaluation of the services of the | ther licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging e originating site. The furnished to the critical access hospital's patients through an agreement with medicine entity, the governing body of the originating critical access hospital may entialing and privileging decisions made by the distant-site hospital or telemedicine tesite physicians and other licensed practitioners providing such services if the critical ody includes all of the following provisions in its written agreement with the distant-entity: Ilicine entity provides services in accordance with contract service requirements. It is a cacess hospital's process and standards, at a minimum. In providing the telemedicine services is a Medicare-participating hospital. It is the physician or other licensed practitioner is privileged at the distant-site hospital or it is the distant-site physician's or practitioner's privileges at the distant-site hospital or the physician or other licensed practitioner holds a license issued or recognized by the all access hospital whose patients are receiving the telemedicine services is located. In sor other licensed practitioners privileged by the originating critical access hospital, access hospital internally reviews services provided by the distant-site physician or use in of the practitioner. At a minimum, this information includes adverse events that result |
| | | c s Note 1 critical teleme provide Note 2 teleme at 42 C | ritical access hospital's ite physician or other li : In the case of distant-access hospital's patie dicine entity, the distarter or supplier. : For rehabilitation and dicine entity's medical | site physicians and licensed practitioners providing telemedicine services to the ents under a written agreement between the critical access hospital and a distant-site at-site telemedicine entity is not required to be a Medicare participating psychiatric distinct part units in critical access hospitals: The distant-site staff credentialing and privileging process and standards at least meet the standards gh (a)(7) and 482.22(a)(1) through (a)(2). |

| CFR Number §482.22(a)(3)(iv) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|--|--|---|---|
| §482.22(a)(3)(iv) (iv) With respect to a distant-site physicial privileges at the hospital whose patients the hospital has evidence of an internal respective forms. | an or practitioner, who holds current are receiving the telemedicine services, | MS.20.01.01 | services of the processes of th | ther licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging e originating site. |
| the hospital has evidence of an internal repractitioner's performance of these privile such performance information for use in physician or practitioner. At a minimum, events that result from the telemedicine sphysician or practitioner to the hospital's received about the distant-site physician | eges and sends the distant-site hospital the periodic appraisal of the distant-site this information must include all adverse services provided by the distant-site patients and all complaints the hospital has | a distar choose entity for access site hose entity for enti | nt-site hospital or telent to rely upon the crede or the individual distant hospital's governing be spital or telemedicine of the distant site telemed on the distant-site telemed on sistent with the critical the distant-site hospital he individual distant-site elemedicine entity provides a current list or elemedicine entity. The individual distant-site in which the critical or distant-site physicial he originating critical action of the telemedicine sitical access hospital's te physician or other ill. In the case of distant-access hospital's patenticine entity, the distant-or or supplier. For rehabilitation and dicine entity's medical | dicine entity provides services in accordance with contract service requirements. dicine entity's medical staff credentialing and privileging process and standards is cal access hospital's process and standards, at a minimum. I providing the telemedicine services is a Medicare-participating hospital. It is physician or other licensed practitioner is privileged at the distant-site hospital or riding the telemedicine services, and the distant-site hospital or telemedicine entity if the distant-site physician's or practitioner's privileges at the distant-site hospital or it physician or other licensed practitioner holds a license issued or recognized by the all access hospital whose patients are receiving the telemedicine services is located. In sor other licensed practitioners privileged by the originating critical access hospital, access hospital internally reviews services provided by the distant-site physician or other and sends the distant-site hospital or telemedicine entity information for use in of the practitioner. At a minimum, this information includes adverse events that result ervices provided by the distant-site physician or other licensed practitioner to the spatients and complaints the critical access hospital has received about the distant-site physicians and licensed practitioners providing telemedicine services to the ents under a written agreement between the critical access hospital and a distant-site int-site telemedicine entity is not required to be a Medicare participating. I psychiatric distinct part units in critical access hospitals: The distant-site staff credentialing and privileging process and standards at least meet the standards gh (a)(7) and 482.22(a)(1) through (a)(2). |

| CFR Number §482.22(a)(4) | Medicare Requirements | | Commission alent Number | Joint Commission Standards and Elements of Performance |
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| 4) When telemedicine services are furni an agreement with a distant-site telement hospital whose patients are receiving the | licine entity, the governing body of the etelemedicine services may choose, in | | services of the processes of the processes of the en telemedicine services a | ther licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging e originating site. are furnished to the critical access hospital's patients through an agreement with nedicine entity, the governing body of the originating critical access hospital may |
| lieu of the requirements in paragraphs (a)(1) and (a)(2) of this section, to have its medical staff rely upon the credentialing and privileging decisions made by the distant-site telemedicine entity when making recommendations on privileges for the individual distant-site physicians and practitioners providing such services, if the hospital's governing body ensures, through its written agreement with the distant-site telemedicine entity, that the distant-site telemedicine entity furnishes services that, in accordance with §482.12(e), permit the hospital to comply with all applicable conditions of participation for the contracted services. The hospital's governing body must also ensure, through its written agreement with the distant-site telemedicine | | cho enti acc site | choose to rely upon the credentialing and privileging decisions made by the distant-site hospital or entity for the individual distant-site physicians and other licensed practitioners providing such service access hospital's governing body includes all of the following provisions in its written agreement wit site hospital or telemedicine entity: • The distant site telemedicine entity's medical staff credentialing and privileging process and s consistent with the critical access hospital's process and standards, at a minimum. • The distant-site hospital providing the telemedicine services is a Medicare-participating hospit • The individual distant-site physician or other licensed practitioner is privileged at the distant-site elemedicine entity providing the telemedicine services, and the distant-site hospital or telemed provides a current list of the distant-site physician's or practitioner's privileges at the distant-site telemedicine entity. • The individual distant-site physician or other licensed practitioner holds a license issued or receivate in which the critical access hospital whose patients are receiving the telemedicine service. • For distant-site physicians or other licensed practitioners privileged by the originating critical at the originating critical access hospital internally reviews services provided by the distant-site pother licensed practitioner and sends the distant-site hospital or telemedicine entity information the periodic evaluation of the practitioner. At a minimum, this information includes adverse everone the telemedicine services provided by the distant-site physician or other licensed practitic critical access hospital's patients and complaints the critical access hospital has received about site physician or other licensed practitioner. Note 1: In the case of distant-site physicians and licensed practitioners providing telemedicine services. | entialing and privileging decisions made by the distant-site hospital or telemedicine t-site physicians and other licensed practitioners providing such services if the critical ody includes all of the following provisions in its written agreement with the distant-entity: licine entity provides services in accordance with contract service requirements. dicine entity's medical staff credentialing and privileging process and standards is real access hospital's process and standards, at a minimum. |
| entity, that all of the following provisions are met: | · | ding the telemedicine services, and the distant-site hospital or telemedicine entity the distant-site physician's or practitioner's privileges at the distant-site hospital or explain physician or other licensed practitioner holds a license issued or recognized by the access hospital whose patients are receiving the telemedicine services is located. It is or other licensed practitioners privileged by the originating critical access hospital cress hospital internally reviews services provided by the distant-site physician or er and sends the distant-site hospital or telemedicine entity information for use in the practitioner. At a minimum, this information includes adverse events that result rivices provided by the distant-site physician or other licensed practitioner to the patients and complaints the critical access hospital has received about the distant-ensed practitioner. | | |
| | | tele prov Not tele at 4 | medicine entity, the distan vider or supplier. e 2: For rehabilitation and medicine entity's medical | ents under a written agreement between the critical access hospital and a distant-site nt-site telemedicine entity is not required to be a Medicare participating psychiatric distinct part units in critical access hospitals: The distant-site staff credentialing and privileging process and standards at least meet the standards gh (a)(7) and 482.22(a)(1) through (a)(2). |

| CFR Number §482.22(a)(4)(i) | Medicare Requirements | Joint Commissi Equivalent Num | Joint Commission Standards and Elements of Performance |
|--------------------------------|--|--|--|
| | | Equivalent Num MS.20.01.01 Phy ser pro EP 1 When telemedic a distant-site ho choose to rely u entity for the ind access hospital' site hospital or to 1. The distant consistent 1. The distant 1. The distant 1. The indivicent telemedicity provides a telemedicity te | hysicians or other licensed practitioners who are responsible for the care, treatment, and ervices of the patient via telemedicine link are subject to the credentialing and privileging rocesses of the originating site. licine services are furnished to the critical access hospital's patients through an agreement with provided and privileging decisions made by the distant-site hospital or telemedicine entity, the governing body of the originating critical access hospital may upon the credentialing and privileging decisions made by the distant-site hospital or telemedicine and dividual distant-site physicians and other licensed practitioners providing such services if the critical all's governing body includes all of the following provisions in its written agreement with the distant-telemedicine entity: ant site telemedicine entity provides services in accordance with contract service requirements. In ant-site telemedicine entity's medical staff credentialing and privileging process and standards is not with the critical access hospital's process and standards, at a minimum. ant-site hospital providing the telemedicine services is a Medicare-participating hospital. Aridual distant-site physician or other licensed practitioner is privileged at the distant-site hospital or crine entity providing the telemedicine services, and the distant-site hospital or telemedicine entity a current list of the distant-site physician's or practitioner's privileges at the distant-site hospital or crine entity. |
| | state in wh For distant the original other licen the periodi from the te critical access the physical access he telemedicine en provider or supp Note 2: For rehatelemedicine en the original access the telemedicine en telem | nabilitation and psychiatric distinct part units in critical access hospitals: The distant-site entity's medical staff credentialing and privileging process and standards at least meet the standards 2.12(a)(1) through (a)(7) and 482.22(a)(1) through (a)(2). | |

| CFR Number §482.22(a)(4)(ii) | Medicare Requirements | Joint Con Equivalen | | Joint Commission Standards and Elements of Performance |
|---|-----------------------|--|--|--|
| §482.22(a)(4)(ii) TAG: A-0343 (ii) The individual distant-site physician or practitioner is privileged at the distant-site telemedicine entity providing the telemedicine services, which provides the hospital with a current list of the distant-site physician's or practitioner's privileges at the distant-site telemedicine entity. | | a distant | services of the processes of the emedicine services a site hospital or telen | wither licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging se originating site. are furnished to the critical access hospital's patients through an agreement with medicine entity, the governing body of the originating critical access hospital may |
| uistant-site telemetricine entity. | | choose tentity for access he site hospe. The The core. The The tele protect tele protect tele from critical actel actel emedical at 42 CF. | o rely upon the crede the individual distant pospital's governing be distant site telemed edistant-site telemed edistant-site telemed edistant-site telemed edistant-site telemed edistant-site hospital edistant-site individual distant-site endicine entity provides a current list of emedicine entity. The endicine entity endicine entitical edistant-site physicial originating critical action er licensed practition periodic evaluation entity entitle entity ent | entialing and privileging decisions made by the distant-site hospital or telemedicine it-site physicians and other licensed practitioners providing such services if the critical body includes all of the following provisions in its written agreement with the distant-entity: dicine entity provides services in accordance with contract service requirements. dicine entity's medical staff credentialing and privileging process and standards is cal access hospital's process and standards, at a minimum. Il providing the telemedicine services is a Medicare-participating hospital. It is physician or other licensed practitioner is privileged at the distant-site hospital or viding the telemedicine services, and the distant-site hospital or telemedicine entity if the distant-site physician's or practitioner's privileges at the distant-site hospital or it is physician or other licensed practitioner holds a license issued or recognized by the all access hospital whose patients are receiving the telemedicine services is located. The area of the received practitioners privileged by the originating critical access hospital, access hospital internally reviews services provided by the distant-site physician or other licensed practitioners privileged by the originating critical access hospital, access hospital internally reviews services provided by the distant-site physician or other licensed practitioner to the services provided by the distant-site physician or other licensed practitioner to the sepatients and complaints the critical access hospital has received about the distant-sicensed practitioner. -site physicians and licensed practitioners providing telemedicine services to the ents under a written agreement between the critical access hospital and a distant-site nt-site telemedicine entity is not required to be a Medicare participating. Il psychiatric distinct part units in critical access hospitals: The distant-site staff credentialing and privileging process and standards at least meet the standards up (a) (7) and 482 |

| CFR Number §482.22(a)(4)(iii) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
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| Medicare Reduirements | | Equivale MS.20.01.01 EP 1 When a distal choose entity for access site hoo or a company of the | Physicians or o services of the processes of the processes of the relemedicine services and the individual distant hospital or telemedicine of the distant site telemedicine distant-site telemedicine distant-site telemedicine entity in the distant site telemedicine entity in the distant site telemedicine entity provides a current list of elemedicine entity. The individual distant-site in which the critical or distant-site physicial | ther licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging e originating site. are furnished to the critical access hospital's patients through an agreement with nedicine entity, the governing body of the originating critical access hospital may entialing and privileging decisions made by the distant-site hospital or telemedicine t-site physicians and other licensed practitioners providing such services if the critical gody includes all of the following provisions in its written agreement with the distant- |
| | | th fr c s Note 1: critical teleme provide Note 2: teleme at 42 C | ne periodic evaluation of the telemedicine some the telemedicine some tical access hospital's ite physician or other list in the case of distantaccess hospital's patied dicine entity, the distantar or supplier. For rehabilitation and dicine entity's medical | esite physicians and licensed practitioners providing telemedicine services to the ents under a written agreement between the critical access hospital and a distant-site int-site telemedicine entity is not required to be a Medicare participating psychiatric distinct part units in critical access hospitals: The distant-site staff credentialing and privileging process and standards at least meet the standards gh (a)(7) and 482.22(a)(1) through (a)(2). |

| CFR Number §482.22(a)(4)(iv) | Medicare Requirements | | int Commission uivalent Number | Joint Commission Standards and Elements of Performance |
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| (iv) With respect to a distant-site phy | sician or practitioner, who holds current ents are receiving the telemedicine services, | MS.20.01.0 | services of the p | ther licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging e originating site. |
| the hospital has evidence of an inter or practitioner's performance of thes telemedicine entity such performanc the distant-site physician or practitio all adverse events that result from the | nal review of the distant-site physician's e privileges and sends the distant-site e information for use in the periodic appraisal of ner. At a minimum, this information must include e telemedicine services provided by the distantospital's patients, and all complaints the hospital | | a distant-site hospital or telemochoose to rely upon the crede entity for the individual distant access hospital's governing be site hospital or telemedicine e The distant site telemed The distant-site telemed consistent with the critical The distant-site hospital The individual distant-site telemedicine entity provides a current list of telemedicine entity. The individual distant-site state in which the critical For distant-site physician the originating critical access hospital's site physician or other licensed practition the periodic evaluation of from the telemedicine secritical access hospital's site physician or other licensed practitical access hospital's site physician or other licensed critical access hospital's patient telemedicine entity, the distant provider or supplier. Note 2: For rehabilitation and telemedicine entity's medical si | icine entity provides services in accordance with contract service requirements. licine entity's medical staff credentialing and privileging process and standards is all access hospital's process and standards, at a minimum. providing the telemedicine services is a Medicare-participating hospital. It is physician or other licensed practitioner is privileged at the distant-site hospital or iding the telemedicine services, and the distant-site hospital or telemedicine entity is the distant-site physician's or practitioner's privileges at the distant-site hospital or the physician or other licensed practitioner holds a license issued or recognized by the laccess hospital whose patients are receiving the telemedicine services is located. In access hospital whose patients are receiving the telemedicine services is located. The provided practitioners privileged by the originating critical access hospital, internally reviews services provided by the distant-site physician or er and sends the distant-site hospital or telemedicine entity information for use in of the practitioner. At a minimum, this information includes adverse events that result ervices provided by the distant-site physician or other licensed practitioner to the patients and complaints the critical access hospital has received about the distant-site physicians and licensed practitioners providing telemedicine services to the ints under a written agreement between the critical access hospital and a distant-site t-site telemedicine entity is not required to be a Medicare participating psychiatric distinct part units in critical access hospitals: The distant-site staff credentialing and privileging process and standards at least meet the standards gh (a)(7) and 482.22(a)(1) through (a)(2). |
| U - (-) | G: A-0347 | LD.11.02.01 | | ess hospital has an organized medical staff that is accountable to the |
| §482.22(b) Standard: Medical Staff | Organization and Accountability | ED 4 | governing body. | |
| The medical staff must be well organithe quality of the medical care provide | nized and accountable to the governing body for led to the patients. | EP 1 | The critical access hospital ha of care provided to patients. | as an organized medical staff that is accountable to the governing body for the quality |
| 0 · (·/(/ | G: A-0347 | LD.11.02.01 | | ess hospital has an organized medical staff that is accountable to the |
| (1) The medical staff must be organi body. | zed in a manner approved by the governing | EP 2 | governing body. For rehabilitation and psychiat | tric distinct part units in critical access hospitals: The governing body approves the |
| body. | | | structure of the organized med | |

| CFR Numb §482.22(b)(| | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|--|--|---|---------------------------------------|---|--|
| §482.22(b)(2) TAG: A-0347 (2) If the medical staff has an executive committee, a majority of the members of the committee must be doctors of medicine or osteopathy | | a medical staff executive com | | bilitation and psychiatric distinct part units in critical access hospitals: There is al staff executive committee. Note: The medical staff as a whole may serve as the e committee. In smaller, less complex critical access hospitals where the entire staff functions as the executive committee, it is often designated as a committee of le. | |
| | | | EP 3 | | niatric distinct part units in critical access hospitals: The majority of voting medical staff pers are fully licensed doctors of medicine or osteopathy actively practicing in the critical |
| §482.22(b)(3) | TAG: A | -0347 | | | |
| (3) The responsibility for or assigned only to one of the | | conduct of the medical staff must be | | | |
| §482.22(b)(3)(i) (i) An individual doctor of n | TAG: A | *** | LD.11.02.0 | The critical ac governing bo | ccess hospital has an organized medical staff that is accountable to the dy. |
| (1) 7 11 111 111 111 111 111 111 111 111 | | opanij. | EP 3 | or, if permitted by state law | niatric distinct part units in critical access hospitals: A doctor of medicine or osteopathy , a doctor of dental surgery or dental medicine, or a doctor of podiatric medicine is ation and conduct of the medical staff. |
| §482.22(b)(3)(ii) | TAG: A | | LD.11.02.0 | | ccess hospital has an organized medical staff that is accountable to the |
| (ii) A doctor of dental surge State in which the hospital | | dicine, when permitted by State law of the | EP 3 | or, if permitted by state law | dy. hiatric distinct part units in critical access hospitals: A doctor of medicine or osteopathy , a doctor of dental surgery or dental medicine, or a doctor of podiatric medicine is ation and conduct of the medical staff. |
| §482.22(b)(3)(iii) | TAG: A | | LD.11.02.0 | | ccess hospital has an organized medical staff that is accountable to the |
| (iii) A doctor of podiatric me the hospital is located. | edicine, when p | ermitted by State law of the State in which | EP 3 | or, if permitted by state law | hiatric distinct part units in critical access hospitals: A doctor of medicine or osteopathy a doctor of dental surgery or dental medicine, or a doctor of podiatric medicine is ation and conduct of the medical staff. |
| §482.22(b)(4) | TAG: A | -0348 | | | |
| hospitals and the system e member hospitals, after de | elects to have a etermining that s | a consisting of multiple separately certified unified and integrated medical staff for its such a decision is in accordance with all arately certified hospital must demonstrate | | | |
| §482.22(b)(4)(i) | TAG: A | **** | MS.14.03.0 | • | systems can choose to establish a unified and integrated medical staff in |
| (that is, all medical staff me hospital) have voted by ma to accept a unified and inte | embers who ho ajority, in accord egrated medical | parately certified hospital in the system d specific privileges to practice at that lance with medical staff bylaws, either staff structure or to opt out of such a distinct medical staff for their respective | EP 1 | If a critical access hospital hospitals, and/or rural eme staff, in accordance with st hospital demonstrates that practice at that specific hos | is part of a multihospital system with separately accredited hospitals, critical access rgency hospitals, and the system chooses to establish a unified and integrated medical ate and local laws, the following occurs: Each separately accredited critical access its medical staff members (that is, all medical staff members who hold privileges to spital) have voted by majority, in accordance with medical staff bylaws, either to accept medical staff structure or to opt out of such a structure and maintain a separate and eir critical access hospital. |

| CFR Number §482.22(b)(4)(ii) | Medicare Requirements | 1 | loint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|-----------|--|---|
| • (// // | FAG: A-0350 ical staff has bylaws, rules, and requirements t | MS.14.03. | • | stems can choose to establish a unified and integrated medical staff in a state and local laws. |
| describe its processes for self-governance, appointment, credentialing, privileging, and oversight, as well as its peer review policies and due process rights guarantees, and which include a process for the members of the medical staff of each separately certified hospital (that is, all medical staff members who hold specific privileges to practice at that hospital) to be advised of their rights 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 hospital; | | es, ely | hospitals, and/or rural emerge staff, the unified and integrate Process for self-governation policies and due proces Description of the proce all medical staff membe opt out of the unified an a separate and distinct | part of a multihospital system with separately accredited hospitals, critical access ency hospitals, and the system chooses to establish a unified and integrated medical at medical staff bylaws, rules, and requirements include the following: ance, appointment, credentialing, privileging, and oversight, as well as its peer review s rights guarantees as by which medical staff members at each separately accredited hospital (that is, rs who hold privileges to practice at that specific hospital) are advised of their right to d integrated medical staff structure after a majority vote by the members to maintain medical staff for their respective critical access hospital |
| 6 · (·/(// / | FAG: A-0351 dical staff is established in a manner that takes | MS.14.03. | | stems can choose to establish a unified and integrated medical staff in a state and local laws. |
| into account each member hospita | l's unique circumstances and any significant and services offered in each hospital; and | EP 2 | hospitals, and/or rural emerge staff, the following occurs: Th hospital's unique circumstance | part of a multihospital system with separately accredited hospitals, critical access ency hospitals, and the system chooses to establish a unified and integrated medical e unified and integrated medical staff takes into account each member critical access ses and any significant differences in patient populations and services offered in each tal, and rural emergency hospital. |
| 0 · (·/(// / | ГАG: A-0352 | MS.14.03. | | stems can choose to establish a unified and integrated medical staff in a state and local laws. |
| procedures to ensure that the need medical staff, at each of its separal location, are given due considerati | dical staff establishes and implements policies and concerns expressed by members of the tely certified hospitals, regardless of practice or on, and that the unified and integrated medical ensure that issues localized to particular hospitals. | EP 3 | If a critical access hospital is hospitals, and/or rural emerge medical staff, the following or procedures and mechanisms staff at each of its separately | part of a multihospital system with separately accredited hospitals, critical access ency hospitals, and the system chooses to establish a unified and integrated accurs: The unified and integrated medical staff develops and implements policies and to make certain that the needs and concerns expressed by members of the medical accredited hospitals, critical access hospitals, and/or rural emergency hospitals, cion, are duly considered and addressed. |
| 3(-) | ГАG: A-0353 | | | |
| §482.22(c) Standard: Medical Staf The medical staff must adopt and of The bylaws must: | f Bylaws enforce bylaws to carry out its responsibilities. | | | |
| 0 · (-)() | ГАG: A-0354 | MS.14.01. | 01 Medical staff by | laws address self-governance and accountability to the governing body. |
| (1) Be approved by the governing I | body. | EP 1 | governing body and include the Description of the organ Description of the qualificandidate be appointed Criteria for determining the criteria to individuals For rehabilitation or psy privileges of each categ Note: Distant-site physicians | sization of the medical staff, including criteria for medical staff membership ications to be met by a candidate in order for the medical staff to recommend that the by the governing body the privileges to be granted to individual practitioners and a procedure for applying a requesting privileges chiatric distinct part units in critical access hospitals: Statement of the duties and ory of medical staff (for example, active, courtesy) and practitioners requesting privileges to provide telemedicine services under an cess hospital are also subject to the requirements in 42 CFR 482.12(a)(8) and (a)(9), |

| CFR Numb §482.22(c) | | Medicare Requirements | | nt Commission ivalent Number | Joint Commission Standards and Elements of Performance |
|---|------------------|---|-------------|--|--|
| §482.22(c)(2) | TAG: A- | 0355 | MS.14.01.01 | Medical staff by | laws address self-governance and accountability to the governing body. |
| (2) Include a statement of (e.g., active, courtesy, etc | | rivileges of each category of medical staff | g N a | Description of the organ Description of the organ Description of the qualificandidate be appointed Criteria for determining the criteria to individuals For rehabilitation or psycprivileges of each categolote: Distant-site physicians agreement with the critical aco | ization of the medical staff, including criteria for medical staff membership ications to be met by a candidate in order for the medical staff to recommend that the by the governing body the privileges to be granted to individual practitioners and a procedure for applying a requesting privileges chiatric distinct part units in critical access hospitals: Statement of the duties and ory of medical staff (for example, active, courtesy) and practitioners requesting privileges to provide telemedicine services under an cess hospital are also subject to the requirements in 42 CFR 482.12(a)(8) and (a)(9), (a)(4). |
| §482.22(c)(3) | TAG: A- | 0356 | MS.14.01.01 | Medical staff by | laws address self-governance and accountability to the governing body. |
| (3) Describe the organizat | ion of the medic | al Stall. | g N a | Description of the organ Description of the qualificandidate be appointed Criteria for determining the criteria to individuals For rehabilitation or psycprivileges of each categolote: Distant-site physicians | ization of the medical staff, including criteria for medical staff membership ications to be met by a candidate in order for the medical staff to recommend that the by the governing body the privileges to be granted to individual practitioners and a procedure for applying requesting privileges chiatric distinct part units in critical access hospitals: Statement of the duties and bory of medical staff (for example, active, courtesy) and practitioners requesting privileges to provide telemedicine services under an cess hospital are also subject to the requirements in 42 CFR 482.12(a)(8) and (a)(9), |
| §482.22(c)(4) | TAG: A- | 0357 | MS.14.01.01 | Medical staff by | laws address self-governance and accountability to the governing body. |
| | | y a candidate in order for the medical staff inted by the governing body. | g N a | Description of the organ Description of the qualificandidate be appointed Criteria for determining the criteria to individuals For rehabilitation or psycprivileges of each categolote: Distant-site physicians | ization of the medical staff, including criteria for medical staff membership cations to be met by a candidate in order for the medical staff to recommend that the by the governing body the privileges to be granted to individual practitioners and a procedure for applying requesting privileges chiatric distinct part units in critical access hospitals: Statement of the duties and cory of medical staff (for example, active, courtesy) and practitioners requesting privileges to provide telemedicine services under an cess hospital are also subject to the requirements in 42 CFR 482.12(a)(8) and (a)(9), |
| §482.22(c)(5) | TAG: A- | 0358 | | | |
| (5) Include a requirement | that | | 1 | | |

| CFR Number §482.22(c)(5)(i) | Medicare Requirements | | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|---|-----------|---|---|
| §482.22(c)(5)(i) TAG: A | -0358 | MS.14.01. | .01 Medical staff by | laws address self-governance and accountability to the governing body. |
| (i) A medical history and physical examinator each patient no more than 30 days bef registration, but prior to surgery or a proceexcept as provided under paragraph (c)(5 and physical examination must be compledefined in section 1861(r) of the Act), and qualified licensed individual in accordance | ore or 24 hours after admission or adure requiring anesthesia services, and lijii) of this section. The medical history ted and documented by a physician (as a rail and maxillofacial surgeon, or other | EP 3 | requirements for the following | tric distinct part units in critical access hospitals: The medical staff bylaws include: : sical examination for each patient as described in PC.10.01.01, EP 1 ations as described in PC.10.01.01, EP 2 nedical history and physical examinations for patients as described in PC.10.01.01, |
| §482.22(c)(5)(ii) TAG: A | -0359 | MS.14.01. | .01 Medical staff by | laws address self-governance and accountability to the governing body. |
| (ii) An updated examination of the patient, condition, be completed and documented registration, but prior to surgery or a proce the medical history and physical examinat admission or registration, and except as p this section. The updated examination of t patient's condition, must be completed and in section 1861® of the Act), an oral and r licensed individual in accordance with Sta | within 24 hours after admission or adure requiring anesthesia services, when ion are completed within 30 days before rovided under paragraph (c)(5)(iii) of he patient, including any changes in the documented by a physician (as defined naxillofacial surgeon, or other qualified | EP 3 | requirements for the followingMedical history and physUpdated patient examination | tric distinct part units in critical access hospitals: The medical staff bylaws include: sical examination for each patient as described in PC.10.01.01, EP 1 ations as described in PC.10.01.01, EP 2 nedical history and physical examinations for patients as described in PC.10.01.01, |
| §482.22(c)(5)(iii) TAG: A | -0360 | MS.14.01. | .01 Medical staff by | laws address self-governance and accountability to the governing body. |
| the Act), an oral and maxillofacial surgeon accordance with State law and hospital po | and documented after registration, but nesthesia services, when the patient is ocedural services and when the medical a policy that identifies, in accordance v) of this section, specific patients as not v and physical examination, or any update procedural services. The assessment physician (as defined in section 1861(r) of the or other qualified licensed individual in olicy. | EP 3 | requirements for the following | tric distinct part units in critical access hospitals: The medical staff bylaws include: sical examination for each patient as described in PC.10.01.01, EP 1 ations as described in PC.10.01.01, EP 2 nedical history and physical examinations for patients as described in PC.10.01.01, |
| §482.22(c)(5)(iv) TAG: A | -0361 | MS.16.01. | | nedical staff oversees the quality of patient care, treatment, and services |
| (iv) The medical staff develop and maintai for whom the assessment requirements of would apply. The provisions of paragraphs not apply to a medical staff that chooses to requirements of paragraphs of (c)(5)(i) and | paragraph (c)(5)(iii) of this section s (c)(5)(iii), (iv), and (v) of this section do o maintain a policy that adheres to the | EP 10 | process. If the medical staff chooses to assessment requirements wo policy is based on the followin • Patient age, diagnoses, comorbidities, and the le • Nationally recognized guarier to specific outpatie • Applicable state and loce the critical access hospital de outpatient surgical or procedu Note: For rehabilitation and psecond contents of the critical access. | the type and number of surgeries and procedures scheduled to be performed, evel of anesthesia required for the surgery or procedure uidelines and standards of practice for assessment of particular types of patients not surgeries and procedures all health and safety laws emonstrates evidence that the policy applies only to those patients receiving specific |

| CFR Number §482.22(c)(5)(v) | Medicare Requirements | _ | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance | | | |
|--|--|------------|---|---|--|--|--|
| §482.22(c)(5)(v) TAG: A (v) The medical staff, if it chooses to deve identification of specific patients to whom | | MS.16.01.0 | MS.16.01.01 The organized medical staff oversees the quality of patient care, treatment, and ser provided by physicians and other licensed practitioners privileged through the med process. | | | | |
| (c)(5)(iii) of this section would apply, must applies only to those patients receiving sp services as well as evidence that the police | demonstrate evidence that the policy pecific outpatient surgical or procedural by is based on: | EP 10 | assessment requirements wo policy is based on the followin Patient age, diagnoses, comorbidities, and the le Nationally recognized graphic to specific outpatie Applicable state and loc The critical access hospital de outpatient surgical or procedu Note: For rehabilitation and proguidance pertaining to the me www.ecfr.gov/. | the type and number of surgeries and procedures scheduled to be performed, evel of anesthesia required for the surgery or procedure uidelines and standards of practice for assessment of particular types of patients nt surgeries and procedures al health and safety laws emonstrates evidence that the policy applies only to those patients receiving specific | | | |
| §482.22(c)(5)(v)(A) TAG: A | | MS.16.01.0 | • | nedical staff oversees the quality of patient care, treatment, and services | | | |
| (A) Patient age, diagnoses, the type and r scheduled to be performed, comorbidities | | | provided by phy | sicians and other licensed practitioners privileged through the medical staff | | | |
| the surgery or procedure. | | | assessment requirements wo policy is based on the followin Patient age, diagnoses, comorbidities, and the le Nationally recognized graphic to specific outpatie Applicable state and loc The critical access hospital de outpatient surgical or procedu Note: For rehabilitation and policy is based on the critical access. | the type and number of surgeries and procedures scheduled to be performed, evel of anesthesia required for the surgery or procedure uidelines and standards of practice for assessment of particular types of patients nt surgeries and procedures al health and safety laws emonstrates evidence that the policy applies only to those patients receiving specific | | | |
| §482.22(c)(5)(v)(B) TAG: A (B) Nationally recognized guidelines and a specific types of patients prior to specific types. | standards of practice for assessment of | MS.16.01.0 | | nedical staff oversees the quality of patient care, treatment, and services ricians and other licensed practitioners privileged through the medical staff | | | |
| | | EP 10 | assessment requirements wo policy is based on the followir Patient age, diagnoses, comorbidities, and the le Nationally recognized graphic to specific outpatie Applicable state and loc The critical access hospital de outpatient surgical or procedu Note: For rehabilitation and policy is based on the critical access. | the type and number of surgeries and procedures scheduled to be performed, evel of anesthesia required for the surgery or procedure uidelines and standards of practice for assessment of particular types of patients nt surgeries and procedures al health and safety laws emonstrates evidence that the policy applies only to those patients receiving specific | | | |

| CFR Number §482.22(c)(5)(v)(C) | Medicare Requirements | _ | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|------------|--|---|
| 0 · (·//·// //·/ | §482.22(c)(5)(v)(C) TAG: A-0362 (C) Applicable state and local health and safety laws. | | | nedical staff oversees the quality of patient care, treatment, and services vicians and other licensed practitioners privileged through the medical staff |
| | | EP 10 | If the medical staff chooses to develop and maintain a policy for the identification of specific patients to assessment requirements would apply in lieu of a comprehensive medical history and physical examin policy is based on the following: Patient age, diagnoses, the type and number of surgeries and procedures scheduled to be perfored 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 prior to specific outpatient surgeries and procedures Applicable state and local health and safety laws The critical access hospital demonstrates evidence that the policy applies only to those patients received outpatient surgical or procedural services. Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: For law and regular guidance pertaining to the medical history and physical examination at 42 CFR 482.22(c)(5)(iii), refer to www.ecfr.gov/. | |
| §482.22(c)(6) TAG: A- | 0363 | MS.14.01.0 | 01 Medical staff by | laws address self-governance and accountability to the governing body. |
| (6) Include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges. For distant-site physicians and practitioners requesting privileges to furnish telemedicine services under an agreement with the hospital, the criteria for determining privileges and the procedure for applying the criteria are also subject to the requirements in §482.12(a)(8) and (a)(9), and §482.22(a)(3) and (a)(4). | | EP 1 | governing body and include the Description of the organ Description of the qualificandidate be appointed Criteria for determining the criteria to individuals For rehabilitation or psy privileges of each categ | ization of the medical staff, including criteria for medical staff membership ications to be met by a candidate in order for the medical staff to recommend that the by the governing body the privileges to be granted to individual practitioners and a procedure for applying requesting privileges chiatric distinct part units in critical access hospitals: Statement of the duties and ory of medical staff (for example, active, courtesy) and practitioners requesting privileges to provide telemedicine services under an cess hospital are also subject to the requirements in 42 CFR 482.12(a)(8) and (a)(9), |
| §482.23 TAG: A- | 0385 | LD.13.03.0 | 1 The critical acce | ess hospital provides services that meet patient needs. |
| §482.23 Condition of Participation: Nursing The hospital must have an organized nurs services. The nursing services must be fur | ing service that provides 24-hour nursing | EP 2 | delineation of responsibility for Note: For rehabilitation and page 1 | as an organized nursing service, with a plan of administrative authority and or patient care, that provides nursing services to meet the needs of its patients. Sychiatric distinct part units in critical access hospitals: Rural hospitals with a 24-hour 42 CFR 488.54(c) are not required to have 24-hour nursing services. |
| nurse. | | NPG.12.02 | .01 The nurse execu | utive directs the implementation of a nurse staffing plan(s). |
| | | EP 4 | nursing facility level of care in patient's needs and the speci Note 1: For rehabilitation and provides or supervises the nu critical access hospital has a Note 2: For rehabilitation and | or assign to other staff) the nursing care of each patient, including patients at a skilled a swing-bed critical access hospital. The care is provided in accordance with the alized qualifications and competence of the staff available. psychiatric distinct part units in critical access hospitals: A registered nurse directly rsing services provided by other staff to patients 24 hours a day, 7 days a week. The licensed practical nurse or registered nurse on duty at all times. psychiatric distinct part units in critical access hospitals: Rural hospitals with a 24-under 42 CFR 488.54(c) are not required to have 24-hour nursing services. |

| CFR Number §482.23(a) | М | edicare Requirements | _ | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|------------------|------------------------------------|--|--|---|
| §482.23(a) T. | AG: A-0386 | | LD.13.03.0 | 1 The critical acco | ess hospital provides services that meet patient needs. |
| §482.23(a) Standard: Organization The hospital must have a well-organized service with a plan of administrative authority and delineation of responsibilities for patient care. The director of the nursing service must be a licensed registered nurse. He or she is responsible for the operation of the service, including determining the types and numbers of nursing | | EP 2 NPG.12.02 EP 1 | delineation of responsibility for Note: For rehabilitation and p nursing waiver granted under The nurse exect | as an organized nursing service, with a plan of administrative authority and or patient care, that provides nursing services to meet the needs of its patients. sychiatric distinct part units in critical access hospitals: Rural hospitals with a 24-hour 42 CFR 488.54(c) are not required to have 24-hour nursing services. utive directs the implementation of a nurse staffing plan(s). a licensed registered nurse, is responsible for the operation of nursing services, | |
| personnel and staff necessary to pr | ovide nursing ca | are for all areas of the hospital. | EF 1 | including determining the followardNursing policies and pro | owing: |
| §482.23(b) T. | AG: A-0392 | | NPG.12.02 | 01 The nurse exec | utive directs the implementation of a nurse staffing plan(s). |
| §482.23(b) Standard: Staffing and Delivery of Care The nursing service must have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed. There must be supervisory and staff personnel for each department or nursing unit to ensure, when needed, the immediate availability of a registered nurse for the care of any patient. | | EP 5 | licensed registered nurses, li | ntric distinct part units in critical access hospitals: There is an adequate number of censed practical (vocational) nurses, and other staff to provide nursing care to all mediate availability of a registered nurse for the care of any patient, there are a department or nursing unit. | |
| §482.23(b)(1) T. | AG: A-0393 | | LD.13.03.0 | 1 The critical acce | ess hospital provides services that meet patient needs. |
| (1) The hospital must provide 24-hour nursing services furnished or supervised by a registered nurse, and have a licensed practical nurse or registered nurse on duty at all times, except for rural hospitals that have in effect a 24-hour nursing waiver granted under §488.54(c)of this chapter. | | EP 2 | delineation of responsibility for Note: For rehabilitation and p nursing waiver granted under | as an organized nursing service, with a plan of administrative authority and or patient care, that provides nursing services to meet the needs of its patients. sychiatric distinct part units in critical access hospitals: Rural hospitals with a 24-hour 42 CFR 488.54(c) are not required to have 24-hour nursing services. | |
| | | | NPG.12.02 | .01 The nurse exec | utive directs the implementation of a nurse staffing plan(s). |
| | | | EP 4 | nursing facility level of care in patient's needs and the speci Note 1: For rehabilitation and provides or supervises the nu critical access hospital has a Note 2: For rehabilitation and | or assign to other staff) the nursing care of each patient, including patients at a skilled a swing-bed critical access hospital. The care is provided in accordance with the alized qualifications and competence of the staff available. psychiatric distinct part units in critical access hospitals: A registered nurse directly ursing services provided by other staff to patients 24 hours a day, 7 days a week. The licensed practical nurse or registered nurse on duty at all times. psychiatric distinct part units in critical access hospitals: Rural hospitals with a 24-under 42 CFR 488.54(c) are not required to have 24-hour nursing services. |
| • (// / | AG: A-0394 | | HR.11.01.0 | 3 The critical acce | ess hospital determines how staff function within the organization. |
| (2) The nursing service must have a personnel for whom licensure is rec | • | , , | EP 3 | Credentials of staff usin federal, state, or local la renewed. Credentials of staff (prin by law and regulation. That 1: It is acceptable to verelectronic communication or Note 2: A primary verification designated agency can then Note 3: An external organization credentials information. A CV | evelops and implements a procedure to verify and document the following: g the primary source when licensure, certification, or registration is required by aw and regulation. This is done at the time of hire and at the time credentials are mary source not required) when licensure, certification, or registration is not required this is done at the time of hire and at the time credentials are renewed. If it is used to the time of hire and at the time credentials are renewed. If you trien the primary source via a secure by telephone, if this verification is documented. Source may designate another agency to communicate credentials information. The be used as a primary source. If you want is a primary source of the credentials verification organization (CVO) may be used to verify O must meet the CVO guidelines identified in the Glossary. |

| CFR Numl §482.23(b) | | Medicare Requirements | | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|--|----------|--|--|
| §482.23(b)(3) (3) A registered purse mu | (3) A registered nurse must supervise and evaluate the nursing care for each | | NR.11.01 | | utive directs the implementation of nursing policies and procedures, nursing a nurse staffing plan(s). |
| patient. | | | EP 4 | | an assistant, when permitted by state law) supervises and evaluates the nursing care ients at a skilled nursing facility-level of care in a swing-bed critical access hospital. |
| §482.23(b)(4) | TAG: A | -0396 | PC.11.03 | .01 The critical acce | ess hospital plans the patient's care. |
| nursing care plan for eacl | n patient that reflet the patient's r | ing staff develops, and keeps current, a ects the patient's goals and the nursing needs. The nursing care plan may be part | EP 1 | following: Needs identified by the patient's goals and Note 1: Nursing staff develops interdisciplinary plan of care, 1 Note 2: The hospital evaluates Note 3: For rehabilitation distinguishing plan of care, 1 Note 3: For rehabilitation distinguishing plan of care, 1 Note 3: For rehabilitation distinguishing plan of care, 1 Note 3: For rehabilitation distinguishing plan of care, 1 Note 3: For rehabilitation distinguishing plan of care, 1 Note 3: For rehabilitation distinguishing plan of care, 2 Note 2: No | evelops, implements, and revises a written individualized plan of care based on the patient's assessment, reassessment, and results of diagnostic testing the time frames, settings, and services required to meet those goals and keeps current a nursing plan of care, which may be a part of an for each inpatient. In the patient's progress and revises the plan of care based on the patient's progress and part units in critical access hospitals: The plan is reviewed and revised as needed with other professional staff who provide services to the patient. |
| §482.23(b)(5) | TAG: A | -0397 | NR.11.01 | | utive directs the implementation of nursing policies and procedures, nursing |
| | | rsing care of each patient to other nursing | | | a nurse staffing plan(s). |
| personnel in accordance and competence of the no | | needs and the specialized qualifications able. | EP 1 | | tric distinct part units in critical access hospitals: A registered nurse assigns the to other nursing staff in accordance with the patient's needs and the specialized e of the nursing staff available. |
| §482.23(b)(6) | TAG: A | | NR.11.01 | | utive directs the implementation of nursing policies and procedures, nursing |
| policies and procedures of for the adequate supervisipersonnel which occur wi | of the hospital. The sion and evaluation thin the responsi | es in the hospital must adhere to the ne director of nursing service must provide on of the clinical activities of all nursing bility of the nursing services, regardless rsonnel are providing services (that is, | EP 2 | For rehabilitation and psychia services in the critical access | tric distinct part units in critical access hospitals: All licensed nurses who provide hospital adhere to its policies and procedures. In graff providing services (that is, hospital employee, contract, lease, other |
| hospital employee, contract, lease, other agreement, or volunteer). | | agreement, or volunteer). | EP 3 | accordance with nursing polic | for the supervision and evaluation of the clinical activities of all nursing staff in ies and procedures. ng staff who are providing services (that is, hospital employee, contract, lease, other |
| §482.23(b)(7) | TAG: A | -0399 | NPG.12.0 | 2.01 The nurse execu | utive directs the implementation of a nurse staffing plan(s). |
| | any, are not req | ocedures in place establishing which uired under hospital policy to have a I procedures must: | EP 7 | procedures that establish which present. The policies and processes a Establish criteria that su | ffing plans rse executive |

| CFR Numb §482.23(b)(7 | | Medicare Requirements | Joint Commission Equivalent Number | | Ioint Commission Standards and Elements of Performance | |
|--|--------------------|---|---------------------------------------|--|--|--|
| §482.23(b)(7)(i) | TAG: A-039 | 9 | NPG.12.0 | 2.01 The nu | ourse executive directs the implementation of a nurse staffing plan(s). | |
| (i) Establish the criteria such outpatient departments must meet, taking into account the types of services delivered, the general level of acuity of patients served by the department, and the established standards of practice for the services delivered; | | For rehabilitation and psychiatric distinct part units in critical access hospitals: The hospital has policies are procedures that establish which outpatient departments, if any, are not required to have a registered nurse present. The policies and procedures meet the following requirements: Establish criteria that such outpatient departments need to meet, taking into account the types of se provided, the general level of acuity of patients served by the department, and established standard practice for the services provided Describe alternative staffing plans Are approved by the nurse executive Are reviewed at least once every three years | | | | |
| §482.23(b)(7)(ii) | TAG: A-039 | 9 | NPG.12.0 | 2.01 The nu | nurse executive directs the implementation of a nurse staffing plan(s). | |
| (ii) Establish alternative st | affing plans; | | EP 7 | procedures that esta present. The policie: Establish crite provided, the g practice for the Describe alteri Are approved | and psychiatric distinct part units in critical access hospitals: The hospital has policies and stablish which outpatient departments, if any, are not required to have a registered nurse ies and procedures meet the following requirements: teria that such outpatient departments need to meet, taking into account the types of services a general level of acuity of patients served by the department, and established standards of the services provided ernative staffing plans d by the nurse executive d at least once every three years | |
| §482.23(b)(7)(iii) | TAG: A-039 | 9 | NPG.12.0 | 2.01 The nu | nurse executive directs the implementation of a nurse staffing plan(s). | |
| (iii) Be approved by the di | rector of nursing; | | EP 7 | procedures that esta present. The policies • Establish crite provided, the operation of the practice for the • Describe altern • Are approved | and psychiatric distinct part units in critical access hospitals: The hospital has policies and stablish which outpatient departments, if any, are not required to have a registered nurse ies and procedures meet the following requirements: teria that such outpatient departments need to meet, taking into account the types of services a general level of acuity of patients served by the department, and established standards of he services provided ernative staffing plans d by the nurse executive d at least once every three years | |
| §482.23(b)(7)(iv) | TAG: A-039 | 9 | NPG.12.0 | 2.01 The nu | nurse executive directs the implementation of a nurse staffing plan(s). | |
| (iv) Be reviewed at least o | nce every 3 years. | | EP 7 | procedures that esta present. The policie: Establish crite provided, the g practice for the Describe alteri Are approved | and psychiatric distinct part units in critical access hospitals: The hospital has policies and stablish which outpatient departments, if any, are not required to have a registered nurse lies and procedures meet the following requirements: teria that such outpatient departments need to meet, taking into account the types of services a general level of acuity of patients served by the department, and established standards of the services provided ernative staffing plans d by the nurse executive d at least once every three years | |
| | | | | | | |
| §482.23(c) | TAG: A-040 | 5 | 1 | | | |

| CFR Number §482.23(c)(1) | Medicare Requirements | | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance | | |
|--|---|---------|---|--|--|--|
| §482.23(c)(1) TAG: A- | 0405 | MM.16.0 | 1.01 The critical acce | ss hospital safely administers medications. | | |
| (1) Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care, and accepted standards of practice. | | EP 1 | EP 1 Drugs and biologicals are prepared and administered in accordance with federal and state laws, the orders of the licensed practitioner or practitioners responsible for the patient's care, and accepted standards of practice. For rehabilitation and psychiatric distinct part units in critical access hospitals: Drugs and biologicals may be prepared and administered as follows: On the orders of other practitioners not specified under 42 CFR 482.12(c) only if such practitioners are actin in accordance with state law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations. On the orders contained within preprinted and electronic standing orders, order sets, and protocols for patient orders only if such orders meet the requirements of 42 CFR 482.24(c)(3). | | | |
| §482.23(c)(1)(i) TAG: A- | | MM.16.0 | | ss hospital safely administers medications. | | |
| (i) Drugs and biologicals may be prepared and administered on the orders of other practitioners not specified under §482.12(c) only if such practitioners are acting in accordance with State law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations. | | EP 1 | Drugs and biologicals are prepared and administered in accordance with federal and state laws, the orders of t licensed practitioner or practitioners responsible for the patient's care, and accepted standards of practice. For rehabilitation and psychiatric distinct part units in critical access hospitals: Drugs and biologicals may be prepared and administered as follows: On the orders of other practitioners not specified under 42 CFR 482.12(c) only if such practitioners are ac in accordance with state law, including scope-of-practice laws, hospital policies, and medical staff bylaws rules, and regulations. On the orders contained within preprinted and electronic standing orders, order sets, and protocols for patient orders only if such orders meet the requirements of 42 CFR 482.24(c)(3). | | | |
| §482.23(c)(1)(ii) TAG: A- | 0406 | MM.16.0 | 1.01 The critical acce | ss hospital safely administers medications. | | |
| (ii) Drugs and biologicals may be prepared contained within pre-printed and electronic standing of patient orders only if such orders meet the | orders, order sets, and protocols for | EP 1 | licensed practitioner or practiti For rehabilitation and psychiat prepared and administered as On the orders of other p in accordance with state rules, and regulations. On the orders contained | pared and administered in accordance with federal and state laws, the orders of the oners responsible for the patient's care, and accepted standards of practice. It distinct part units in critical access hospitals: Drugs and biologicals may be follows: ractitioners not specified under 42 CFR 482.12(c) only if such practitioners are acting law, including scope-of-practice laws, hospital policies, and medical staff bylaws, within preprinted and electronic standing orders, order sets, and protocols for th orders meet the requirements of 42 CFR 482.24(c)(3). | | |
| §482.23(c)(2) TAG: A- | 0405 | MM.16.0 | 1.01 The critical acce | ss hospital safely administers medications. | | |
| (2) All drugs and biologicals must be admir of, nursing or other personnel in accordance regulations, including applicable licensing approved medical staff policies and procedure. | ce with Federal and State laws and requirements, and in accordance with the | EP 2 | nurse, a doctor of medicine or Note: For rehabilitation and ps administered by, or under sup | enous medications are administered by, or under the supervision of, a registered osteopathy, or, where permitted by state law, a physician assistant. Sychiatric distinct part units in critical access hospitals: Drugs and biologicals are ervision of, nursing or other staff in accordance with federal and state laws and allelicensing requirements, and in accordance with the approved medical staff | | |
| §482.23(c)(3) TAG: A- | 0406 | MM.14.0 | 1.01 Medication orde | rs are clear and accurate. | | |
| (3) With the exception of influenza and pne administered per physician-approved hosp contraindications, orders for drugs and bio by a practitioner who is authorized to write hospital policy, and who is responsible for | ital policy after an assessment of logicals must be documented and signed orders in accordance with State law and | EP 1 | in accordance with state law, | als are documented and signed by any practitioner who is authorized to write orders nospital policy, and medical staff bylaws, rules, and regulations. occal vaccines may be administered per physician-approved hospital policy after anns. | | |
| §482.23(c)(3)(i) TAG: A- | 0407 | MM.14.0 | 1.01 Medication orde | rs are clear and accurate. | | |
| (i) If verbal orders are used, they are to be | used infrequently. | EP 2 | | ric distinct part units in critical access hospitals: The critical access hospital d telephone medication orders. | | |

| CFR Number §482.23(c)(3) | | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|------------------|--|---------------------------------------|---|---|
| §482.23(c)(3)(ii) | TAG: A | 0408 | RC.12.02.0 | O1 Qualified staff re | eceive and record verbal orders. |
| | | st only be accepted by persons who are procedures consistent with Federal and | EP 1 | Only staff authorized by critica accept and record verbal orde | al access hospital policies and procedures consistent with federal and state law ers. |
| §482.23(c)(3)(iii) | TAG: A | 0409 | MM.14.01. | 01 Medication orde | rs are clear and accurate. |
| (iii) Orders for drugs and biologicals may be documented and signed by other practitioners only if such practitioners are acting in accordance with State law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations. | | EP 1 | in accordance with state law, | als are documented and signed by any practitioner who is authorized to write orders hospital policy, and medical staff bylaws, rules, and regulations. occal vaccines may be administered per physician-approved hospital policy after an ns. | |
| §482.23(c)(4) | TAG: A | | PC.12.01.0 | | ess hospital provides care, treatment, and services as ordered or prescribed |
| ` ' | | edications must be administered in | | | ce with law and regulation. |
| accordance with State law | and approved r | nedical staff policies and procedures. | EP 3 | law and approved medical sta | Iministers blood transfusions and intravenous medications in accordance with state ff policies and procedures. |
| §482.23(c)(5) | TAG: A | | MM.17.01.0 | | ess hospital responds to actual or potential adverse drug events, significant |
| (5) There must be a hospit drug reactions, and errors | | reporting transfusion reactions, adverse n of drugs. | EP 1 | The critical access hospital de adverse drug reactions, and e | evelops and implements policies and procedures for reporting transfusion reactions, errors in administration of drugs. ance is also applicable to sample medications. |
| §482.23(c)(6) | TAG: A | 0412 | MM.16.01. | 01 The critical acce | ess hospital safely administers medications. |
| appropriate) to self-adminis | ster both hospit | s or her caregiver/support person where al-issued medications and the patient's as defined and specified in the hospital's | EP 3 | self-administration of medicati Note 1: This applies to critical the critical access hospital. | evelops and implements policies and procedures that guide the safe and accurate ions by the patient or their caregiver or support person, where appropriate. access hospital–issued medications and the patient's own medications brought into stered medication(s)" may refer to medications administered by a family member. |
| §482.23(c)(6)(i) | TAG: A | 0412 | 1 | | |
| | | minister specific hospital-issued policies and procedures in place to: | | | |
| §482.23(c)(6)(i)(A) | TAG: A | 0412 | MM.16.01. | 01 The critical acce | ess hospital safely administers medications. |
| (A) Ensure that a practition order, consistent with hosp | | for the care of the patient has issued an hitting self-administration. | EP 4 | a patient to self-administer spi procedures in place that addre • Making certain that an o is consistent with the cri • Determining that the pat specified medication(s) • Instructing the patient or accurate administration • Addressing the security | tric distinct part units in critical access hospitals: If the critical access hospital allows ecific hospital-issued medications, the critical access hospital has policies and ess the following: rder is issued by a licensed practitioner responsible for the patient's care and that it tical access hospital's self-administration policy ient or the patient's caregiver or support person is capable of administering the the patient's caregiver or support person, where appropriate, in the safe and of the specified medication(s) of the medications for each patient ered medication(s)" may refer to medications administered by a family member. |

| CFR Number §482.23(c)(6)(i)(B) | Medicare Requirements | 1 | oint Commission uivalent Number | Joint Commission Standards and Elements of Performance | |
|---|--|------------|--|---|--|
| §482.23(c)(6)(i)(B) | AG: A-0412 | MM.16.01.0 | 1 The critical acce | ss hospital safely administers medications. | |
| (B) Assess the capacity of the patient (or the patient's caregiver/support person where appropriate) to self-administer the specified medication(s). | | | For rehabilitation and psychiatric distinct part units in critical access hospitals: If the critical access hospital a patient to self-administer specific hospital-issued medications, the critical access hospital has policies are procedures in place that address the following: Making certain that an order is issued by a licensed practitioner responsible for the patient's care and is consistent with the critical access hospital's self-administration policy Determining that the patient or the patient's caregiver or support person is capable of administering the specified medication(s) Instructing the patient or the patient's caregiver or support person, where appropriate, in the safe and accurate administration of the specified medication(s) Addressing the security of the medications for each patient Note: The term "self-administered medication(s)" may refer to medications administered by a family members. | | |
| §482.23(c)(6)(i)(C) | AG: A-0412 | MM.16.01.0 | 1 The critical acce | ss hospital safely administers medications. | |
| (C) Instruct the patient (or the patien in the safe and accurate administration that is a safe and a safe and a safe accurate administration that is a safe accurate a safe | nt's caregiver/support person where appropriate) ion of the specified medication(s). | | a patient to self-administer sp procedures in place that addre • Making certain that an o is consistent with the cri • Determining that the pat specified medication(s) • Instructing the patient or accurate administration • Addressing the security | tric distinct part units in critical access hospitals: If the critical access hospital allows ecific hospital-issued medications, the critical access hospital has policies and less the following: reder is issued by a licensed practitioner responsible for the patient's care and that it tical access hospital's self-administration policy ient or the patient's caregiver or support person is capable of administering the of the patient's caregiver or support person, where appropriate, in the safe and of the specified medication(s) of the medications for each patient ered medication(s) may refer to medications administered by a family member. | |
| §482.23(c)(6)(i)(D) | AG: A-0412 | MM.16.01.0 | 1 The critical acce | ss hospital safely administers medications. | |
| (D) Address the security of the medi | ication(s) for each patient. | | a patient to self-administer sp procedures in place that addre • Making certain that an o is consistent with the cri • Determining that the pat specified medication(s) • Instructing the patient or accurate administration • Addressing the security | tric distinct part units in critical access hospitals: If the critical access hospital allows ecific hospital-issued medications, the critical access hospital has policies and ess the following: rder is issued by a licensed practitioner responsible for the patient's care and that it tical access hospital's self-administration policy ient or the patient's caregiver or support person is capable of administering the the patient's caregiver or support person, where appropriate, in the safe and of the specified medication(s) of the medications for each patient ered medication(s)" may refer to medications administered by a family member. | |

| CFR Number §482.23(c)(6)(i)(E) | Medicare Requirements | 1 | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance | | | | |
|--|-----------------------|---|---|--|--|--|--|--|
| §482.23(c)(6)(i)(E) TAG: A (E) Document the administration of each | | RC.12.01. | RC.12.01.01 The medical record contains information that reflects the patient's care, treatment, an services. | | | | | |
| the patient's caregiver/support person wh record. | | EP 2 The medical record contains the following clinical information: Admitting diagnosis Any emergency care, treatment, and services provided to the patient before their arrival Any allergies to food and medications Any findings of assessments and reassessments Results of all consultative evaluations of the patient and findings by clinical and other staff care of the patient Treatment goals, plan of care, and revisions to the plan of care Documentation of complications, health care—acquired infections, and adverse reactions to anesthesia All practitioners' orders Nursing notes, reports of treatment, laboratory reports, vital signs, and other information monitor the patient's condition Medication records, including the strength, dose, route, date and time of administration, amedication, administration devices used, and rate of administration Note: When rapid titration of a medication is necessary, the critical access hospital defines in peremergent situations in which block charting would be an acceptable form of documentation. For a further explanation of block charting, refer to the Glossary. Administration of each self-administered medication, as reported by the patient (or the patisupport person where appropriate) Records of radiology and nuclear medicine services, including signed interpretation report All care, treatment, and services provided to the patient Patient's response to care, treatment, and services Medical history and physical examination, including any conclusions or impressions drawn information Discharge plan and discharge planning evaluation Discharge summary with outcome of hospitalization, disposition of case, and provisions for including any medications dispensed or prescribed on discharge Any diagnoses or conditions established during the patient's course of care, treatment, and | | peatment, and services provided to the patient before their arrival dimedications lents and reassessments are evaluations of the patient and findings by clinical and other staff involved in the figure of care, and revisions to the plan of care lications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to addition uding the strength, dose, route, date and time of administration, access site for on devices used, and rate of administration a medication is necessary, the critical access hospital defines in policy the urgent/block charting would be an acceptable form of documentation. For the definition and charting, refer to the Glossary. The reference of the patient (or the patient's caregiver or a propriate) discontinuous services, including signed interpretation reports services provided to the patient are, treatment, and services sical examination, including any conclusions or impressions drawn from the charge planning evaluation in outcome of hospitalization, disposition of case, and provisions for follow-up care, and dispensed or prescribed on discharge | | | | |
| §482.23(c)(6)(ii) TAG: A | | 4 | | | | | | |
| (ii) If the hospital allows a patient to self-a medications brought into the hospital, the procedures in place to: | | | | | | | | |
| §482.23(c)(6)(ii)(A) TAG: A | ı - 0413 | MM.16.01 | | ess hospital safely administers medications. | | | | |
| (A) Ensure that a practitioner responsible order, consistent with hospital policy, perr the patient brought into the hospital. | | EP 5 | a patient to self-administer the policies and procedures in pla • Making certain that an o consistent with the critica • Determining that the pat specified medication(s) • Instructing the patient or accurate administration • Addressing the security • Identifying the specified | tric distinct part units in critical access hospitals: If the critical access hospital allows eir own specific medications brought into the hospital, the critical access hospital has access that address the following: order is issued by a practitioner responsible for the patient's care and that it is all access hospital's self-administration policy tient or the patient's caregiver or support person is capable of administering the responsible to the specified medication(s) of the specified medication(s) of the medications for each patient medication(s) and visually evaluating the medication(s) for integrity ered medication(s)" may refer to medications administered by a family member. | | | | |

| CFR Number §482.23(c)(6)(ii) | Medicare Requirements | _ | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance | |
|--|---|------------|---|---|--|
| §482.23(c)(6)(ii)(B) | TAG: A-0413 | MM.16.01.0 | The critical acce | ess hospital safely administers medications. | |
| (B) Assess the capacity of the patient (or the patient's caregiver/support person where appropriate) to self-administer the specified medication(s), and also determine if the patient (or the patient's caregiver/support person where appropriate) needs instruction in the safe and accurate administration of the specified medication(s). | | | | | |
| §482.23(c)(6)(ii)(C) | TAG: A-0413 | MM.16.01.0 | The critical acce | ess hospital safely administers medications. | |
| integrity. | lication(s) and visually evaluate the medication(s) for | EP 5 | a patient to self-administer the policies and procedures in pla • Making certain that an or consistent with the critic • Determining that the pat specified medication(s) • Instructing the patient or accurate administration • Addressing the security • Identifying the specified Note: The term "self-administer." | order is issued by a practitioner responsible for the patient's care and that it is all access hospital's self-administration policy tient or the patient's caregiver or support person is capable of administering the responsible that the patient's caregiver or support person, where appropriate, in the safe and of the specified medication(s) of the medications for each patient medication(s) and visually evaluating the medication(s) for integrity ered medication(s)" may refer to medications administered by a family member. | |
| §482.23(c)(6)(ii)(D) | TAG: A-0413 | MM.16.01.0 | The critical acce | ess hospital safely administers medications. | |
| (D) Address the security of the | e medication(s) for each patient. | EP 5 | a patient to self-administer the policies and procedures in pla • Making certain that an o consistent with the critic • Determining that the pat specified medication(s) • Instructing the patient or accurate administration • Addressing the security • Identifying the specified | tric distinct part units in critical access hospitals: If the critical access hospital allows eir own specific medications brought into the hospital, the critical access hospital has acce that address the following: order is issued by a practitioner responsible for the patient's care and that it is all access hospital's self-administration policy tient or the patient's caregiver or support person is capable of administering the or the patient's caregiver or support person, where appropriate, in the safe and of the specified medication(s) of the medications for each patient medication(s) and visually evaluating the medication(s) for integrity ered medication(s)" may refer to medications administered by a family member. | |

| CFR Number §482.23(c)(6)(ii)(E) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|--|--|--|
| §482.23(c)(6)(ii)(E) TAG: A | | | cord contains information that reflects the patient's care, treatment, and |
| (E) Document the administration of each | | services. | |
| the patient's caregiver/support person wh record. | ere appropriate), in the patient's medical | Admitting diagnosis Any emergency care, tr Any allergies to food an Any findings of assessm Results of all consultative care of the patient Treatment goals, plan of Documentation of companesthesia All practitioners' orders Nursing notes, reports of monitor the patient's co Medication records, incompanitor the patient's co Medication, administrat Note: When rapid titration of emergent situations in which a further explanation of block Administration of each is support person where at Records of radiology ar All care, treatment, and Patient's response to cate Medical history and phy information Discharge plan and disc Discharge summary with including any medication Any diagnoses or conditions. | nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the of care, and revisions to the plan of care olications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to ndition luding the strength, dose, route, date and time of administration, access site for ion devices used, and rate of administration a medication is necessary, the critical access hospital defines in policy the urgent/ block charting would be an acceptable form of documentation. For the definition and a charting, refer to the Glossary. self-administered medication, as reported by the patient (or the patient's caregiver or |

| CFR Number §482.24 | Medicare Requirements | | int Commission uivalent Number | Joint Commission Standards and Elements of Performance | |
|---|---|--|--|--|--|
| §482.24 TAG: A- | 0431 | LD.13.03.01 | The critical acce | ess hospital provides services that meet patient needs. | |
| §482.24 Condition of Participation: Medical Record Services The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital. | | The critical access hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: | | | |
| | | RC.11.01.01 | individual patier | | |
| | | | hospital. | aintains a medical record for every inpatient and outpatient in the critical access | |
| §482.24(a) TAG: A- | 0432 | LD.13.03.01 | The critical acce | ess hospital provides services that meet patient needs. | |
| 1 - | vice must be appropriate to the scope and hospital must employ adequate personnel | | or other agreements that mee complexity of services offered but are not limited to the follow Outpatient Emergency Medical records Diagnostic and theraped Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services ar of practice for the health care patients. If outpatient obstetric | re provided, they are in accordance with nationally recognized acceptable standards (including physical and behavioral health) of pregnant, birthing, and postpartum cal services are offered, the services are consistent in quality with inpatient care exity of services offered. As applicable, the services must be integrated with other | |

| CFR Number §482.24(a) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|--|---------------------------------------|---|--|
| | | NPG.12.01. | | ess hospital's leadership team ensures that there is qualified ancillary staff the needs of the population served and determine how they function within i. |
| | | EP 6 | a medical record service that | tric distinct part units in critical access hospitals: The critical access hospital has has administrative responsibility for medical records. The critical access hospital oport the prompt completion, filing, and retrieval of records. |
| <u> </u> | : A-0438 | RC.11.01.0 | | ess hospital maintains complete and accurate medical records for each |
| §482.24(b) Standard: Form and Retent | ecord for each inpatient and outpatient. | EP 1 | | aintains a medical record for every inpatient and outpatient in the critical access |
| Medical records must be accurately wr retained, and accessible. The hospital | itten, promptly completed, properly filed and must use a system of author identification and ntegrity of the authentication and protects the | EP 4 | signed, dated, and timed med | evelops and implements policies and procedures for accurate, legible, complete, lical record entries that are authenticated by the person responsible for providing or ed. Medical records are promptly completed, systematically organized, and readily |
| | | RC.11.02.0 | 1 Entries in the m | edical record are authenticated. |
| | | EP 2 | | ses a system of author identification and record maintenance that ensures the and protects the security of all record entries. |
| §482.24(b)(1) TAG | : A-0439 | RC.11.03.0 | 1 The critical acce | ess hospital retains its medical records. |
| (1) Medical records must be retained in period of at least 5 years. | n their original or legally reproduced form for a | EP 1 | legally reproduced medical re law and regulation. Note: Medical records are reta | tric distinct part units in critical access hospitals: The retention time of the original or cord is determined by its use and critical access hospital policy, in accordance with ained in their original or legally reproduced form for at least five years. This includes iological reports, printouts, films, and scans; and other applicable image records. |
| • (/// | : A-0440 | IM.13.01.03 | The critical acce | ess hospital retrieves, disseminates, and transmits health information in useful |
| (2) The hospital must have a system of The system must allow for timely retrie support medical care evaluation studie | val by diagnosis and procedure, in order to | EP 1 | The critical access hospital had accessible when needed for property. Note: For rehabilitation and positive controls and positive controls. | as a system for coding and indexing medical records to make health information patient care, treatment, and services. Sychiatric distinct part units in critical access hospitals: The medical records system atient information by diagnosis and procedure. |
| §482.24(b)(3) TAG | : A-0441 | IM.12.01.01 | The critical acce | ess hospital protects the privacy and confidentiality of health information. |
| records. Information from or copies of rindividuals, and the hospital must ensu access to or alter patient records. Original records. | e for ensuring the confidentiality of patient records may be released only to authorized are that unauthorized individuals cannot gain all medical records must be released by the | EP 1 | confidentiality of health inform | evelops and implements policies and procedures addressing the privacy and nation. al access hospitals: Policies and procedures also address the resident's personal |
| hospital only in accordance with Federal or State laws, court orders, or subpoenas. | | EP 3 | The policies and procedures a Note: Information from or cop | evelops and implements policies and procedures for the release of medical records. are in accordance with law and regulation, court orders, or subpoenas. ies of records may be released only to authorized individuals, and the critical access nauthorized individuals cannot gain access to or alter patient records. |
| | | IM.12.01.03 | The critical acce | ess hospital maintains the security and integrity of health information. |
| | | EP 1 | information, including the follo | nation against loss, damage, unauthorized alteration or use, unintentional change, on |

| CFR Number §482.24(c) | Medicare Requirements | 1 | nt Commission ivalent Number | Joint Commission Standards and Elements of Performance | |
|--|---|-------------|--|--|--|
| §482.24(c) §482.24(c) Standard: Content of | TAG: A-0449 | RC.11.01.01 | | The critical access hospital maintains complete and accurate medical records for each individual patient. | |
| The medical record must contain information to justify admission and continued hospitalization, support the diagnosis, and describe the patient's progress and response to medications and services. | | N re | The medical record includes the following: Information needed to justify the patient's admission and continued care, treatment Information needed to support the patient's diagnosis and condition Information about the patient's care, treatment, and services that promotes continuand providers Note: For critical access hospitals that elect Joint Commission's Primary Care Medical H requirement refers to care provided by both internal and external providers. | | |
| | | RC.12.01.01 | The medical rec services. | ord contains information that reflects the patient's care, treatment, and | |
| | | N e a | Admitting diagnosis Any emergency care, tree Any allergies to food and Any findings of assessment Results of all consultative care of the patient Treatment goals, plan of Documentation of companesthesia All practitioners' orders Nursing notes, reports of monitor the patient's core Medication records, inclimedication, administration of amergent situations in which iffurther explanation of block Administration of each support person where and Records of radiology and All care, treatment, and Patient's response to cate Medical history and physinformation Discharge plan and discending any medication Any diagnoses or conditiote: Medical records are core | nents and reassessments be evaluations of the patient and findings by clinical and other staff involved in the force, and revisions to the plan of care lications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to noticition uding the strength, dose, route, date and time of administration, access site for on devices used, and rate of administration a medication is necessary, the critical access hospital defines in policy the urgent/plock charting would be an acceptable form of documentation. For the definition and charting, refer to the Glossary. The effective medication is reported by the patient (or the patient's caregiver or appropriate) disconting the patient interpretation reports services provided to the patient reports in the patient reports reported in the pa | |
| §482.24(c)(1) | TAG: A-0450 | RC.11.01.01 | The critical acce | ess hospital maintains complete and accurate medical records for each | |
| authenticated in written or electro | ies must be legible, complete, dated, timed, and nic form by the person responsible for providing consistent with hospital policies and procedures. | s e | he critical access hospital de igned, dated, and timed med | evelops and implements policies and procedures for accurate, legible, complete, ical record entries that are authenticated by the person responsible for providing or d. Medical records are promptly completed, systematically organized, and readily | |

| CFR Numb §482.24(c)(| Madicara Radiliraments | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|---|---------------------------------------|--|--|
| §482.24(c)(2) | TAG: A-0454 | RC.11.02.01 | Entries in the m | edical record are authenticated. |
| (2) All orders, including verbal orders, must be dated, timed, and authenticated promptly by the ordering practitioner or by another practitioner who is responsible for the care of the patient only if such a practitioner is acting in accordance with State law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations. | | · p | oractitioner who is responsible | ders, are dated, timed, and authenticated by the ordering physician or other licensed e for the patient's care and who is authorized to write orders, in accordance with law and regulation, and medical staff bylaws, rules, and regulations. |
| §482.24(c)(3) | TAG: A-0457 | | | |
| (3) Hospitals may use pre- protocols for patient orders | orinted and electronic standing orders, order sets, and only if the hospital: |] | | |
| §482.24(c)(3)(i) | TAG: A-0457 ders and protocols have been reviewed and approved by | RC.12.01.01 | The medical rec services. | ord contains information that reflects the patient's care, treatment, and |
| the medical staff and the h | ospital's nursing and pharmacy leadership; | | Orders only if the following occ Orders and protocols are nursing and pharmacy leterated on the protocols are not occles and protocols are hospital's nursing and protocols. Orders and protocols are the ordering practitioner practitioner is acting in a section. | e reviewed and approved by the medical staff and the critical access hospital's |
| §482.24(c)(3)(ii) | TAG: A-0457 orders and protocols are consistent with nationally | RC.12.01.01 | The medical rec services. | ord contains information that reflects the patient's care, treatment, and |
| recognized and evidence-l | | | Orders only if the following occ Orders and protocols are nursing and pharmacy let Orders and protocols are hospital's nursing and pland protocols. Orders and protocols are the ordering practitioner practitioner is acting in a | e reviewed and approved by the medical staff and the critical access hospital's |

| CFR Number §482.24(c)(3)(iii) | Medicare Requirements | | pint Commission quivalent Number | Joint Commission Standards and Elements of Performance | | | |
|---|--|--------------------|--|--|--|--|--|
| §482.24(c)(3)(iii) TAG: A- (iii) Ensures that the periodic and regular r conducted by the medical staff and the hos | eview of such orders and protocols is | RC.12.01.0 EP 5 | RC.12.01.01 The medical record contains information that reflects the patient's care, treatment, a services. EP 5 The critical access hospital uses preprinted and electronic standing orders, order sets, and protocols fo | | | | |
| to determine the continuing usefulness and safety of the orders and protocols; and | | | nursing and pharmacy le Orders and protocols are Orders and protocols are hospital's nursing and phand protocols. Orders and protocols are the ordering practitioner practitioner is acting in a | e reviewed and approved by the medical staff and the critical access hospital's | | | |
| §482.24(c)(3)(iv) TAG: A- (iv) Ensures that such orders and protocols | | RC.12.01.0 | 1 The medical reconservices. | ord contains information that reflects the patient's care, treatment, and | | | |
| promptly in the patient's medical record by practitioner responsible for the care of the in accordance with State law, including scomedical staff bylaws, rules, and regulation: | the ordering practitioner or by another patient only if such a practitioner is acting ope-of-practice laws, hospital policies, and | EP 5 | Orders only if the following occ Orders and protocols are nursing and pharmacy le Orders and protocols are hospital's nursing and phand protocols. Orders and protocols are the ordering practitioner practitioner is acting in a | e reviewed and approved by the medical staff and the critical access hospital's | | | |
| §482.24(c)(4) TAG: A- | | | | | | | |
| (4) All records must document the followin | g, as appropriate: | | | | | | |
| §482.24(c)(4)(i) TAG: A- | 0458 | | | | | | |
| (i) Evidence of | | | | | | | |
| §482.24(c)(4)(i)(A) TAG: A-(A) A medical history and physical examina | | PC.11.02.0 | | ss hospital assesses and reassesses the patient and the patient's condition ined time frames. | | | |
| more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, and except as provided unde paragraph (c)(4)(i)(C) of this section. The medical history and physical examination must be placed in the patient's medical record within 24 hours after admission or registration but prior to surgery or a procedure requiring anesthesia services. | | EP 2 | 24 hours after, registration or Note 1: For rehabilitation and physical examinations are per outpatient surgical or procedu CFR 482.24(c)(4)(i)(C). Note 2: For law and regulation | I examination is completed and documented no more than 30 days prior to, or within inpatient admission but prior to surgery or a procedure requiring anesthesia services. psychiatric distinct part units in critical access hospitals: Medical histories and formed as required in this element of performance, except prior to any specific ral services for which an assessment is performed instead as provided under 42 guidance pertaining to the medical history and physical examination at 42 CFR (1)(iii), refer to https://www.ecfr.gov/. | | | |
| | | RC.12.01.0 | services. | ord contains information that reflects the patient's care, treatment, and | | | |
| | | EP 6 | | cal examination or updates to the medical history and physical examination are I record within 24 hours after admission or registration, but prior to surgery or a a services. | | | |

| CFR Numbe §482.24(c)(4)(i | | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | | |
|--|---|---|---|---|--|--|--|
| §482.24(c)(4)(i)(B) (B) An updated examination | 3.5 (-)(-)(-)(-) | | PC.11.02.0 | PC.11.02.01 The critical access hospital assesses and reassesses the patient and the patient's co according to defined time frames. | | | |
| (B) An updated examination of the patient, including any changes in the patient's condition, when the medical history and physical examination are completed within 30 days before admission or registration, and except as provided under paragraph (c)(4)(i)(C) of this section. Documentation of the updated examination must be placed in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. | | EP 3 | admission, an update docume registration or inpatient admis Note 1: For rehabilitation and physical examinations are per outpatient surgical or procedu CFR 482.24(c)(4)(i)(C). Note 2: For law and regulation 482.22(c)(5)(iii), refer to https: | sical examination that was completed within 30 days prior to registration or inpatient enting any changes in the patient's condition is completed within 24 hours after sion, but prior to surgery or a procedure requiring anesthesia services. psychiatric distinct part units in critical access hospitals: Medical histories and formed as required in this element of performance, except prior to any specific ral services for which an assessment is performed instead as provided under 42 in guidance pertaining to the medical history and physical examination at 42 CFR //www.ecfr.gov/. | | | |
| | | | EP 6 | , , , | cal examination or updates to the medical history and physical examination are I record within 24 hours after admission or registration, but prior to surgery or a a services. | | |
| §482.24(c)(4)(i)(C) (C) An assessment of the p | TAG: A | -0462 If the requirements of paragraphs (c)(4)(i) | RC.12.01.0 | The medical rec services. | ord contains information that reflects the patient's care, treatment, and | | |
| (A) and (B) of this section of surgery or a procedure requispecific outpatient surgical chosen to develop and main requirements at § 482.22(c) | completed and uiring anesthes or procedural sontain a policy to (5)(v), specifical examination, | documented after registration, but prior to sia services, when the patient is receiving services and when the medical staff has hat identifies, in accordance with the patients as not requiring a comprehensive or any update to it, prior to specific | EP 7 | 482.24(c)(4)(i)(A) and (B)) is of requiring anesthesia services, • The patient is receiving: • The medical staff has characteristic requirements at § 482.22 | (in lieu of a medical history and physical examination as described in 42 CFR completed and documented after registration, but prior to surgery or a procedure when the following conditions are met: specific outpatient surgical or procedural services. losen to develop and maintain a policy that identifies, in accordance with the 2(c)(5)(v), specific patients as not requiring a comprehensive medical history and any update to it, prior to specific outpatient surgical or procedural services. | | |

| CFR Number §482.24(c)(4)(ii) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---------------------------------|-----------------------|---------------------------------------|--|---|
| §482.24(c)(4)(ii) TAG: / | A-0463 | RC.12.01.01 | The medical rec | ord contains information that reflects the patient's care, treatment, and |
| (ii) Admitting diagnosis. | | Note: emerg a furth | nedical record contains to Admitting diagnosis. Any emergency care, treat Any allergies to food any Any findings of assessmessed as a session of the patient. Treatment goals, plan of Documentation of companesthesia. All practitioners' orders. Nursing notes, reports of Medication records, including any medication, administrative when rapid titration of a gent situations in which later explanation of block. Administration of each support person where a Records of radiology and All care, treatment, and Patient's response to cather the support person where a Records of radiology and All care, treatment, and Patient's response to cather the support person where a Records of radiology and Patient's response to cather the support person where a Records of radiology and Patient's response to cather the support person where a Records of radiology and Patient's response to cather the support person where a Records of radiology and Patient's response to cather the support person where a Records of radiology and Patient's response to cather the support person where a Records of radiology and Patient's response to cather the support person where a Records of radiology and Patient's response to cather the support person where a Records of radiology and Patient's response to cather the support person where a Records of radiology and Patient's response to cather the support person where a Records of radiology and Patient's response to cather the support person where a Records of radiology and Patient's response to cather the support person where a Records of radiology and Patient's response to cather the support person where a Records of radiology and Patient's response to cather the support person where a Records of radiology and Patient's response to cather the support person where a Records of radiology and Patient's response to cather the support person where a Records of radiology and Patient's response to cather the support person where a Records of radiology and Patient's response to cather the support person where a Re | nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the f care, and revisions to the plan of care lications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to indition uding the strength, dose, route, date and time of administration, access site for on devices used, and rate of administration a medication is necessary, the critical access hospital defines in policy the urgent/ block charting would be an acceptable form of documentation. For the definition and charting, refer to the Glossary. self-administered medication, as reported by the patient (or the patient's caregiver or |

| CFR Number §482.24(c)(4)(iii) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|-----------------------|---|---|--|
| §482.24(c)(4)(iii) TAG: A | | RC.12.01.01 | | ord contains information that reflects the patient's care, treatment, and |
| (iii) Results of all consultative evaluations | | | services. | |
| clinical and other staff involved in the care | e of the patient. | • A • A • A • A • A • A • A • B • C • T • C • A • N • N • N • N • N • N • M • M • M • M • M • M • M • M • M • M | Admitting diagnosis Any emergency care, tre Any allergies to food and Any findings of assessm Results of all consultative are of the patient Treatment goals, plan of Documentation of complete in the patient of the patient All practitioners' orders Aursing notes, reports of Anonitor the patient's correction of the patient's correction of the patient's correction of the patient's correction of the patient's response to care explanation of block administration of each seconds of radiology an all care, treatment, and Patient's response to care decided in the plate of the patient's response to care formation Discharge plan and disconsistency and physical formation Discharge summary with including any medication only diagnoses or conditions. | nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the of care, and revisions to the plan of care clications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to notition luding the strength, dose, route, date and time of administration, access site for ion devices used, and rate of administration a medication is necessary, the critical access hospital defines in policy the urgent/block charting would be an acceptable form of documentation. For the definition and charting, refer to the Glossary. |

| CFR Number §482.24(c)(4)(iv) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---------------------------------|--|---------------------------------------|---|--|
| §482.24(c)(4)(iv) | TAG: A-0465 tions, hospital acquired infections, and unfavorable | RC.12.01. | The medical rec services. | ord contains information that reflects the patient's care, treatment, and |
| reactions to drugs and anesthes | sia. | EP 2 | Admitting diagnosis Any emergency care, tre Any allergies to food and Any findings of assessm Results of all consultative care of the patient Treatment goals, plan of Documentation of companesthesia All practitioners' orders Nursing notes, reports of monitor the patient's core Medication records, inclumedication, administration. Note: When rapid titration of a demergent situations in which a further explanation of block Administration of each is support person where all Records of radiology and All care, treatment, and Patient's response to cae Medical history and physinformation Discharge plan and discending any medication Any diagnoses or condite. Note: Medical records are core. | nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the ficare, and revisions to the plan of care lications, health care—acquired infections, and adverse reactions to drugs and if treatment, laboratory reports, vital signs, and other information necessary to indition uding the strength, dose, route, date and time of administration, access site for on devices used, and rate of administration is medication is necessary, the critical access hospital defines in policy the urgent/ block charting would be an acceptable form of documentation. For the definition and charting, refer to the Glossary. ielf-administered medication, as reported by the patient (or the patient's caregiver or ppropriate) d nuclear medicine services, including signed interpretation reports services provided to the patient tre, treatment, and services sical examination, including any conclusions or impressions drawn from the wharge planning evaluation of outcome of hospitalization, disposition of case, and provisions for follow-up care, as dispensed or prescribed on discharge ions established during the patient's course of care, treatment, and services impleted within 30 days following discharge, including final diagnosis. |
| §482.24(c)(4)(v) | TAG: A-0466 | RC.12.01. | 01 The medical rec services. | ord contains information that reflects the patient's care, treatment, and |
| | consent forms for procedures and treatments or by Federal or State law if applicable, to require | EP 3 | The medical record contains a state law or regulation. Note: The properly executed i emergencies. A properly executed of and agreement for care, tree | any informed consent, when required by critical access hospital policy or federal or informed consent is placed in the patient's medical record prior to surgery, except in cuted informed consent contains documentation of a patient's mutual understanding catment, and services through written signature; electronic signature; or, when a signature, documentation of the verbal agreement by the patient or surrogate |

| CFR Number §482.24(c)(4)(vi | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--------------------------------|---|---|--|
| §482.24(c)(4)(vi) TAG: A-0467 | | | ecord contains information that reflects the patient's care, treatment, and |
| | rsing notes, reports of treatment, medication records ts, and vital signs and other information necessary t | The medical record contains Admitting diagnosis Any emergency care, Any allergies to food a Any findings of assess Results of all consulta care of the patient Treatment goals, plan Documentation of comanesthesia All practitioners' orders Nursing notes, reports monitor the patient's c Medication records, in medication, administration of emergent situations in which a further explanation of bloc Administration of each support person where Records of radiology a All care, treatment, an Patient's response to a Medical history and prinformation Discharge plan and di Discharge summary wincluding any medicati Any diagnoses or cond | sments and reassessments tive evaluations of the patient and findings by clinical and other staff involved in the of care, and revisions to the plan of care applications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to ondition cluding the strength, dose, route, date and time of administration, access site for a medication is necessary, the critical access hospital defines in policy the urgent/ in block charting would be an acceptable form of documentation. For the definition and ex charting, refer to the Glossary. |

| CFR Number §482.24(c)(4)(vii) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|--|---|---------------------------------------|---|--|
| §482.24(c)(4)(vii) TAG: A | | RC.12.01.01 | The medical rec | ord contains information that reflects the patient's care, treatment, and |
| (vii) Discharge summary with outcome of provisions for follow-up care. | nospitalization, disposition of case, and | Note eme a fui | medical record contains to Admitting diagnosis. Any emergency care, treating and any allergies to food any any findings of assessmands and any findings and any and any and any and any and any any and any any diagnoses or conditional and any any diagnoses or conditing any medication any diagnoses or any and any any any any diagnoses or conditing any medication any diagnoses or conditing any medication any diagnoses or conditing any medication any and any and any and any and any any and any any any any any any diagnoses or conditing any medication any diagnoses or conditing any medication any and any and any and any any and any | nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the of care, and revisions to the plan of care clications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to notition luding the strength, dose, route, date and time of administration, access site for ion devices used, and rate of administration a medication is necessary, the critical access hospital defines in policy the urgent/block charting would be an acceptable form of documentation. For the definition and charting, refer to the Glossary. |

| CFR Number §482.24(c)(4)(viii) | Medicare Requirements | _ | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|---|-------------|--|--|
| §482.24(c)(4)(viii) TAG: A- | | RC.12.01.0 | | ord contains information that reflects the patient's care, treatment, and |
| (viii) Final diagnosis with completion of me discharge. | dical records within 30 days following | EP 2 | Admitting diagnosis Any emergency care, tre Any allergies to food and Any findings of assessm Results of all consultative care of the patient Treatment goals, plan of Documentation of companesthesia All practitioners' orders Nursing notes, reports of monitor the patient's core Medication records, including and interest support person where a further explanation of block Administration of each support person where a Records of radiology and All care, treatment, and Patient's response to care Medical history and physinformation Discharge plan and disconding any medication, and diagnoses or conditions. | nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the f care, and revisions to the plan of care lications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to ndition uding the strength, dose, route, date and time of administration, access site for on devices used, and rate of administration a medication is necessary, the critical access hospital defines in policy the urgent/ block charting would be an acceptable form of documentation. For the definition and charting, refer to the Glossary. self-administered medication, as reported by the patient (or the patient's caregiver or ppropriate) d nuclear medicine services, including signed interpretation reports services provided to the patient are, treatment, and services sical examination, including any conclusions or impressions drawn from the |
| §482.24(d) TAG: A- | | | | |
| §482.24(d) Standard: Electronic notification If the hospital utilizes an electronic medical administrative system, which is conformar 45 CFR 170.205(d)(2), then the hospital medical medical electronic notification. | Il records system or other electronic It with the content exchange standard at | | | |
| §482.24(d)(1) TAG: A- | 0470 | IM.13.01.05 | | ess hospital meets requirements for the electronic exchange of patient health |
| (1) The system's notification capacity is fu accordance with all State and Federal stat hospital's exchange of patient health inform | utes and regulations applicable to the | | electronic healtl | te: This standard only applies to critical access hospitals that utilize an h records system or other electronic administrative system that conforms with hange standard at 45 CFR 170.205(d)(2). |
| | | EP 1 | administrative system's) notifi | emonstrates that its electronic health records system's (or other electronic cation capacity is fully operational and is used in accordance with applicable state ons for the exchange of patient health information. |

| CFR Number §482.24(d)(2) | Medicare Requirements | | pint Commission Juivalent Number | Joint Commission Standards and Elements of Performance | |
|--|---|---|---|---|--|
| §482.24(d)(2) TAG: A-0470 (2) The system sends notifications that must include at least patient name, treating practitioner name, and sending institution name. | | IM.13.01.05 | information. Not electronic healtl | ess hospital meets requirements for the electronic exchange of patient health te: This standard only applies to critical access hospitals that utilize an records system or other electronic administrative system that conforms with nange standard at 45 CFR 170.205(d)(2). | |
| | | EP 2 | EP 2 The critical access hospital demonstrates that its electronic health records system (or other electronic health records system) sends notifications that include, at a minimum, the patient's name, treating practitioner's name, and sending institution's name. | | |
| (3) To the extent permissible under application | (3) To the extent permissible under applicable federal and state law and regulations, and not inconsistent with the patient's expressed privacy preferences, the system | | information. Not electronic healtl | ess hospital meets requirements for the electronic exchange of patient health te: This standard only applies to critical access hospitals that utilize an records system or other electronic administrative system that conforms with nange standard at 45 CFR 170.205(d)(2). | |
| health information, at the time of: | | EP 3 | In accordance with the patient's expressed privacy preferences and applicable laws and regulations, the critical access hospital's electronic health records system (or other electronic administrative system) sends notificated directly, or through an intermediary that facilitates exchange of health information, at the following times, who applicable: The patient's emergency department registration The patient's inpatient admission | | |
| §482.24(d)(3)(i) TAG: A-0470 (i) The patient's registration in the hospital's emergency department (if applicable). | | IM.13.01.05 | information. Not electronic healtl | ess hospital meets requirements for the electronic exchange of patient health te: This standard only applies to critical access hospitals that utilize an records system or other electronic administrative system that conforms with nange standard at 45 CFR 170.205(d)(2). | |
| | | EP 3 | access hospital's electronic he | | |
| §482.24(d)(3)(ii) TAG: A- | -0470 | IM.13.01.05 | The critical acce | ess hospital meets requirements for the electronic exchange of patient health | |
| (ii) The patient's admission to the hospital | 's inpatient services (if applicable). | | electronic healtl | te: This standard only applies to critical access hospitals that utilize an n records system or other electronic administrative system that conforms with nange standard at 45 CFR 170.205(d)(2). | |
| | | access hospital's electror directly, or through an inte applicable: | | t's expressed privacy preferences and applicable laws and regulations, the critical ealth records system (or other electronic administrative system) sends notifications ediary that facilitates exchange of health information, at the following times, when by department registration dmission | |
| §482.24(d)(4) TAG: A | -0470 | IM.13.01.05 | | ess hospital meets requirements for the electronic exchange of patient health | |
| (4) To the extent permissible under applicable federal and state law and r and not inconsistent with the patient's expressed privacy preferences, the sends notifications directly, or through an intermediary that facilitates excl | | | electronic healtl | te: This standard only applies to critical access hospitals that utilize an n records system or other electronic administrative system that conforms with nange standard at 45 CFR 170.205(d)(2). | |
| health information, either immediately prio | , | EP 4 | access hospital's electronic hodirectly, or through an interme | t's expressed privacy preferences and applicable laws and regulations, the critical ealth records system (or other electronic administrative system) sends notifications ediary that facilitates exchange of health information, either immediately prior to or at arge or transfer from the critical access hospital's emergency department or inpatient | |

| CFR Numbe §482.24(d)(4) | | IIIrements I | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance | |
|---|--|------------------|--|---|--|
| §482.24(d)(4)(i) TAG: A-0470 (i) The patient's discharge or transfer from the hospital's emergency department (if applicable). | | | IM.13.01.05 The critical access hospital meets requirements for the electronic exchang information. Note: This standard only applies to critical access hospitals the electronic health records system or other electronic administrative system the content exchange standard at 45 CFR 170.205(d)(2). | | |
| | | EP 4 | access hospital's electronic h directly, or through an interme | t's expressed privacy preferences and applicable laws and regulations, the critical ealth records system (or other electronic administrative system) sends notifications ediary that facilitates exchange of health information, either immediately prior to or at arge or transfer from the critical access hospital's emergency department or inpatient | |
| §482.24(d)(4)(ii) (ii) The patient's discharge applicable). | TAG: A-0470 or transfer from the hospital's inpatient | services (if | information. No electronic healt | ess hospital meets requirements for the electronic exchange of patient health te: This standard only applies to critical access hospitals that utilize an h records system or other electronic administrative system that conforms with hange standard at 45 CFR 170.205(d)(2). | |
| | | EP 4 | access hospital's electronic h directly, or through an interme | t's expressed privacy preferences and applicable laws and regulations, the critical ealth records system (or other electronic administrative system) sends notifications ediary that facilitates exchange of health information, either immediately prior to or at arge or transfer from the critical access hospital's emergency department or inpatient | |
| the notifications to all applic | TAG: A-0471 reasonable effort to ensure that the sable post-acute care services provider wing practitioners and entities, which it | s and suppliers, | information. No electronic healt | ess hospital meets requirements for the electronic exchange of patient health te: This standard only applies to critical access hospitals that utilize an h records system or other electronic administrative system that conforms with hange standard at 45 CFR 170.205(d)(2). | |
| | tatus for treatment, care coordination, | | electronic administrative systs suppliers, as well as any of the coordination, or quality impro Patient's established pr Other licensed practition responsible for the patient and the protection of the patient which the critical access hos protification despite establishing suppliers. | imary care licensed practitioner imary care practice group or entity ners, or other practice groups or entities, identified by the patient as primarily | |

| CFR Numbe §482.24(d)(5) | I | Medicare Requirements | 1 | pint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|-------------|------------------------|---|---|--|
| §482.24(d)(5)(i) TAG: A-0471 (i) The patient's established primary care practitioner; | | IM.13.01.05 | information. No electronic healt the content excl | ess hospital meets requirements for the electronic exchange of patient health te: This standard only applies to critical access hospitals that utilize an h records system or other electronic administrative system that conforms with hange standard at 45 CFR 170.205(d)(2). | |
| | | | EP 5 | electronic administrative systesuppliers, as well as any of the coordination, or quality improvements. Patient's established prior Patient's established prior Other licensed practition responsible for the patien Note: The term "reasonable enotifications while working with which the critical access hosp notification despite establishing to receive patient event notifications." | mary care licensed practitioner mary care practice group or entity hers, or other practice groups or entities, identified by the patient as primarily ent's care ffort" means that the critical access hospital has a process to send patient event hin the constraints of its technology infrastructure. There may be instances in hital (or its intermediary) cannot identify an applicable recipient for a patient event ng processes for identifying recipients. In addition, some recipients may not be able heations in a manner consistent with the critical access hospital system's capabilities. |
| §482.24(d)(5)(ii) (ii) The patient's established | TAG: A-0471 | ce group or entity; or | IM.13.01.05 | information. No electronic healtl | ess hospital meets requirements for the electronic exchange of patient health te: This standard only applies to critical access hospitals that utilize an h records system or other electronic administrative system that conforms with hange standard at 45 CFR 170.205(d)(2). |
| | | EP 5 | electronic administrative syste suppliers, as well as any of th coordination, or quality improvements. Patient's established prior Patient's established prior Other licensed practition responsible for the patien Note: The term "reasonable enotifications while working with which the critical access hospinotification despite establishing suppliers." | mary care licensed practitioner mary care practice group or entity ners, or other practice groups or entities, identified by the patient as primarily | |

| CFR Number §482.24(d)(5)(iii) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | | |
|--|---|--|--|--|--|--|
| §482.24(d)(5)(iii) TAG: A- (iii) Other practitioner, or other practice grouthe practitioner, or practice group or entity, | up or entity, identified by the patient as | IM.13.01.05 The critical access hospital meets requirements for the electronic exchange of patient health information. Note: This standard only applies to critical access hospitals that utilize an electronic health records system or other electronic administrative system that conforms with the content exchange standard at 45 CFR 170.205(d)(2). | | | | |
| | | EP 5 | electronic administrative systesuppliers, as well as any of the coordination, or quality improvements. Patient's established printers of the patient of the patie | mary care licensed practitioner mary care practice group or entity lers, or other practice groups or entities, identified by the patient as primarily nt's care ffort" means that the critical access hospital has a process to send patient event hin the constraints of its technology infrastructure. There may be instances in ital (or its intermediary) cannot identify an applicable recipient for a patient event g processes for identifying recipients. In addition, some recipients may not be able lations in a manner consistent with the critical access hospital system's capabilities. | | |
| = | 0489, A-0490, A-0492 | LD.13.01.0 | 9 The critical acce treatment, and s | ess hospital has policies and procedures that guide and support patient care, | | |
| The hospital must have pharmaceutical se The institution must have a pharmacy direct | 482.25 Condition of Participation: Pharmaceutical Services The hospital must have pharmaceutical services that meet the needs of the patients. The institution must have a pharmacy directed by a registered pharmacist or a drug | | For rehabilitation and psychiat develops and implements poli | tric distinct part units in critical access hospitals: The critical access hospital cies and procedures that minimizes drug errors. The medical staff develops these is delegated to the pharmaceutical service. | | |
| storage area under competent supervision developing policies and procedures that m delegated to the hospital's organized pharr | inimize drug errors. This function may be | NPG.12.01 | | ess hospital's leadership team ensures that there is qualified ancillary staff the needs of the population served and determine how they function within i. | | |
| | | EP 10 | pharmacy that is directed by a has a drug storage area unde | tric distinct part units in critical access hospitals: The critical access hospital has a registered pharmacist. If the critical access hospital does not have a pharmacy, it r competent supervision, as defined by the critical access hospital. storage area is administered in accordance with accepted professional principles. | | |
| §482.25(a) TAG: A- | 0491 | MM.11.01.0 | 01 The critical acce | ess hospital safely manages pharmaceutical services. | | |
| §482.25(a) Standard: Pharmacy Managem | | EP 1 | Drugs and biologicals are produced and accepted standards of pra | cured, stored, controlled, and distributed, in accordance with federal and state laws actice. | | |
| The pharmacy or drug storage area must baccepted professional principles. | be administered in accordance with | MM.14.01.0 | 01 Medication orde | rs are clear and accurate. | | |
| | | EP 3 | Specific types of medica Minimum required elemedose, medication route, When indication for use Precautions for ordering Actions to take when me Required elements for minitial rate of infusion (dodecreased, how often the objective clinical measure) Note 1: Examples of objective Richmond Agitation—Sedation Note 2: Drugs and biologicals | evelops and implements a written policy that defines the following: attion orders that it deems acceptable for use ents of a complete medication order, which includes medication name, medication and medication frequency is required on a medication order medications with look-alike or sound-alike names edication orders are incomplete, illegible, or unclear medication titration orders, including the medication name, medication route, asse/unit of time), incremental units to which the rate or dose can be increased or e rate or dose can be changed, the maximum rate or dose of infusion, and the re to be used to guide changes e clinical measures to be used to guide titration changes include blood pressure, Scale (RASS), and the Confusion Assessment Method (CAM). not specifically prescribed as to time or number of doses are automatically stopped predetermined by the medical staff. | | |

| CFR Number §482.25(a)(1) | Medicare Requirements | l | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|---|---|---|
| §482.25(a)(1) TAG: A-0492 (1) A full-time, part-time, or consulting pharmacist must be responsible for developing, supervising, and coordinating all the activities of the pharmacy services. | | NPG.12.0 EP 11 | required to mee the organization For rehabilitation and psychia | ess hospital's leadership team ensures that there is qualified ancillary staff to the needs of the population served and determine how they function within the needs of the population served and determine how they function within the needs of the population served and determine how they function within the needs of the population served and determine how they function within the needs of the population served and determine how they function within the needs of the population served and determine how they function within the needs of the population served and determine how they function within the needs of the population served and determine how they function within the needs of the population served and determine how they function within the needs of the population served and determine how they function within the needs of the population served and determine how they function within the needs of the population served and determine how they function within the needs of the population served and determine how they function within the needs of the population served and determine how they function within the needs of the population served and determine how they function within the needs of the population served and determine how they function within the needs of the population served and determine how they function within the needs of the |
| (2) The pharmaceutical service must ha | A-0493 ve an adequate number of personnel to including emergency services | NPG.12.0 | 11.01 The critical accer required to mee the organization | ess hospital's leadership team ensures that there is qualified ancillary staff the needs of the population served and determine how they function within it. |
| ensure quality pharmaceutical services, including emergency services. | | EP 1 Leaders provide for an adequate number and mix of qualified individuals to support safe, quand services. Note 1: The number and mix of individuals is appropriate to the scope and complexity of the Services may include but are not limited to the following: Rehabilitation services Emergency services Outpatient services Respiratory services Pharmaceutical services, including emergency pharmaceutical services Diagnostic and therapeutic radiology services Note 2: Emergency services staff are qualified in emergency care. Note 3: For rehabilitation and psychiatric distinct part units in critical access hospitals: As of first cost reporting period for which all other exclusion requirements are met, the unit is fully and is capable of providing hospital inpatient psychiatric or rehabilitation care regardless of inpatients in the unit on that date. | | of individuals is appropriate to the scope and complexity of the services offered. not limited to the following: s, including emergency pharmaceutical services utic radiology services staff are qualified in emergency care. psychiatric distinct part units in critical access hospitals: As of the first day of the which all other exclusion requirements are met, the unit is fully equipped and staffed ospital inpatient psychiatric or rehabilitation care regardless of whether there are any ate. |
| 3()() | A-0494 be kept of the receipt and disposition of all | MM.13.01 EP 1 | | ess hospital safely stores medications. aintains current and accurate records of the receipt and disposition of all scheduled |
| §482.25(b) TAG: | A-0500 | MM.11.01 | 1.01 The critical acce | ess hospital safely manages pharmaceutical services. |
| §482.25(b) Standard: Delivery of Servic In order to provide patient safety, drugs distributed in accordance with applicable Federal and State law. | and biologicals must be controlled and | EP 1 | Drugs and biologicals are pro and accepted standards of pra | cured, stored, controlled, and distributed, in accordance with federal and state laws actice. |
| §482.25(b)(1) TAG: | A-0501 | MM.15.01 | .01 The critical acce | ess hospital safely prepares medications. |
| (1) All compounding, packaging, and dispensing of drugs and biologicals must be under the supervision of a pharmacist and performed consistent with State and Federal laws. | | EP 1 | and dispenses drugs and biol staff or under arrangement. Note 1: When an on-site licen a pharmacist, compounds or a Note 2: For rehabilitation and all compounding, packaging, | thorized in accordance with state and federal law and regulation compounds, labels, ogicals, regardless of whether the services are provided by critical access hospital sed pharmacist is available, a pharmacist, or pharmacy staff under the supervision of admixes all compounded sterile preparations. psychiatric distinct part units in critical access hospitals: A pharmacist supervises and dispensing of drugs and biologicals except in urgent situations in which a delay on the product's stability is short. |
| | | EP 2 The critical access hospital develops and implements policies and procedures for sterile medication compoundi of nonhazardous and hazardous medications in accordance with state and federal law and regulation. Note: All compounded medications are prepared in accordance with the orders of a physician or other licensed practitioner. | | |

| CFR Number §482.25(b)(1) | Medicare Requirements | | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|------------|---|--|
| | | EP 3 | | sesses competency of staff who conduct sterile medication compounding of medications in accordance with state and federal law and regulation and critical |
| | | EP 4 | medications within a proper el access hospital policies. | onducts sterile medication compounding of nonhazardous and hazardous invironment in accordance with state and federal law and regulation and critical vironment include but are not limited to air exchanges and pressures, ISO ind cleaning/disinfecting. |
| | | EP 5 | | operly stores compounded sterile preparations of nonhazardous and hazardous with beyond-use dates in accordance with state and federal law and regulation and s. |
| | | EP 6 | | onducts quality assurance of compounded sterile preparations of nonhazardous accordance with state and federal law and regulation and critical access hospital |
| | | EP 7 | | tric distinct part units in critical access hospitals: An appropriately trained or of medicine or osteopathy performs or supervises in-house preparation of |
| §482.25(b)(2)(i) TAG: A | -0502 | MM.13.01.0 | The critical acce | ess hospital safely stores medications. |
| (2)(i) All drugs and biologicals must be kep appropriate. | pt in a secure area, and locked when | EP 2 | a secured area and locked wh Note 1: Scheduled medication Prevention and Control Act of | rmance is also applicable to sample medications. |
| §482.25(b)(2)(ii) TAG: A | -0503 | MM.13.01.0 | The critical acce | ess hospital safely stores medications. |
| (ii) Drugs listed in Schedules II, III, IV, and Prevention and Control Act of 1970 must be | | EP 2 | a secured area and locked wh Note 1: Scheduled medication Prevention and Control Act of | rmance is also applicable to sample medications. |
| §482.25(b)(2)(iii) TAG: A | -0504 | MM.13.01.0 | The critical acce | ess hospital safely stores medications. |
| (iii) Only authorized personnel may have a | access to locked areas. | EP 2 | a secured area and locked wh Note 1: Scheduled medication Prevention and Control Act of | rmance is also applicable to sample medications. |
| §482.25(b)(3) TAG: A | -0505 | MM.13.01.0 | The critical acce | ess hospital safely stores medications. |
| (3) Outdated, mislabeled, or otherwise und available for patient use. | usable drugs and biologicals must not be | EP 4 | medications and stores them | moves all expired, damaged, mislabeled, contaminated, or otherwise unusable separately from medications available for patient use. ance is also applicable to sample medications. |
| §482.25(b)(4) TAG: A | -0506 | MM.13.01.0 | The critical acce | ess hospital safely stores medications. |
| (4) When a pharmacist is not available, dr the pharmacy or storage area only by pers medical staff and pharmaceutical service, | | EP 5 | only designated staff obtain de | tric distinct part units in critical access hospitals: When a pharmacist is not available, rugs and biologicals from the pharmacy or storage area in accordance with policies aff and pharmaceutical service, and applicable federal and state law and regulation. |

| CFR Number §482.25(b)(5) | | Medicare Requirements | | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|---|-------------|--|------------|---|---|
| 0 (- / (- / | TAG: A-05 | | MM.14.01.0 | 01 Medication orde | rs are clear and accurate. |
| must automatically be stopped after medical staff. | | scribed as to time or number of doses nable time that is predetermined by the | EP 3 | Specific types of medica Minimum required elemedose, medication route, When indication for use Precautions for ordering Actions to take when me Required elements for minitial rate of infusion (do decreased, how often the objective clinical measured in the compact of | evelops and implements a written policy that defines the following: tion orders that it deems acceptable for use ents of a complete medication order, which includes medication name, medication and medication frequency is required on a medication order medications with look-alike or sound-alike names edication orders are incomplete, illegible, or unclear nedication titration orders, including the medication name, medication route, see/unit of time), incremental units to which the rate or dose can be increased or e rate or dose can be changed, the maximum rate or dose of infusion, and the re to be used to guide changes clinical measures to be used to guide titration changes include blood pressure, Scale (RASS), and the Confusion Assessment Method (CAM). not specifically prescribed as to time or number of doses are automatically stopped predetermined by the medical staff. |
| 3 (- / (- / | TAG: A-05 | | MM.17.01.0 | | ess hospital responds to actual or potential adverse drug events, significant actions, and medication errors. |
| | ing physic | reactions, and incompatibilities must be ian and, if appropriate, to the hospital's ement program. | EP 2 | For rehabilitation and psychiat errors, adverse drug reactions immediately reported to the at quality assessment and perfor. The critical access hospital has services provided by the critical by which to measure the effect | tric distinct part units in critical access hospitals: Medication administration s, and medication incompatibilities, as defined by the critical access hospital, are tending physician or licensed practitioner and, as appropriate, to the hospitalwide rmance improvement program. It is a method (such as using established benchmarks for the size and scope of all access hospital or studies on reporting rates published in peer-reviewed journals) triveness of its process for identifying and reporting medication errors and adverse sessesment and performance improvement program. |
| §482.25(b)(7) | TAG: A-05 | 509 | MM.13.01.0 | 01 The critical acce | ss hospital safely stores medications. |
| (7) Abuses and losses of controlle with applicable Federal and State pharmaceutical service, and to the | laws, to th | • | EP 3 | abuses and losses of controlle individual responsible for the p | tric distinct part units in critical access hospitals: The critical access hospital reports ed substances, in accordance with federal and state law and regulation, to the charmacy department or service and, as appropriate, to the chief executive officer. ance is also applicable to sample medications. |
| • () () | TAG: A-05 | | MM.11.01.0 | | s a resource for medication related information. |
| | | nd information of drug therapy, side se, and routes of administration must be | EP 1 | | tric distinct part units in critical access hospitals: Information relating to drug e effects, toxicology, dosage, indications for use, and routes of administration is taff. |
| §482.25(b)(9) | TAG: A-05 | 511 | MM.12.01.0 | 01 The critical acce | ss hospital selects and procures medications. |
| (9) A formulary system must be espharmaceuticals at reasonable cos | | by the medical staff to assure quality | EP 1 | readily available to those invol Note 1: Sample medications a | aintains a formulary that includes medication strength and dosage. The formulary is lived in medication management. Ire not required to be on the formulary. Item "list of medications available for use" is used instead of "formulary." The terms |

| CFR Number §482.26 | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | | |
|---|-----------------------|---------------------------------------|--|--|--|--|
| §482.26 | TAG: A-0528 | LD.13.03.01 | The critical acce | ss hospital provides services that meet patient needs. | | |
| §482.26 Condition of Participation: Radiologic Services The hospital must maintain, or have available, diagnostic radiologic services. If therapeutic services are also provided, they, as well as the diagnostic services, must meet professionally approved standards for safety and personnel qualifications. | | t cc bi | or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope an complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: Outpatient Emergency Medical records Diagnostic and therapeutic radiology Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are provided, they are in accordance with nationally recognized acceptable standard of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services are consistent in quality with inpatient care in accordance with the complexity of services offered. As applicable, the services must be integrated with other departments of the critical access hospital's leadership team ensures that there is qualified ancillary staff required to meet the needs of the population served and determine how they function within | | | |
| | | | the organization | | | |
| | | an N S N N fii aı | nd services. ote 1: The number and mix of ervices may include but are in the Rehabilitation services. Rehabilitation services. Gutpatient services. Respiratory services. Pharmaceutical services. Diagnostic and therapeutote 2: Emergency services sote 3: For rehabilitation and est cost reporting period for we | is, including emergency pharmaceutical services titic radiology services taff are qualified in emergency care. psychiatric distinct part units in critical access hospitals: As of the first day of the which all other exclusion requirements are met, the unit is fully equipped and staffed spital inpatient psychiatric or rehabilitation care regardless of whether there are any | | |

| CFR Number §482.26(a) | Medicare Requirements | | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance | | |
|--|-----------------------|-----------|--|--|--|--|
| §482.26(a) TAG: / | A-0529 | LD.13.03. | 01 The critical acce | ess hospital provides services that meet patient needs. | | |
| §482.26(a) Standard: Radiologic Services The hospital must maintain, or have available, radiologic services according to the needs of the patients. | | EP 1 | or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: Outpatient Emergency Medical records Diagnostic and therapeutic radiology Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are provided, they are in accordance with nationally recognized acceptable standards of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services are consistent in quality with inpatient care in accordance with the complexity of services offered. As applicable, the services must be integrated with other departments of the critical access hospital. NPG.12.01.01 The critical access hospital's leadership team ensures that there is qualified ancillary staff required to meet the needs of the population served and determine how they function within | | | |
| | | EP 1 | and services. Note 1: The number and mix of Services may include but are Rehabilitation services Emergency services Outpatient services Respiratory services Pharmaceutical services Diagnostic and therapeutore and therapeutore services Note 2: Emergency services ser | ate number and mix of qualified individuals to support safe, quality care, treatment, of individuals is appropriate to the scope and complexity of the services offered. not limited to the following: s, including emergency pharmaceutical services utic radiology services staff are qualified in emergency care. psychiatric distinct part units in critical access hospitals: As of the first day of the which all other exclusion requirements are met, the unit is fully equipped and staffed espital inpatient psychiatric or rehabilitation care regardless of whether there are any | | |

| CFR Number §482.26(b) | Medicare Requirements | 1 | pint Commission Juivalent Number | Joint Commission Standards and Elements of Performance | |
|--|--|---|--|---|--|
| §482.26(b) TAG: A | N-0535 | PE.02.01.01 | The critical acce | ess hospital manages risks related to hazardous materials and waste. | |
| §482.26(b) Standard: Safety for Patients and Personnel The radiologic services, particularly ionizing radiology procedures, must be free from hazards for patients and personnel. | | The critical access hospital develops and implements policies and procedures to protect patients and staff from exposure to hazardous materials. The policies and procedures address the following: Minimizing risk when selecting, handling, storing, transporting, using, and disposing of radioactive materials, hazardous chemicals, and hazardous gases and vapors Disposal of hazardous medications Minimizing risk when selecting and using hazardous energy sources, including the use of proper shielding Periodic inspection of radiology equipment and prompt correction of hazards found during inspection Precautions to follow and personal protective equipment to wear in response to hazardous material and waste spills or exposure 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: 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) | | | |
| §482.26(b)(1) TAG: A | | PE.02.01.01 | | ess hospital manages risks related to hazardous materials and waste. | |
| (1) Proper safety precautions must be ma This includes adequate shielding for patie appropriate storage, use and disposal of | ents, personnel, and facilities, as well as | EP 4 | exposure to hazardous materi Minimizing risk when sel hazardous chemicals, an Disposal of hazardous materials. Minimizing risk when sel Periodic inspection of ra Precautions to follow an waste spills or exposure Note 1: Hazardous energy is pand nonionizing equipment (for Note 2: Hazardous gases and generated by glutaraldehyde; | lecting and using hazardous energy sources, including the use of proper shielding diology equipment and prompt correction of hazards found during inspection d personal protective equipment to wear in response to hazardous material and produced by both ionizing equipment (for example, radiation and x-ray equipment) | |
| §482.26(b)(2) TAG: A | A-0537 | PE.02.01.01 | The critical acce | ess hospital manages risks related to hazardous materials and waste. | |
| (2) Periodic inspection of equipment mus promptly corrected. | t be made and hazards identified must be | EP 4 | exposure to hazardous materi Minimizing risk when sel hazardous chemicals, an Disposal of hazardous materials. Minimizing risk when sel Periodic inspection of ra Precautions to follow an waste spills or exposure Note 1: Hazardous energy is pand nonionizing equipment (for Note 2: Hazardous gases and generated by glutaraldehyde; | lecting and using hazardous energy sources, including the use of proper shielding diology equipment and prompt correction of hazards found during inspection d personal protective equipment to wear in response to hazardous material and | |
| §482.26(b)(3) TAG: A | N-0538 | PE.02.01.01 | · · · · · · · · · · · · · · · · · · · | ess hospital manages risks related to hazardous materials and waste. | |
| | eriodically, by the use of exposure meters posure. | EP 5 | | d periodically, using exposure meters or badge tests, for the amount of radiation | |

| CFR Numb §482.26(b) | - | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | |
|---|---|---|--|---------------------------------|---|--|
| §482.26(b)(4) (4) Radiologic services mu | TAG: A- | | PC.12.01.01 The critical access hospital provides care, treatment, and services a and in accordance with law and regulation. | | ess hospital provides care, treatment, and services as ordered or prescribed ce with law and regulation. | |
| (4) Radiologic services must be provided only on the order of practitioners with clinical privileges or, consistent with State law, of other practitioners authorized by the medical staff and the governing body to order the services. | | Prior to providing care, treatment, and services, the critical access hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; critical access hospital policies; and medical staff bylaws, rules, and regulations. Note 1: This includes but is not limited to respiratory services, radiology services, rehabilitation services, nuclear medicine services, and dietetic services, if provided. Note 2: Patient diets, including therapeutic diets, are ordered by the physician or 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. | | | | |
| §482.26(c) | TAG: A- | 0546 | | | | |
| §482.26(c) Standard: Pers | sonnel | | | | | |
| §482.26(c)(1) | 2.26(c)(1) TAG: A-0546 | | | | ccess hospital collects information regarding each physician's or other licensed | |
| | | ting radiologist must supervise the ret only those radiologic tests that are | practitioner's curre the requested privi | | rrent license status, training, experience, competence, and ability to perform rivilege. | |
| ionizing radiology services and must interpret only those radiologic tests that are determined by the medical staff to require a radiologist's specialized knowledge. Fo purposes of this section, a radiologist is a doctor of medicine or osteopathy who is qualified by education and experience in radiology. | | a radiologist's specialized knowledge. For doctor of medicine or osteopathy who is | EP 5 | radiologist, who is a doctor of | tric distinct part units in critical access hospitals: A full-time, part-time, or consulting medicine or osteopathy qualified by education and experience in radiology, services and interprets radiologic tests that the medical staff determine to require a ledge. | |
| §482.26(c)(2) | TAG: A- | 0547 | MS.16.01.0 | | nedical staff oversees the quality of patient care, treatment, and services | |
| | (2) Only personnel designated as qualified by the medical staff may use the radiologic equipment and administer procedures. | | provided by phy process. | | sicians and other licensed practitioners privileged through the medical staff | |
| | · | ster procedures. | | qualifications of the radiology | tric distinct part units in critical access hospitals: The medical staff determines the staff who use equipment and administer procedures. orm diagnostic computed tomography exams will, at a minimum, meet the 3.13.01.01, EP 1. | |

| CFR Number §482.26(d) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|--|-----------------------|---------------------------------------|--|---|
| §482.26(d) TAG: A | A-0553 | RC.12.01.01 | The medical rec | cord contains information that reflects the patient's care, treatment, and |
| §482.26(d) Standard: Records Records of radiologic services must be m | naintained. | Note: emerg a furth | nedical record contains to Admitting diagnosis. Any emergency care, treat Any allergies to food any findings of assessmands assessmands. Any findings of assessmands are of the patient are of the patient. Treatment goals, plan of Documentation of companesthesia. All practitioners' orders. Nursing notes, reports of monitor the patient's cord Medication records, including any medication of each signed statement, and patient's response to cate and process and plants. All care, treatment, and Patient's response to cate and patient's response to cate and process and plants. Discharge plan and discontinuity of the process and plants and patient's response to cate and patient's res | nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the of care, and revisions to the plan of care olications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to notition oliuding the strength, dose, route, date and time of administration, access site for ion devices used, and rate of administration a medication is necessary, the critical access hospital defines in policy the urgent/ block charting would be an acceptable form of documentation. For the definition and charting, refer to the Glossary. |

| CFR Numbe §482.26(d)(| | Medicare Requirements | 1 | loint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|---|-------------------|---|-----------|--|--|
| §482.26(d)(1) | TAG: A | | RC.12.01. | | cord contains information that reflects the patient's care, treatment, and |
| (1) The radiologist or other reports of his or her interpretation | • | o performs radiology services must sign | EP 2 | Admitting diagnosis Any emergency care, tr Any allergies to food an Any findings of assessm Results of all consultative care of the patient Treatment goals, plan of the patient of companies and the patient of companies and the patient's companies of the patient of the | nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the of care, and revisions to the plan of care blications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to ndition luding the strength, dose, route, date and time of administration, access site for ion devices used, and rate of administration a medication is necessary, the critical access hospital defines in policy the urgent/ block charting would be an acceptable form of documentation. For the definition and charting, refer to the Glossary. self-administered medication, as reported by the patient (or the patient's caregiver or |
| §482.26(d)(2) | TAG: A | -0553 | RC.11.03. | O1 The critical acc | ess hospital retains its medical records. |
| (2) The hospital must main | tain the followir | ng for at least 5 years: | EP 1 | legally reproduced medical re law and regulation. Note: Medical records are ret | atric distinct part units in critical access hospitals: The retention time of the original or ecord is determined by its use and critical access hospital policy, in accordance with rained in their original or legally reproduced form for at least five years. This includes liological reports, printouts, films, and scans; and other applicable image records. |
| §482.26(d)(2)(i) | TAG: A | -0553 | RC.11.03. | O1 The critical acc | ess hospital retains its medical records. |
| (i) Copies of reports and pr | rintouts | | EP 1 | legally reproduced medical re law and regulation. Note: Medical records are ret | atric distinct part units in critical access hospitals: The retention time of the original or ecord is determined by its use and critical access hospital policy, in accordance with a sained in their original or legally reproduced form for at least five years. This includes liological reports, printouts, films, and scans; and other applicable image records. |

| CFR Num §482.26(d) | | Medicare Requirements | I . | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|----------------------------|---------------------|--|------------|---|--|
| §482.26(d)(2)(ii) | TAG: A | -0553 | RC.11.03.0 | 1 The critical acce | ess hospital retains its medical records. |
| (ii) Films, scans, and oth | | | EP 1 | legally reproduced medical re law and regulation. Note: Medical records are reta nuclear medicine reports; rad | tric distinct part units in critical access hospitals: The retention time of the original or cord is determined by its use and critical access hospital policy, in accordance with ained in their original or legally reproduced form for at least five years. This includes iological reports, printouts, films, and scans; and other applicable image records. |
| §482.27 | TAG: A | -0576 | LD.13.03.0 | 1 The critical acce | ess hospital provides services that meet patient needs. |
| meet the needs of its pat | ain, or have availa | able, adequate laboratory services to all must ensure that all laboratory services to all facility certified in accordance with Part | EP 1 | or other agreements that meet complexity of services offered but are not limited to the follow. Outpatient Emergency Medical records Diagnostic and theraped Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are of practice for the health care patients. If outpatient obstetrice | re provided, they are in accordance with nationally recognized acceptable standards (including physical and behavioral health) of pregnant, birthing, and postpartum cal services are offered, the services are consistent in quality with inpatient care exity of services offered. As applicable, the services must be integrated with other |
| | | | EP 12 | and treatment of the patient: Chemical examination of Hemoglobin or hematod Blood glucose tests Examination of stool specific Pregnancy tests Primary culturing for train Note 1: The laboratory meets U.S.C. 263a). (Refer to the lain Note 2: For rehabilitation and has laboratory services availated. | |

| CFR Number §482.27(a) | Medicare Requirements | | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|---|--|--|--|---|
| §482.27(a) TAG: A- | 0582 | LD.13.03.0 | 1 The critical acce | ess hospital provides services that meet patient needs. |
| §482.27(a) Standard: Adequacy of Laboratory Services The hospital must have laboratory services available, either directly or through a contractual agreement with a certified laboratory that meets requirements of Part 493 of this chapter. | | The critical access hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: | | |
| | | EP 12 | and treatment of the patient: Chemical examination o Hemoglobin or hematoc Blood glucose tests Examination of stool spe Pregnancy tests Primary culturing for trar Note 1: The laboratory meets U.S.C. 263a). (Refer to the lat Note 2: For rehabilitation and has laboratory services availa | |
| §482.27(a)(1) TAG: A- | 0583 | LD.13.03.0 | 1 The critical acce | ess hospital provides services that meet patient needs. |
| (1) Emergency laboratory services must be | e available 24 hours a day. | EP 13 | For rehabilitation and psychiat available 24 hours a day, 7 day | tric distinct part units in critical access hospitals: Emergency laboratory services are ays a week. |
| §482.27(a)(2) TAG: A- | 0584 | LD.13.03.0 | 1 The critical acce | ess hospital provides services that meet patient needs. |
| (2) A written description of services provide | ed must be available to the medical staff. | EP 14 | | tric distinct part units in critical access hospitals: The critical access hospital of the scope of laboratory services provided that is available to the medical staff. |
| §482.27(a)(3) TAG: A-(3) The laboratory must make provision for specimens. | | PC.13.01.0 | has written polic surgical procedu | |
| | | EP 1 | | tric distinct part units in critical access hospitals: The laboratory develops and not procedures for collecting, preserving, transporting, receiving, and reporting specimens. |

| CFR Number §482.27(a)(4) | Medicare Requirements | 1 | loint Commission quivalent Number | Joint Commission Standards and Elements of Performance | |
|---|---|------------|--|--|--|
| §482.27(a)(4) TAG: A-0586 (4) The medical staff and a pathologist must determine which tissue specimens require a macroscopic (gross) examination and which require both macroscopic and microscopic examinations. | | PC.13.01.0 | has written police surgical procedure. For rehabilitation and psychia implements a written policy, a | For rehabilitation and psychiatric distinct part units in critical access hospitals: The laborate has written policies and procedures for the handling of tissue specimens removed during a surgical procedure. itation and psychiatric distinct part units in critical access hospitals: The laboratory develops and is a written policy, approved by the medical staff and a pathologist, that establishes which tissue require only a macroscopic examination and which require both a macroscopic and microscopic in. | |
| §482.27(b) TAG | : A-0592 | | | | |
| §482.27(b) Standard: Potentially Infect | tious Blood and Blood Components | | | | |
| (1) Potentially human immunodeficience | cy virus (HIV) infectious blood and blood blood and blood components are prior | | | | |
| 6 - (-/, /, / | : A-0592 | PC.15.01.0 | | n and psychiatric distinct part units in critical access hospitals: The critical safely provides blood and blood components. | |
| (i) Who tested negative at the time of d infection on a later donation; | donation but tests reactive for evidence of HIV | EP 1 | For rehabilitation and psychia develops and implements writ components, consistent with (Note 1: The procedures for no requirements for the confident | tric distinct part units in critical access hospitals: The critical access hospital ten policies and procedures addressing potentially infectious blood and blood Centers for Medicare & Medicaid Services requirements at 42 CFR 482.27. otification and documentation conform to federal, state, and local laws, including tiality of medical records and other patient information. definition of potentially infectious blood and blood components. | |
| 0 · (·// // / | : A-0592 | PC.15.01.0 | | n and psychiatric distinct part units in critical access hospitals: The critical safely provides blood and blood components. | |
| (ii) who tests positive on the suppleme follow-up testing required by FDA; and | ental (additional, more specific) test or other | EP 1 | For rehabilitation and psychia develops and implements writ components, consistent with 0 Note 1: The procedures for no requirements for the confident | tric distinct part units in critical access hospitals: The critical access hospital ten policies and procedures addressing potentially infectious blood and blood Centers for Medicare & Medicaid Services requirements at 42 CFR 482.27. bification and documentation conform to federal, state, and local laws, including tiality of medical records and other patient information. definition of potentially infectious blood and blood components. | |
| §482.27(b)(1)(iii) TAG | : A-0592 | PC.15.01.0 | 71 For rehabilitatio | n and psychiatric distinct part units in critical access hospitals: The critical | |
| (iii) For whom the timing of seroconver | rsion cannot be precisely estimated. | EP 1 | For rehabilitation and psychia develops and implements writ components, consistent with 0 Note 1: The procedures for no requirements for the confident | safely provides blood and blood components. tric distinct part units in critical access hospitals: The critical access hospital ten policies and procedures addressing potentially infectious blood and blood Centers for Medicare & Medicaid Services requirements at 42 CFR 482.27. otification and documentation conform to federal, state, and local laws, including tiality of medical records and other patient information. definition of potentially infectious blood and blood components. | |
| • ()() | i: A-0592 | PC.15.01.0 | | n and psychiatric distinct part units in critical access hospitals: The critical safely provides blood and blood components. | |
| | infectious blood and blood components. blood components are the blood and blood 47. | EP 1 | For rehabilitation and psychia develops and implements writ components, consistent with 0 Note 1: The procedures for no requirements for the confident | tric distinct part units in critical access hospitals: The critical access hospital ten policies and procedures addressing potentially infectious blood and blood Centers for Medicare & Medicaid Services requirements at 42 CFR 482.27. bitification and documentation conform to federal, state, and local laws, including tiality of medical records and other patient information. definition of potentially infectious blood and blood components. | |

| CFR Number §482.27(b)(3) | Medicare Requirements | | int Commission uivalent Number | Joint Commission Standards and Elements of Performance |
|---|--|-------------|--|--|
| 0 - (/(/ | A-0592 | LD.13.03.03 | Care, treatment, effectively. | and services provided through contractual agreement are provided safely and |
| (3) Services furnished by an outside blood collecting establishment. If a hospital regularly uses the services of an outside blood collecting establishment, it must have an agreement with the blood collecting establishment that governs the procurement, transfer, and availability of blood and blood components. The agreement must require that the blood collecting establishment notify the hospital | | | For rehabilitation and psychiatric distinct part units in critical access hospitals: If the critical ac routinely uses the services of an outside blood collecting establishment, it must have an agre collecting establishment that governs the procurement, transfer, and availability of blood and The agreement includes that the blood collecting establishment notify the critical access hosp specified timeframes under the following circumstances: • Within 3 calendar days if the blood collecting establishment supplied blood and blood collected from a donor who tested negative at the time of donation but tests reactive for immunodeficiency virus (HIV) or hepatitis C virus (HCV) infection on a later donation or be at increased risk for transmitting HIV or HCV infection • Within 45 days of the test for the results of the supplemental (additional, more specific) or other follow-up testing required by the US Food and Drug Administration • Within 3 calendar days after the blood collecting establishment supplied blood and bloc collected from an infectious donor, whenever records are available | |
| 0 · (··/(·// | A-0592 | LD.13.03.03 | Care, treatment, effectively. | and services provided through contractual agreement are provided safely and |
| and blood components collected from a donation but tests reactive for evidence | calendar days if the blood collecting establishment supplied blood components collected from a donor who tested negative at the time of ut tests reactive for evidence of HIV or HCV infection on a later donation determined to be at increased risk for transmitting HIV or HCV infection; | | For rehabilitation and psychia routinely uses the services of collecting establishment that of the agreement includes that is specified timeframes under the Within 3 calendar days is collected from a donor wimmunodeficiency virus be at increased risk for the Within 45 days of the tear or other follow-up testing Within 3 calendar days a | tric distinct part units in critical access hospitals: If the critical access hospital an outside blood collecting establishment, it must have an agreement with the blood governs the procurement, transfer, and availability of blood and blood components. the blood collecting establishment notify the critical access hospital within the e following circumstances: If the blood collecting establishment supplied blood and blood components who tested negative at the time of donation but tests reactive for evidence of human (HIV) or hepatitis C virus (HCV) infection on a later donation or who is determined to transmitting HIV or HCV infection st for the results of the supplemental (additional, more specific) test for HIV or HCV grequired by the US Food and Drug Administration after the blood collecting establishment supplied blood and blood components ous donor, whenever records are available |
| • (// // / | A-0592 Its of the supplemental (additional, more | LD.13.03.03 | Care, treatment, effectively. | and services provided through contractual agreement are provided safely and |
| | , or other follow-up testing required by FDA; | | routinely uses the services of collecting establishment that of the agreement includes that specified timeframes under the Within 3 calendar days is collected from a donor wimmunodeficiency virus be at increased risk for the Within 45 days of the test or other follow-up testing Within 3 calendar days as | tric distinct part units in critical access hospitals: If the critical access hospital an outside blood collecting establishment, it must have an agreement with the blood governs the procurement, transfer, and availability of blood and blood components. The blood collecting establishment notify the critical access hospital within the efollowing circumstances: If the blood collecting establishment supplied blood and blood components who tested negative at the time of donation but tests reactive for evidence of human (HIV) or hepatitis C virus (HCV) infection on a later donation or who is determined to transmitting HIV or HCV infection at for the results of the supplemental (additional, more specific) test for HIV or HCV grequired by the US Food and Drug Administration after the blood collecting establishment supplied blood and blood components out donor, whenever records are available |

| CFR Number §482.27(b)(3)(iii) | Medicare Requirements | | int Commission uivalent Number | Joint Commission Standards and Elements of Performance |
|---|--|---|--|---|
| §482.27(b)(3)(iii) TAG: A | | LD.13.03.03 | Care, treatment, effectively. | and services provided through contractual agreement are provided safely and |
| (iii) Within 3 calendar days after the blood collecting establishment supplied blood and blood components collected from an infectious donor, whenever records are available. | | For rehabilitation and psychiatric distinct part units in critical access hospitals: If the critical access hospital routinely uses the services of an outside blood collecting establishment, it must have an agreement with the collecting establishment that governs the procurement, transfer, and availability of blood and blood comporting agreement includes that the blood collecting establishment notify the critical access hospital within the specified timeframes under the following circumstances: • Within 3 calendar days if the blood collecting establishment supplied blood and blood components collected from a donor who tested negative at the time of donation but tests reactive for evidence of immunodeficiency virus (HIV) or hepatitis C virus (HCV) infection on a later donation or who is determined by the use at increased risk for transmitting HIV or HCV infection • Within 45 days of the test for the results of the supplemental (additional, more specific) test for HIV or or other follow-up testing required by the US Food and Drug Administration • Within 3 calendar days after the blood collecting establishment supplied blood and blood component collected from an infectious donor, whenever records are available | | |
| §482.27(b)(4) TAG: A | | PC.15.01.01 | | n and psychiatric distinct part units in critical access hospitals: The critical safely provides blood and blood components. |
| the blood collecting establishment (eithe the hospital of the reactive HIV or HCV s | r internal or under an agreement) notifies creening test results, the hospital must blood component and quarantine all blood | r | For rehabilitation and psychiat receives notification of blood to screening test, the critical according to the critical a | tric distinct part units in critical access hospitals: If the critical access hospital hat is reactive to the human immunodeficiency virus (HIV) or hepatitis C virus (HCV) ess hospital determines the disposition of the blood or blood components and ated blood and blood components in inventory. |
| §482.27(b)(4)(i) TAG: A | A-0592 otifies the hospital that the result of the | PC.15.01.01 | | n and psychiatric distinct part units in critical access hospitals: The critical safely provides blood and blood components. |
| supplemental (additional, more specific) | test or other follow-up testing required by e test results, the hospital may release the | r k | receives notification that the re blood or blood components or | tric distinct part units in critical access hospitals: If the critical access hospital esult of the supplemental (additional, more specific) test for potentially infectious other follow-up testing required by the US Food and Drug Administration is negative ative test results, the critical access hospital may release the blood and blood |
| §482.27(b)(4)(ii) TAG: | A-0592 | | | |
| (ii) If the blood collecting establishment r supplemental (additional, more specific) FDA is positive, the hospital must – | notifies the hospital that the result of the test or other follow-up testing required by | | | |
| §482.27(b)(4)(ii)(A) TAG: A | | PC.15.01.01 | | n and psychiatric distinct part units in critical access hospitals: The critical safely provides blood and blood components. |
| (A) Dispose of the blood and blood comp | ponents; and | r k | For rehabilitation and psychiat receives notification that the replood or blood components or the critical access hospital doe Disposes of the blood ar | tric distinct part units in critical access hospitals: If the critical access hospital esult of the supplemental (additional, more specific) test for potentially infectious other follow-up testing required by the US Food and Drug Administration is positive, es the following: |

| CFR Number §482.27(b)(4)(ii)(B) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | |
|--|--|---------------------------------------|---|---|--|
| §482.27(b)(4)(ii)(B) | TAG: A-0592 nts as set forth in paragraph (b)(6) of this section. | PC.15.01.0 | | n and psychiatric distinct part units in critical access hospitals: The critical safely provides blood and blood components. | |
| (B) Notify the transfersion recipies | its as set forth in paragraph (b)(o) of this section. | EP 4 | receives notification that the rublood or blood components or the critical access hospital docential access of the blood at | | |
| §482.27(b)(4)(iii) | TAG: A-0592 | PC.15.01.0 | | n and psychiatric distinct part units in critical access hospitals: The critical | |
| (iii) If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up testing required by FDA is indeterminate, the hospital must destroy or label prior collections of blood or blood components held in quarantine as set forth at 21 CFR 610.46(b)(2) and 610.47(b)(2). | | EP 5 | EP 5 For rehabilitation or psychiatric distinct part units in critical access hospitals: If the critical access hospital receives notification that the result of the supplemental (additional, more specific) test for potentially infectious blood or blood components or other follow-up testing required by the US Food and Drug Administration (FDA) is indeterminate, the critical access hospital destroys or labels prior collections of blood or blood components held in quarantine, consistent with FDA requirements 21 CFR 610.46(b)(2) and 610.47(b)(2). | | |
| §482.27(b)(5) | TAG: A-0592 | | | | |
| (5) Recordkeeping by the hospital | al. The hospital must maintain | | | | |
| §482.27(b)(5)(i) | TAG: A-0592 | LD.13.01.0 | 1 The critical acce | ess hospital complies with law and regulation. | |
| | position of all units of blood and blood components e of disposition in a manner that permits prompt | EP 7 | Records of the source a the date of disposition in | tric distinct part units: The critical access hospital maintains the following: nd disposition of all units of blood and blood components for at least 10 years from a manner that permits prompt retrieval ansfer these records to another hospital or other entity if the critical access hospital y reason | |
| §482.27(b)(5)(ii) | TAG: A-0592 | LD.13.01.0 | 1 The critical acce | ess hospital complies with law and regulation. | |
| (ii) A fully funded plan to transfer such hospital ceases operation for | these records to another hospital or other entity if or any reason. | EP 7 | Records of the source a the date of disposition in | tric distinct part units: The critical access hospital maintains the following: nd disposition of all units of blood and blood components for at least 10 years from a manner that permits prompt retrieval ansfer these records to another hospital or other entity if the critical access hospital y reason | |
| §482.27(b)(6) | TAG: A-0592 | | | | |
| infectious blood or blood compor establishment or under an agree | pital has administered potentially HIV or HCV nents (either directly through its own blood collecting ment) or released such blood or blood components e hospital must take the following actions: | | | | |

| CFR Numb §482.27(b)(6 | | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|---|--|---------------------------------------|--|--|
| §482.27(b)(6)(i) (i) Make reasonable attem | TAG: A | | PC.15.01.0 | | n and psychiatric distinct part units in critical access hospitals: The critical safely provides blood and blood components. |
| (i) Make reasonable attempts to notify the patient, or to notify the attending physician or the physician who ordered the blood or blood component and ask the physician to notify the patient, or other individual as permitted under paragraph (b)(10) of this section, that potentially HIV or HCV infectious blood or blood components were transfused to the patient and that there may be a need for HIV or HCV testing and counseling. | | For rehabilitation and psychiatric distinct part units in critical access hospitals: When potentially himmunodeficiency virus (HIV) or hepatitis C virus (HCV) infectious blood or blood components at (either directly through the critical access hospital's own blood collecting establishment or under released to another entity or individual, the critical access hospital takes the following actions: Attempts to notify the patient, the attending physician or other licensed practitioner, or the pother licensed practitioner who ordered the blood or blood component and ask the practition patient, or other individuals as permitted under 42 CFR 482.27, that potentially HIV or HCV or blood components were transfused to the patient and that there may be a need for HIV and counseling Attempts to notify to the patient, legal guardian, or relative if the practitioner is unavailable make the notification Documents in the patient's medical record the notification or attempts to give the required in the patient of the patient or attempts to give the required in the patient of the patient or attempts to give the required in the patient or attempts to give the required in the patient or attempts to give the required in the patient or attempts to give the required in the patient or attempts to give the required in the patient or attempts to give the required in the patient or attempts to give the required in the patient or attempts to give the required in the patient or attempts to give the required in the patient or attempts to give the required in the patient or attempts to give the required in the patient or attempts and the patient or attempts to give the required in the patient or attempts and the | | or hepatitis C virus (HCV) infectious blood or blood components are administered tical access hospital's own blood collecting establishment or under an agreement) or individual, the critical access hospital takes the following actions: attent, the attending physician or other licensed practitioner, or the physician or er who ordered the blood or blood component and ask the practitioner to notify the itals as permitted under 42 CFR 482.27, that potentially HIV or HCV infectious blood ere transfused to the patient and that there may be a need for HIV or HCV testing patient, legal guardian, or relative if the practitioner is unavailable or declines to | |
| §482.27(b)(6)(ii) | TAG: A | | PC.15.01.0 | | n and psychiatric distinct part units in critical access hospitals: The critical safely provides blood and blood components. |
| | n is unavailable or declines to make the notification, make pts to give this notification to the patient, legal guardian or relative. | | EP 6 | immunodeficiency virus (HIV) (either directly through the critreleased to another entity or in Attempts to notify the partition patient, or other individured or blood components we and counseling Attempts to notify to the make the notification | tric distinct part units in critical access hospitals: When potentially human or hepatitis C virus (HCV) infectious blood or blood components are administered tical access hospital's own blood collecting establishment or under an agreement) or ndividual, the critical access hospital takes the following actions: atient, the attending physician or other licensed practitioner, or the physician or er who ordered the blood or blood component and ask the practitioner to notify the tals as permitted under 42 CFR 482.27, that potentially HIV or HCV infectious blood ere transfused to the patient and that there may be a need for HIV or HCV testing patient, legal guardian, or relative if the practitioner is unavailable or declines to the medical record the notification or attempts to give the required notification |
| §482.27(b)(6)(iii) | TAG: A | -0592 ord the notification or attempts to give the | PC.15.01.0 | | n and psychiatric distinct part units in critical access hospitals: The critical safely provides blood and blood components. |
| required notification. | | | EP 6 | immunodeficiency virus (HIV) (either directly through the critreleased to another entity or in Attempts to notify the partition patient, or other individured or blood components we and counseling Attempts to notify to the make the notification | tric distinct part units in critical access hospitals: When potentially human or hepatitis C virus (HCV) infectious blood or blood components are administered tical access hospital's own blood collecting establishment or under an agreement) or ndividual, the critical access hospital takes the following actions: atient, the attending physician or other licensed practitioner, or the physician or er who ordered the blood or blood component and ask the practitioner to notify the ials as permitted under 42 CFR 482.27, that potentially HIV or HCV infectious blood ere transfused to the patient and that there may be a need for HIV or HCV testing patient, legal guardian, or relative if the practitioner is unavailable or declines to int's medical record the notification or attempts to give the required notification |

| CFR Numl §482.27(b) | | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|--------------------|--|--|---|--|
| §482.27(b)(7) (7) Timeframe for notifica | TAG: A | | PC.15.01.01 | | n and psychiatric distinct part units in critical access hospitals: The critical safely provides blood and blood components. |
| (7) Timeframe for notification— For donors tested on or after February 20, 2008. For notifications resulting from donors tested on or after February 20, 2008 as set forth at 21 CFR 610.46 and 21 CFR 610.47 the notification effort begins when the blood collecting establishment notifies the hospital that it received potentially HIV or HCV infectious blood and blood components. The hospital must make reasonable attempts to give notification over a period of 12 weeks unless— | | For rehabilitation and psychiatric distinct part units in critical access hospitals: If the critical access hospitals receives notification that it received potentially human immunodeficiency virus (HIV) or hepatitis C viru infectious blood and blood components, the critical access hospital makes reasonable attempts to give over a period of 12 weeks unless one of the following occurs: The patient is located and notified. The critical access hospital is unable to locate the patient and documents in the patient's medicathe extenuating circumstances beyond the critical access hospital's control that caused the notificatimeframe to exceed 12 weeks. Note: For notifications resulting from donors tested on or after February 20, 2008 as set forth at 21 CF and 610.47, the notification effort begins when the blood collecting establishment notifies the hospital treceived potentially HIV or HCV infectious blood and blood components | | | |
| §482.27(b)(7)(i) (i) The patient is located a | TAG: A | -0592 | PC.15.01.01 | | n and psychiatric distinct part units in critical access hospitals: The critical safely provides blood and blood components. |
| | | | For rehabilitation and psychiatric distinct part units in critical access hospitals: If the critical accesses notification that it received potentially human immunodeficiency virus (HIV) or hepatiti infectious blood and blood components, the critical access hospital makes reasonable attempt over a period of 12 weeks unless one of the following occurs: • The patient is located and notified. • The critical access hospital is unable to locate the patient and documents in the patient's the extenuating circumstances beyond the critical access hospital's control that caused the timeframe to exceed 12 weeks. Note: For notifications resulting from donors tested on or after February 20, 2008 as set forth a and 610.47, the notification effort begins when the blood collecting establishment notifies the hispatical received potentially HIV or HCV infectious blood and blood components | | |
| §482.27(b)(7)(ii) | TAG: A | -0592 tient and documents in the patient's | PC.15.01.01 | | n and psychiatric distinct part units in critical access hospitals: The critical safely provides blood and blood components. |
| | ıating circumstaı | nces beyond the hospital's control that | | receives notification that it reconfectious blood and blood colover a period of 12 weeks unl The patient is located ar The critical access hosp the extenuating circums timeframe to exceed 12 Note: For notifications resultinand 610.47, the notification ef | ital is unable to locate the patient and documents in the patient's medical record tances beyond the critical access hospital's control that caused the notification |
| §482.27(b)(8) | TAG: A | -0592 | | | |
| (8) Content of notification | . The notification | must include the following information: | | | |

| CFR Number §482.27(b)(8)(i) | Medicare Requirements | 1 | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance | | |
|--|---|------------|---|--|--|--|
| §482.27(b)(8)(i) TAG: A-(i) A basic explanation of the need for HIV | | PC.15.01.0 | PC.15.01.01 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital safely provides blood and blood components. | | | |
| | | EP 8 | received potentially human im components, the notification in • Oral or written information make an informed decis • A list of programs or place | tric distinct part units in critical access hospitals: When notifying patients who have mune deficiency virus (HIV) or hepatitis C virus (HCV) infectious blood or blood includes the following: on explaining the need for HIV or HCV testing and counseling, so that the patient can ion about whether to obtain HIV or HCV testing and counseling ces where the person can obtain HIV or HCV testing and counseling, including any ons the program may impose | | |
| §482.27(b)(8)(ii) TAG: A- | | PC.15.01.0 | | n and psychiatric distinct part units in critical access hospitals: The critical | | |
| (ii) Enough oral or written information so that an informed decision can be made about whether to obtain HIV or HCV testing and counseling. | | EP 8 | EP 8 For rehabilitation and psychiatric distinct part units in critical access hospitals: When notifying patients who have received potentially human immune deficiency virus (HIV) or hepatitis C virus (HCV) infectious blood or blood components, the notification includes the following: Oral or written information explaining the need for HIV or HCV testing and counseling, so that the patient make an informed decision about whether to obtain HIV or HCV testing and counseling A list of programs or places where the person can obtain HIV or HCV testing and counseling, including a requirements or restrictions the program may impose | | | |
| §482.27(b)(8)(iii) TAG: A- | | PC.15.01.0 | | n and psychiatric distinct part units in critical access hospitals: The critical safely provides blood and blood components. | | |
| (iii) A list of programs or places where the person can obtain HIV or HCV testing and counseling, including any requirements or restrictions the program may impose. | | EP 8 | For rehabilitation and psychiat received potentially human im components, the notification in • Oral or written information make an informed decise • A list of programs or place | tric distinct part units in critical access hospitals: When notifying patients who have mune deficiency virus (HIV) or hepatitis C virus (HCV) infectious blood or blood | | |
| §482.27(b)(9) TAG: A- | | PC.15.01.0 | | n and psychiatric distinct part units in critical access hospitals: The critical safely provides blood and blood components. | | |
| (9) Policies and procedures. The hospital of for notification and documentation that correctioning requirements for the confidential information. | form to Federal, State, and local laws, | EP 1 | For rehabilitation and psychiat develops and implements writ components, consistent with 0 Note 1: The procedures for no requirements for the confident | tric distinct part units in critical access hospitals: The critical access hospital ten policies and procedures addressing potentially infectious blood and blood Centers for Medicare & Medicaid Services requirements at 42 CFR 482.27. bification and documentation conform to federal, state, and local laws, including tiality of medical records and other patient information. definition of potentially infectious blood and blood components. | | |
| §482.27(b)(10) TAG: A-(10) Notification to legal representative or | | PC.15.01.0 | | n and psychiatric distinct part units in critical access hospitals: The critical safely provides blood and blood components. | | |
| incompetent by a State court, the physicial representative designated in accordance what State law permits a legal representative the patient's behalf, the physician or hospillegal representative or relative. For possib that are deceased, the physician or hospit | n or hospital must notify a legal vith State law. If the patient is competent, e or relative to receive the information on tal must notify the patient or his or her le HIV infectious transfusion recipients | EP 9 | For rehabilitation and psychiat infectious blood or blood comp following circumstances: • A legal representative do by a state court • The patient or his or her legal representative or reference in the patient's legal representative or reference in the patient's legal representative infectious transfusi | tric distinct part units in critical access hospitals: If a patient has received an ponent, the critical access hospital notifies the specified individual(s) under the esignated in accordance with state law if the patient has been adjudged incompetent legal representative or relative if the patient is competent but state law permits a elative to receive the information on the patient's behalf sentative or relative if the beneficiary of the potentially human immunodeficiency | | |

| CFR Number §482.27(c) | Medicare Requirements | | int Commission uivalent Number | Joint Commission Standards and Elements of Performance | |
|---|--|--|--|---|--|
| §482.27(c) TAG: A | -0593 | | | | |
| §482.27(c) Standard: General blood safety | y issues. | 1 | | | |
| For lookback activities only related to new after August 24, 2007, hospitals must comblood safety issues in the following areas: | ply with FDA regulations as they pertain to | | | | |
| §482.27(c)(1) TAG: A | -0593 | PC.15.01.01 | | n and psychiatric distinct part units in critical access hospitals: The critical | |
| (1) Appropriate testing and quarantining of infectious blood and blood components. | | EP 10 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital complies with US Food and Drug Administration regulations pertaining to blood safety issues in the following areas: • Appropriate testing and quarantining of infectious blood and blood components • Notification and counseling of potential recipients of infectious blood and blood components Note: This applies to lookback activities only related to new blood safety issues that are identified after August 2007. | | | |
| §482.27(c)(2) TAG: A | -0593 | PC.15.01.01 | | n and psychiatric distinct part units in critical access hospitals: The critical safely provides blood and blood components. | |
| (2) Notification and counseling of recipients that may have received infectious blood and blood components. | | ; | complies with US Food and Dareas: • Appropriate testing and • Notification and counsel | tric distinct part units in critical access hospitals: The critical access hospital trug Administration regulations pertaining to blood safety issues in the following quarantining of infectious blood and blood components ing of potential recipients of infectious blood and blood components activities only related to new blood safety issues that are identified after August 24, | |
| §482.28 TAG: A | -0618 | LD.13.03.01 | The critical acce | ess hospital provides services that meet patient needs. | |
| §482.28 Condition of Participation: Food at The hospital must have organized dietary by adequate qualified personnel. However an outside food management company may Participation if the company has a dieticial part-time, or consultant basis, and if the costandards specified in this section and promedical staff for recommendations on diet | services that are directed and staffed r, a hospital that has a contract with ay be found to meet this Condition of n who serves the hospital on a full-time, ompany maintains at least the minimum vides for constant liaison with the hospital | | or other agreements that mee complexity of services offered but are not limited to the follow. Outpatient Emergency Medical records Diagnostic and therapet Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are practice for the health care positional services are patients. If outpatient obstetrical | te provided, they are in accordance with nationally recognized acceptable standards (including physical and behavioral health) of pregnant, birthing, and postpartum cal services are offered, the services are consistent in quality with inpatient care exity of services offered. As applicable, the services must be integrated with other | |

| CFR Number §482.28 | Medicare Requirements | : 1 | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance | | | | | |
|---|---|------------------|--|--|--|--|--|--|--|
| | | | | NPG.12.01.01 The critical access hospital's leadership team ensures that there is qualified ancillary staff required to meet the needs of the population served and determine how they function within the organization. | | | | | |
| | | EP 7 | dietetic services that are Note: For critical access service has a dietician w | ychiatric distinct part units in critical access hospitals: The critical access hospital has directed and adequately staffed by qualified personnel. hospitals that provide dietetic services through contracted services, the contracted ho serves the critical access hospital full-time, part-time, or on a consultant basis and al access hospital medical staff for recommendations on dietetic policies that affect patient vices. | | | | | |
| §482.28(a) | TAG: A-0619 | | | | | | | | |
| §482.28(a) Standard: Organization | on | | | | | | | | |
| §482.28(a)(1) | TAG: A-0620 | | | | | | | | |
| (1) The hospital must have a full- | time employee who- | | | | | | | | |
| §482.28(a)(1)(i) | TAG: A-0620 | NPG.12.0 | | access hospital's leadership team ensures that there is qualified ancillary staff | | | | | |
| (i) Serves as director of the food | Serves as director of the food and dietetic services; | | | required to meet the needs of the population served and determine how they function within the organization. | | | | | |
| | | EP 8 | | tal has a full-time employee, qualified through education, training, or experience, who ersee the daily management of food and dietetic services. | | | | | |
| §482.28(a)(1)(ii) | TAG: A-0620 | NPG.12.0 | | access hospital's leadership team ensures that there is qualified ancillary staff | | | | | |
| (ii) Is responsible for daily manag | (ii) Is responsible for daily management of the dietary services; and | | required to the organiz | meet the needs of the population served and determine how they function within ation. | | | | | |
| | | EP 8 | | tal has a full-time employee, qualified through education, training, or experience, who ersee the daily management of food and dietetic services. | | | | | |
| §482.28(a)(1)(iii) | TAG: A-0620 | NPG.12.0 | | access hospital's leadership team ensures that there is qualified ancillary staff | | | | | |
| (iii) Is qualified by experience or t | raining. | | required to the organiz | meet the needs of the population served and determine how they function within ation. | | | | | |
| | | EP 8 | | Ital has a full-time employee, qualified through education, training, or experience, who ersee the daily management of food and dietetic services. | | | | | |
| §482.28(a)(2) | TAG: A-0621 | NPG.12.0 | | access hospital's leadership team ensures that there is qualified ancillary staff | | | | | |
| (2) There must be a qualified die | itian, full-time, part-time or on a consultant ba | asis. | required to the organiz | meet the needs of the population served and determine how they function within ation. | | | | | |
| | | EP 9 | | ychiatric distinct part units in critical access hospitals: The critical access hospital has a ll-time, part-time, or consultative basis. | | | | | |
| §482.28(a)(3) | TAG: A-0622 | HR.11.01 | .01 The critical services it | access hospital has the necessary staff to support the care, treatment, and provides. | | | | | |
| respective duties. | and technical personnel competent in their | EP 1 | | ital's food and dietetic services administrative and technical staff are competent to perform | | | | | |
| \$400.00(h) | TAO A 2000 | DO 40 04 | their responsibilities. | | | | | | |
| §482.28(b) §482.28(b) Standard: Diets | TAG: A-0629 | PC.12.01 EP 1 | | access hospital makes food and nutrition products available to its patients. the individual patient are met in accordance with clinical practice guidelines and | | | | | |
| Menus must meet the needs of the | ne patients. | | recognized dietary pract Note 1: Diet menus mee Note 2: For swing beds i | | | | | | |

| CFR Numb §482.28(b)(| | | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance | | |
|--|---|------------|---|---|--|--|
| §482.28(b)(1) | TAG: A-0629 | PC.12.01.0 | 9 The critical acce | ess hospital makes food and nutrition products available to its patients. | | |
| (1) Individual patient nutritional needs must be met in accordance with recognized dietary practices. | | EP 1 | The nutritional needs of the individual patient are met in accordance with clinical practice guidelines and recognized dietary practices. Note 1: Diet menus meet the needs of the patients. Note 2: For swing beds in critical access hospitals: The critical access hospital meets the assisted nutrition are hydration requirement at 42 CFR 483.25(g) with respect to inpatients receiving posthospital skilled nursing factories. | | | |
| §482.28(b)(2) | TAG: A-0630 | PC.12.01.0 | | ess hospital provides care, treatment, and services as ordered or prescribed | | |
| (2) All patient diets, including therapeutic diets, must be ordered by a practitioner responsible for the care of the patient, or by a qualified dietitian or qualified nutrition professional as authorized by the medical staff and in accordance with State law governing dietitians and nutrition professionals. | | EP 1 | Prior to providing care, treatment, and services, the critical access hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; critical access hospital policies; and medical staff bylaws, rules, and regulations. Note 1: This includes but is not limited to respiratory services, radiology services, rehabilitation services, nuclear medicine services, and dietetic services, if provided. Note 2: Patient diets, including therapeutic diets, are ordered by the physician or 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. | | | |
| §482.28(b)(3) | TAG: A-0631 | PC.12.01.0 | PC.12.01.09 The critical access hospital makes food and nutrition products available to its patients. | | | |
| | iet manual approved by the dietitian and medical staff o all medical, nursing, and food service personnel. | EP 2 | approve a therapeutic diet ma | tric distinct part units in critical access hospitals: The dietician and medical staff anual that is current and available to all medical, nursing, and food service staff. selement of performance, current is defined as having a publication or revision date | | |
| §482.30 | TAG: A-0652 | LD.13.01.0 | 3 The critical acce | ess hospital reviews services for medical necessity. | | |
| §482.30 Condition of Participation: Utilization Review The hospital must have in effect a utilization review (UR) plan that provides for review of services furnished by the institution and by members of the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. | | EP 1 | utilization review plan that pro staff to patients entitled to ber Note: The critical access hosp organization (QIO) has assum Medicaid Services (CMS) has title XIX of the Social Security | tric distinct part units in critical access hospitals: The critical access hospital has a civides for review of services provided by the critical access hospital and the medical nefits under the Medicare and Medicaid programs. Dital does not need to have a utilization review plan if either a quality improvement need binding review for the critical access hospital or the Centers for Medicare & determined that the utilization review procedures established by the state under a Act are superior to the procedures required in this section, and has required critical to meet the utilization review plan requirements under 42 CFR 456.50 through 42 | | |
| §482.30(a) | TAG: A-0653 | 1 | | | | |
| §482.30(a) Standard: App | licability | 1 | | | | |
| The provisions of this sect | ion apply except in either of the following circumstances: | | | | | |

| CFR Number §482.30(a)(| | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|--|---|---|--|---|
| §482.30(a)(1) | TAG: A- | 0653 | LD.13.01.03 | The critical acce | ss hospital reviews services for medical necessity. |
| (1) A Utilization and Quality Control Quality Improvement Organization (QIO) has assumed binding review for the hospital. | | | utilization review plan that prostaff to patients entitled to ben Note: The critical access hosporganization (QIO) has assum Medicaid Services (CMS) has title XIX of the Social Security access hospitals in that state t CFR 456.245. | tric distinct part units in critical access hospitals: The critical access hospital has a vides for review of services provided by the critical access hospital and the medical refits under the Medicare and Medicaid programs. Solved to have a utilization review plan if either a quality improvement red binding review for the critical access hospital or the Centers for Medicare & determined that the utilization review procedures established by the state under Act are superior to the procedures required in this section, and has required critical to meet the utilization review plan requirements under 42 CFR 456.50 through 42 | |
| §482.30(a)(2) | TAG: A- | | LD.13.01.03 | | ss hospital reviews services for medical necessity. |
| title XIX of the Act are superequired hospitals in that S through 456.245 of this cha | erior to the proce tate to meet the apter. | edures established by the State under edures required in this section, and has UR plan requirements under §§456.50 | | utilization review plan that prostaff to patients entitled to ben Note: The critical access hosporganization (QIO) has assum Medicaid Services (CMS) has title XIX of the Social Security access hospitals in that state t CFR 456.245. | tric distinct part units in critical access hospitals: The critical access hospital has a vides for review of services provided by the critical access hospital and the medical refits under the Medicare and Medicaid programs. Solital does not need to have a utilization review plan if either a quality improvement red binding review for the critical access hospital or the Centers for Medicare & determined that the utilization review procedures established by the state under Act are superior to the procedures required in this section, and has required critical to meet the utilization review plan requirements under 42 CFR 456.50 through 42 |
| §482.30(b) | TAG: A- | 0654 | LD.13.01.03 | The critical acce | ss hospital reviews services for medical necessity. |
| function. At least two of the | of two or more members of th | ation Review Committee practitioners must carry out the UR e committee must be doctors of medicine e any of the other types of practitioners | | utilization review committee or of the committee are doctors of practitioners specified in 42 Cl Note: The committee or group | 's reviews are not conducted by any individual who has a direct financial interest (for st) in that critical access hospital or who was professionally involved in the care of ag reviewed. |
| §482.30(b)(1) | TAG: A- | 0654 | | | |
| (1) Except as specified in p committee must be one of | paragraphs (b)(2 the following: | e) and (3) of this section, the UR | | | |
| §482.30(b)(1)(i) | TAG: A- | 0654 | LD.13.01.03 | The critical acce | ss hospital reviews services for medical necessity. |
| (i) A staff committee of the | institution; | | | a utilization review committee established by the local medic the Centers for Medicare & Me Note: If, because of the small | size of the critical access hospital, it is impracticable to have a properly functioning review committee is established by a group outside the critical access hospital, as |

| CFR Number §482.30(b)(1)(ii) Medicare Requirements | | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | |
|---|-----------------|--|--|---|---|
| §482.30(b)(1)(ii) | TAG: A- | 0654 | LD.13.01.0 | The critical acce | ess hospital reviews services for medical necessity. |
| (ii) A group outside the inst | | | EP 3 | a utilization review committee established by the local medic the Centers for Medicare & M Note: If, because of the small staff committee, the utilization specified in 42 CFR 482.30(b) | size of the critical access hospital, it is impracticable to have a properly functioning review committee is established by a group outside the critical access hospital, as I(1)(ii). |
| §482.30(b)(1)(ii)(A) | TAG: A- | | LD.13.01.0 | The critical acce | ess hospital reviews services for medical necessity. |
| (A) Established by the loca locality; or | medical societ | ry and some or all of the hospitals in the | EP 3 | a utilization review committee established by the local medic the Centers for Medicare & M. Note: If, because of the small | size of the critical access hospital, it is impracticable to have a properly functioning review committee is established by a group outside the critical access hospital, as |
| §482.30(b)(1)(ii)(B) | TAG: A- | 0654 | LD.13.01.0 | The critical acce | ess hospital reviews services for medical necessity. |
| (B) Established in a manne | r approved by (| CMS. | EP 3 | a utilization review committee established by the local medic the Centers for Medicare & M Note: If, because of the small | size of the critical access hospital, it is impracticable to have a properly functioning review committee is established by a group outside the critical access hospital, as |
| §482.30(b)(2) | TAG: A- | 0654 | LD.13.01.0 | 3 The critical acce | ess hospital reviews services for medical necessity. |
| (2) If, because of the small size of the institution, it is impracticable to have a properly functioning staff committee, the UR committee must be established as specified in paragraph (b)(1)(ii) of this section | | EP 3 | a utilization review committee established by the local medic the Centers for Medicare & M Note: If, because of the small | size of the critical access hospital, it is impracticable to have a properly functioning review committee is established by a group outside the critical access hospital, as | |
| §482.30(b)(3) | TAG: A- | 0654 | LD.13.01.0 | 3 The critical acce | ess hospital reviews services for medical necessity. |
| (3) The committee or group | 's reviews may | not be conducted by any individual who | EP 4 | utilization review committee or of the committee are doctors of practitioners specified in 42 C Note: The committee or group | o's reviews are not conducted by any individual who has a direct financial interest (for st) in that critical access hospital or who was professionally involved in the care of a reviewed. |

| CFR Number §482.30(b)(3)(i) | Medicare Requirements | | int Commission uivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|-------------|---|--|
| §482.30(b)(3)(i) TAG: | : A-0654 | LD.13.01.03 | The critical acce | ess hospital reviews services for medical necessity. |
| or | ample, an ownership interest) in that hospital; | (| utilization review committee or of the committee are doctors of practitioners specified in 42 C Note: The committee or group example, an ownership interesthe patient whose case is bein (See also MS.16.01.03, EP 5) | o's reviews are not conducted by any individual who has a direct financial interest (for st) in that critical access hospital or who was professionally involved in the care of any reviewed. |
| §482.30(b)(3)(ii) TAG: | : A-0654 | LD.13.01.03 | | ess hospital reviews services for medical necessity. |
| (ii) Was professionally involved in the creviewed. | are of the patient whose case is being | | utilization review committee or of the committee are doctors or oractitioners specified in 42 C Note: The committee or group | o's reviews are not conducted by any individual who has a direct financial interest (for st) in that critical access hospital or who was professionally involved in the care of ag reviewed. |
| §482.30(c) TAG: | : A-0655 | | | |
| §482.30(c) Standard: Scope and Frequ | ency of Review | | | |
| §482.30(c)(1) TAG: | : A-0655 | LD.13.01.03 | The critical acce | ess hospital reviews services for medical necessity. |
| (1) The UR plan must provide for review for Medicare and Medicaid patients with respect to the medical necessity of | | r | utilization review plan provide: necessity of the following: Admissions to the critica Duration of stays Professional services properties of the critical access how | tric distinct part units in critical access hospitals: The critical access hospital's s for the review of Medicare and Medicaid patients with respect to the medical access hospital ovided, including drugs and biologicals spital may perform reviews of admissions before, during, or after hospital admission. spital may perform reviews on a sample basis, except for reviews of extended stay |
| §482.30(c)(1)(i) TAG: | : A-0655 | LD.13.01.03 | The critical acce | ess hospital reviews services for medical necessity. |
| (i) Admissions to the institution; | | r 1 | utilization review plan provided necessity of the following: • Admissions to the critica: • Duration of stays: • Professional services provided 1: The critical access how | tric distinct part units in critical access hospitals: The critical access hospital's s for the review of Medicare and Medicaid patients with respect to the medical access hospital ovided, including drugs and biologicals spital may perform reviews of admissions before, during, or after hospital admission. spital may perform reviews on a sample basis, except for reviews of extended stay |

| CFR Number §482.30(c)(1)(ii) | Medicare Requirements | 1 | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|------------|--|---|
| §482.30(c)(1)(ii) TAG: A-0655 | | LD.13.01.0 | 3 The critical acce | ss hospital reviews services for medical necessity. |
| (ii) The duration of stays; and | | EP 2 | utilization review plan provides necessity of the following: • Admissions to the critical • Duration of stays • Professional services provided in the critical access howards. The critical access howards. | ovided, including drugs and biologicals spital may perform reviews of admissions before, during, or after hospital admission. spital may perform reviews on a sample basis, except for reviews of extended stay |
| §482.30(c)(1)(iii) TAG: A-0 | | LD.13.01.0 | | ss hospital reviews services for medical necessity. |
| (iii) Professional services furnished includin | g drugs and biologicals. | EP 2 | utilization review plan provides necessity of the following: • Admissions to the critica: • Duration of stays: • Professional services provides in the critical access how | ric distinct part units in critical access hospitals: The critical access hospital's s for the review of Medicare and Medicaid patients with respect to the medical I access hospital ovided, including drugs and biologicals spital may perform reviews of admissions before, during, or after hospital admission. spital may perform reviews on a sample basis, except for reviews of extended stay |
| §482.30(c)(2) TAG: A-0 | 0655 | LD.13.01.0 | 3 The critical acce | ss hospital reviews services for medical necessity. |
| (2) Review of admissions may be performe | d before, at, or after hospital admission. | EP 2 | utilization review plan provides necessity of the following: | tric distinct part units in critical access hospitals: The critical access hospital's is for the review of Medicare and Medicaid patients with respect to the medical access hospital access hospital access hospital access hospital admissions before, during, or after hospital admissions spital may perform reviews on a sample basis, except for reviews of extended stay |
| §482.30(c)(3) TAG: A-0 | 0655 | LD.13.01.0 | 3 The critical acce | ss hospital reviews services for medical necessity. |
| (3) Except as specified in paragraph (e) of ton a sample basis. | this section, reviews may be conducted | <u> </u> | | s for the review of Medicare and Medicaid patients with respect to the medical I access hospital ovided, including drugs and biologicals spital may perform reviews of admissions before, during, or after hospital admission. spital may perform reviews on a sample basis, except for reviews of extended stay |
| §482.30(c)(4) TAG: A-0 | 0655 | LD.13.01.0 | 3 The critical acce | ss hospital reviews services for medical necessity. |
| (4) Hospitals that are paid for inpatient hosp payment system set forth in Part 412 of this of stays and review of professional services | s chapter must conduct review of duration | EP 7 | for inpatient hospital services review of duration of stays and • For duration of stays, the based on extended leng • For professional services | tric distinct part units in critical access hospitals: If the critical access hospital is paid under the prospective payment system set forth in 42 CFR Part 412, it conducts a d a review of professional services as follows: e critical access hospital reviews only cases that it determines to be outlier cases th of stay, as described in 42 CFR 412.80(a)(1)(i). s, the critical access hospital reviews only cases that it determines to be outlier dinarily high costs, as described in 42 CFR 412.80(a)(1)(ii). |

| CFR Number §482.30(c)(4)(i |) | Medicare Requirements | | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|---------------|---|----------|---|---|
| §482.30(c)(4)(i) | TAG: A | -0655 | LD.13.01 | .03 The critical acce | ess hospital reviews services for medical necessity. |
| | lier cases ba | eed review only cases that they sed on extended length of stay, as er; and | EP 7 | for inpatient hospital services review of duration of stays an • For duration of stays, th based on extended leng • For professional service | atric distinct part units in critical access hospitals: If the critical access hospital is paid under the prospective payment system set forth in 42 CFR Part 412, it conducts a ad a review of professional services as follows: the critical access hospital reviews only cases that it determines to be outlier cases as the critical access hospital reviews only cases that it determines to be outlier dinarily high costs, as described in 42 CFR 412.80(a)(1)(i). |
| §482.30(c)(4)(ii) | TAG: A | -0655 | LD.13.01 | .03 The critical acce | ess hospital reviews services for medical necessity. |
| | lier cases ba | als need review only cases that they sed on extraordinarily high costs, as er. | EP 7 | for inpatient hospital services review of duration of stays an • For duration of stays, th based on extended leng • For professional service | atric distinct part units in critical access hospitals: If the critical access hospital is paid under the prospective payment system set forth in 42 CFR Part 412, it conducts a aid a review of professional services as follows: the critical access hospital reviews only cases that it determines to be outlier cases get of stay, as described in 42 CFR 412.80(a)(1)(i). The critical access hospital reviews only cases that it determines to be outlier dinarily high costs, as described in 42 CFR 412.80(a)(1)(ii). |
| §482.30(d) | TAG: A | -0656 | | | |
| §482.30(d) Standard: Determ | ination Rega | arding Admissions or Continued Stays | 7 | | |
| §482.30(d)(1) | TAG: A | -0656 | | | |
| (1) The determination that an necessary- | admission o | r continued stay is not medically | | | |
| §482.30(d)(1)(i) | TAG: A | -0656 | LD.13.01 | .03 The critical acce | ess hospital reviews services for medical necessity. |
| practitioners responsible for t concur with the determination opportunity; and | he care of th | R committee if the practitioner or e patient, as specified of §482.12(c), esent their views when afforded the | EP 6 | develops and implements a p This determination is made by One member of the utilicare, as specified in 42 afforded the opportunity At least two members o Note: Before determining that | zation review committee if the licensed practitioner(s) responsible for the patient's CFR 482.12(c), concurs with the determination or fails to present their views when of the utilization review committee in all other cases an admission or continued stay is not medically necessary, the utilization review sed practitioner(s) responsible for the patient's care and affords the practitioner(s) the |
| §482.30(d)(1)(ii) | TAG: A | -0656 | LD.13.01 | .03 The critical acce | ess hospital reviews services for medical necessity. |
| (ii) Must be made by at least | two member | s of the UR committee in all other cases. | EP 6 | develops and implements a p This determination is made by One member of the utilicare, as specified in 42 afforded the opportunity At least two members o Note: Before determining that | zation review committee if the licensed practitioner(s) responsible for the patient's CFR 482.12(c), concurs with the determination or fails to present their views when of the utilization review committee in all other cases an admission or continued stay is not medically necessary, the utilization review sed practitioner(s) responsible for the patient's care and affords the practitioner(s) the |

| CFR Number §482.30(d)(2) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
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| §482.30(d)(2) TAG: A- | 0656 | LD.13.01.03 | The critical acce | ss hospital reviews services for medical necessity. |
| (2) Before making a determination that an admission or continued stay is not medically necessary, the UR committee must consult the practitioner or practitioners responsible for the care of the patient, as specified in §482.12(c), and afford the practitioner or practitioners the opportunity to present their views. | | For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital develops and implements a process to determine if an admission or continued stay is not medically necessary. This determination is made by one of the following: One member of the utilization review committee if the licensed practitioner(s) responsible for the patient's care, as specified in 42 CFR 482.12(c), concurs with the determination or fails to present their views when afforded the opportunity At least two members of the utilization review committee in all other cases Note: Before determining that an admission or continued stay is not medically necessary, the utilization review committee consults the licensed practitioner(s) responsible for the patient's care and affords the practitioner(s) to opportunity to present their views. | | |
| §482.30(d)(3) TAG: A- | | LD.13.01.03 | | ss hospital reviews services for medical necessity. |
| (3) If the committee decides that admissio medically necessary, written notification m the determination, to the hospital, the patieresponsible for the care of the patient, as s | ent, and the practitioner or practitioners | | determines that admission to committee gives written notific | tric distinct part units in critical access hospitals: If the utilization review committee or continued stay in the critical access hospital is not medically necessary, the ration to the critical access hospital, the patient, and the licensed practitioner(s) are, as specified in 42 CFR 482.12(c), no later than 2 days after the determination. |
| §482.30(e) TAG: A- | 0657 | | | |
| §482.30(e) Standard: Extended Stay Revi | ew | | | |
| §482.30(e)(1) TAG: A- | 0657 | LD.13.01.03 | The critical acce | ss hospital reviews services for medical necessity. |
| (1) In hospitals that are not paid under the committee must make a periodic review, a current inpatient receiving hospital service duration. The scheduling of the periodic reviews ma | s specified in the UR plan, or each s during a continuous period of extended | | not paid under the prospective specified in the UR plan, each the periodic reviews may be the | tric distinct part units in critical access hospitals: In critical access hospitals that are expayment system, the utilization review (UR) committee periodically reviews, as current inpatient during a continuous period of extended duration. The scheduling of the same for all cases or differ for different classes of cases. Iducts its review no later than 7 days after the day required in the UR plan. |
| §482.30(e)(1)(i) TAG: A- | 0657 | LD.13.01.03 | The critical acce | ss hospital reviews services for medical necessity. |
| (i) Be the same for all cases; or | | | not paid under the prospective specified in the UR plan, each the periodic reviews may be the | tric distinct part units in critical access hospitals: In critical access hospitals that are a payment system, the utilization review (UR) committee periodically reviews, as a current inpatient during a continuous period of extended duration. The scheduling of the same for all cases or differ for different classes of cases. Such acceptance is review no later than 7 days after the day required in the UR plan. |
| §482.30(e)(1)(ii) TAG: A- | 0657 | LD.13.01.03 | The critical acce | ss hospital reviews services for medical necessity. |
| (ii) Differ for different classes of cases. | | | not paid under the prospective specified in the UR plan, each the periodic reviews may be the Note: The UR committee cond | tric distinct part units in critical access hospitals: In critical access hospitals that are be payment system, the utilization review (UR) committee periodically reviews, as current inpatient during a continuous period of extended duration. The scheduling of the same for all cases or differ for different classes of cases. Such that the unit of the uni |
| §482.30(e)(2) TAG: A- | | LD.13.01.03 | The critical acce | ss hospital reviews services for medical necessity. |
| review all cases reasonably assumed by the extended length of stay exceeds the th | reshold criteria for the diagnosis, as is not required to review an extended stay | | system, the utilization review (threshold criteria for the diagn required to review an extende | tric distinct part units: In critical access hospitals paid under the prospective payment (UR) committee reviews all cases where the extended length of stay exceeds the osis, as described in 42 CFR 412.80 (a)(1)(i). The critical access hospital is not d stay that does not exceed the outlier threshold for the diagnosis. ducts its review no later than 7 days after the day required in the UR plan. |

| CFR Num §482.30(e | | Medicare Requirements | | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|-------------------------|--|--|---|---|
| §482.30(e)(3) | 32.30(e)(3) TAG: A-0657 | | LD.13.01 | .03 The critical ac | ccess hospital reviews services for medical necessity. |
| (3) The UR committee must make the periodic review no later than 7 days after the day required in the UR plan. | | EP 9 | system, the utilization reviethreshold criteria for the dia required to review an exten | niatric distinct part units: In critical access hospitals paid under the prospective payment w (UR) committee reviews all cases where the extended length of stay exceeds the ignosis, as described in 42 CFR 412.80 (a)(1)(i). The critical access hospital is not ided stay that does not exceed the outlier threshold for the diagnosis. Conducts its review no later than 7 days after the day required in the UR plan. | |
| §482.30(f) | TAG: A | -0658 | LD.13.01 | .03 The critical ac | cess hospital reviews services for medical necessity. |
| §482.30(f) Standard: Review of Professional Services The committee must review professional services provided, to determine medical necessity and to promote the most efficient use of available health facilities and services. | | EP 5 | utilization review committee | niatric distinct part units in critical access hospitals: The critical access hospital's e reviews professional services provided to determine medical necessity and to promote ailable health facilities and services. | |
| §482.41 | TAG: A | -0700 | PE.01.01 | .01 The critical ac | cess hospital has a safe and adequate physical environment. |
| §482.41 Condition of Participation: Physical Environment The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community. | | EP 1 | the safety and well-being of Note 1: Diagnostic and ther Note 2: When planning for regulations or the current G Institute. If the state rules a hospital, then it uses other The critical access hospital the diagnosis and treatmen served. | 's building is constructed, arranged, and maintained to allow safe access and to protect f patients. rapeutic facilities are located in areas appropriate for the services provided. new, altered, or renovated space, the critical access hospital uses state rules and duidelines for Design and Construction of Hospitals published by the Facility Guidelines and regulations or the Guidelines do not address the design needs of the critical access reputable standards and guidelines that provide equivalent design criteria. That adequate space and facilities for the services it provides, including facilities for it of patients and for any special services offered to meet the needs of the community elexity of facilities is determined by the services offered. | |
| §482.41(a) | TAG: A | -0701 | PE.01.01 | <u> </u> | cess hospital has a safe and adequate physical environment. |
| §482.41(a) TAG: A-0701 §482.41(a) Standard: Buildings The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured. | | e overall hospital environment must be | EP 1 | The critical access hospital' the safety and well-being of Note 1: Diagnostic and ther Note 2: When planning for regulations or the current G Institute. If the state rules a | 's building is constructed, arranged, and maintained to allow safe access and to protect |
| | | | EP 2 | The critical access hospital the diagnosis and treatmen served. | has adequate space and facilities for the services it provides, including facilities for to patients and for any special services offered to meet the needs of the community elexity of facilities is determined by the services offered. |
| | | | EP 3 | Note: Clean and orderly me | 's premises are clean and orderly. eans an uncluttered physical environment where patients and staff can function. This bis storing equipment and supplies in their proper spaces, attending to spills, and keeping |

| CFR Numbe §482.41(a)(1 | | | Commission lent Number | Joint Commission Standards and Elements of Performance |
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| §482.41(a)(1) | TAG: A-0702 | PE.04.01.03 | The critical acce | ess hospital manages utility systems. |
| intensive care, and emerge | ry power and lighting in at least the operating, recovery cy rooms, and stairwells. In all other areas not service urce, battery lamps and flashlights must be available. | d • | Operating rooms Recovery rooms Intensive care Emergency rooms Stairwells | as emergency power and lighting in the following areas, at a minimum: are available in all other areas not serviced by the emergency power supply source. |
| §482.41(a)(2) | TAG: A-0703 | PE.04.01.03 | The critical acce | ess hospital manages utility systems. |
| (2) There must be facilities | or emergency gas and water supply. | Note emer Note | 1: The system includes regency sources of water a 2: Emergency gas included. | as a system to provide emergency gas and water supply. making arrangements with local utility companies and others for the provision of and gas. des fuels such as propane, natural gas, fuel oil, or liquefied natural gas, as well as hospital uses in the care of patients, such as oxygen, nitrogen, or nitrous oxide. |
| §482.41(b) | TAG: A-0709 | PE.03.01.01 | | ess hospital designs and manages the physical environment to comply with the |
| §482.41(b) Standard: Life S | afety from Fire | | Life Safety Code | |
| | at the life safety from fire requirements are met. | Tenta Note regal Note Servi acce: Note discri deen upon Note Code waive Note device | ative Interim Amendment 1: Outpatient surgical der rdless of the number of p 2: The provisions of the ices (CMS) finds that a file ss hospitals. 3: In consideration of a r etion of the Secretary for ned appropriate, specific a critical access hospita 4: After consideration of that, if rigidly applied, w er does not adversely affi- 5: All inspecting activities ces, equipment, or other i | neets the applicable provisions of the Life Safety Code (NFPA 101-2012 and ts [TIA] 12-1, 12-2, 12-3, and 12-4). Repartments meet the provisions applicable to ambulatory health care occupancies, patients served. Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid are and safety code imposed by state law adequately protects patients in critical are recommendation by the state survey agency or accrediting organization or at the rather US Department of Health & Human Services, CMS may waive, for periods provisions of the Life Safety Code, which would result in unreasonable hardship all, but only if the waiver will not adversely affect the health and safety of the patients. It state survey agency findings, CMS may waive specific provisions of the Life Safety would result in unreasonable hardship on the critical access hospital, but only if the feet the health and safety of patients. The sare documented with the name of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed by referenced for the activity; and results of the activity. |
| §482.41(b)(1) | TAG: A-0710 | | | |
| (1) Except as otherwise pro | ided in this section— | | | |

| CFR Numb §482.41(b)(| | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
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| §482.41(b)(1)(i) | TAG: A | | PE.03.01.0 | The critical acce | ess hospital designs and manages the physical environment to comply with the e. |
| (i) The hospital must meet the applicable provisions and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12–1, TIA 12–2, TIA 12–3, and TIA 12–4.) Outpatient surgical departments must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served. | | The critical access hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4). Note 1: Outpatient surgical departments meet the provisions applicable to ambulatory health care occupancies, regardless of the number of patients served. Note 2: The provisions of the Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid Services (CMS) finds that a fire and safety code imposed by state law adequately protects patients in critical access hospitals. Note 3: In consideration of a recommendation by the state survey agency or accrediting organization or at the discretion of the Secretary for the US Department of Health & Human Services, CMS may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon a critical access hospital, but only if the waiver will not adversely affect the health and safety of the patients. Note 4: After consideration of state survey agency findings, CMS may waive specific provisions of the Life Safety Code that, if rigidly applied, would result in unreasonable hardship on the critical access hospital, but only if the waiver does not adversely affect the health and safety of patients. Note 5: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity. | | | |
| §482.41(b)(1)(ii) | TAG: A | ** ** | PE.03.01.0 | The critical acce | ess hospital designs and manages the physical environment to comply with the |
| | ole or combustib | this section, corridor doors and doors to le materials must be provided with positive ibited on such doors. | EP 6 | Regardless of the provisions | of the Life Safety Code, corridor doors and doors to rooms containing flammable or ositive latching hardware. Roller latches are prohibited on these doors. |
| §482.41(b)(2) | TAG: A | -0710 by the State survey agency or Accrediting | PE.03.01.0 | 1 The critical acce | ess hospital designs and manages the physical environment to comply with the e. |
| Organization or at the disc appropriate, specific provi | cretion of the Se sions of the Life oon a hospital, b | cretary, may waive, for periods deemed Safety Code, which would result in ut only if the waiver will not adversely | EP 3 | Tentative Interim Amendment Note 1: Outpatient surgical de regardless of the number of p Note 2: The provisions of the Services (CMS) finds that a fi access hospitals. Note 3: In consideration of a r discretion of the Secretary for deemed appropriate, specific upon a critical access hospital Note 4: After consideration of Code that, if rigidly applied, w waiver does not adversely aff Note 5: All inspecting activitie devices, equipment, or other in the surgical devices in the surgical devices and the surgical devices and the surgical devices are surgical devices. | teets the applicable provisions of the Life Safety Code (NFPA 101-2012 and to ITIA) 12-1, 12-2, 12-3, and 12-4). Expartments meet the provisions applicable to ambulatory health care occupancies, natients served. Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid re and safety code imposed by state law adequately protects patients in critical recommendation by the state survey agency or accrediting organization or at the the US Department of Health & Human Services, CMS may waive, for periods provisions of the Life Safety Code, which would result in unreasonable hardship on the unit only if the waiver will not adversely affect the health and safety of the patients. State survey agency findings, CMS may waive specific provisions of the Life Safety rould result in unreasonable hardship on the critical access hospital, but only if the ect the health and safety of patients. Is are documented with the name of the activity; date of the activity; inventory of interes; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity. |

| CFR Number §482.41(b)(3) | Medicare Requirements | | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|------------|--|--|
| §482.41(b)(3) TAG: A-(3) The provisions of the Life Safety Code | | PE.03.01.0 | 1 The critical acce Life Safety Code | ss hospital designs and manages the physical environment to comply with the |
| that a fire and safety code imposed by Stahospitals. | ate law adequately protects patients in | EP 3 | Tentative Interim Amendments Note 1: Outpatient surgical de regardless of the number of pa Note 2: The provisions of the I Services (CMS) finds that a fir access hospitals. Note 3: In consideration of a re discretion of the Secretary for deemed appropriate, specific upon a critical access hospital Note 4: After consideration of Code that, if rigidly applied, we waiver does not adversely affe Note 5: All inspecting activities devices, equipment, or other if | eets the applicable provisions of the Life Safety Code (NFPA 101-2012 and s [TIA] 12-1, 12-2, 12-3, and 12-4). partments meet the provisions applicable to ambulatory health care occupancies, atients served. Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid e and safety code imposed by state law adequately protects patients in critical ecommendation by the state survey agency or accrediting organization or at the the US Department of Health & Human Services, CMS may waive, for periods provisions of the Life Safety Code, which would result in unreasonable hardship, but only if the waiver will not adversely affect the health and safety of the patients. state survey agency findings, CMS may waive specific provisions of the Life Safety buld result in unreasonable hardship on the critical access hospital, but only if the ect the health and safety of patients. It is a redocumented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed referenced for the activity; and results of the activity. |
| §482.41(b)(4) TAG: A- | -0713 | PE.02.01.0 | 1 The critical acce | ss hospital manages risks related to hazardous materials and waste. |
| (4) The hospital must have procedures for disposal of trash. | the proper routine storage and prompt | EP 6 | The critical access hospital har regulated medical waste. | is procedures for the proper routine storage and prompt disposal of trash and |
| §482.41(b)(5) TAG: A-(5) The hospital must have written fire con | | PE.03.01.0 | 1 The critical acce Life Safety Code | ss hospital designs and manages the physical environment to comply with the |
| prompt reporting of fires; extinguishing fire guests; evacuation; and cooperation with | es; protection of patients, personnel and | EP 4 | The critical access hospital ha | is written fire control plans that include provisions for prompt reporting of fires; of patients, staff, and guests; evacuation; and cooperation with firefighting |
| §482.41(b)(6) TAG: A | | PE.03.01.0 | 1 The critical acce Life Safety Code | ss hospital designs and manages the physical environment to comply with the |
| (6) The hospital must maintain written evid by State or local fire control agencies. | dence of regular inspection and approval | EP 5 | <u> </u> | aintains written evidence of regular inspection and approval by state or local fire |
| §482.41(b)(7) TAG: A-(7) A hospital may install alcohol-based ha | | PE.03.01.0 | 1 The critical acce Life Safety Code | ss hospital designs and manages the physical environment to comply with the |
| dispensers are installed in a manner that a access; | | EP 7 | When the critical access hosp that protects against inapprop | ital installs alcohol-based hand rub dispensers, it installs the dispensers in a manner riate access. |
| §482.41(b)(8) TAG: A- | -0717 | 1 | | |
| (8) When a sprinkler system is shut down | for more than 10 hours, the hospital must: | 1 | | |
| §482.41(b)(8)(i) TAG: A | | PE.03.01.0 | 1 The critical acce Life Safety Code | ss hospital designs and manages the physical environment to comply with the |
| (i) Evacuate the building or portion of the buntil the system is back in service, or | building affected by the system outage | EP 8 | When a sprinkler system is sh building or portion of the buildi | ut down for more than 10 hours, the critical access hospital either evacuates the ing affected by the system outage until the system is back in service, or the critical fire watch until the system is back in service. |

| CFR Number §482.41(b)(8)(ii) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|--|---------------------------------------|---|--|
| §482.41(b)(8)(ii) (ii) Establish a fire watch until the | TAG: A-0717 | PE.03.01.0 | 1 The critical acce Life Safety Code | ess hospital designs and manages the physical environment to comply with the |
| (iii) Establish a ine water anti the | Cyclon is back in colvide. | EP 8 | building or portion of the build | nut down for more than 10 hours, the critical access hospital either evacuates the ing affected by the system outage until the system is back in service, or the critical fire watch until the system is back in service. |
| §482.41(b)(9) | TAG: A-0718 | PE.03.01.0 | 1 The critical acce Life Safety Code | ess hospital designs and manages the physical environment to comply with the |
| and for any building constructed | de window or outside door in every sleeping room, after July 5, 2016 the sill height must not exceed 36 in atrium walls are considered outside windows for | | Buildings have an outside win 5, 2016, the sill height does no Note 1: Windows in atrium wa Note 2: The sill height required less than 24 hours. | dow or outside door in every sleeping room. For any building constructed after July of exceed 36 inches above the floor. Ills are considered outside windows for the purposes of this requirement. ment does not apply to newborn nurseries and rooms intended for occupancy for ial nursing care areas of new occupancies does not exceed 60 inches. |
| §482.41(b)(9)(i) | TAG: A-0718 es not apply to newborn nurseries and rooms | PE.03.01.0 | 1 The critical acce Life Safety Code | ess hospital designs and manages the physical environment to comply with the |
| intended for occupancy for less to | han 24 hours. | EP 9 | 5, 2016, the sill height does not note 1: Windows in atrium wa Note 2: The sill height required less than 24 hours. | dow or outside door in every sleeping room. For any building constructed after July of exceed 36 inches above the floor. Ills are considered outside windows for the purposes of this requirement. ment does not apply to newborn nurseries and rooms intended for occupancy for ial nursing care areas of new occupancies does not exceed 60 inches. |
| §482.41(b)(9)(ii) | TAG: A-0718 | PE.03.01.0 | 1 The critical acce Life Safety Code | ess hospital designs and manages the physical environment to comply with the |
| (ii) The sill height in special nursi 60 inches | ng care areas of new occupancies must not exceed | EP 9 | Buildings have an outside win 5, 2016, the sill height does not Note 1: Windows in atrium wa Note 2: The sill height required less than 24 hours. | dow or outside door in every sleeping room. For any building constructed after July of exceed 36 inches above the floor. Ills are considered outside windows for the purposes of this requirement. ment does not apply to newborn nurseries and rooms intended for occupancy for ial nursing care areas of new occupancies does not exceed 60 inches. |
| §482.41(c) | TAG: A-0720 | PE.04.01.0 | | ess hospital addresses building safety and facility management. |
| | | EP 1 | Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers fracilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other i | eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply. If the Health Care Facilities Code would result in unreasonable hardship for the critical or Medicare & Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. If are documented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed of the referenced for the activity; and results of the activity. |

| CFR Number §482.41(c)(1) | | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|----------------------------------|--|---|--|--|
| §482.41(c)(1) | TAG: A- | 0720 | PE.04.01.01 | The critical acce | ess hospital addresses building safety and facility management. |
| not apply to a hospital. | | d Health Care Facilities Code do | | Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other i the activity; NFPA standard(s) | eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply. If the Health Care Facilities Code would result in unreasonable hardship for the critical or Medicare & Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. If the activity inventory of tems; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity. |
| §482.41(c)(2) | TAG: A- | | PE.04.01.01 | | ess hospital addresses building safety and facility management. |
| this section would result in u | inreasonable h alth Care Faci | es Code required under paragraph (c) of ardship for the hospital, CMS may waive lities Code, but only if the waiver does not | | Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other i | eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). In 13 of the Health Care Facilities Code do not apply. In 13 of the Health Care Facilities Code would result in unreasonable hardship for the critical or Medicare & Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. In 15 sare documented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity. |
| §482.41(d) | TAG: A- | 0722 | PE.01.01.01 | The critical acce | ess hospital has a safe and adequate physical environment. |
| §482.41(d) Standard: Facilities The hospital must maintain adequate facilities for its services. | | | the safety and well-being of particles of particles and therapy Note 2: When planning for new regulations or the current Guid Institute. If the state rules and | building is constructed, arranged, and maintained to allow safe access and to protect atients. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided. Beutic facilities are located in areas appropriate for the services provided in areas approp | |
| | | | | the diagnosis and treatment o served. | as adequate space and facilities for the services it provides, including facilities for f patients and for any special services offered to meet the needs of the community city of facilities is determined by the services offered. |
| §482.41(d)(1) | TAG: A- | 0723 | PE.01.01.01 | The critical acce | ess hospital has a safe and adequate physical environment. |
| | tic facilities mu | st be located for the safety of patients. | | the safety and well-being of particles of particles and therapy Note 2: When planning for new regulations or the current Guid Institute. If the state rules and hospital, then it uses other rep | neutic facilities are located in areas appropriate for the services provided. w, altered, or renovated space, the critical access hospital uses state rules and delines for Design and Construction of Hospitals published by the Facility Guidelines regulations or the Guidelines do not address the design needs of the critical access outable standards and guidelines that provide equivalent design criteria. |
| §482.41(d)(2) | TAG: A- | 0724 | PE.04.01.01 | The critical acce | ess hospital addresses building safety and facility management. |
| (2) Facilities, supplies, and elevel of safety and quality. | equipment mus | st be maintained to ensure an acceptable | | The critical access hospital moperating condition. | aintains essential mechanical, electrical, and patient care equipment in safe |
| | | | | maintains supplies to ensure a | tric distinct part units in critical access hospitals: The critical access hospital an acceptable level of safety and quality. manner to ensure the safety of the stored supplies and to not violate fire codes or |

| CFR Number §482.41(d)(2) | Medicare Requirements | | pint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|------------------------------------|-------------|--|--|
| | | PE.04.01.0 | | ess hospital has a water management program that addresses Legionella and e pathogens. Note: The water management program is in accordance with law |
| | | EP 1 | | am has an individual or a team responsible for the oversight and implementation of timited to development, management, and maintenance activities. |
| | | EP 2 | A basic diagram that ma and end-use points Note: An example would be a so forth. | sible for the water management program develops the following: aps all water supply sources, treatment systems, processing steps, control measures, flow chart with symbols showing sinks, showers, water fountains, ice machines, and nt plan based on the diagram that includes an evaluation of the physical and |
| | | | chemical conditions of econditions may occur (the Note: Refer to the Centers for (WICRA) for Healthcare Settine A plan for addressing the period of time (for exame An evaluation of the pate Monitoring protocols and Note: Critical access hospitals management programs that in protocols should include speciand appropriate corrective acc (See also IC.04.01.01, EP 2) | ach step of the water flow diagram to identify any areas where potentially hazardous nese conditions are most likely to occur in areas with slow or stagnant water) Disease Control and Prevention's "Water Infection Control Risk Assessment ngs" tool as an example for conducting a water-related risk assessment. The use of water in areas of buildings where water may have been stagnant for a ple, unoccupied or temporarily closed areas) The interpolations served to identify patients who are immunocompromised acceptable ranges for control measures The should consider incorporating basic practices for water monitoring within their water neclude monitoring of water temperature, residual disinfectant, and pH. In addition, ifficity around the parameters measured, locations where measurements are made, tions taken when parameters are out of range. |
| | | EP 3 | Documenting results of Corrective actions and p when a probable or con Documenting corrective | sible for the water management program manages the following: all monitoring activities procedures to follow if a test result outside of acceptable limits is obtained, including firmed waterborne pathogen(s) indicates action is necessary actions taken when control limits are not maintained for the process of monitoring, reporting, and investigating utility system issues. |
| | | EP 4 | the following occurs: Changes have been ma New equipment or an at source for Legionella. The source for Legionella or other waterborn unless required by law or regulated by law or regul | andard 188-2018 "Legionellosis: Risk Management for Building Water Systems" and rol and Prevention Toolkit "Developing a Water Management Program to Reduce d in Buildings" for guidance on creating a water management plan. For additional |
| | | | guidance, consult ANSI/ASHF Water Systems." | RAE Guideline 12-2020 "Managing the Risk of Legionellosis Associated with Building |
| §482.41(d)(3) TAG: A | | PE.01.01.01 | | ess hospital has a safe and adequate physical environment. |
| (3) The extent and complexity of facilities offered. | must be determined by the services | EP 2 | the diagnosis and treatment of served. | as adequate space and facilities for the services it provides, including facilities for f patients and for any special services offered to meet the needs of the community kity of facilities is determined by the services offered. |

| CFR Number §482.41(d)(4) | | Medicare Requirements | | pint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
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| §482.41(d)(4) | TAG: A- | 0726 | PE.04.01.0 | 1 The critical acce | ss hospital addresses building safety and facility management. |
| (4) There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas. | | EP 3 | The critical access hospital ha care, and food preparation are | s proper ventilation, lighting, and temperature control in all pharmaceutical, patient eas. | |
| §482.41(e) | TAG: A- | 0730 | | | |
| accordance with 5 U.S.C.552(a) ar the CMS Information Resource Ce or at the National Archives and Re- on the availability of this material a www.archives.gov/federal_register. | Director ond 1 CFF enter, 750 ecords Acet NARA, r/code_o e Code a | of the Office of the Federal Register in R part 51. You may inspect a copy at 30 Security Boulevard, Baltimore, MD Iministration (NARA). For information call 202–741–6030, or go to: http://_federal_regulations/ibr_locations.html. re incorporated by reference, CMS will | | | |
| §482.41(e)(1) | TAG: A- | 730 | | - | |
| (1) National Fire Protection Associa www.nfpa.org, 1.617.770.3000. | ation, 1 l | Batterymarch Park, Quincy, MA 02169, |] | | |
| §482.41(e)(1)(i) | TAG: A- | 0730 | PE.04.01.0 | 1 The critical acce | ss hospital addresses building safety and facility management. |
| (i) NFPA 99, Standards for Health Protection Association 99, 2012 ed | | | EP 1 | Facilities Code (NFPA 99-201: Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers for Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other it | seets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). I 13 of the Health Care Facilities Code do not apply. Balth Care Facilities Code would result in unreasonable hardship for the critical por Medicare & Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. Bare documented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed referenced for the activity; and results of the activity. |
| §482.41(e)(1)(ii) | TAG: A- | 730 | PE.04.01.0 | 1 The critical acce | ss hospital addresses building safety and facility management. |
| (ii) TIA 12-2 to NFPA 99, issued A | ugust 11 | , 2011. | EP 1 | Facilities Code (NFPA 99-201: Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers for Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other it | seets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). I 13 of the Health Care Facilities Code do not apply. Balth Care Facilities Code would result in unreasonable hardship for the critical por Medicare & Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. Bare documented with the name of the activity; date of the activity; inventory of teems; required frequency; name and contact information of person who performed referenced for the activity; and results of the activity. |
| §482.41(e)(1)(iii) | TAG: A- | 0730 | PE.04.01.0 | 1 The critical acce | ss hospital addresses building safety and facility management. |
| (iii) TIA 12-3 to NFPA 99, issued A | August 9 | 2012. | EP 1 | Facilities Code (NFPA 99-201: Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers for Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other it | sets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). I 13 of the Health Care Facilities Code do not apply. Balth Care Facilities Code would result in unreasonable hardship for the critical por Medicare & Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. Bare documented with the name of the activity; date of the activity; inventory of teems; required frequency; name and contact information of person who performed referenced for the activity; and results of the activity. |

| CFR Number §482.41(e)(1)(iv) | Medicare Requirements | | oint Commission Juivalent Number | Joint Commission Standards and Elements of Performance |
|---|---------------------------------|-------------|---|--|
| §482.41(e)(1)(iv) TAG: A | -0730 | PE.04.01.01 | The critical acce | ess hospital addresses building safety and facility management. |
| (iv) TIA 12–4 to NFPA 99, issued March 7, 2013. \$482.41(e)(1)(v) TAG: A-0730 | | EP 1 | Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other i the activity; NFPA standard(s) | eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply. If It is a continuous |
| §482.41(e)(1)(v) TAG: A | -0730 | PE.04.01.01 | The critical acce | ess hospital addresses building safety and facility management. |
| (v) TIA 12–5 to NFPA 99, issued August 7 | 1, 2013. | EP 1 | Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers fracilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other it | eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply. If the Health Care Facilities Code would result in unreasonable hardship for the critical or Medicare & Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. If the activity inventory of tems; required frequency; name and contact information of person who performed to referenced for the activity; and results of the activity. |
| §482.41(e)(1)(vi) TAG: A | -0730 | PE.04.01.01 | The critical acce | ess hospital addresses building safety and facility management. |
| (vi) TIA 12–6 to NFPA 99, issued March 3 | 3, 2014. | EP 1 | Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers fracilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other in | eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply. If all the Care Facilities Code would result in unreasonable hardship for the critical or Medicare & Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. If are documented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed to referenced for the activity; and results of the activity. |
| §482.41(e)(1)(vii) TAG: A | | PE.03.01.01 | The critical acce | ess hospital designs and manages the physical environment to comply with the |
| (vii) NFPA 101, Life Safety Code, 2012 ed | allion, issued August 11, 2011; | EP 3 | The critical access hospital metative Interim Amendment Note 1: Outpatient surgical de regardless of the number of per Note 2: The provisions of the Services (CMS) finds that a fir access hospitals. Note 3: In consideration of a rediscretion of the Secretary for deemed appropriate, specific upon a critical access hospital Note 4: After consideration of Code that, if rigidly applied, we waiver does not adversely after Note 5: All inspecting activities devices, equipment, or other in | eets the applicable provisions of the Life Safety Code (NFPA 101-2012 and s [TIA] 12-1, 12-2, 12-3, and 12-4). partments meet the provisions applicable to ambulatory health care occupancies, |

| CFR Number §482.41(e)(1)(vi | | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|---------------|-----------------------|---------------------------------------|---|--|
| §482.41(e)(1)(viii) (viii) TIA 12–1 to NFPA 101, | TAG: A-0 | | PE.03.01. | 01 The critical acco | ess hospital designs and manages the physical environment to comply with the |
| (VIII) TIA 12-1 (UNIT A 101, | issued August | 11, 2011. | EP 3 | Tentative Interim Amendment Note 1: Outpatient surgical de regardless of the number of p Note 2: The provisions of the Services (CMS) finds that a fi access hospitals. Note 3: In consideration of a discretion of the Secretary for deemed appropriate, specific upon a critical access hospital Note 4: After consideration of Code that, if rigidly applied, waiver does not adversely aff Note 5: All inspecting activitie devices, equipment, or other | seets the applicable provisions of the Life Safety Code (NFPA 101-2012 and ts [TIA] 12-1, 12-2, 12-3, and 12-4). Expartments meet the provisions applicable to ambulatory health care occupancies, natients served. Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid re and safety code imposed by state law adequately protects patients in critical recommendation by the state survey agency or accrediting organization or at the the US Department of Health & Human Services, CMS may waive, for periods provisions of the Life Safety Code, which would result in unreasonable hardship II, but only if the waiver will not adversely affect the health and safety of the patients. State survey agency findings, CMS may waive specific provisions of the Life Safety rould result in unreasonable hardship on the critical access hospital, but only if the ect the health and safety of patients. It is a redocumented with the name of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed or referenced for the activity; and results of the activity. |
| §482.41(e)(1)(ix) (ix) TIA 12–2 to NFPA 101, is | TAG: A-0 | | PE.03.01. | 01 The critical acco | ess hospital designs and manages the physical environment to comply with the e. |
| (x) 11/1 12 2 (0 101 1 / 101) is | | 50, 2012. | EP 3 | Tentative Interim Amendment Note 1: Outpatient surgical de regardless of the number of p Note 2: The provisions of the Services (CMS) finds that a fi access hospitals. Note 3: In consideration of a discretion of the Secretary for deemed appropriate, specific upon a critical access hospital Note 4: After consideration of Code that, if rigidly applied, w waiver does not adversely aff Note 5: All inspecting activitie devices, equipment, or other | teets the applicable provisions of the Life Safety Code (NFPA 101-2012 and ts [TIA] 12-1, 12-2, 12-3, and 12-4). Experiments meet the provisions applicable to ambulatory health care occupancies, natients served. Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid re and safety code imposed by state law adequately protects patients in critical recommendation by the state survey agency or accrediting organization or at the the US Department of Health & Human Services, CMS may waive, for periods provisions of the Life Safety Code, which would result in unreasonable hardship all, but only if the waiver will not adversely affect the health and safety of the patients. State survey agency findings, CMS may waive specific provisions of the Life Safety rould result in unreasonable hardship on the critical access hospital, but only if the ect the health and safety of patients. Is are documented with the name of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed or referenced for the activity; and results of the activity. |

| CFR Numbe §482.41(e)(1)(| | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|---------------|-----------------------|---------------------------------------|---|---|
| §482.41(e)(1)(x) (x) TIA 12–3 to NFPA 101, i | TAG: A-0 | | PE.03.01. | 01 The critical acco | ess hospital designs and manages the physical environment to comply with the |
| (X) 11A 12-3 (O INFFA 101, I | Ssued October | ZZ, ZUIS. | EP 3 | The critical access hospital m Tentative Interim Amendment Note 1: Outpatient surgical de regardless of the number of p Note 2: The provisions of the Services (CMS) finds that a fi access hospitals. Note 3: In consideration of a l discretion of the Secretary for deemed appropriate, specific upon a critical access hospital Note 4: After consideration of Code that, if rigidly applied, w waiver does not adversely aff Note 5: All inspecting activitie devices, equipment, or other | neets the applicable provisions of the Life Safety Code (NFPA 101-2012 and ts [TIA] 12-1, 12-2, 12-3, and 12-4). epartments meet the provisions applicable to ambulatory health care occupancies, |
| §482.41(e)(1)(xi) (xi) TIA 12–4 to NFPA 101, | TAG: A-C | | PE.03.01 | 01 The critical acco | ess hospital designs and manages the physical environment to comply with the e. |
| (w) 17.12 4.0 MT A 101, | | | EP 3 | Tentative Interim Amendment Note 1: Outpatient surgical de regardless of the number of p Note 2: The provisions of the Services (CMS) finds that a fi access hospitals. Note 3: In consideration of a discretion of the Secretary for deemed appropriate, specific upon a critical access hospital Note 4: After consideration of Code that, if rigidly applied, waiver does not adversely aff Note 5: All inspecting activitie devices, equipment, or other | neets the applicable provisions of the Life Safety Code (NFPA 101-2012 and ts [TIA] 12-1, 12-2, 12-3, and 12-4). epartments meet the provisions applicable to ambulatory health care occupancies, patients served. Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid ire and safety code imposed by state law adequately protects patients in critical recommendation by the state survey agency or accrediting organization or at the rethe US Department of Health & Human Services, CMS may waive, for periods provisions of the Life Safety Code, which would result in unreasonable hardship al, but only if the waiver will not adversely affect the health and safety of the patients if state survey agency findings, CMS may waive specific provisions of the Life Safety would result in unreasonable hardship on the critical access hospital, but only if the feet the health and safety of patients. Is are documented with the name of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed by referenced for the activity; and results of the activity. |

| CFR Number §482.42 | Medicare Requirements | 1 | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
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| §482.42 TAG: A §482.42 Condition of participation: Infecti stewardship programs. | | IC.04.01.01 | | ess hospital has a hospitalwide infection prevention and control program for , prevention, and control of health care–associated infections (HAIs) and other ses. |
| The hospital must have active hospital-wiprevention, and control of HAIs and other optimization of antibiotic use through steva dherence to nationally recognized infect as well as to best practices for improving for reducing the development and transmorganisms. Infection prevention and control | infectious diseases, and for the vardship. The programs must demonstrate ion prevention and control guidelines, antibiotic use where applicable, and ission of HAIs and antibiotic-resistant rol problems and antibiotic use issues seed in collaboration with the hospital-wide | EP 2 | Development and impler procedures that adhere Documentation of the imactivities Competency-based train staff and, as applicable, prevention and control general staff adherence to infect of the communication and colliprevention and control aprocessing department, Communication and collimprovement program to their roles and responsibilitie equipment and the ability to competency requirements, ref (See also PE.04.01.05, EP 2) | |
| | | EP 3 | its activities and methods for phospital and between the criticare in accordance with the folla. Applicable law and regulation. Manufacturers' instructions c. Nationally recognized evide Control and Prevention's (CDI in All Settings or, in the absendocumented within the policie Note 1: Relevant federal, state Medicare & Medicaid Services reprocessing single-use medicated and 29 CFR 1910.1030, Protection Standard 29 CFR authorities' requirements for requirements for biohazardou. Note 2: For full details on the in All Settings, refer to https://definition-of-terms.html. | for use. ence-based guidelines and standards of practice, including the Centers for Disease C) Core Infection Prevention and Control Practices for Safe Healthcare Delivery use of such guidelines, expert consensus or best practices. The guidelines are |
| | | EP 5 | • | control program reflects the scope and complexity of the critical access hospital ing all locations, patient populations, and staff. |

| CFR Number §482.42 | Medicare Requirements | | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
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| | | IC.05.01.01 | | ess hospital's governing body, or responsible individual, is accountable for tion, performance, and sustainability of the infection prevention and control |
| | | EP 1 | performance, and sustainabili and track the implementation, Note: To make certain that sy responsible individual, provide local, state, and federal public | governing body, or responsible individual, is responsible for the implementation, ty of the infection prevention and control program and provides resources to support success, and sustainability of the program's activities. In stems are in place and operational to support the program, the governing body, or eas access to information technology; laboratory services; equipment and supplies; to health authorities' advisories and alerts, such as the CDC's Health Alert Network surers' instructions for use; and guidelines used to inform policies. |
| | | EP 2 | the infection prevention and c | governing body, or responsible individual, ensures that the problems identified by ontrol program are addressed in collaboration with critical access hospital quality improvement leaders and other leaders (for example, the medical director, nurse leaders). |
| | | IC.06.01.01 | | ess hospital implements its infection prevention and control program through evention, and control activities. |
| | | EP 3 | associated infections and other | · · · · · · · · · · · · · · · · · · · |
| | | MM.18.01.0 | | ess hospital establishes antibiotic stewardship as an organizational priority t of its antibiotic stewardship program. |
| | | EP 1 | The antibiotic stewardship proprovided. | ogram reflects the scope and complexity of the critical access hospital services |
| | | EP 3 | Development and imple nationally recognized gu All documentation, writte Communication and coll critical access hospital's Competency-based train staff, and, as applicable | stewardship program is responsible for the following: mentation a critical access hospitalwide antibiotic stewardship program, based on uidelines, to monitor and improve the use of antibiotics. en or electronic, of antibiotic stewardship program activities. laboration with medical staff, nursing, and pharmacy leadership, as well as with the sinfection prevention and control and QAPI programs, on antibiotic use issues. ning and education of critical access hospital personnel and staff, including medical , personnel providing contracted services in the critical access hospital, on the antibiotic stewardship guidelines, policies, and procedures. |
| | | PE.04.01.0 | 1 The critical acce | ess hospital addresses building safety and facility management. |
| | | EP 1 | Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other i | eets the applicable provisions and proceeds in accordance with the Health Care 12 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). In 3 of the Health Care Facilities Code do not apply. In a sealth Care Facilities Code would result in unreasonable hardship for the critical for Medicare & Medicaid Services may waive specific provisions of the Health Care 14 waiver does not adversely affect the health and safety of patients. In a sare documented with the name of the activity; date of the activity; inventory of 15 items; required frequency; name and contact information of person who performed 16 or the activity; and results of the activity. |
| §482.42(a) TAG: A- | | | | |
| (a) Standard: Infection prevention and continue the hospital must demonstrate that: | trol program organization and policies. | | | |

| CFR Number §482.42(a)(1) | Medicare Requirements | E | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| 0 - (-)(-) | G: A-0748 | HR.11.02. | O1 The critical acce | ess hospital defines and verifies staff qualifications. |
| experience, or certification in infect governing body as the infection pre responsible for the infection preven | o is qualified through education, training, on prevention and control, is appointed by the entionist(s)/infection control professional(s) on and control program and that the nendations of medical staff leadership and | EP 1 | Note 1: Qualifications for infer certification (such as that offe Note 2: For rehabilitation and therapists, physical therapists language pathologists, or aud speech-language pathology, See Glossary for definitions of therapy assistant, speech-lan Note 3: For rehabilitation and are provided, staff qualified to to carry out the specific proces | efines staff qualifications specific to their job responsibilities. ction control may be met through ongoing education, training, experience, and/or red by the Certification Board for Infection Control). psychiatric distinct part units in critical access hospitals: Qualified physical assistants, occupational therapists, occupational therapy assistants, speech-liologists, as defined in 42 CFR 484, provide physical therapy, occupational therapy, or audiology services, if these services are provided by the critical access hospital. If physical therapist, physical therapist assistant, occupational therapist, occupational guage pathologist, and audiologist. psychiatric distinct part units in critical access hospitals: If respiratory care services a perform specific respiratory care procedures and the amount of supervision required dures is designated in writing. |
| | | NPG.12.0 | 1.01 The critical acce required to mee the organization | ess hospital's leadership team ensures that there is qualified ancillary staff the needs of the population served and determine how they function within i. |
| | | EP 12 | medical staff and nursing lead | governing body, or responsible individual, based on the recommendation of the ders, appoints an infection preventionist(s) or infection control professional(s) raining, experience, or certification in infection prevention to be responsible for the rol program. |
| (2) The hospital infection prevention | AG: A-0749 and control program, as documented in its ethods for preventing and controlling the | IC.04.01.0 | | ess hospital has a hospitalwide infection prevention and control program for prevention, and control of health care–associated infections (HAIs) and other ises. |
| transmission of infections within the institutions and settings; | hospital and between the hospital and other | EP 3 | its activities and methods for hospital and between the criti are in accordance with the fol a. Applicable law and regulati b. Manufacturers' instructions c. Nationally recognized evide Control and Prevention's (CD in All Settings or, in the abser documented within the policie Note 1: Relevant federal, stat Medicare & Medicaid Service reprocessing single-use medi Standard 29 CFR 1910.1030, Protection Standard 29 CFR authorities' requirements for requirements for biohazardou Note 2: For full details on the in All Settings, refer to https://definition-of-terms.html. | for use. ence-based guidelines and standards of practice, including the Centers for Disease C) Core Infection Prevention and Control Practices for Safe Healthcare Delivery nce of such guidelines, expert consensus or best practices. The guidelines are |

| CFR Number §482.42(a)(2) | Medicare Requirements | | pint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
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| | | EP 4 The critical access hospital's policies and procedures for cleaning, disinfection, and sterilization of reusable medical and surgical devices and equipment address the following: • Cleaning, disinfection, and sterilization of reusable medical and surgical devices in accordance with the Spaulding classification system and manufacturers' instructions • Use of disinfectants registered by the Environmental Protection Agency for noncritical devices and equipment according to the directions on the product labeling, including but not limited to indication, spe use dilution, contact time, and method of application • Use of FDA-approved liquid chemical sterilants for the processing of critical devices and high-level disinfectants for the processing of semicritical devices in accordance with FDA-cleared label and device manufacturers' instructions • Required documentation for device reprocessing cycles, including but not limited to sterilizer cycle logs, the frequency of chemical and biological testing, and the results of testing for appropriate concentration chemicals used in high-level disinfection • Resolution of conflicts or discrepancies between a medical device manufacturer's instructions and manufacturers' instructions for automated high-level disinfection or sterilization equipment • Criteria and process for the use of immediate-use steam sterilization • Actions to take in the event of a reprocessing error or failure identified either prior to the release of the reprocessed item(s) or after the reprocessed item(s) was used or stored for later use Note 1: The Spaulding classification system classifies medical and surgical devices as critical, semicritical, or noncritical based on risk to the patient from contamination on a device and establishes the levels of germicida activity (sterilization, high-level disinfection, intermediate-level disinfection, and low-level disinfection) to be used for the three classes of devices. Note 2: Depending on the nature of the incident, examples of actions may inclu | | |
| §482.42(a)(3) TAG: A- | | IC.06.01.01 | | ess hospital implements its infection prevention and control program through evention, and control activities. |
| (3) The infection prevention and control properties and control of HAIs, including maintaining sources and transmission of infection, and identified by public health authorities; and | a clean and sanitary environment to avoid | EP 3 | The critical access hospital im associated infections and other | replements activities for the surveillance, prevention, and control of health career infectious diseases, including maintaining a clean and sanitary environment to on of infection, and addresses any infection control issues identified by public health the critical access hospital. |
| | | EP 4 | The critical access hospital imfollowing: Implementing infection particular or public hear reporting an outbreak in Investigating an outbreak | or plements its policies and procedures for infectious disease outbreaks, including the or evention and control activities when an outbreak is first recognized by internal ealth authorities in accordance with state and local public health authorities' requirements lik tion necessary to prevent further transmission of the infection among patients, |
| | | EP 5 | exposure and acquisition amo address the following: • Screening and medical • Immunizations • Staff education and train | pplements policies and procedures to minimize the risk of communicable disease ong its staff, in accordance with law and regulation. The policies and procedures evaluations for infectious diseases hing h potentially infectious exposures or communicable illnesses |

| | | PE.04.01.05 EP 1 EP 2 | The critical access hospital's the safety and well-being of p Note 1: Diagnostic and therap Note 2: When planning for ne regulations or the current Gui Institute. If the state rules and hospital, then it uses other resolved the waterborn and regulation. The water management progulation. The water management progulation the individual or team responsible individual or team responsible and end-use points. Note: An example would be a so forth. • A water risk management. | peutic facilities are located in areas appropriate for the services provided. ew, altered, or renovated space, the critical access hospital uses state rules and idelines for Design and Construction of Hospitals published by the Facility Guidelines design regulations or the Guidelines do not address the design needs of the critical access putable standards and guidelines that provide equivalent design criteria. ess hospital has a water management program that addresses Legionella and the pathogens. Note: The water management program is in accordance with law are management, and maintenance activities. Insible for the water management program develops the following: aps all water supply sources, treatment systems, processing steps, control measures, at flow chart with symbols showing sinks, showers, water fountains, ice machines, and |
|---|--|-----------------------------|---|--|
| | | PE.04.01.05 EP 1 EP 2 | the safety and well-being of p Note 1: Diagnostic and therap Note 2: When planning for ne regulations or the current Gui Institute. If the state rules and hospital, then it uses other re The critical accounter waterborn and regulation. The water management prog the program, including but no The individual or team respon • A basic diagram that ma and end-use points Note: An example would be a so forth. • A water risk management | patients. Detection facilities are located in areas appropriate for the services provided. Detection facilities are located in areas appropriate for the services provided. Detection for person and Construction of Hospitals published by the Facility Guidelines of regulations or the Guidelines do not address the design needs of the critical access putable standards and guidelines that provide equivalent design criteria. Design hospital has a water management program that addresses Legionella and the pathogens. Note: The water management program is in accordance with law are management, and maintenance activities. Design for the water management program develops the following: Design for the wate |
| | | EP 2 | the program, including but no The individual or team respon • A basic diagram that may and end-use points Note: An example would be a so forth. • A water risk manageme | It limited to development, management, and maintenance activities. Insible for the water management program develops the following: It is applied to development, management, and maintenance activities. It is applied to development, management, and maintenance activities. It is applied to development, management, and maintenance activities. It is applied to development, management, and maintenance activities. It is applied to development, management, and maintenance activities. It is applied to development, management, and maintenance activities. It is applied to development, management, and maintenance activities. It is applied to development, management, and maintenance activities. It is applied to development, management, and maintenance activities. |
| | | | A basic diagram that may and end-use points Note: An example would be a so forth. A water risk manageme | aps all water supply sources, treatment systems, processing steps, control measures, a flow chart with symbols showing sinks, showers, water fountains, ice machines, and |
| | | | conditions may occur (the Note: Refer to the Centers for (WICRA) for Healthcare Setting A plan for addressing the period of time (for example An evaluation of the path Monitoring protocols and Note: Critical access hospitals management programs that in protocols should include spectand appropriate corrective act (See also IC.04.01.01, EP 2) | ent plan based on the diagram that includes an evaluation of the physical and each step of the water flow diagram to identify any areas where potentially hazardous hese conditions are most likely to occur in areas with slow or stagnant water) or Disease Control and Prevention's "Water Infection Control Risk Assessment ngs" tool as an example for conducting a water-related risk assessment. He use of water in areas of buildings where water may have been stagnant for a hiple, unoccupied or temporarily closed areas) then topulations served to identify patients who are immunocompromised diacceptable ranges for control measures as should consider incorporating basic practices for water monitoring within their water include monitoring of water temperature, residual disinfectant, and pH. In addition, cificity around the parameters measured, locations where measurements are made, the stage of the stage of the parameters are out of range. |
| §482.42(a)(4) TAG: A-0751 (4) The infection prevention and control program of the hospital services provided. | | IC.04.01.01 | | ess hospital has a hospitalwide infection prevention and control program for e, prevention, and control of health care—associated infections (HAIs) and other ases. |
| or the mountain services provided. | | EP 5 | | control program reflects the scope and complexity of the critical access hospital ing all locations, patient populations, and staff. |
| §482.42(b) TAG: A-0760 | | | | |
| (b) Standard: Antibiotic stewardship program orgmust demonstrate that: | rganization and policies. The hospital | | | |
| §482.42(b)(1) TAG: A-0760 | | MM.18.01.0 | | ess hospital establishes antibiotic stewardship as an organizational priority tof its antibiotic stewardship program. |
| experience in infectious diseases and/or antibion the governing body as the leader(s) of the antibion the appointment is based on the recommendation pharmacy leadership; | of the antibiotic stewardship program and that | | The critical access hospital de training, or experience in inferesponsible individual, as the | emonstrates that an individual (or individuals), who is qualified through education, ctious diseases and/or antibiotic stewardship, is appointed by the governing body, or leader(s) of the antibiotic stewardship program and that the appointment is based on lical staff leadership and pharmacy leadership. |

| CFR Number §482.42(b)(2) | Medicare Requirements | | Commission alent Number | Joint Commission Standards and Elements of Performance |
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| §482.42(b)(2) TAG | : A-0761 | | - | |
| (2) The hospital-wide antibiotic steward | dship program: | | | |
| 0 · (·/(// / | : A-0761 | MM.18.01.01 | | ess hospital establishes antibiotic stewardship as an organizational priority of its antibiotic stewardship program. |
| (i) Demonstrates coordination among all components of the hospital responsible for antibiotic use and resistance, including, but not limited to, the infection prevention and control program, the QAPI program, the medical staff, nursing services, and pharmacy services; | | | e critical access hospitalwid Demonstrates coordinat use and resistance, inclusion program, the medical state Documents the evidence hospital. | de antibiotic stewardship program: ion among all components of the critical access hospital responsible for antibiotic uding, but not limited to, the infection prevention and control program, the QAPI aff, nursing services, and pharmacy services. e-based use of antibiotics in all departments and services of the critical access ments, including sustained improvements, in proper antibiotic use. |
| §482.42(b)(2)(ii) TAG | : A-0762 | MM.18.01.01 | | es hospital establishes antibiotic stewardship as an organizational priority of its antibiotic stewardship program. |
| of the hospital; and \$482.42(b)(2)(iii) TAG: | e of antibiotics in all departments and services : A-0763 luding sustained improvements, in proper | MM.18.01.01 | e critical access hospitalwide Demonstrates coordinate use and resistance, inclusive program, the medical state Documents the evidence hospital. Documents any improve The critical access through support access through support access and resistance, inclusive program, the medical state of Demonstrates coordinate use and resistance, inclusive program, the medical state of Demonstrates coordinate use and resistance, inclusive program, the medical state of Demonstrates coordinate use and resistance, inclusive program, the medical state of Demonstrates coordinate use and resistance, inclusive program, the medical state of Demonstrates coordinate use and resistance, inclusive program, the medical state of Demonstrates coordinate use and resistance, inclusive program, the medical state of Demonstrates coordinate use and resistance, inclusive program, the medical state of Demonstrates coordinate use and resistance, inclusive program and the Demonstrates coordinate use and resistance, inclusive program and the Demonstrates coordinate use and resistance, inclusive program, the medical state of Demonstrates coordinate use and resistance, inclusive program, the medical state of Demonstrates coordinate use and resistance, inclusive program and resistance | de antibiotic stewardship program: ion among all components of the critical access hospital responsible for antibiotic uding, but not limited to, the infection prevention and control program, the QAPI aff, nursing services, and pharmacy services. e-based use of antibiotics in all departments and services of the critical access rements, including sustained improvements, in proper antibiotic use. ess hospital establishes antibiotic stewardship as an organizational priority of its antibiotic stewardship program. de antibiotic stewardship program: ion among all components of the critical access hospital responsible for antibiotic uding, but not limited to, the infection prevention and control program, the QAPI aff, nursing services, and pharmacy services. e-based use of antibiotics in all departments and services of the critical access |
| | | | hospital. | ements, including sustained improvements, in proper antibiotic use. |
| §482.42(b)(3) TAG | : A-0764 | MM.18.01.01 | The critical acce | ess hospital establishes antibiotic stewardship as an organizational priority |
| 0 · (··/(·/ | | | through support | |
| 0 · (··/(·/ | adheres to nationally recognized guidelines, antibiotic use; and | | | e of its antibiotic stewardship program. Igram adheres to nationally recognized guidelines, as well as best practices, for |
| (3) The antibiotic stewardship program as well as best practices, for improving | | | antibiotic stewardship pro proving antibiotic use. The critical acce | gram adheres to nationally recognized guidelines, as well as best practices, for sess hospital establishes antibiotic stewardship as an organizational priority |
| (3) The antibiotic stewardship program as well as best practices, for improving §482.42(b)(4) | antibiotic use; and | imp MM.18.01.01 EP 1 The | e antibiotic stewardship pro roving antibiotic use. The critical acce through support | gram adheres to nationally recognized guidelines, as well as best practices, for |
| (3) The antibiotic stewardship program as well as best practices, for improving §482.42(b)(4) TAG: (4) The antibiotic stewardship program hospital services provided. | antibiotic use; and : A-0765 | imp MM.18.01.01 EP 1 The | e antibiotic stewardship pro proving antibiotic use. The critical acce through support e antibiotic stewardship pro | gram adheres to nationally recognized guidelines, as well as best practices, for ass hospital establishes antibiotic stewardship as an organizational priority of its antibiotic stewardship program. |
| (3) The antibiotic stewardship program as well as best practices, for improving §482.42(b)(4) TAG: (4) The antibiotic stewardship program hospital services provided. | : A-0765 reflects the scope and complexity of the : A-0770 | imp MM.18.01.01 EP 1 The | e antibiotic stewardship pro proving antibiotic use. The critical acce through support e antibiotic stewardship pro | gram adheres to nationally recognized guidelines, as well as best practices, for ass hospital establishes antibiotic stewardship as an organizational priority of its antibiotic stewardship program. |
| (3) The antibiotic stewardship program as well as best practices, for improving §482.42(b)(4) TAG: (4) The antibiotic stewardship program hospital services provided. §482.42(c) TAG: (c) Standard: Leadership responsibilities | : A-0765 reflects the scope and complexity of the : A-0770 | imp MM.18.01.01 EP 1 The | e antibiotic stewardship pro proving antibiotic use. The critical acce through support e antibiotic stewardship pro | gram adheres to nationally recognized guidelines, as well as best practices, for ass hospital establishes antibiotic stewardship as an organizational priority of its antibiotic stewardship program. |

| CFR Number §482.42(c)(1)(i) | Medicare Requirements | 1 | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
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| | 82.42(c)(1)(i) TAG: A-0770 Systems are in place and operational for the tracking of all infection surveillance, evention, and control, and antibiotic use activities, in order to demonstrate the | | | ess hospital's governing body, or responsible individual, is accountable for tion, performance, and sustainability of the infection prevention and control |
| implementation, success, and sustainability of such activities. | | EP 1 | performance, and sustainabili and track the implementation, Note: To make certain that sy responsible individual, provide local, state, and federal public | governing body, or responsible individual, is responsible for the implementation, ity of the infection prevention and control program and provides resources to support, success, and sustainability of the program's activities. It is activities are in place and operational to support the program, the governing body, or es access to information technology; laboratory services; equipment and supplies; to health authorities' advisories and alerts, such as the CDC's Health Alert Network surers' instructions for use; and guidelines used to inform policies. |
| | | | | ess hospital establishes antibiotic stewardship as an organizational priority t of its antibiotic stewardship program. |
| | | EP 7 | | onsible individual, ensures that systems are in place and operational for the tracking n order to demonstrate the implementation, success, and sustainability of such |
| () | Als and other infectious diseases identified by the infection prevention trol program as well as antibiotic use issues identified by the antibiotic | | | ess hospital's governing body, or responsible individual, is accountable for tion, performance, and sustainability of the infection prevention and control |
| and control program as well as antibiotic use issues identified by the antibiotic stewardship program are addressed in collaboration with hospital QAPI leadership | EP 2 | the infection prevention and o | governing body, or responsible individual, ensures that the problems identified by control program are addressed in collaboration with critical access hospital quality improvement leaders and other leaders (for example, the medical director, nurse leaders). | |
| | | MM.18.01. | | ess hospital establishes antibiotic stewardship as an organizational priority tof its antibiotic stewardship program. |
| | | EP 4 | | onsible individual, ensures all antibiotic use issues identified by the antibiotic lressed in collaboration with the critical access hospital's QAPI leadership. |
| §482.42(c)(2) | TAG: A-0772 | | | |
| (2) The infection preventionist(s | /infection control professional(s) is responsible for: | | | |

| CFR Number §482.42(c)(2)(i) | Medicare Requirements | 1 | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|------------|---|---|
| §482.42(c)(2)(i) TAG: A (i) The development and implementation prevention, and control policies and proc | | IC.04.01.0 | | ess hospital has a hospitalwide infection prevention and control program for e, prevention, and control of health care—associated infections (HAIs) and other uses. |
| guidelines. | | EP 2 | Development and imple procedures that adhere Documentation of the in activities Competency-based trainstaff and, as applicable, prevention and control of the staff adherence to infect. Communication and colliprevention and control aprocessing department, Communication and collimprovement program to their roles and responsibility. | , |
| §482.42(c)(2)(ii) TAG: A (ii) All documentation, written or electroni program and its surveillance, prevention, | c, of the infection prevention and control | IC.04.01.0 | | ess hospital has a hospitalwide infection prevention and control program for e, prevention, and control of health care—associated infections (HAIs) and other ises. |
| program and its surveillance, prevention, | and control activities. | EP 2 | Development and imple procedures that adhere Documentation of the in activities Competency-based trainstaff and, as applicable, prevention and control of the staff adherence to infect. Communication and colliprevention and control aprocessing department, Communication and collimprovement program to their roles and responsibility. | |

| CFR Number §482.42(c)(2)(iii) | Medicare Requirements | | int Commission uivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|-------------|--|--|
| §482.42(c)(2)(iii) TAG: A-0774 (iii) Communication and collaboration with the hospital's QAPI program on infection prevention and control issues. | | IC.04.01.01 | | ess hospital has a hospitalwide infection prevention and control program for prevention, and control of health care–associated infections (HAIs) and other ses. |
| | | | Development and impler procedures that adhere Documentation of the infactivities Competency-based trainstaff and, as applicable, prevention and control of staff adherence to infect Communication and coll prevention and control a processing department, Communication and coll improvement program to their roles and responsibilities | or infection control professional(s) is responsible for the following: mentation of hospitalwide infection surveillance, prevention, and control policies and to law and regulation and nationally recognized guidelines fection prevention and control program and its surveillance, prevention, and control using and education of critical access hospital personnel and staff, including medical personnel providing contracted services in the critical access hospital, on infection uidelines, policies and procedures and their application of health care—associated infections and other infectious diseases, including auditing ion prevention and control policies and procedures aboration with all components of the critical access hospital involved in infection ctivities, including but not limited to the antibiotic stewardship program, sterile and water management program aboration with the critical access hospital's quality assessment and performance of address infection prevention and control issues ency-based training is the staff's ability to demonstrate the skills and tasks specific es. Examples of competencies may include donning/doffing of personal protective perfectly perform the processes for high-level disinfection. (For more information on the reto HR.11.04.01 EP 1). |
| §482.42(c)(2)(iv) TAG: | A-0775 | HR.11.03.01 | The critical acce | ss hospital provides orientation, education, and training to their staff. |
| | ole, personnel providing contracted services | | | ucation and training to maintain or increase their competency and, as needed, when Staff participation is documented. |
| in the hospital, on the practical applicati guidelines, policies, and procedures. | ons of infection prevention and control | HR.11.04.01 | The critical acce | ss hospital evaluates staff competence and performance. |
| guidelines, policies, and procedures. | | | | sessed and documented as part of orientation and once every three years, or more cal access hospital policy or in accordance with law and regulation. |

| CFR Number §482.42(c)(2)(iv) | Medicare Requirements | 1 | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
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| | | IC.04.01.01 | | ess hospital has a hospitalwide infection prevention and control program for , prevention, and control of health care–associated infections (HAIs) and other ses. |
| | | EP 2 | Development and imple procedures that adhere Documentation of the in activities Competency-based train staff and, as applicable, prevention and control of staff adherence to infect Communication and coll prevention and control a processing department, Communication and coll improvement program to Note: The outcome of compet to their roles and responsibility. | |
| §482.42(c)(2)(v) TAG: A-(v) The prevention and control of HAIs, inc | luding auditing of adherence to infection | IC.04.01.01 | the surveillance | ess hospital has a hospitalwide infection prevention and control program for , prevention, and control of health care–associated infections (HAIs) and other |
| prevention and control policies and proced | lures by hospital personnel. | EP 2 | Development and imple procedures that adhere Documentation of the in activities Competency-based train staff and, as applicable, prevention and control of staff adherence to infect Communication and coll prevention and control a processing department, Communication and coll improvement program to their roles and responsibility. | or infection control professional(s) is responsible for the following: mentation of hospitalwide infection surveillance, prevention, and control policies and to law and regulation and nationally recognized guidelines fection prevention and control program and its surveillance, prevention, and control ning and education of critical access hospital personnel and staff, including medical personnel providing contracted services in the critical access hospital, on infection guidelines, policies and procedures and their application of health care—associated infections and other infectious diseases, including auditing tion prevention and control policies and procedures laboration with all components of the critical access hospital involved in infection activities, including but not limited to the antibiotic stewardship program, sterile and water management program laboration with the critical access hospital's quality assessment and performance to address infection prevention and control issues tency-based training is the staff's ability to demonstrate the skills and tasks specific ies. Examples of competencies may include donning/doffing of personal protective orrectly perform the processes for high-level disinfection. (For more information on fer to HR.11.04.01 EP 1). |

| CFR Number §482.42(c)(2)(vi) | Medicare Requirements | | nt Commission ivalent Number | Joint Commission Standards and Elements of Performance | | | |
|--|-----------------------------------|---------------------|--|--|--|--|--|
| §482.42(c)(2)(vi) TAG: A- (vi) Communication and collaboration with | | IC.04.01.01 | IC.04.01.01 The critical access hospital has a hospitalwide infection prevention and control program for the surveillance, prevention, and control of health care–associated infections (HAIs) and other infectious diseases. | | | | |
| | | N to er co | Development and impler procedures that adhere to activities Competency-based train staff and, as applicable, prevention and control of staff adherence to infect Communication and coll prevention and control a processing department, Communication and coll improvement program to lote: The outcome of compet to their roles and responsibilities | or infection control professional(s) is responsible for the following: mentation of hospitalwide infection surveillance, prevention, and control policies and to law and regulation and nationally recognized guidelines fection prevention and control program and its surveillance, prevention, and control using and education of critical access hospital personnel and staff, including medical personnel providing contracted services in the critical access hospital, on infection uidelines, policies and procedures and their application if health care—associated infections and other infectious diseases, including auditing ion prevention and control policies and procedures aboration with all components of the critical access hospital involved in infection ctivities, including but not limited to the antibiotic stewardship program, sterile and water management program aboration with the critical access hospital's quality assessment and performance of address infection prevention and control issues ency-based training is the staff's ability to demonstrate the skills and tasks specific es. Examples of competencies may include donning/doffing of personal protective perform the processes for high-level disinfection. (For more information on ter to HR.11.04.01 EP 1). | | | |
| §482.42(c)(3) TAG: A- | 0778 | | ' | | | | |
| (3) The leader(s) of the antibiotic stewards | hip program is responsible for: | | | | | | |
| §482.42(c)(3)(i) TAG: A- (i) The development and implementation of | | MM.18.01.01 | | ss hospital establishes antibiotic stewardship as an organizational priority of its antibiotic stewardship program. | | | |
| program, based on nationally recognized go of antibiotics. | | EP 3 T | Development and impler nationally recognized gu All documentation, writte Communication and coll critical access hospital's Competency-based train staff, and, as applicable, | stewardship program is responsible for the following: mentation a critical access hospitalwide antibiotic stewardship program, based on idelines, to monitor and improve the use of antibiotics. on or electronic, of antibiotic stewardship program activities. aboration with medical staff, nursing, and pharmacy leadership, as well as with the infection prevention and control and QAPI programs, on antibiotic use issues. ing and education of critical access hospital personnel and staff, including medical personnel providing contracted services in the critical access hospital, on the antibiotic stewardship guidelines, policies, and procedures. | | | |
| §482.42(c)(3)(ii) TAG: A- | | MM.18.01.01 | | ss hospital establishes antibiotic stewardship as an organizational priority of its antibiotic stewardship program. | | | |
| activities. | , or anabiono stowardship program | EP 3 T | he leader(s) of the antibiotic Development and impler nationally recognized gu All documentation, writte Communication and coll critical access hospital's Competency-based train staff, and, as applicable, | stewardship program is responsible for the following: mentation a critical access hospitalwide antibiotic stewardship program, based on idelines, to monitor and improve the use of antibiotics. on or electronic, of antibiotic stewardship program activities. aboration with medical staff, nursing, and pharmacy leadership, as well as with the infection prevention and control and QAPI programs, on antibiotic use issues. ing and education of critical access hospital personnel and staff, including medical personnel providing contracted services in the critical access hospital, on the antibiotic stewardship guidelines, policies, and procedures. | | | |

| CFR Number §482.42(c)(3)(iii) | Medicare Requirements | 1 | oint Commission uivalent Number | Joint Commission Standards and Elements of Performance | | | |
|---|---|-------------|---|---|--|--|--|
| (iii) Communication and collaboration with | §482.42(c)(3)(iii) TAG: A-0780 (iii) Communication and collaboration with medical staff, nursing, and pharmacy leadership, as well as with the hospital's infection prevention and control and QAPI | | MM.18.01.01 The critical access hospital establishes antibiotic stewardship as an organizational priority through support of its antibiotic stewardship program. EP 3 The leader(s) of the antibiotic stewardship program is responsible for the following: | | | | |
| programs, on antibiotic use issues. | | | Development and impler nationally recognized gu All documentation, writte Communication and coll critical access hospital's Competency-based trair staff, and, as applicable practical applications of | mentation a critical access hospitalwide antibiotic stewardship program, based on nidelines, to monitor and improve the use of antibiotics. en or electronic, of antibiotic stewardship program activities. aboration with medical staff, nursing, and pharmacy leadership, as well as with the infection prevention and control and QAPI programs, on antibiotic use issues. hing and education of critical access hospital personnel and staff, including medical personnel providing contracted services in the critical access hospital, on the antibiotic stewardship guidelines, policies, and procedures. | | | |
| §482.42(c)(3)(iv) TAG: A | | MM.18.01.0 | | ess hospital establishes antibiotic stewardship as an organizational priority tof its antibiotic stewardship program. | | | |
| (iv) Competency-based training and educincluding medical staff, and, as applicable in the hospital, on the practical application policies, and procedures. | e, personnel providing contracted services | EP 3 | Development and impler nationally recognized gu All documentation, writte Communication and coll critical access hospital's Competency-based train staff, and, as applicable. | stewardship program is responsible for the following: mentation a critical access hospitalwide antibiotic stewardship program, based on idelines, to monitor and improve the use of antibiotics. en or electronic, of antibiotic stewardship program activities. aboration with medical staff, nursing, and pharmacy leadership, as well as with the infection prevention and control and QAPI programs, on antibiotic use issues. hing and education of critical access hospital personnel and staff, including medical personnel providing contracted services in the critical access hospital, on the antibiotic stewardship guidelines, policies, and procedures. | | | |
| §482.42(d) TAG: A | | LD.11.01.01 | The governing be services. | pody is ultimately accountable for the safety and quality of care, treatment, and | | | |
| (d) Standard: Unified and integrated infect stewardship programs for multi-hospital strength of the certified hospitals using a system governice conduct of two or more hospitals, the system in the conduct of two or more hospitals, the system in accordance with all applicable State and is responsible and accountable for ensurit hospitals meets all of the requirements of hospital subject to the system governing in the conduction of the conduction of the system governing in the conduction of the | ystems. If a hospital is multiple separately ng body that is legally responsible for the tem governing body can elect to have an and control and antibiotic stewardship after determining that such a decision is ad local laws. The system governing body ng that each of its separately certified this section. Each separately certified | | If a critical access hospital is phospitals, and/or rural emerge conduct of two or more hospit body can elect to have unified for all of its member facilities a regulation. Each separately certified critic unified and integrated infectio following: • Account for each memb patient populations and • Establish and implemen separately certified critic • Have mechanisms in pla considered and address • Designate a qualified in control and in antibiotic and control and antibiotic governing infection prev prevention and control apractical applications of staff Note: The system governing is | t policies and procedures to make certain that the needs and concerns of each cal access hospital, regardless of practice or location, are given due consideration ace to ensure that issues localized to particular critical access hospitals are duly | | | |

| CFR Number §482.42(d)(1) | Medicare Requirements | | mmission nt Number | Joint Commission Standards and Elements of Performance |
|--|--|---|--|--|
| 0 · (·/(/ | A-0786 | LD.11.01.01 | The governing be services. | pody is ultimately accountable for the safety and quality of care, treatment, and |
| (1) The unified and integrated infection patewardship programs are established in member hospital's unique circumstance populations and services offered in each | a manner that takes into account each and any significant differences in patient | hospita conduct body ca for all ca regulati Each sa unified followin A A B C B C C C C C C C C C C | ical access hospital is alls, and/or rural emergents of two or more hospital an elect to have unified in elect to have unified if its member facilities are identified critical and integrated infections: account for each membatient populations and stablish and implement eparately certified critical ave mechanisms in playonsidered and address designate a qualified in control and in antibiotic ond control and antibiotic overning infection prevention and control aractical applications of taff. | at policies and procedures to make certain that the needs and concerns of each cal access hospital, regardless of practice or location, are given due consideration ace to ensure that issues localized to particular critical access hospitals are duly |

| CFR Number §482.42(d)(2) | Medicare Requirements | Joint Comm Equivalent N | | Joint Commission Standards and Elements of Performance | | | |
|---|--|--|--|--|--|--|--|
| §482.42(d)(2) TAG: A-0787 (2) The unified and integrated infection prevention and control and antibiotic | | | LD.11.01.01 The governing body is ultimately accountable for the safety and quality of care, tresservices. | | | | |
| stewardship programs establish and in | plement policies and procedures to ensure its separately certified hospitals, regardless | hospitals, ar conduct of to body can elected for all of its regulation. Each separa unified and it following: • Accoupatient • Estables separa • Have reconside • Designed controle and congoverre preverence staff Note: The sycertified critical of the solution of the separation of | nd/or rural emergence wo or more hospited to have unified member facilities and tely certified critical integrated infection on the for each member to populations and implementately certified critical mechanisms in placed and address that a qualified into a qualified into the proposition of the proposition and antibiotic control and antibiotic control and control are applications of system governing to the proposition of the pr | at policies and procedures to make certain that the needs and concerns of each cal access hospital, regardless of practice or location, are given due consideration acce to ensure that issues localized to particular critical access hospitals are duly sed dividual(s) at the critical access hospital with expertise in infection prevention and stewardship as responsible for communicating with the unified infection prevention ic stewardship programs, implementing and maintaining the policies and procedures rention and control and antibiotic stewardship (as directed by the unified infection and antibiotic stewardship programs), and providing education and training on the infection prevention and control and antibiotic stewardship to critical access hospital body is responsible and accountable for making certain that each of its separately als meet all of the requirements at 42 CFR 485.640(g). | | | |

| CFR Numl §482.42(d) | | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|----------------------------|-------------------|---|--|--|--|
| §482.42(d)(3) | TAG: A | -0788 | LD.11.01.01 | | body is ultimately accountable for the safety and quality of care, treatment, and |
| (3) The unified and integr | ated infection pr | evention and control and antibiotic in place to ensure that issues localized to | EP 10 If a crit hospital conduct body conduct body conduct for all conduct each sunified following a point of the conduct following point foll | services. ical access hospital is als, and/or rural emergent of two or more hospital is an elect to have unified its member facilities ion. eparately certified critical and integrated infections: account for each member attent populations and istablish and implement eparately certified critical in a control and in antibiotic and control and in antibiotic overning infection prevevention and control aractical applications of taff | part of a multihospital system with separately accredited hospitals, critical access ency hospitals using a system governing body that is legally responsible for the tals, critical access hospitals, and/or rural emergency hospitals, the system governing d and integrated infection prevention and control and antibiotic stewardship programs after determining that such a decision is in accordance with applicable law and cal access hospital subject to the system governing body demonstrates that the on prevention and control program and the antibiotic stewardship program do the per critical access hospital's unique circumstances and any significant differences in services offered at policies and procedures to make certain that the needs and concerns of each cal access hospital, regardless of practice or location, are given due consideration acce to ensure that issues localized to particular critical access hospitals are duly |
| | | | certifie | | als meet all of the requirements at 42 CFR 485.640(g). |

| CFR Number §482.42(d)(4) | Medicare Requirements | 1 | oint Commission uivalent Number | Joint Commission Standards and Elements of Performance |
|--|---|-------------|--|---|
| §482.42(d)(4) TAG: A- | | LD.11.01.01 | The governing b | body is ultimately accountable for the safety and quality of care, treatment, and |
| (4) A qualified individual (or individuals) with expertise in infection prevention and control and in antibiotic stewardship has been designated at the hospital as responsible for communicating with the unified infection prevention and control and antibiotic stewardship programs, for implementing and maintaining the policies and procedures governing infection prevention and control and antibiotic stewardship as directed by the unified infection prevention and control and antibiotic stewardship programs, and for providing education and training on the practical applications of infection prevention and control and antibiotic stewardship to hospital staff. | | | hospitals, and/or rural emerge conduct of two or more hospit body can elect to have unified for all of its member facilities a regulation. Each separately certified critic unified and integrated infectio following: • Account for each memb patient populations and • Establish and implemen separately certified critic • Have mechanisms in pla considered and address • Designate a qualified inc control and in antibiotic and control and antibiotic governing infection prev prevention and control a practical applications of staff Note: The system governing is | It policies and procedures to make certain that the needs and concerns of each cal access hospital, regardless of practice or location, are given due consideration ace to ensure that issues localized to particular critical access hospitals are duly |
| §482.43 TAG: A- | -0799 | PC.14.01.01 | The critical acce | ess hospital follows its process for discharging or transferring patients. |
| §482.43 Condition of Participation: Dischar The hospital must have an effective discharthe patient's goals and treatment preferenter caregivers/support person(s) as active postdischarge care. The discharge planning be consistent with the patient's goals for censure an effective transition of the patien reduce the factors leading to preventable in the patient's post of the patient of the patien | arge planning process that focuses on ces and includes the patient and his or partners in the discharge planning for ng process and the discharge plan must are and his or her treatment preferences, t from hospital to post-discharge care, and | EP 4 | the patient's goals and treatm the critical access hospital to phospital and hospital readmiss. Note: The critical access hospital to phospital and hospital readmiss. Note: The critical access hospicondition to identify changes the needed to reflect these change. The patient, the patient's care psychologists, and staff who at the patient's discharge or transpartners when planning for positive notes. For rehabilitation and is the same as that used by the Note 2: For psychiatric distinction are not limited to participating exchange of information with the Note 3: For swing beds in critical a family member or legal reprosentation. The notice is in writing, in a la 483.15(c)(5). The critical accessure that transfer or discharge. | bital's discharge planning process requires regular reevaluation of the patient's that require modification of the discharge plan. The discharge plan is updated as jes. regiver(s) or support person(s), physicians, other licensed practitioners, clinical are involved in the patient's care, treatment, and services participate in planning asfer. The patient and their caregiver(s) or support person(s) are included as active |

| CFR Number §482.43(a) | Medicare Requirements | 1 | oint Commission Juivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|---|--|---|
| §482.43(a) TA | G: A-0800 | PC.14.01.0 | 1 The critical acce | ss hospital follows its process for discharging or transferring patients. |
| §482.43(a) Standard: Discharge plan | ning process. | EP 2 | The critical access hospital be and services. | gins the discharge planning process early in the patient's episode of care, treatment, |
| The hospital's discharge planning process must identify, at an early stage of hospitalization, those patients who are likely to suffer adverse health consequences upon discharge in the absence of adequate discharge planning and must provide a discharge planning evaluation for those patients so identified as well as for other patients upon the request of the patient, patient's representative, or patient's physician. | | The critical access hospital performs a discharge planning evaluation and creates a discharge plan for those patients it identifies at an early stage of hospitalization are likely to suffer adverse health consequences upon discharge in the absence of adequate discharge planning or at the request of the patient, patient's representative or the patient's physician. Note 1: The discharge planning evaluation is completed in a timely manner so that appropriate arrangements for post–hospital care are made before discharge and unnecessary delays in discharge are avoided. Note 2: The discharge planning evaluation is performed and subsequent discharge plan is created by, or under the supervision of, a registered nurse, social worker, or other qualified person. | | |
| §482.43(a)(1) TA | G: A-0805 | PC.14.01.0 | 1 The critical acce | ss hospital follows its process for discharging or transferring patients. |
| (1) Any discharge planning evaluation must be made on a timely basis to ensure that appropriate arrangements for post-hospital care will be made before discharge and to avoid unnecessary delays in discharge. | | | patients it identifies at an early discharge in the absence of a or the patient's physician. Note 1: The discharge plannir post–hospital care are made to Note 2: The discharge plannir | performs a discharge planning evaluation and creates a discharge plan for those of the stage of hospitalization are likely to suffer adverse health consequences upon dequate discharge planning or at the request of the patient, patient's representative, and evaluation is completed in a timely manner so that appropriate arrangements for performed and unnecessary delays in discharge are avoided. The evaluation is performed and subsequent discharge plan is created by, or under the urse, social worker, or other qualified person. |
| §482.43(a)(2) TA | G: A-0807 | PC.14.01.0 | 1 The critical acce | ss hospital follows its process for discharging or transferring patients. |
| need for appropriate post-hospital set care services, post-hospital extended health care services and community by | nust include an evaluation of a patient's likely rvices, including, but not limited to, hospice I care services, home health services, and nonbased care providers, and must also include a appropriate services as well as of the patient's | | appropriate post-critical access care services, home health se | ing evaluation, the critical access hospital evaluates the patient's need for as hospital services, including but not limited to hospice care services, extended ervices, and non-health care services and community-based care providers. The valuates the availability of the appropriate services and the patient's access to those age planning evaluation. |
| §482.43(a)(3) TA | G: A-0808 | PC.14.01.0 | 1 The critical acce | ess hospital follows its process for discharging or transferring patients. |
| record for use in establishing an appr | n must be included in the patient's medical ropriate discharge plan and the results of the e patient (or the patient's representative). | EP 6 | | scusses the results of the discharge planning evaluation with the patient or their reevaluations performed and any arrangements made. |

| CFR Number §482.43(a)(3) | Medicare Requirements | | nt Commission iivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|-----------------------|--|---|
| | | RC.12.01.01 | The medical rec services. | ord contains information that reflects the patient's care, treatment, and |
| §482.43(a)(4) TAG: A- | | N e a | The medical record contains to Admitting diagnosis Any emergency care, tree Any allergies to food and Any findings of assessmore Results of all consultative care of the patient Treatment goals, plan of Documentation of companesthesia All practitioners' orders Nursing notes, reports of monitor the patient's core Medication records, included Model Mo | nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the f care, and revisions to the plan of care lications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to indition uding the strength, dose, route, date and time of administration, access site for on devices used, and rate of administration in medication is necessary, the critical access hospital defines in policy the urgent/ block charting would be an acceptable form of documentation. For the definition and charting, refer to the Glossary. itelf-administered medication, as reported by the patient (or the patient's caregiver or |
| (4) Upon the request of a patient's physicial development and initial implementation of | | p d o N p | patients it identifies at an early lischarge in the absence of a or the patient's physician. Note 1: The discharge plannir ost-hospital care are made l Note 2: The discharge plannir | erforms a discharge planning evaluation and creates a discharge plan for those y stage of hospitalization are likely to suffer adverse health consequences upon dequate discharge planning or at the request of the patient, patient's representative, ng evaluation is completed in a timely manner so that appropriate arrangements for pefore discharge and unnecessary delays in discharge are avoided. In gevaluation is performed and subsequent discharge plan is created by, or under the urse, social worker, or other qualified person. |
| §482.43(a)(5) TAG: A- | 0809 | PC.14.01.01 | <u> </u> | ess hospital follows its process for discharging or transferring patients. |
| (5) Any discharge planning evaluation or d paragraph must be developed by, or unde social worker, or other appropriately qualif | r the supervision of, a registered nurse, | p d o N p | patients it identifies at an early discharge in the absence of a or the patient's physician. Note 1: The discharge plannir dost-hospital care are made I Note 2: The discharge plannir | erforms a discharge planning evaluation and creates a discharge plan for those y stage of hospitalization are likely to suffer adverse health consequences upon dequate discharge planning or at the request of the patient, patient's representative, ng evaluation is completed in a timely manner so that appropriate arrangements for pefore discharge and unnecessary delays in discharge are avoided. In gevaluation is performed and subsequent discharge plan is created by, or under the purse, social worker, or other qualified person. |

| CFR Numbe §482.43(a)(6 | | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | | |
|---|---|--|---|--|--|--|
| §482.43(a)(6) | TAG: A-0802 | PC.14.01.01 The critical access hospital follows its process for discharging or transferring patients. | | | | |
| the patient's condition to ide plan. The discharge plan m | e planning process must require regular re-evaluation of entify changes that require modification of the discharge nust be updated, as needed, to reflect these changes. | EP 1 | the patient's goals and treatm the critical access hospital to hospital and hospital readmiss Note: The critical access hosp condition to identify changes t needed to reflect these chang | oital's discharge planning process requires regular reevaluation of the patient's that require modification of the discharge plan. The discharge plan is updated as es. | | |
| §482.43(a)(7) | TAG: A-0803 | PC.14.01 | .01 The critical acce | ess hospital follows its process for discharging or transferring patients. | | |
| The assessment must inclu of discharge plans, including | ss its discharge planning process on a regular basis. Ide ongoing, periodic review of a representative sample Ig those patients who were readmitted within 30 days ensure that the plans are responsive to patient post- | EP 14 | access hospital. The assessm plans, including plans for patie | ssesses its discharge planning process on a regular basis, as defined by the critical nent includes an ongoing, periodic review of a representative sample of discharge ents who were readmitted within 30 days of a previous admission, to make certain to patient postdischarge needs. | | |
| §482.43(a)(8) | TAG: A-0804 | PC.14.01 | .01 The critical acce | ess hospital follows its process for discharging or transferring patients. | | |
| (8) The hospital must assist patients, their families, or the patient's representative in selecting a post-acute care provider by using and sharing data that includes, but is not limited to, HHA, SNF, IRF, or LTCH data on quality measures and data on resource use measures. The hospital must ensure that the post-acute care data on quality measures and data on resource use measures is relevant and applicable to the patient's goals of care and treatment preferences. | | EP 7 | care provider by using and sh facility, inpatient rehabilitation measures. The critical access | ssists the patient, their family, or the patient's representative in selecting a post-acute aring data that includes but is not limited to home health agency, skilled nursing facility, and long-term care hospital data on quality measures and resource-use hospital makes certain that the post—acute care data on quality measures and evant and applicable to the patient's goals of care and treatment preferences. | | |
| §482.43(b) | TAG: A-0813 | PC.14.02 | | s discharged or transferred, the critical access hospital gives information | | |
| §482.43(b) Standard: Disch patient's necessary medical | narge of the patient and provision and transmission of the Il information. | | | treatment, and services provided to the patient to other service providers who patient with care, treatment, or services. | | |
| applicable, along with all ne current course of illness and preferences, at the time of o providers and suppliers, fac | e the patient, and also transfer or refer the patient where ecessary medical information pertaining to the patient's d treatment, postdischarge goals of care, and treatment discharge, to the appropriate post-acute care service cilities, agencies, and other outpatient service providers le for the patient's follow-up or ancillary care. | EP 1 | referring the patient to post—a service providers and practitic medical information includes, | s and treatment care at the time of discharge at access hospitals: The information sent to the receiving provider also includes the ne physician or other licensed practitioner responsible for the care of the resident information, including contact information nation or precautions for ongoing care, when appropriate | | |

| CFR Number §482.43(c) | Medicare Requirements | _ | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
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| §482.43(c) | | PC.14.01.0 | The critical acce | ess hospital follows its process for discharging or transferring patients. |
| §482.43(c) Standard: Transfer protocols. Effective July 1, 2025, the hospital must have written policies and procedures for transferring patients under its care (inclusive of inpatient services) to the appropriate level of care (including to another hospital) as needed to meet the needs of the patient. The hospital must also provide annual training to relevant staff regarding the hospital policies and procedures for transferring patients under its care. | | EP 15 | written policies and procedure appropriate level of care (inclu | tric distinct part units in critical access hospitals: The critical access hospital has as for transferring patients under its care (inclusive of inpatient services) to the uding to another hospital) as needed to meet the needs of the patient. The critical annual training to relevant staff regarding the critical access hospital policies and tients under its care. |
| §482.43(d) TAG: A | A-0814 |] | | |
| §482.43(d) Standard: Requirements related For those patients discharged home and patients transferred to a SNF for post-host to an IRF or LTCH for specialized hospital apply, in addition to those set out at parallel. | referred for HHA services, or for those spital extended care services, or transferred al services, the following requirements | | | |
| §482.43(d)(1) TAG: A | A-0815 | PC.14.01.0 | The critical acce | ess hospital follows its process for discharging or transferring patients. |
| (1) The hospital must include in the disch or LTCHs that are available to the patient program, and that serve the geographic a the patient resides, or in the case of a SN area requested by the patient. HHAs must available. | t, that are participating in the Medicare area (as defined by the HHA) in which NF, IRF, or LTCH, in the geographic | EP 8 | includes a list of home health hospitals that are available to in which the patient resides (a inpatient rehabilitation facility, critical access hospital docum representative. Note 1: Home health agencies Note 2: This list is only preser | tric distinct part units in critical access hospitals: The patient's discharge plan agencies, skilled nursing facilities, inpatient rehabilitation facilities, or long-term care the patient, participating in the Medicare program, and serving the geographic area as defined by the home health agency or, in the case of a skilled nursing facility, or long-term care hospital, in the geographic area requested by the patient). The nents in the medical record that this list was presented to the patient or the patient's as must request to be listed by the critical access hospital. The net of patients for whom home health care, posthospital extended care services, bilitation, or long-term care hospital services are identified as needed. |
| §482.43(d)(1)(i) TAG: A | A-0815 | PC.14.01.0 | The critical acce | ess hospital follows its process for discharging or transferring patients. |
| (i) This list must only be presented to pat hospital extended care services, SNF, IR appropriate as determined by the dischar | F, or LTCH services are indicated and | EP 8 | includes a list of home health hospitals that are available to in which the patient resides (a inpatient rehabilitation facility, critical access hospital docum representative. Note 1: Home health agencies Note 2: This list is only preser | tric distinct part units in critical access hospitals: The patient's discharge plan agencies, skilled nursing facilities, inpatient rehabilitation facilities, or long-term car the patient, participating in the Medicare program, and serving the geographic area as defined by the home health agency or, in the case of a skilled nursing facility, or long-term care hospital, in the geographic area requested by the patient). The tents in the medical record that this list was presented to the patient or the patient's as must request to be listed by the critical access hospital. The patients for whom home health care, posthospital extended care services, bilitation, or long-term care hospital services are identified as needed. |
| §482.43(d)(1)(ii) TAG: A | A-0815 | PC.14.01.0 | The critical acce | ess hospital follows its process for discharging or transferring patients. |
| practitioners, providers or certified suppli- network. If the hospital has information of | th their managed care organization which ers are in the managed care organization's n which practitioners, providers or certified 's managed care organization, it must share | EP 9 | care organizations, the critical care organization which practinetwork. If the critical access | tric distinct part units in critical access hospitals: For patients enrolled in managed I access hospital makes patients aware of the need to verify with their managed itioners, providers, or certified suppliers are in the managed care organization's hospital has information on which practitioners, providers, or certified suppliers are anaged care organization, it shares this information with the patient or the patient's |

| CFR Number §482.43(d)(1)(ii | Medicare Requirements | 1 | oint Commission Juivalent Number | Joint Commission Standards and Elements of Performance | | |
|--|---|------------|---|---|--|--|
| §482.43(d)(1)(iii) | TAG: A-0815 | PC.14.01.0 | The critical acce | ess hospital follows its process for discharging or transferring patients. | | |
| (iii) The hospital must document in the patient's medical record that the list was presented to the patient or to the patient's representative. | | | For rehabilitation and psychiatric distinct part units in critical access hospitals: The patient's discharge princludes a list of home health agencies, skilled nursing facilities, inpatient rehabilitation facilities, or long-hospitals that are available to the patient, participating in the Medicare program, and serving the geogra in which the patient resides (as defined by the home health agency or, in the case of a skilled nursing fa inpatient rehabilitation facility, or long-term care hospital, in the geographic area requested by the patient critical access hospital documents in the medical record that this list was presented to the patient or the representative. Note 1: Home health agencies must request to be listed by the critical access hospital. Note 2: This list is only presented to patients for whom home health care, posthospital extended care se skilled nursing, inpatient rehabilitation, or long-term care hospital services are identified as needed. | | | |
| §482.43(d)(2) | TAG: A-0816 | PC.14.01.0 | The critical acce | ess hospital follows its process for discharging or transferring patients. | | |
| or the patient's representative Medicare providers and suppossible, respect the patient' treatment preferences, as we | discharge planning process, must inform the patient of their freedom to choose among participating ers of post-discharge services and must, when or the patient's representative's goals of care and as other preferences they express. The hospital must equalified providers or suppliers that are available to | | the patient or the patient's rep and suppliers of postdischarge of care and treatment prefered | tric distinct part units in critical access hospitals: The critical access hospital informs bresentative of their freedom to choose among participating Medicare providers be services and, when possible, respects the patient's or their representative's goals nees, as well as other preferences when they are expressed. The critical access diffied providers or suppliers that are available to the patient. | | |
| §482.43(d)(3) | TAG: A-0817 | PC.14.01.0 | The critical acce | ess hospital follows its process for discharging or transferring patients. | | |
| (3) The discharge plan must identify any HHA or SNF to which the patient is referred in which the hospital has a disclosable financial interest, as specified by the Secretary, and any HHA or SNF that has a disclosable financial interest in a hospital under Medicare. Financial interests that are disclosable under Medicare are determined in accordance with the provisions of part 420, subpart C, of this chapter. | | | home health agency or skilled interest and any home health access hospital. Note: Disclosure of financial in | tric distinct part units in critical access hospitals: The discharge plan identifies any I nursing facility in which the critical access hospital has a disclosable financial agency or skilled nursing facility that has a disclosable financial interest in a critical interest is determined in accordance with the provisions in 42 CFR 420, subpart C, I Security Act (42 U.S.C. 1395x). | | |
| §482.45 | TAG: A-0884 | | | | | |
| §482.45 Condition of Particip | tion: Organ, Tissue and Eye Procurement |] | | | | |
| §482.45(a) | TAG: A-0885 | | | | | |
| §482.45(a) Standard: Organ | Procurement Responsibilities | 1 | | | | |
| The hospital must have and i | nplement written protocols that: | | | | | |

| CFR Number §482.45(a)(1) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|--|--|
| §482.45(a)(1) TAG: (1) Incorporate an agreement with an O | A-0886 PO designated under part 486 of this | | cess hospital, with the medical staff's participation, develops and implements and procedures for donating and procuring organs, tissues, and eyes. |
| chapter, under which it must notify, in a designated by the OPO of individuals when the hospital. The OPO determines mediabsence of alternative arrangements by suitability for tissue and eye donation, u | timely manner, the OPO or a third party hose death is imminent or who have died in cal suitability for organ donation and, in the the hospital, the OPO determines medical sing the definition of potential tissue and eye loped in consultation with the tissue and eye | responsibilities that include ti A written agreement wi to notify, in a timely ma is imminent or who hav determine medical suit: A written agreement wi processing, preserving and eyes are obtained procurement Designation of an indiv of a tissue or eye bank decline to donate orgar Procedures for informir organs, tissues, or eye Education and training of the family when disc Note 1: The critical access h Note 2: The requirements for be satisfied through a single separate agreement with and Note 3: A designated reques This course is designed in co approaching potential donor Note 4: The term "organ" me organs). Note 5: For additional inform of Neurology guidelines avai the American Academy of Pe GuidelineDetail/1085, and th | ith an organ procurement organization (OPO) that requires the critical access hospital anner, the OPO or a third party designated by the OPO of individuals whose death we died in the critical access hospital, and that includes the OPO's responsibility to ability for organ donation it at least one tissue bank and at least one eye bank to cooperate in retrieving, storing, and distributing tissues and eyes to make certain that all usable tissues from potential donors, to the extent that the agreement does not interfere with organ ridual, who is an organ procurement representative, an organizational representative, or a designated requestor, to notify the family regarding the option to donate or |

| CFR Number §482.45(a)(2) | Medicare Requirements | Joint Commis Equivalent Nu | | Joint Commission Standards and Elements of Performance |
|--|--|---|--|--|
| σ \·/ / | 6: A-0887 | | | ess hospital, with the medical staff's participation, develops and implements and procedures for donating and procuring organs, tissues, and eyes. |
| bank to cooperate in the retrieval, pro of tissues and eyes, as may be appro | east one tissue bank and at least one eye cessing, preservation, storage and distribution oriate to assure that all usable tissues and rs, insofar as such an agreement does not | FP 1 The critical acresponsibilitie A writter to notify is immin determin A writter process and eye procurer Designation of a tissis decliner Procedutorgans, Education of the fare Note 1: The control of the fare Note 2: The results be satisfied the separate agreen Note 3: A destrain of the fare Note 3: A destrain of the fare Note 3: A destrain of the fare Note 3: The results of the separate agreen Note 3: A destrain of the fare Note 3: The fare organs). Note 5: For according processing | cess hospital designations that include the agreement with a in a timely markent or who have the medical suitant agreement with agreement with a greement with a company of the company of | evelops and implements written policies and procedures for organ procurement |

| CFR Number §482.45(a)(3) | Medicare Requirements | Joint Con Equivalen | | Joint Commission Standards and Elements of Performance |
|--|---|--|---|--|
| §482.45(a)(3) TAG: (3) Ensure, in collaboration with the desi | A-0888, A-0889 | TS.11.01.01 | | ess hospital, with the medical staff's participation, develops and implements and procedures for donating and procuring organs, tissues, and eyes. |
| potential donor is informed of its options decline to donate. The individual designathe family must be an organ procurement A designated requestor is an individual or approved by the OPO and designed in | to donate organs, tissues, or eyes, or to ated by the hospital to initiate the request to at representative or a designated requestor. Who has completed a course offered | responsi A N to is i de A N pro an pro De of de Prr org Ed of Note 1: Note 2: be satisf separate Note 3: This cou approac Note 4: organs). Note 5: of Neuro the Ame Guidelin | ibilities that include the written agreement with notify, in a timely mare imminent or who have termine medical suita written agreement with coessing, preserving, deyes are obtained from the signation of an individual tissue or eye bank, cline to donate organs, tissues, or eyes ducation and training of the family when discusting and training of the critical access how the family when discusting the family when discusting the family when discusting a single at the agreement with another against the critical access how the family when discusting the family when | h an organ procurement organization (OPO) that requires the critical access hospital ner, the OPO or a third party designated by the OPO of individuals whose death e died in the critical access hospital, and that includes the OPO's responsibility to ibility for organ donation h at least one tissue bank and at least one eye bank to cooperate in retrieving, storing, and distributing tissues and eyes to make certain that all usable tissues rom potential donors, to the extent that the agreement does not interfere with organ dual, who is an organ procurement representative, an organizational representative or a designated requestor, to notify the family regarding the option to donate or |

| CFR Num §482.45(a | | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|--|----------------------|--|---------------------------------------|---|---|
| §482.45(a)(4) (4) Encourage discretion | TAG: A- | 0890 h respect to the circumstances, views, | TS.11.01.01 | | ess hospital, with the medical staff's participation, develops and implements and procedures for donating and procuring organs, tissues, and eyes. |
| and beliefs of the familie | | | | responsibilities that include the A written agreement with to notify, in a timely many is imminent or who have determine medical suita. A written agreement with processing, preserving, and eyes are obtained for procurement. Designation of an individe of a tissue or eye bank, decline to donate organs. Procedures for informing organs, tissues, or eyes. Education and training of the family when discust Note 1: The critical access ho Note 2: The requirements for be satisfied through a single as separate agreement with anot Note 3: A designated requested This course is designed in corrapproaching potential donor family to the family when discusted the term "organ" meanorgans). Note 5: For additional information of Neurology guidelines availate the American Academy of Per GuidelineDetail/1085, and the | h an organ procurement organization (OPO) that requires the critical access hospital there, the OPO or a third party designated by the OPO of individuals whose death dedied in the critical access hospital, and that includes the OPO's responsibility to bility for organ donation h at least one tissue bank and at least one eye bank to cooperate in retrieving, storing, and distributing tissues and eyes to make certain that all usable tissues rom potential donors, to the extent that the agreement does not interfere with organ dual, who is an organ procurement representative, an organizational representative or a designated requestor, to notify the family regarding the option to donate or |
| §482.45(a)(5) | | 0891, A-0892, A-0893 | TS.11.01.01 | | ess hospital, with the medical staff's participation, develops and implements and procedures for donating and procuring organs, tissues, and eyes. |
| bank and eye bank in ecto improve identification | lucating staff on do | tively with the designated OPO, tissue conation issues, reviewing death records and maintaining potential donors while ial donated organs, tissues, and eyes | EP 2 | The critical access hospital de procurement organization (OF Review death records in Maintain potential donor | evelops and implements policies and procedures for working with the organ PO) and tissue and eye banks to do the following: a order to improve identification of potential donors is while the necessary testing and placement of potential donated organs, tissues, order to maximize the viability of donor organs for transplant |
| §482.45(b) | TAG: A- | 0899 | | | |
| §482.45(b) Standard: Or | gan Transplantatio | n Responsibilities | | | |

| CFR Number §482.45(b)(1) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | | | |
|---|-----------------------|---|---|--|--|--|--|
| §482.45(b)(1) TAG: A | | TS.12.01.01 | TS.12.01.01 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital complies with organ transplantation responsibilities. | | | | |
| (1) A hospital in which organ transplants are performed must be a member of the Organ Procurement and Transplantation Network (OPTN) established and operated in accordance with section 372 of the Public Health Service (PHS) Act (42 U.S.C. 274) and abide by its rules. The term "rules of the OPTN" means those rules provided for in regulations issued by the Secretary in accordance with section 372 of the PHS Act which are enforceable under 42 CFR 121.10. No hospital is considered to be out of compliance with section 1138(a)(1)(B) of the Act, or with the requirements of this paragraph, unless the Secretary has given the OPTN formal notice that he or she approves the decision to exclude the hospital from the OPTN and has notified the hospital in writing. | | For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital performing organ transplants belongs to and abides by the rules of the Organ Procurement and Transplant Network (OPTN) established under section 372 of the Public Health Service (PHS) Act. Note: The term "rules of the OPTN" means those rules provided for in regulations issued by the Secretary US Department of Health & Human Services in accordance with section 372 of the PHS Act which are enfounder 42 CFR 121.10. No hospital is considered to be out of compliance with section 1138(a)(1)(B) of the with the requirements of this element of performance, unless the Secretary has given the OPTN formal not the Secretary approves the decision to exclude the critical access hospital from the OPTN and has notified critical access hospital in writing. | | | | | |
| §482.45(b)(2) TAG: A (2) For purposes of these standards, the t | | TS.11.01.01 | | ess hospital, with the medical staff's participation, develops and implements and procedures for donating and procuring organs, tissues, and eyes. | | | |
| heart, lung, or pancreas. | | CAMH gloss | responsibilities that include the A written agreement with to notify, in a timely man is imminent or who have determine medical suita. A written agreement with processing, preserving, and eyes are obtained for procurement. Designation of an indivicity of a tissue or eye bank, decline to donate organs. Procedures for informing organs, tissues, or eyes. Education and training of the family when discured to the family when discured to the family when discured to the satisfied through a single as separate agreement with anoth Note 3: A designated requested This course is designed in corrapproaching potential donor famous the American Academy of Ped GuidelineDetail/1085, and the through the BD/DNC evaluation ary definition of organ: | h an organ procurement organization (OPO) that requires the critical access hospital aner, the OPO or a third party designated by the OPO of individuals whose death died in the critical access hospital, and that includes the OPO's responsibility to bility for organ donation h at least one tissue bank and at least one eye bank to cooperate in retrieving, storing, and distributing tissues and eyes to make certain that all usable tissues rom potential donors, to the extent that the agreement does not interfere with organ dual, who is an organ procurement representative, an organizational representative or a designated requestor, to notify the family regarding the option to donate or | | | |

| CFR Number §482.45(b)(3) | Medicare Requirements | 1 | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance | |
|--|--|------------|---|--|--|
| 3 | TAG: A-0899 | TS.12.01.0 | | on and psychiatric distinct part units in critical access hospitals: The critical complies with organ transplantation responsibilities. | |
| (3) If a hospital performs any type of transplants, it must provide organ transplant related data, as requested by the OPTN, the Scientific Registry, and the OPOs. The hospital must also provide such data directly to the Department when requested by the Secretary. | | | For rehabilitation and psychiatric distinct part units in critical access hospitals: If requested, the critical acce hospital provides all data related to organ transplant to the Organ Procurement and Transplantation Networ (OPTN), the Scientific Registry of Transplant Recipients, the critical access hospital's designated organ procurement organization (OPO), and, when requested by the Office of the Secretary, directly to the US Department of Health & Human Services. | | |
| §482.51 | TAG: A-0940 | LD.13.03.0 | The critical acce | ess hospital provides services that meet patient needs. | |
| provided in accordance with acce | rvices, the services must be well organized and otable standards of practice. If outpatient surgica must be consistent in quality with inpatient care in | | or other agreements that mee complexity of services offered but are not limited to the follow Outpatient Emergency Medical records Diagnostic and therapeted Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services and of practice for the health care patients. If outpatient obstetrice | utic radiology re provided, they are in accordance with nationally recognized acceptable standards (including physical and behavioral health) of pregnant, birthing, and postpartum cal services are offered, the services are consistent in quality with inpatient care exity of services offered. As applicable, the services must be integrated with other | |
| | | EP 10 | If the critical access hospital prince inpatient surgical care. | provides outpatient surgical services, the services are consistent with the quality of | |

| CFR Number §482.51(a) | Medicare Requirements | I | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|---|---|---|--|
| §482.51(a) TAG: A | -0941 | LD.13.03.0 | 01 The critical acce | ess hospital provides services that meet patient needs. |
| §482.51(a) Standard: Organization and Staffing The organization of the surgical services must be appropriate to the scope of the services offered. | | EP 1 The critical access hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: | | |
| | | | with the resources available. | tric distinct part units in critical access hospitals: The surgical services are consistent |
| §482.51(a)(1) TAG: A (1) The operating rooms must be supervise a doctor of medicine or osteopathy. | | NPG.12.0 | | ess hospital's leadership team ensures that there is qualified ancillary staff the needs of the population served and determine how they function within it. |
| and the second s | | EP 13 | are not limited to the following An experienced register Licensed practical nurse scrub nurses, if under th Qualified registered nurse. Note: In accordance with apple | ed nurse or doctor of medicine or osteopathy who supervises the operating rooms as (LPNs) and surgical technologists (operating room technicians) who serve as the supervision of a registered nurse as the ses who perform circulating duties in the operating room included in the companient of the state laws and approved medical staff policies and procedures, LPNs and sist in circulatory duties under the supervision of a qualified registered nurse who is |
| §482.51(a)(2) TAG: A (2) Licensed practical nurses (LPNs) and technicians) may serve as "scrub nurses" | surgical technologists (operating room | NPG.12.0 | | ess hospital's leadership team ensures that there is qualified ancillary staff the needs of the population served and determine how they function within i. |
| nurse. | inges under the supervision of a registered | | An experienced register Licensed practical nurse scrub nurses, if under the Qualified registered nurse Note: In accordance with apple | ed nurse or doctor of medicine or osteopathy who supervises the operating rooms as (LPNs) and surgical technologists (operating room technicians) who serve as the supervision of a registered nurse as the ses who perform circulating duties in the operating room dicable state laws and approved medical staff policies and procedures, LPNs and session in circulatory duties under the supervision of a qualified registered nurse who is |

| CFR Number §482.51(a)(3) | Medicare Requirements | 1 | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance | |
|---|---|-----------|--|---|--|
| (3) Qualified registered nurses may perform circulating duties in the operating room. In accordance with applicable State laws and approved medical staff policies and | | | PG.12.01.01 The critical access hospital's leadership team ensures that there is quali required to meet the needs of the population served and determine how the organization. | | |
| | | EP 13 | For rehabilitation and psychiatric distinct part units in critical access hospitals: The surgical services include are not limited to the following staff: • An experienced registered nurse or doctor of medicine or osteopathy who supervises the operating elicensed practical nurses (LPNs) and surgical technologists (operating room technicians) who serve scrub nurses, if under the supervision of a registered nurse equalified registered nurses who perform circulating duties in the operating room Note: In accordance with applicable state laws and approved medical staff policies and procedures, LPNs surgical technologists may assist in circulatory duties under the supervision of a qualified registered nurse immediately available to respond to emergencies. | | |
| §482.51(a)(4) (4) Surgical privileges must be de | TAG: A-0945 lineated for all practitioners performing surgery | MS.17.02. | | grant or deny a privilege(s) and/or to renew an existing privilege(s) is an nce-based process. | |
| (4) Surgical privileges must be delineated for all practitioners performing surgery in accordance with the competencies of each practitioner. The surgical service must maintain a roster of practitioners specifying the surgical privileges of each practitioner. | | EP 6 | appropriate policies and proce by the following: | ry or dental medicine | |
| | | EP 7 | For rehabilitation and psychia current roster listing each practice. The roster may be in pa | ŭ i ŭ | |
| | | MS.17.02. | requesting phys | nedical staff reviews and analyzes all relevant information regarding each sician's or other licensed practitioner's current licensure status, training, rent competence, and ability to perform the requested privilege. | |
| | | EP 1 | Decisions on membership and care, treatment, and services. | d granting of privileges include criteria that are directly related to the quality of health . | |

| CFR Number §482.51(b) | | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|--|-------------|---|---------------------------------------|--|--|
| §482.51(b) 1 §482.51(b) Standard: Delivery of S | TAG: A-09 | 951 | LD.13.01.0 | The critical acce treatment, and s | ess hospital has policies and procedures that guide and support patient care, services. |
| Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care. | | EP 6 | | tric distinct part units in critical access hospitals: The critical access hospital gical care policies and procedures that maintain high standards for medical practice | |
| | | LD.13.03.0 | The critical acce | ess hospital provides services that meet patient needs. | |
| | | or other agreements the complexity of services of but are not limited to the Outpatient • Emergency • Medical records • Diagnostic and the Nuclear medicine • Surgical • Anesthesia • Laboratory • Respiratory • Dietetic • Obstetrical Note: If obstetrical services of practice for the health patients. If outpatient of | | access hospital provides services directly or through referral, consultation, contractual arrangements, eements that meet the needs of the population(s) served, are organized appropriate to the scope and of services offered, and are in accordance with accepted standards of practice. Services may include limited to the following: tient gency al records ostic and therapeutic radiology ar medicine cal hesia actory ratory ic trical tetrical services are provided, they are in accordance with nationally recognized acceptable standards for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum outpatient obstetrical services are offered, the services are consistent in quality with inpatient care ce with the complexity of services offered. As applicable, the services must be integrated with other | |
| | | | EP 11 | with the resources available. | tric distinct part units in critical access hospitals: The surgical services are consistent |
| §482.51(b)(1) | TAG: A-09 | 952 | | | |
| (1) Prior to surgery or a procedure case of emergencies: | requiring | anesthesia services and except in the | | | |
| 3 *** (**/(**/(*/ | TAG: A-0 | ~= | PC.11.02.0 | | ess hospital assesses and reassesses the patient and the patient's condition |
| | 4 hours aft | on must be completed and documented er admission or registration, and except is section. | EP 2 | A medical history and physica 24 hours after, registration or Note 1: For rehabilitation and physical examinations are peroutpatient surgical or procedule CFR 482.24(c)(4)(i)(C). Note 2: For law and regulation | fined time frames. al examination is completed and documented no more than 30 days prior to, or within inpatient admission but prior to surgery or a procedure requiring anesthesia services. psychiatric distinct part units in critical access hospitals: Medical histories and rformed as required in this element of performance, except prior to any specific ural services for which an assessment is performed instead as provided under 42 in guidance pertaining to the medical history and physical examination at 42 CFR ()(1)(iii), refer to https://www.ecfr.gov/. |

| CFR Number §482.51(b)(1)(ii) | Medicare Requirements | | nt Commission ivalent Number | Joint Commission Standards and Elements of Performance |
|---|--|--|---|--|
| §482.51(b)(1)(ii) TAG: A (ii) An updated examination of the patient, | , including any changes in the patient's | PC.11.02.01 | | ss hospital assesses and reassesses the patient and the patient's condition ined time frames. |
| condition, must be completed and documented within 24 hours after admission or registration when the medical history and physical examination are completed within 30 days before admission or registration, and except as provided under paragraph (b)(1)(iii) of this section. | | For a medical history and physical examination that was completed within 30 days admission, an update documenting any changes in the patient's condition is compregistration or inpatient admission, but prior to surgery or a procedure requiring at Note 1: For rehabilitation and psychiatric distinct part units in critical access hospi physical examinations are performed as required in this element of performance, outpatient surgical or procedural services for which an assessment is performed in CFR 482.24(c)(4)(i)(C). Note 2: For law and regulation guidance pertaining to the medical history and phy 482.22(c)(5)(iii), refer to https://www.ecfr.gov/. | | sion, but prior to surgery or a procedure requiring anesthesia services. posychiatric distinct part units in critical access hospitals: Medical histories and formed as required in this element of performance, except prior to any specific ral services for which an assessment is performed instead as provided under 42 guidance pertaining to the medical history and physical examination at 42 CFR //www.ecfr.gov/. |
| §482.51(b)(1)(iii) TAG: A | | PC.11.02.01 | | ss hospital assesses and reassesses the patient and the patient's condition ined time frames. |
| (iii) An assessment of the patient must be completed and documented after registration (in lieu of the requirements of paragraphs (b)(1)(i) and (ii) of this section) when the patient is receiving specific outpatient surgical or procedural services and when the medical staff has chosen to develop and maintain a policy that identifies, in accordance with the requirements at § 482.22(c)(5)(v), specific patients as not requiring a comprehensive medical history and physical examination, or any update to it, prior to specific outpatient surgical or procedural services. | | a o b N | | |
| §482.51(b)(2) TAG: A | | RC.12.01.01 | The medical reconservices. | ord contains information that reflects the patient's care, treatment, and |
| (2) A properly executed informed consent patient's chart before surgery, except in e | • | s N e o a | the medical record contains a tate law or regulation. Iote: The properly executed in mergencies. A properly exect f and agreement for care, tre | ny informed consent, when required by critical access hospital policy or federal or informed consent is placed in the patient's medical record prior to surgery, except in uted informed consent contains documentation of a patient's mutual understanding atment, and services through written signature; electronic signature; or, when a signature, documentation of the verbal agreement by the patient or surrogate |
| §482.51(b)(3) TAG: A | -0956 | PC.12.01.05 | Resuscitative se | muicas and available throughout the autical access have tel |
| | | | | rvices are available throughout the critical access hospital. |
| (3) The following equipment must be avail system, cardiac monitor, resuscitator, defi | | | uites have the following equil Call-in system (process Cardiac monitor Resuscitator (hand-held Defibrillator | ric distinct part units in critical access hospitals: At a minimum, operating room |
| (3) The following equipment must be avail | brillator, aspirator, and tracheotomy set. | | uites have the following equi Call-in system (process Cardiac monitor Resuscitator (hand-held Defibrillator Aspirator (hand-held or r Tracheotomy set | ric distinct part units in critical access hospitals: At a minimum, operating room oment available: to communicate with or summon staff outside of the operating room when needed) or mechanical device that provides positive airway pressure) mechanical device used to suction out fluids or secretions) ss hospital provides the patient with care before and after operative or other |

| CFR Number §482.51(b)(5) | Medicare Requirements | | t Commission valent Number | Joint Commission Standards and Elements of Performance | | |
|---|---|---|--|--|--|--|
| §482.51(b)(5) TAG: A | | RC.12.01.03 | RC.12.01.03 The patient's medical record contains documentation on any operative or other hig procedures and the use of moderate or deep sedation or anesthesia. | | | |
| | | For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has complete and up-to-date operating room register or equivalent record 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 staff Type of anesthesia used and name of person administering it Operation performed Pre- and postoperative diagnosis Age of patient | | | | |
| §482.51(b)(6) TAG: A (6) An operative report describing technic | | RC.12.01.03 | | edical record contains documentation on any operative or other high-risk the use of moderate or deep sedation or anesthesia. | | |
| surgeon. | liately following surgery and signed by the | No wr de No the un | ctated immediately following Name and hospital iden Date and times of the su Name(s) of the surgeon performing those tasks were conducted by practinclude opening and closaltering tissues) Preoperative and postop Name of the specific sur Type of anesthesia adm Complications, if any Description of technique Prosthetic devices, graft Any estimated blood lose to 1: The exception to this ditten immediately after the puffined by the critical access to 2: If the physician or other | (s) and assistants or other practitioners who performed surgical tasks (even when under supervision) and a description of the specific significant surgical tasks that etitioners other than the primary surgeon/practitioner (significant surgical procedures sing, harvesting grafts, dissecting tissue, removing tissue, implanting devices, operative diagnosis regical procedure(s) performed | | |
| §482.52 TAG: A | | LD.13.01.07 | | ess hospital effectively manages its programs, services, sites, or departments. | | |
| §482.52 Condition of Participation: Anest If the hospital furnishes anesthesia servic organized manner under the direction of a osteopathy. The service is responsible fo hospital. | es, they must be provided in a well- a qualified doctor of medicine or | os: No | teopathy directs the following Anesthesia Nuclear medicine Respiratory care the anesthesia service | tric distinct part units in critical access hospitals: A qualified doctor of medicine or ng services, when provided: ce is responsible for all anesthesia administered in the critical access hospital. ervices, the director may serve on either a full-time or part-time basis. | | |

| CFR Number §482.52 | Medicare Requirements | | int Commission uivalent Number | Joint Commission Standards and Elements of Performance |
|---|--|--|--|--|
| | | LD.13.03.01 | | ess hospital provides services that meet patient needs. |
| | | EP 1 The critical access hospital provides services that meet patient needs. The critical access hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: Outpatient Emergency Medical records Diagnostic and therapeutic radiology Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are provided, they are in accordance with nationally recognized acceptable standards of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services are consistent in quality with inpatient care in accordance with the complexity of services offered. As applicable, the services must be integrated with other departments of the critical access hospital. | | |
| §482.52(a) TAG: A- | 1001 | LD.13.03.01 | The critical acce | ess hospital provides services that meet patient needs. |
| §482.52(a) Standard: Organization and St The organization of anesthesia services m services offered. Anesthesia must be adm | ust be appropriate to the scope of the | | or other agreements that mee complexity of services offered but are not limited to the follow Outpatient Emergency Medical records Diagnostic and therapeu Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are of practice for the health care patients. If outpatient obstetrice | re provided, they are in accordance with nationally recognized acceptable standards (including physical and behavioral health) of pregnant, birthing, and postpartum cal services are offered, the services are consistent in quality with inpatient care exity of services offered. As applicable, the services must be integrated with other |

| CFR Number §482.52(a)(1) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|--|-----------------------|---------------------------------------|---|---|
| §482.52(a)(1) TAG (1) A qualified anesthesiologist: | : A-1001 | PC.13.01.01 | | ess hospital plans operative or other high-risk procedures. Note: Equipment elements of performance is available to the operating room suites. |
| (1) / I quamou anostriosiologist, | | A A A A A A A A A A A A A A A A A A A | a qualified anesthesiolo a doctor of medicine or ecognized under section doctor of dental surger a doctor of podiatric mean certified registered nuty the operating practiti upervision an anesthesiologist's as a supervised trainee in a coordance with 42 anned program of study ized national profession ission. See Glossary for the unt. The CoP at 42 CFR 4 are requirement for doctor is hospital is located subtrainer, following consumer of medicine or osteopated with the state board esia services in the state rent doctor of medicine and are effective | osteopathy other than an anesthesiologist, including an osteopathic practitioner on 1101(a)(7) of the Social Security Act ery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law earse anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised oner, except as provided in 42 CFR 485.639(e) regarding the state exemption for this essistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist an approved educational program and allied health education program at that is licensed by state law, or if licensing is not required, is accredited by a enal organization. Such national accrediting bodies include, but are not limited to, the of Allied Health Education Programs and the National League of Nursing Accrediting definition of certified registered nurse anesthetist (CRNA) and anesthesiologist lass.639(e) for state exemption states: A critical access hospital may be exempted or of medicine or osteopathy supervision of CRNAs if the state in which the critical pomits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by altation with the state's boards of medicine and nursing, requesting exemption from athy supervision for CRNAs. The letter from the governor must attest that they have do of medicine and nursing about issues related to access to and the quality of ate and has concluded that it is in the best interests of the state's citizens to opt out of the or osteopathy supervision requirement and that the opt-out is consistent with state on and recognition of state laws and the withdrawal of the request may be submitted. |

| CFR Number §482.52(a)(2) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | | |
|--|-----------------------|---|--|--|--|--|
| §482.52(a)(2) TAG: A-1001 (2) A doctor of medicine or osteopathy (other than an anesthesiologist); | | PC.13.01.01 | PC.13.01.01 The critical access hospital plans operative or other high-risk procedures. No identified in the elements of performance is available to the operating room s | | | |
| Let A design of medicine of osteopathy | | • A • A • A • A • A • A • A • A • A • A | A qualified anesthesiolo a doctor of medicine or ecognized under section a doctor of dental surge a doctor of podiatric medical certified registered nurse the operating practiti supervision an anesthesiologist's as a supervised trainee in a supervised requirement of study is located at a supervised s | osteopathy other than an anesthesiologist, including an osteopathic practitioner on 1101(a)(7) of the Social Security Act ery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law earse anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised oner, except as provided in 42 CFR 485.639(e) regarding the state exemption for this essistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist an approved educational program and allied health education program at that is licensed by state law, or if licensing is not required, is accredited by a enal organization. Such national accrediting bodies include, but are not limited to, the of Allied Health Education Programs and the National League of Nursing Accrediting definition of certified registered nurse anesthetist (CRNA) and anesthesiologist 485.639(e) for state exemption states: A critical access hospital may be exempted or of medicine or osteopathy supervision of CRNAs if the state in which the critical comits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by elation with the state's boards of medicine and nursing, requesting exemption from the supervision for CRNAs. The letter from the governor must attest that they have do of medicine and nursing about issues related to access to and the quality of ate and has concluded that it is in the best interests of the state's citizens to opt out of the or osteopathy supervision requirement and that the opt-out is consistent with state on and recognition of state laws and the withdrawal of the request may be submitted. | | |

| CFR Number §482.52(a)(3) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|---|---|---------------------------------------|---|--|
| §482.52(a)(3) TAG: A-1001 (3) A dentist, oral surgeon, or podiatrist who is qualified to administer anesthesia | | PC.13.01.01 | | ess hospital plans operative or other high-risk procedures. Note: Equipment elements of performance is available to the operating room suites. |
| under State law; | who is qualified to administer ariestifesia | A A A A A A A A A A A A A A A A A A A | qualified anesthesiologic doctor of medicine or ecognized under section doctor of dental surger doctor of podiatric medicine decentified registered nuty the operating practiti upervision in anesthesiologist's as supervised trainee in a lin accordance with 42 inned program of study ized national professionsion. See Glossary for the int. The CoP at 42 CFR 42 e requirement for doctor hospital is located surfernor, following consumer of medicine or osteopated with the state board estate services in the state request for exemptication and are effective | osteopathy other than an anesthesiologist, including an osteopathic practitioner on 1101(a)(7) of the Social Security Act ery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law earse anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised oner, except as provided in 42 CFR 485.639(e) regarding the state exemption for this essistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist an approved educational program and allied health education program and the transportant extra the silicensed by state law, or if licensing is not required, is accredited by a enal organization. Such national accrediting bodies include, but are not limited to, the of Allied Health Education Programs and the National League of Nursing Accrediting definition of certified registered nurse anesthetist (CRNA) and anesthesiologist and efficient or osteopathy supervision of CRNAs if the state in which the critical comits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by elation with the state's boards of medicine and nursing, requesting exemption from an athy supervision for CRNAs. The letter from the governor must attest that they have do of medicine and nursing about issues related to access to and the quality of ate and has concluded that it is in the best interests of the state's citizens to opt out of the or osteopathy supervision requirement and that the opt-out is consistent with state on and recognition of state laws and the withdrawal of the request may be submitted |

| CFR Number §482.52(a)(4) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|---|--|---|
| §482.52(a)(4) TAG: A-1001 (4) A certified registered nurse anesthetist (CRNA), as defined in §410.69(b) of this | | | ess hospital plans operative or other high-risk procedures. Note: Equipment elements of performance is available to the operating room suites. |
| chapter, who, unless exempted in ac- | retist (CRNA), as defined in §410.69(b) of this cordance with paragraph (c) of this section, is g practitioner or of an anesthesiologist who is | EP 1 Anesthesia is administered or A qualified anesthesiolo A doctor of medicine or recognized under sectio A doctor of dental surge A doctor of podiatric me A certified registered nu by the operating practiti supervision An anesthesiologist's as A supervised trainee in Note 1: In accordance with 42 is a planned program of study recognized national professio Commission on Accreditation Commission. Note 2: See Glossary for the assistant. Note 3: The CoP at 42 CFR 4 from the requirement for doct access hospital is located sub the governor, following consu doctor of medicine or osteopa consulted with the state board anesthesia services in the sta the current doctor of medicine law. The request for exemptic at any time and are effective | Inly by the following individuals: Inly by the following individuals: Inly by the following individuals: In osteopathy other than an anesthesiologist, including an osteopathic practitioner In 1101(a)(7) of the Social Security Act In or dental medicine, who is qualified to administer anesthesia under state law Indicine, who is qualified to administer anesthesia under state law In or dental medicine, who is qualified to administer anesthesia under state law In or dental medicine, who is qualified to administer anesthesia under state law In or dental medicine, who is qualified to administer anesthesia under state law In or dental medicine, who is qualified to administer anesthesia under state law In or defined in 42 CFR 410.69(b), supervised by on this chapter, supervised oner, except as provided in 42 CFR 485.639(e) regarding the state exemption for this In order of allied health education program In organization. Such national accrediting bodies include, but are not limited to, the of Allied Health Education Programs and the National League of Nursing Accrediting definition of certified registered nurse anesthetist (CRNA) and anesthesiologist and definition of certified registered nurse anesthetist (CRNA) and anesthesiologist and definition of certified registered nurse anesthetist (CRNA) and anesthesiologist and the state in which the critical or of medicine or osteopathy supervision of CRNAs if the state in which the critical or of medicine or osteopathy supervision of CRNAs. The letter from the governor must attest that they have due to medicine and nursing about issues related to access to and the quality of the and has concluded that it is in the best interests of the state's citizens to opt out of the or osteopathy supervision requirement and that the opt-out is consistent with state on and recognition of state laws and the withdrawal of the request may be submitted. |

| CFR Number §482.52(a)(5) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|-----------------------------|--|---------------------------------------|---|---|
| §482.52(a)(5) | TAG: A-1001 5) An anesthesiologist's assistant, as defined in Sec. 410.69(b) of this chapter, | | | ess hospital plans operative or other high-risk procedures. Note: Equipment elements of performance is available to the operating room suites. |
| i , | f an anesthesiologist who is immediately available if | A A A A A A A A A A A A A A A A A A A | qualified anesthesiologic doctor of medicine or ecognized under section doctor of dental surger doctor of podiatric medicine deceptified registered not be operating practitupervision in anesthesiologist's a supervised trainee in a coordance with 4 nined program of studized national profession on Accreditation ssion. See Glossary for the int. The CoP at 42 CFR of the erequirement for doctor hospital is located surgernor, following consumer of medicine or osteopied with the state boar esia services in the state that the request for exemptication and are effective | osteopathy other than an anesthesiologist, including an osteopathic practitioner on 1101(a)(7) of the Social Security Act ery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law urse anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised ioner, except as provided in 42 CFR 485.639(e) regarding the state exemption for this essistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist an approved educational program 2 CFR 413.85(e), an approved nursing and allied health education program y that is licensed by state law, or if licensing is not required, is accredited by a onal organization. Such national accrediting bodies include, but are not limited to, the not Allied Health Education Programs and the National League of Nursing Accrediting definition of certified registered nurse anesthetist (CRNA) and anesthesiologist 485.639(e) for state exemption states: A critical access hospital may be exempted for of medicine or osteopathy supervision of CRNAs if the state in which the critical bimits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by ultation with the state's boards of medicine and nursing, requesting exemption from an athy supervision for CRNAs. The letter from the governor must attest that they have do of medicine and nursing about issues related to access to and the quality of ate and has concluded that it is in the best interests of the state's citizens to opt out of e or osteopathy supervision requirement and that the opt-out is consistent with state on and recognition of state laws and the withdrawal of the request may be submitted |

| CFR Number §482.52(b) | Medicare Requirements | 1 | t Commission valent Number | Joint Commission Standards and Elements of Performance |
|---|---|--|--|---|
| §482.52(b) TAG: A-1002 | | LD.13.03.01 | The critical acce | ess hospital provides services that meet patient needs. |
| §482.52(b) Standard: Delivery of Services Anesthesia services must be consistent with needs and resources. Policies on anesthesia procedures must include the delineation of preanesthesia and postanesthesia responsibilities. The policies must ensure that the following are provided for each patient: | | or co bu No of pa in | ne critical access hospital prother agreements that mee implexity of services offered are not limited to the following of the control of the critical of the control of the | rovides services directly or through referral, consultation, contractual arrangements, at the needs of the population(s) served, are organized appropriate to the scope and d, and are in accordance with accepted standards of practice. Services may include wing: utic radiology re provided, they are in accordance with nationally recognized acceptable standards (including physical and behavioral health) of pregnant, birthing, and postpartum cal services are offered, the services are consistent in quality with inpatient care exity of services offered. As applicable, the services must be integrated with other |
| | | PC.13.01.03 | The critical acce | ess hospital provides the patient with care before and after operative or other dures. |
| | | de po | evelops and implements polestanesthesia responsibilitie A preanesthesia evalua as specified in 42 CFR aservices. An intraoperative anestle A postanesthesia evalua as specified in 42 CFR aservices. | ation completed and documented by an individual qualified to administer anesthesia, 482.52(a), no later than 48 hours after surgery or a procedure requiring anesthesia thesia evaluation for anesthesia recovery is completed in accordance with state law bital policies and procedures that have been approved by the medical staff and reflect |
| §482.52(b)(1) TAG: A | | PC.13.01.03 | The critical acce | ess hospital provides the patient with care before and after operative or other dures. |
| qualified to administer anesthesia, as spe performed within 48 hours prior to surger services. | ecified in paragraph (a) of this section, | de po | or rehabilitation and psychia evelops and implements polestanesthesia responsibilitie A preanesthesia evalua as specified in 42 CFR aservices. An intraoperative anestle A postanesthesia evalua as specified in 42 CFR aservices. The postanest | tric distinct part units in critical access hospitals: The critical access hospital icies and procedures for anesthesia that include the delineation of preanesthesia and is. The policies require the following for each patient: tion completed and documented by an individual qualified to administer anesthesia, 482.52(a), within 48 hours prior to surgery or a procedure requiring anesthesia nesia record. ation completed and documented by an individual qualified to administer anesthesia, 482.52(a), no later than 48 hours after surgery or a procedure requiring anesthesia thesia evaluation for anesthesia recovery is completed in accordance with state law bital policies and procedures that have been approved by the medical staff and reflect |

| CFR Number §482.52(b)(2) | Medicare Requirements | | t Commission valent Number | Joint Commission Standards and Elements of Performance | | | |
|--|-----------------------|---|---|--|--|--|--|
| §482.52(b)(2) TAG: A-1004 | | PC.13.01.03 | PC.13.01.03 The critical access hospital provides the patient with care before and after operative or other high-risk procedures. | | | | |
| (2) An intraoperative anesthesia record. | | For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital develops and implements policies and procedures for anesthesia that include the delineation of preanesthesia and postanesthesia responsibilities. The policies require the following for each patient: A preanesthesia evaluation completed and documented by an individual qualified to administer anesthesia, as specified in 42 CFR 482.52(a), within 48 hours prior to surgery or a procedure requiring anesthesia services. An intraoperative anesthesia record. A postanesthesia evaluation completed and documented by an individual qualified to administer anesthesia, as specified in 42 CFR 482.52(a), no later than 48 hours after surgery or a procedure requiring anesthesia services. The postanesthesia evaluation for anesthesia recovery is completed in accordance with state law and critical access hospital policies and procedures that have been approved by the medical staff and reflect current standards of anesthesia care. | | | | | |
| 3:0=0=(0)(0) | G: A-1005 | PC.13.01.03 | The critical acce | ss hospital provides the patient with care before and after operative or other | | | |
| (3) A postanesthesia evaluation completed and documented by an individual qualified to administer anesthesia, as specified in paragraph (a) of this section, no later than 48 hours after surgery or a procedure requiring anesthesia services. The postanesthesia evaluation for anesthesia recovery must be completed in accordance with State law and with hospital policies and procedures that have been approved by the medical staff and that reflect current standards of anesthesia care. | | de po | r rehabilitation and psychiat velops and implements polistanesthesia responsibilities A preanesthesia evaluat as specified in 42 CFR 4 services. An intraoperative anesthesia evaluat as specified in 42 CFR 4 services. The postanesthesia evaluat as specified in 42 CFR 4 services. The postanesthesia | cric distinct part units in critical access hospitals: The critical access hospital cies and procedures for anesthesia that include the delineation of preanesthesia and is. The policies require the following for each patient: ion completed and documented by an individual qualified to administer anesthesia, i.82.52(a), within 48 hours prior to surgery or a procedure requiring anesthesia resia record. In this procedure that 48 hours after surgery or a procedure requiring anesthesia, i.82.52(a), no later than 48 hours after surgery or a procedure requiring anesthesia resia evaluation for anesthesia recovery is completed in accordance with state law ital policies and procedures that have been approved by the medical staff and reflect | | | |
| §482.52(c) TA | G: A-1001 | | | | | | |
| §482.52(c) Standard: State Exemption | n | | | | | | |

| CFR Number §482.52(c)(1) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---|
| §482.52(c)(1) TAG: Ag (1) A hospital may be exempted from the results of the resu | requirement for physician supervision | identified in the | ess hospital plans operative or other high-risk procedures. Note: Equipment elements of performance is available to the operating room suites. |
| of CRNAs as described in paragraph (a)(4 the hospital is located submits a letter to C consultation with the State's Boards of Me from physician supervision of CRNAs. The that he or she has consulted with State Bo issues related to access to and the quality has concluded that it is in the best interest current physician supervision requirement State law. | MS signed by the Governor, following dicine and Nursing, requesting exemption eletter from the Governor must attest eards of Medicine and Nursing about of anesthesia services in the State and s of the State's citizens to opt-out of the | A qualified anesthesiolo A doctor of medicine or recognized under section A doctor of dental surgerial A doctor of podiatric mereial A certified registered number by the operating practiting supervision An anesthesiologist's aserial A supervised trainee in Note 1: In accordance with 42 is a planned program of study recognized national profession Commission on Accreditation Commission. Note 2: See Glossary for the easistant. Note 3: The CoP at 42 CFR 4 from the requirement for doctor access hospital is located subthe governor, following consulted with the state board anesthesia services in the state the current doctor of medicine law. The request for exempticat any time and are effective in the state of the current doctor of medicine law. The request for exemptication and the state of the current doctor of medicine law. The request for exemptication and the state of the current doctor of medicine law. The request for exemptication and the state of the current doctor of medicine law. The request for exemptication and the state of the current doctor of medicine law. The request for exemptication and the state of the current doctor of medicine law. The request for exemptication and the state of the current doctor of medicine law. The request for exemptication and the current doctor of medicine law. The request for exemptication and the current doctor of medicine law. | osteopathy other than an anesthesiologist, including an osteopathic practitioner on 1101(a)(7) of the Social Security Act ery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law earse anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised oner, except as provided in 42 CFR 485.639(e) regarding the state exemption for this esistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist an approved educational program and allied health education program and the companization. Such national accrediting bodies include, but are not limited to, the of Allied Health Education Programs and the National League of Nursing Accrediting definition of certified registered nurse anesthetist (CRNA) and anesthesiologist lass.639(e) for state exemption states: A critical access hospital may be exempted or of medicine or osteopathy supervision of CRNAs if the state in which the critical comits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by altation with the state's boards of medicine and nursing, requesting exemption from athy supervision for CRNAs. The letter from the governor must attest that they have do of medicine and nursing about issues related to access to and the quality of attein and has concluded that it is in the best interests of the state's citizens to opt out of the or osteopathy supervision requirement and that the opt-out is consistent with state and narecognition of state laws and the withdrawal of the request may be submitted |

| CFR Number §482.52(c)(2) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|--|--|---------------------------------------|---|--|
| 6 1 1 (1)(1) | AG: A-1001 ecognition of State laws, and the withdrawal of | PC.13.01.01 | | ess hospital plans operative or other high-risk procedures. Note: Equipment elements of performance is available to the operating room suites. |
| 1, , , , , , , , , , , , , , , , , , , | y time, and are effective upon submission. | A A A A A A A A A A A A A A A A A A A | qualified anesthesiola doctor of medicine or cognized under section doctor of dental surgidoctor of podiatric medicine or the operating practit apervision in anesthesiologist's a supervised trainee in In accordance with 4 med program of studized national profession. See Glossary for the int. The CoP at 42 CFR of the erequirement for doctors is located surginary following consult in the state boar estate of the state boar estate of the state boar erequest for exempticine and are effective | costeopathy other than an anesthesiologist, including an osteopathic practitioner on 1101(a)(7) of the Social Security Act ery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law urse anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised ioner, except as provided in 42 CFR 485.639(e) regarding the state exemption for this essistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist an approved educational program 2 CFR 413.85(e), an approved nursing and allied health education program y that is licensed by state law, or if licensing is not required, is accredited by a onal organization. Such national accrediting bodies include, but are not limited to, the not Allied Health Education Programs and the National League of Nursing Accrediting definition of certified registered nurse anesthetist (CRNA) and anesthesiologist 485.639(e) for state exemption states: A critical access hospital may be exempted for of medicine or osteopathy supervision of CRNAs if the state in which the critical bimits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by ultation with the state's boards of medicine and nursing, requesting exemption from an athy supervision for CRNAs. The letter from the governor must attest that they have do of medicine and nursing about issues related to access to and the quality of ate and has concluded that it is in the best interests of the state's citizens to opt out of e or osteopathy supervision requirement and that the opt-out is consistent with state on and recognition of state laws and the withdrawal of the request may be submitted |

| CFR Number §482.53 | Medicare Requirements | | Commission ralent Number | Joint Commission Standards and Elements of Performance |
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| §482.53 TAG: A | A-1025, A-1026 | LD.13.03.01 | The critical acce | ess hospital provides services that meet patient needs. |
| §482.53 Condition of Participation: Nucle If the hospital provides nuclear medicine needs of the patients in accordance with | services, those services must meet the | EP 1 The critical access hospital provides services that theet patient needs. The critical access hospital provides services directly or through referral, consultation, contractual arrangement or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope at complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: Outpatient Emergency Medical records Diagnostic and therapeutic radiology Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are provided, they are in accordance with nationally recognized acceptable standard of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services are consistent in quality with inpatient care in accordance with the complexity of services offered. As applicable, the services must be integrated with othe departments of the critical access hospital. | | |
| §482.53(a) TAG: A | A-1027 | LD.13.03.01 | The critical acce | ess hospital provides services that meet patient needs. |
| and complexity of the services offered. | service must be appropriate to the scope | or c con but Mot of p pat in a dep | other agreements that meet implexity of services offered are not limited to the follow outpatient Emergency Medical records Diagnostic and therapeu Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical te: If obstetrical services are practice for the health care ients. If outpatient obstetrical accordance with the complements of the critical accordance of the services are practiced to the critical accordance of the critical accordance of the critical accordance of the services of the critical accordance of the critical accordanc | e provided, they are in accordance with nationally recognized acceptable standards (including physical and behavioral health) of pregnant, birthing, and postpartum cal services are offered, the services are consistent in quality with inpatient care exity of services offered. As applicable, the services must be integrated with other cess hospital. |
| §482.53(a)(1) TAG: A | A-1027 | LD.13.01.07 | | ess hospital effectively manages its programs, services, sites, or departments. |
| (1) There must be a director who is a doc nuclear medicine. | ctor of medicine or osteopathy qualified in | osto • • • • • • • | eopathy directs the followin Anesthesia Nuclear medicine Respiratory care te 1: The anesthesia servic | tric distinct part units in critical access hospitals: A qualified doctor of medicine or ng services, when provided: te is responsible for all anesthesia administered in the critical access hospital. ervices, the director may serve on either a full-time or part-time basis. |

| CFR Number §482.53(a)(2) | Medicare Requirements | _ | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|---|------------|--|---|
| §482.53(a)(2) TAG: A-1027 (2) The qualifications, training, functions and responsibilities of the nuclear medicine personnel must be specified by the service director and approved by the medical staff. | | MS.16.01.0 | provided by phy process. For rehabilitation and psychia | nedical staff oversees the quality of patient care, treatment, and services risicians and other licensed practitioners privileged through the medical staff tric distinct part units in critical access hospitals: The medical staff approves the ecifications for the qualifications, training, functions, and responsibilities of the |
| §482.53(b) TAG: A | A-1035 | PE.02.01.0 | 1 The critical acce | ess hospital manages risks related to hazardous materials and waste. |
| §482.53(b) Standard: Delivery of Service Radioactive materials must be prepared, disposed of in accordance with acceptabl | labeled, used, transported, stored, and | EP 4 | exposure to hazardous materi Minimizing risk when se hazardous chemicals, an Disposal of hazardous not Minimizing risk when se Periodic inspection of rate Precautions to follow an waste spills or exposure Note 1: Hazardous energy is and nonionizing equipment (for Note 2: Hazardous gases and generated by glutaraldehyde; | lecting and using hazardous energy sources, including the use of proper shielding diology equipment and prompt correction of hazards found during inspection d personal protective equipment to wear in response to hazardous material and produced by both ionizing equipment (for example, radiation and x-ray equipment) |
| §482.53(b)(1) TAG: A | A-1036 | MM.15.01. | 01 The critical acce | ess hospital safely prepares medications. |
| (1) In-house preparation of radiopharmac of, an appropriately trained registered phasteopathy. | • | EP 7 | . , | tric distinct part units in critical access hospitals: An appropriately trained or of medicine or osteopathy performs or supervises in-house preparation of |
| §482.53(b)(2) TAG: A | A-1037 | PE.02.01.0 | 1 The critical acce | ess hospital manages risks related to hazardous materials and waste. |
| (2) There is proper storage and disposal of | of radioactive material. | EP 4 | exposure to hazardous materi Minimizing risk when se hazardous chemicals, an Disposal of hazardous not Minimizing risk when se Periodic inspection of rate Precautions to follow an waste spills or exposure Note 1: Hazardous energy is and nonionizing equipment (for Note 2: Hazardous gases and generated by glutaraldehyde; | lecting and using hazardous energy sources, including the use of proper shielding diology equipment and prompt correction of hazards found during inspection d personal protective equipment to wear in response to hazardous material and produced by both ionizing equipment (for example, radiation and x-ray equipment) |
| §482.53(b)(3) TAG: A | A-1038 | LD.13.03.0 | 1 The critical acce | ess hospital provides services that meet patient needs. |
| (3) If laboratory tests are performed in the must meet the applicable requirement for | e nuclear medicine service, the service laboratory services specified in §482.27. | EP 9 | provides nuclear medicine ser | tric distinct part units in critical access hospitals: If the critical access hospital rvices, and nuclear medicine staff perform laboratory tests, the services meet the boratory services specified in 42 CRF 482.27. |

| CFR Nun §482.53 | | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance | |
|--|-------------------|---|---------------------------------------|--|--|--|
| §482.53(c) | TAG: A | n-1044 | PE.04.01.0 ⁻ | 1 The critical acc | ess hospital addresses building safety and facility management. | |
| | must be appropr | iate for the types of nuclear medicine for safe and efficient performance. The | EP 4 | maintains equipment and su | atric distinct part units in critical access hospitals: The critical access hospital oplies appropriate for the types of nuclear medicine services offered. The equipment ion and efficient performance. | |
| §482.53(c)(1) | TAG: A | 1044 | PE.04.01.0 | 1 The critical acc | ess hospital addresses building safety and facility management. | |
| (1) Maintained in safe operating condition; and | | EP 4 | | | | |
| §482.53(c)(2) | TAG: A | N-1044 | PE.05.01.0 | 1 The critical acc | ess hospital manages imaging safety risks. | |
| | | ast annually by qualified personnel. | EP 1 | nuclear medicine (NM) imag identified, are documented. NM scanner (for example, pl imaging metrics: Image uniformity/syste High-contrast resolutio Sensitivity Energy resolution Count-rate performanc Artifact evaluation Note 1: The following test is acquisitions. Note 2: The medical physicis assisted with the testing and and skills, as determined by HR.11.01.03, EPs 1 and 2; H | n/system spatial resolution e recommended but not required: Low-contrast resolution or detectability for non-planar at or nuclear medicine physicist is accountable for these activities. They may be evaluation of equipment performance by individuals who have the required training the medical physicist or nuclear medicine physicist. (For more information, refer to IR.11.02.01, EP 2) | |
| §482.53(d) | TAG: A | A-1051 | RC.11.01.0 | 1 The critical acc individual patie | ess hospital maintains complete and accurate medical records for each | |
| §482.53(d) Standard: R The hospital must maint interpretations, consulta | ain signed and da | ated reports of nuclear medicine lures. | EP 4 | The critical access hospital or signed, dated, and timed me | levelops and implements policies and procedures for accurate, legible, complete, dical record entries that are authenticated by the person responsible for providing or ed. Medical records are promptly completed, systematically organized, and readily | |

| CFR Number §482.53(d) | Medicare Requirements | _ | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|---|--|------------|--|--|
| | | RC.12.01.0 | The medical rec services. | ord contains information that reflects the patient's care, treatment, and |
| | | EP 2 | Admitting diagnosis Any emergency care, tre Any allergies to food and Any findings of assessm Results of all consultative care of the patient Treatment goals, plan of Documentation of companesthesia All practitioners' orders Nursing notes, reports of monitor the patient's core Medication records, including and interest support person where a further explanation of block Administration of each support person where a Records of radiology and All care, treatment, and Patient's response to care Medical history and physinformation Discharge plan and discending any medication, and diagnoses or conditions. | tents and reassessments be evaluations of the patient and findings by clinical and other staff involved in the stare, and revisions to the plan of care lications, health care—acquired infections, and adverse reactions to drugs and streatment, laboratory reports, vital signs, and other information necessary to addition under the strength, dose, route, date and time of administration, access site for on devices used, and rate of administration and endication is necessary, the critical access hospital defines in policy the urgent/olock charting would be an acceptable form of documentation. For the definition and charting, refer to the Glossary. elf-administered medication, as reported by the patient (or the patient's caregiver or oppropriate) distribution and charting redictions services, including signed interpretation reports services provided to the patient re, treatment, and services sical examination, including any conclusions or impressions drawn from the |
| §482.53(d)(1) TAG: A- | 1051 | RC.11.03.0 | The critical acce | ess hospital retains its medical records. |
| (1) The hospital must maintain copies of nu years. | uclear medicine reports for at least 5 | EP 1 | legally reproduced medical re law and regulation. Note: Medical records are reta | tric distinct part units in critical access hospitals: The retention time of the original or cord is determined by its use and critical access hospital policy, in accordance with ained in their original or legally reproduced form for at least five years. This includes ological reports, printouts, films, and scans; and other applicable image records. |
| §482.53(d)(2) TAG: A- | 1051 | RC.11.01.0 | | ess hospital maintains complete and accurate medical records for each |
| (2) The practitioner approved by the medic must sign and date the interpretation of the | , , | EP 4 | signed, dated, and timed med | evelops and implements policies and procedures for accurate, legible, complete, ical record entries that are authenticated by the person responsible for providing or id. Medical records are promptly completed, systematically organized, and readily |
| §482.53(d)(3) TAG: A- | 1054 | MM.13.01.0 | O1 The critical acce | ess hospital safely stores medications. |
| (3) The hospital must maintain records of the pharmaceuticals. | ne receipt and distribution of radio | EP 6 | | tric distinct part units in critical access hospitals: The critical access hospital pt and distribution of radiopharmaceuticals. |

| CFR Number §482.53(d)(4) | Medicare Requirements | | pint Commission Juivalent Number | Joint Commission Standards and Elements of Performance | |
|--|---|---------------------|--|--|--|
| §482.53(d)(4) TAG: A | | PC.12.01.0 | | ss hospital provides care, treatment, and services as ordered or prescribed ce with law and regulation. | |
| (4) Nuclear medicine services must be ordered only by practitioners whose scope of Federal or State licensure and whose defined staff privileges allow such referrals. | | | Prior to providing care, treatment, and services, the critical access hospital obtains or renews orders written) from a physician or other licensed practitioner in accordance with professional standards of and regulation; critical access hospital policies; and medical staff bylaws, rules, and regulations. Note 1: This includes but is not limited to respiratory services, radiology services, rehabilitation servimedicine services, and dietetic services, if provided. Note 2: Patient diets, including therapeutic diets, are ordered by the physician or other licensed practices are provided by the medical staff and acting in accordance with state law governing dietitians and nutrition professional who is a by the medical staff and acting in accordance with state law governing dietitians and nutrition professional values are considered by the physician or other licensed practices. | | |
| | A-1076, A-1081 | LD.13.03.01 | | ss hospital provides services that meet patient needs. | |
| §482.54 Condition of Participation: Outpatient Services If the hospital provides outpatient services, the services must meet the needs of the patients in accordance with acceptable standards of practice. | | | The critical access hospital provides services directly or through referral, consultation, contractual arrangement or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope at complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: Outpatient Emergency Medical records Diagnostic and therapeutic radiology Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are provided, they are in accordance with nationally recognized acceptable standar of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services are consistent in quality with inpatient care in accordance with the complexity of services offered. As applicable, the services must be integrated with other | | |
| §482.54(a) TAG: A | A-1077 | LD.13.03.01 | The critical acce | ss hospital provides services that meet patient needs. | |
| §482.54(a) Standard: Organization Outpatient services must be appropriately services. | y organized and integrated with inpatient | EP 5 | | tric distinct part units in critical access hospitals: If the critical access hospital he services are integrated with inpatient services. | |
| §482.54(b) TAG: A | A-1079 | i | , | | |
| §482.54(b) Standard: Personnel The hospital must - | | | | | |
| | | | | | |
| §482.54(b)(1) TAG: A (1) Assign one or more individuals to be | | LD.13.01.07 EP 2 | For rehabilitation and psychiat | ss hospital effectively manages its programs, services, sites, or departments. The critical access hospital assigns re responsible for outpatient services. | |

| CFR Number §482.54(b)(2) | Medicare Requirements | _ | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance | |
|--|--------------------------------------|------------|---|---|--|
| \$482.54(b)(2) TAG: A-1079 (2) Have appropriate professional and nonprofessional personnel available at each location where outpatient services are offered, based on the scope and complexity. | | NPG.12.01 | | ess hospital's leadership team ensures that there is qualified ancillary staff the needs of the population served and determine how they function within . | |
| location where outpatient services are offered, based on the scope and complexity of outpatient services. | | EP 1 | | | |
| (c) Standard: Orders for outpatient ser a practitioner who meets the following | | | | | |
| §482.54(c)(1) TAG (1) Is responsible for the care of the pa | G: A-1080 atient. | PC.12.01.0 | | ess hospital provides care, treatment, and services as ordered or prescribed ce with law and regulation. | |
| | | EP 2 | Responsible for the care Licensed in the state wh Acting within their scope Authorized in accordance governing body to order Note: This applies to physician | tric distinct part units in critical access hospitals: Any physician or other licensed client services meets the following conditions: a of the patient ere they provide care to the patient ere they provide care to the patient ere they provide care to the patient ere with state law and policies adopted by the medical staff and approved by the the applicable outpatient services as or other licensed practitioners who are appointed to the critical access hospital's anted privileges, as well as practitioners not appointed to the medical staff who | |
| 0 · · (·/(/ | G: A-1080 | PC.12.01.0 | | ess hospital provides care, treatment, and services as ordered or prescribed ce with law and regulation. | |
| (2) Is licensed in the State where he or | i sile provides care to the patient. | EP 2 | For rehabilitation and psychia practitioner who orders output Responsible for the care Licensed in the state wh Acting within their scope Authorized in accordance governing body to order Note: This applies to physician | tric distinct part units in critical access hospitals: Any physician or other licensed ient services meets the following conditions: | |

| CFR Number §482.54(c)(3) | Medicare Requirements | | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance | | | |
|--|--------------------------------------|-----------|---|---|--|--|--|
| §482.54(c)(3) TAG: A-1080 (3) Is acting within his or her scope of practice under State law. | | PC.12.01 | PC.12.01.01 The critical access hospital provides care, treatment, and services as ordered or prescribed and in accordance with law and regulation. | | | | |
| (a) is acting within this of their scope of pract | tice under otale law. | EP 2 | For rehabilitation and psychia practitioner who orders output Responsible for the care Licensed in the state wh Acting within their scope Authorized in accordance governing body to order Note: This applies to physician | tric distinct part units in critical access hospitals: Any physician or other licensed tient services meets the following conditions: | | | |
| §482.54(c)(4) TAG: A- (4) Is authorized in accordance with State | | PC.12.01. | | ess hospital provides care, treatment, and services as ordered or prescribed ace with law and regulation. | | | |
| staff, and approved by the governing body services. This applies to the following: | | EP 2 | For rehabilitation and psychia practitioner who orders output Responsible for the care Licensed in the state wh Acting within their scope Authorized in accordance governing body to order Note: This applies to physicial | tric distinct part units in critical access hospitals: Any physician or other licensed tient services meets the following conditions: | | | |
| §482.54(c)(4)(i) TAG: A-(i) All practitioners who are appointed to the | | PC.12.01. | | ess hospital provides care, treatment, and services as ordered or prescribed are with law and regulation. | | | |
| been granted privileges to order the application | | EP 2 | For rehabilitation and psychia practitioner who orders output Responsible for the care Licensed in the state wh Acting within their scope Authorized in accordance governing body to order Note: This applies to physician | tric distinct part units in critical access hospitals: Any physician or other licensed tient services meets the following conditions: | | | |
| §482.54(c)(4)(ii) TAG: A- | | PC.12.01. | | ess hospital provides care, treatment, and services as ordered or prescribed are with law and regulation. | | | |
| (ii) All practitioners not appointed to the me criteria for authorization by the medical sta applicable outpatient services for their pati | ff and the hospital for ordering the | EP 2 | For rehabilitation and psychia practitioner who orders output Responsible for the care Licensed in the state wh Acting within their scope Authorized in accordance governing body to order Note: This applies to physicial | tric distinct part units in critical access hospitals: Any physician or other licensed tient services meets the following conditions: | | | |

| CFR Number §482.55 | Medicare Requirements | 1 | int Commission uivalent Number | Joint Commission Standards and Elements of Performance |
|---|--|---|---|---|
| §482.55 TAG: A- | 1100 | LD.13.03.01 | The critical acce | ess hospital provides services that meet patient needs. |
| §482.55 Condition of Participation: Emergency Services The hospital must meet the emergency needs of patients in accordance with acceptable standards of practice. | | EP 1 The critical access hospital provides services directly or through referral, consultation, contractual arrangem or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope complexity of services offered, and are in accordance with accepted standards of practice. Services may incomplete but are not limited to the following: Outpatient Emergency Medical records Diagnostic and therapeutic radiology Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are provided, they are in accordance with nationally recognized acceptable stant of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartur patients. If outpatient obstetrical services are offered, the services are consistent in quality with inpatient car in accordance with the complexity of services offered. As applicable, the services must be integrated with ot departments of the critical access hospital. EP 7 For rehabilitation and psychiatric distinct part units in critical access hospitals: If the critical access hospital provides emergency services, the services are under the direction of a qualified member of the medical staff | | |
| | | | | rtments of the critical access hospital. |
| §482.55(a) TAG: A- | 1101 | | | |
| §482.55(a) Standard: Organization and Dir | rection. |] | | |
| If emergency services are provided at the I | hospital | | | |
| §482.55(a)(1) TAG: A- | 1102 | LD.13.03.01 | The critical acce | ess hospital provides services that meet patient needs. |
| (1) The services must be organized under medical staff; | the direction of a qualified member of the | | or other agreements that mee complexity of services offered but are not limited to the follow | e provided, they are in accordance with nationally recognized acceptable standards (including physical and behavioral health) of pregnant, birthing, and postpartum cal services are offered, the services are consistent in quality with inpatient care exity of services offered. As applicable, the services must be integrated with other |

| CFR Number §482.55(a)(1) | Medicare Requirements | 1 | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|------------|--|---|
| | | EP 7 | provides emergency services | tric distinct part units in critical access hospitals: If the critical access hospital the services are under the direction of a qualified member of the medical staff and artments of the critical access hospital. |
| §482.55(a)(2) TAG: A | -1103 | LD.13.03.0 | The critical acce | ess hospital provides services that meet patient needs. |
| (2) The services must be integrated with o | other departments of the hospital; | EP 1 | or other agreements that mee complexity of services offered but are not limited to the follow. Outpatient Emergency Medical records Diagnostic and therapeut Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are of practice for the health care patients. If outpatient obstetricin accordance with the compled departments of the critical accordance. | te provided, they are in accordance with nationally recognized acceptable standards (including physical and behavioral health) of pregnant, birthing, and postpartum cal services are offered, the services are consistent in quality with inpatient care exity of services offered. As applicable, the services must be integrated with other cess hospital. |
| | | EP 7 | provides emergency services. | tric distinct part units in critical access hospitals: If the critical access hospital, the services are under the direction of a qualified member of the medical staff and artments of the critical access hospital. |
| §482.55(a)(3) TAG: A (3) The policies and procedures governing service or department are established by | g medical care provided in the emergency | MS.16.01.0 | | nedical staff oversees the quality of patient care, treatment, and services ricians and other licensed practitioners privileged through the medical staff |
| medical staff. | and and a second | EP 9 | | tric distinct part units in critical access hospitals: If the critical access hospital the policies and procedures governing emergency medical care are established by bility of the medical staff. |
| §482.55(b) TAG: A | -1110 | | | |
| §482.55(b) Standard: Personnel | | | | |
| §482.55(b)(1) TAG: A | -1111 | LD.13.01.0 | 7 The critical acce | ess hospital effectively manages its programs, services, sites, or departments. |
| (1) The emergency services must be supermedical staff. | ervised by a qualified member of the | EP 1 | | tric distinct part units in critical access hospitals: The critical access hospital's rvised by a qualified member of the medical staff. |

| CFR Number §482.55(b)(2) | Medicare Requirements | | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|------------|--|---|
| §482.55(b)(2) TAG: A-1112 (2) There must be adequate medical and nursing personnel qualified in emergency care to meet the written emergency procedures and needs anticipated by the facility. | | NPG.12.01 | | ess hospital's leadership team ensures that there is qualified ancillary staff the needs of the population served and determine how they function within n. |
| | | EP 1 | and services. Note 1: The number and mix Services may include but are Rehabilitation services Emergency services Outpatient services Respiratory services Pharmaceutical services Diagnostic and theraped Note 2: Emergency services solute 3: For rehabilitation and first cost reporting period for and is capable of providing he inpatients in the unit on that desired in the services in the services services solutes. | s, including emergency pharmaceutical services utic radiology services staff are qualified in emergency care. psychiatric distinct part units in critical access hospitals: As of the first day of the which all other exclusion requirements are met, the unit is fully equipped and staffed ospital inpatient psychiatric or rehabilitation care regardless of whether there are any late. |
| §482.55(c) | | LD.13.03.0 | | ess hospital provides services that meet patient needs. |
| §482.55(c) Standard: Emergency services readiness. Effective July 1, 2025, in accordance with the complexity and scope of services offered, there must be adequate provisions and protocols to meet the emergency needs of patients. | | EP 20 | provisions (as required under patients. | exity and scope of services offered, the critical access hospital has adequate 42 CFR 485.618 (b) and (c)) and protocols to meet the emergency needs of refer to https://www.ecfr.gov/current/title-42/section-485.618. |
| §482.55(c)(1) | | LD.13.03.0 | 1 The critical acce | ess hospital provides services that meet patient needs. |
| (1) Protocols. Protocols must be consisten based guidelines for the care of patients w not limited to patients with obstetrical emer postdelivery care. | ith emergency conditions, including but | EP 21 | consistent with nationally reco | exity and scope of services offered, the critical access hospital protocols are ognized and evidence-based guidelines for the care of patients with emergency imited to patients with obstetrical emergencies, complications, and immediate |
| §482.55(c)(2) | | PC.12.01.0 | | ess hospital recognizes and responds to changes in a patient's condition. |
| (2) Provisions. Provisions include equipme treating emergency cases. Such provisions readily available for treating emergency ca | s must be kept at the hospital and be | | emergency tean | ccess hospitals are not required to create rapid response teams or medical ns in order to meet this standard. The existence of these types of teams does II of the elements of performance are automatically achieved. |
| available provisions must include the following: | | EP 1 | saving procedures. These iter cases. Note 1: The drugs and biologi to analgesics, local anesthetic antiarrythmics, cardiac glycos Note 2: Equipment and suppli endotracheal tubes, ambu ba | naintains equipment, supplies, and drugs and biologicals commonly used in life- ms are kept at the critical access hospital and are available for treating emergency icals commonly used in life-saving procedures include but are not limited cs, antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids, sides, antihypertensives, diuretics, and electrolytes and replacement solutions. ies commonly used life-saving procedures include but are not limited to airways, g/valve/mask, oxygen, tourniquets, immobilization devices, nasogastric tubes, uction machine, defibrillator, cardiac monitor, chest tubes, and indwelling urinary |

| CFR Number §482.55(c)(2)(i) | Medicare Requirements | | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance | | |
|--|---|--|--|---|--|--|
| §482.55(c)(2)(i) (i) Drugs, blood and blood products, and biologicals commonly used in lifesaving procedures; | | PC.12.01.07 The critical access hospital recognizes and responds to changes in a patient's condition. Note: Critical access hospitals are not required to create rapid response teams or medical emergency teams in order to meet this standard. The existence of these types of teams does not mean that all of the elements of performance are automatically achieved. | | | | |
| | | | EP 1 The critical access hospital maintains equipment, supplies, and drugs and biologicals commonly used in I saving procedures. These items are kept at the critical access hospital and are available for treating emer cases. Note 1: The drugs and biologicals commonly used in life-saving procedures include but are not limited to analgesics, local anesthetics, antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids, antiarrythmics, cardiac glycosides, antihypertensives, diuretics, and electrolytes and replacement solution Note 2: Equipment and supplies commonly used life-saving procedures include but are not limited to airw endotracheal tubes, ambu bag/valve/mask, oxygen, tourniquets, immobilization devices, nasogastric tube splints, IV therapy supplies, suction machine, defibrillator, cardiac monitor, chest tubes, and indwelling uri catheters. | | | |
| §482.55(c)(2)(ii) (ii) Equipment and supplies commonly use | §482.55(c)(2)(ii) (ii) Equipment and supplies commonly used in life-saving procedures; and | | Note: Critical ac emergency tean | ess hospital recognizes and responds to changes in a patient's condition. It is to see the see that see that see the see that see | | |
| | | | saving procedures. These iter cases. Note 1: The drugs and biologito analgesics, local anesthetic antiarrythmics, cardiac glycos Note 2: Equipment and suppliendotracheal tubes, ambu ba | aintains equipment, supplies, and drugs and biologicals commonly used in life- ms are kept at the critical access hospital and are available for treating emergency cals commonly used in life-saving procedures include but are not limited cs, antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids, ides, antihypertensives, diuretics, and electrolytes and replacement solutions. les commonly used life-saving procedures include but are not limited to airways, g/valve/mask, oxygen, tourniquets, immobilization devices, nasogastric tubes, uction machine, defibrillator, cardiac monitor, chest tubes, and indwelling urinary | | |
| §482.55(c)(2)(iii) | | PC.12.01.0 | | ess hospital recognizes and responds to changes in a patient's condition. | | |
| (iii) Each emergency services treatment ar patient. | ea must have a call-in-system for each | | emergency tean | cess hospitals are not required to create rapid response teams or medical ns in order to meet this standard. The existence of these types of teams does Il of the elements of performance are automatically achieved. | | |
| | | EP 1 | saving procedures. These iter cases. Note 1: The drugs and biologi to analgesics, local anesthetic antiarrythmics, cardiac glycos Note 2: Equipment and suppli endotracheal tubes, ambu ba | aintains equipment, supplies, and drugs and biologicals commonly used in lifems are kept at the critical access hospital and are available for treating emergency cals commonly used in life-saving procedures include but are not limited as, antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids, ides, antihypertensives, diuretics, and electrolytes and replacement solutions. les commonly used life-saving procedures include but are not limited to airways, g/valve/mask, oxygen, tourniquets, immobilization devices, nasogastric tubes, uction machine, defibrillator, cardiac monitor, chest tubes, and indwelling urinary | | |
| §482.55(c)(3) | | HR.11.03.0 | The critical acce | ess hospital provides orientation, education, and training to their staff. | | |
| (3) Staff training. Applicable staff, as identi annually on the protocols and provisions in | | EP 2 | implemented for emergency s Note 1: For 485.618(e), refer | by the critical access hospital, are trained annually on the protocols and provisions bervices readiness pursuant to 42 CFR 485.618(e). to https://www.ecfr.gov/current/title-42/part-485/section-485.618#p-485.618(e). spital must document in staff personnel records that the annual training was | | |

| CFR Number §482.55(c)(3)(i) | Medicare Requirements | _ | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance | |
|---|--|------------|--|--|--|
| §482.55(c)(3)(i) | | HR.11.03.0 | 1 The critical acce | ess hospital provides orientation, education, and training to their staff. | |
| (i) The governing body must identify and document which staff must complete such training. | | EP 3 | The governing body identifies readiness training. | and documents which staff must complete the annual emergency services | |
| §482.55(c)(3)(ii) | | HR.11.03.0 | 1 The critical acce | ess hospital provides orientation, education, and training to their staff. | |
| (ii) The hospital must document in the staff personnel records that the training was successfully completed. | | EP 2 | Applicable staff, as identified by the critical access hospital, are trained annually on the protocols and provis implemented for emergency services readiness pursuant to 42 CFR 485.618(e). Note 1: For 485.618(e), refer to https://www.ecfr.gov/current/title-42/part-485/section-485.618#p-485.618(e). Note 2: The critical access hospital must document in staff personnel records that the annual training was successfully completed. | | |
| §482.55(c)(3)(iii) | | HR.11.03.0 | | ess hospital provides orientation, education, and training to their staff. | |
| (iii) The hospital must be able to demonstr implemented pursuant to this section. | ate staff knowledge on the topics | EP 4 | The critical access hospital is provisions training. | able to demonstrate staff knowledge of emergency services readiness protocols and | |
| §482.55(c)(3)(iv) | | HR.11.03.0 | 1 The critical acce | The critical access hospital provides orientation, education, and training to their staff. | |
| (iv) The hospital must use findings from its QAPI program, as required at § 482.21, to inform staff training needs and any additions, revisions, or updates to training topics on an ongoing basis. | | EP 5 | program, as required at 42 CI training topics on an ongoing | ses findings from its quality assessment and performance improvement (QAPI) FR 485.641, to inform staff training needs and any additions, revisions, or updates to basis. sps://www.ecfr.gov/current/title-42/section-485.641. | |
| §482.56 TAG: A-1123 | | PC.12.01.0 | | ess hospital provides care, treatment, and services as ordered or prescribed | |
| §482.56 Condition of Participation: Rehab If the hospital provides rehabilitation, phys audiology, or speech pathology services, t to ensure the health and safety of patients | ical therapy, occupational therapy, he services must be organized and staffed | EP 4 | If the critical access hospital pathology, or audiology servicestandards of practice. Note: For rehabilitation distince rehabilitation nursing, physical services, psychological | crewith law and regulation. provides rehabilitation, physical therapy, occupational therapy, speech-language ces, the services are organized and provided in accordance with national accepted ct part units in critical access hospitals: The critical access hospital provides all therapy, and occupational therapy, and, as needed, speech-language pathology, services (including neuropsychological services), and orthotic and prosthetic ccordance with national accepted standards of practice. | |
| §482.56(a) TAG: A- | | PC.12.01.0 | | ess hospital provides care, treatment, and services as ordered or prescribed | |
| §482.56(a) Standard: Organization and Staffing The organization of the service must be appropriate to the scope of the services offered. | | EP 4 | If the critical access hospital pathology, or audiology services standards of practice. Note: For rehabilitation distince rehabilitation nursing, physical services, psychological | crewith law and regulation. provides rehabilitation, physical therapy, occupational therapy, speech-language ces, the services are organized and provided in accordance with national accepted ct part units in critical access hospitals: The critical access hospital provides all therapy, and occupational therapy, and, as needed, speech-language pathology, services (including neuropsychological services), and orthotic and prosthetic occordance with national accepted standards of practice. | |
| §482.56(a)(1) TAG: A- | 1125 | HR.11.02.0 | | ess hospital defines and verifies staff qualifications. | |
| (1) The director of the services must have and capabilities to properly supervise and | | EP 3 | For rehabilitation and psychia | tric distinct part units in critical access hospitals: The director of rehabilitation experience, and capabilities to supervise and administer the services. | |

| CFR Numb §482.56(a)(| ~ - | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|--|--|--|---------------------------------------|---|--|
| §482.56(a)(2) | TAG: A | -1126 | HR.11.02.0 | The critical acce | ess hospital defines and verifies staff qualifications. |
| (2) Physical therapy, occupational therapy, or speech-language pathology or audiology services, if provided, must be provided by qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 of this chapter. | | 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, provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the critical access hospital. See Glossary for definitions of physical therapist, physical therapist assistant, occupational therapist, occupational therapy assistant, speech-language pathologist, and audiologist. Note 3: For rehabilitation and psychiatric distinct part units in critical access hospitals: If respiratory care services are provided, staff qualified to perform specific respiratory care procedures and the amount of supervision required to carry out the specific procedures is designated in writing. | | | |
| §482.56(b) §482.56(b) Standard: Deliv | TAG: A | | PC.12.01.01 | | ess hospital provides care, treatment, and services as ordered or prescribed lice with law and regulation. |
| Services must only be pro- practitioner who is respons scope of practice under St | vided under the sible for the care ate law, and wh | orders of a qualified and licensed e of the patient, acting within his or her no is authorized by the hospital's medical with hospital policies and procedures and | | Prior to providing care, treatm written) from a physician or ot and regulation; critical access Note 1: This includes but is no medicine services, and dieteti Note 2: Patient diets, including responsible for the patient's ca by the medical staff and acting | ent, and services, the critical access hospital obtains or renews orders (verbal or her licensed practitioner in accordance with professional standards of practice; law hospital policies; and medical staff bylaws, rules, and regulations. ot limited to respiratory services, radiology services, rehabilitation services, nuclear |

| CFR Number §482.56(b)(1) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|--|---|---------------------------------------|---|---|
| §482.56(b)(1) TAG: A (1) All rehabilitation services orders must | | RC.12.01.0 | The medical rec services. | ord contains information that reflects the patient's care, treatment, and |
| record in accordance with the requiremen | ts at §482.24. | EP 2 | Admitting diagnosis Any emergency care, tree Any allergies to food and Any findings of assessme Results of all consultative care of the patient Treatment goals, plan of Documentation of complianesthesia All practitioners' orders Nursing notes, reports of monitor the patient's core Medication records, inclumedication, administration Note: When rapid titration of a demergent situations in which a further explanation of block Administration of each sis support person where all Records of radiology and All care, treatment, and Patient's response to caes Medical history and physinformation Discharge plan and discess Discharge summary with including any medication Any diagnoses or condite Note: Medical records are consistent of the patient's response or condited. | nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the f care, and revisions to the plan of care lications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to indition uding the strength, dose, route, date and time of administration, access site for on devices used, and rate of administration a medication is necessary, the critical access hospital defines in policy the urgent/ block charting would be an acceptable form of documentation. For the definition and charting, refer to the Glossary. ielf-administered medication, as reported by the patient (or the patient's caregiver or ppropriate) d nuclear medicine services, including signed interpretation reports services provided to the patient ure, treatment, and services sical examination, including any conclusions or impressions drawn from the charge planning evaluation in outcome of hospitalization, disposition of case, and provisions for follow-up care, ins dispensed or prescribed on discharge tions established during the patient's course of care, treatment, and services impleted within 30 days following discharge, including final diagnosis. |
| §482.56(b)(2) TAG: A | | PC.12.01.0 | | ess hospital provides care, treatment, and services as ordered or prescribed are with law and regulation. |
| (2)The provision of care and the personne national acceptable standards of practice §409.17 of this chapter. | el qualifications must be in accordance with and must also meet the requirements of | EP 4 | If the critical access hospital p pathology, or audiology service standards of practice. Note: For rehabilitation distince rehabilitation nursing, physical social services, psychological | provides rehabilitation, physical therapy, occupational therapy, speech-language ses, the services are organized and provided in accordance with national accepted at part units in critical access hospitals: The critical access hospital provides all therapy, and occupational therapy, and, as needed, speech-language pathology, services (including neuropsychological services), and orthotic and prosthetic occordance with national accepted standards of practice. |

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

| CFR Number §482.57(a)(2) | Medicare Requirements | 1 | pint Commission quivalent Number | Joint Commission Standards and Elements of Performance | |
|--|--|--|---|--|--|
| §482.57(a)(2) TAG: A-1154 (2) There must be adequate numbers of respiratory therapists, respiratory therapy technicians, and other personnel who meet the qualifications specified by the | | NPG.12.01. | NPG.12.01.01 The critical access hospital's leadership team ensures that there is qualified required to meet the needs of the population served and determine how they the organization. | | |
| | echnicians, and other personnel who meet the qualifications specified by the nedical staff, consistent with State law. | | Leaders provide for an adequate number and mix of qualified individuals to support safe, quality care, treatment, and services. Note 1: The number and mix of individuals is appropriate to the scope and complexity of the services offered. Services may include but are not limited to the following: Rehabilitation services Emergency services Outpatient services Respiratory services Pharmaceutical services, including emergency pharmaceutical services Diagnostic and therapeutic radiology services Note 2: Emergency services staff are qualified in emergency care. Note 3: For rehabilitation and psychiatric distinct part units in critical access hospitals: As of the first day of the first cost reporting period for which all other exclusion requirements are met, the unit is fully equipped and staffed and is capable of providing hospital inpatient psychiatric or rehabilitation care regardless of whether there are any inpatients in the unit on that date. | | |
| 0 () | AG: A-1160 | LD.13.01.09 The critical access hospital has policies and procedures that guide and support patient car | | | |
| §482.57(b) Standard: Delivery of Se | rvices | treatment, and services. EP 7 For rehabilitation and psychiatric distinct part units in critical access hospitals: If respiratory care services are | | | |
| Services must be delivered in accord | dance with medical staff directives. | EP / | | ed in accordance with policies and procedures approved by the medical staff. | |
| §482.57(b)(1) | AG: A-1161 | HR.11.02.0 | 1 The critical acce | ss hospital defines and verifies staff qualifications. | |
| | pecific procedures and the amount of supervision pecific procedures must be designated in | EP 1 | Note 1: Qualifications for infective certification (such as that offer Note 2: For rehabilitation and therapists, physical therapists a language pathologists, or audispeech-language pathology, of See Glossary for definitions of therapy assistant, speech-language Note 3: For rehabilitation and | dirines staff qualifications specific to their job responsibilities. Intion control may be met through ongoing education, training, experience, and/or are do by the Certification Board for Infection Control). In psychiatric distinct part units in critical access hospitals: Qualified physical assistants, occupational therapists, occupational therapy assistants, speech-tologists, as defined in 42 CFR 484, provide physical therapy, occupational therapy, or audiology services, if these services are provided by the critical access hospital. If physical therapist, physical therapist assistant, occupational therapist, occupational guage pathologist, and audiologist. In psychiatric distinct part units in critical access hospitals: If respiratory care services perform specific respiratory care procedures and the amount of supervision required dures is designated in writing. | |
| §482.57(b)(2) | AG: A-1162 | LD.13.03.0 ¹ | 1 The critical acce | ss hospital provides services that meet patient needs. | |
| | coratory tests are performed in the respiratory olicable requirements for laboratory services | EP 15 | provides respiratory care serv | tric distinct part units in critical access hospitals: If the critical access hospital ices, and respiratory care staff perform blood gasses or other clinical laboratory ents for laboratory services specified in 42 CFR 482.27 are met. | |

| CFR Number §482.57(b)(3) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|--|-----------------------|---|--|---|
| §482.57(b)(3) TAG: A-1163 (3) Services must only be provided under the orders of a qualified and licensed practitioner who is responsible for the care of the patient, acting within his or her scope of practice under State law, and who is authorized by the hospital's medical staff to order the services in accordance with hospital policies and procedures and State laws. | | | | ess hospital provides care, treatment, and services as ordered or prescribed ice with law and regulation. |
| | | Prior to providing care, treatment, and services, the critical access hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; critical access hospital policies; and medical staff bylaws, rules, and regulations. Note 1: This includes but is not limited to respiratory services, radiology services, rehabilitation services, nuclear medicine services, and dietetic services, if provided. Note 2: Patient diets, including therapeutic diets, are ordered by the physician or 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. | | |
| §482.57(b)(4) TAG: A- | 1164 | RC.12.01. | O1 The medical rec services. | ord contains information that reflects the patient's care, treatment, and |
| (4) All respiratory care services orders murecord in accordance with the requirement | | EP 2 | Admitting diagnosis Any emergency care, tree Any allergies to food and Any findings of assessments Results of all consultative care of the patient Treatment goals, plan of Documentation of companesthesia All practitioners' orders Nursing notes, reports of monitor the patient's core Medication records, including and instration of a demergent situations in which is a further explanation of block Administration of each is support person where a leader of the Records of radiology and and large, treatment, and leader of the Patient's response to cate Medical history and physicinformation Discharge plan and discending any medication any diagnoses or condition. | nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the f care, and revisions to the plan of care lications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to indition uding the strength, dose, route, date and time of administration, access site for on devices used, and rate of administration a medication is necessary, the critical access hospital defines in policy the urgent/ block charting would be an acceptable form of documentation. For the definition and charting, refer to the Glossary. self-administered medication, as reported by the patient (or the patient's caregiver or ppropriate) d nuclear medicine services, including signed interpretation reports services provided to the patient are, treatment, and services sical examination, including any conclusions or impressions drawn from the |

| CFR Number §482.58 | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|---|--|
| §482.58 T | AG: A-1500 | | |
| §482.58 Special requirements for house the second s | spital providers of long-term care services | | |
| requirements in order to be granted | der agreement must meet the following an approval from CMS to provide post-hospita I in §409.30 of this chapter, and be reimbursed I in §413.114 of this chapter: | | |
| This CoP is not applicable to psychi have swing beds. | atric hospitals since they are not permitted to | | |
| §482.58(a) T | AG: A-1501 | | |
| (a) Eligibility. A hospital must meet t | he following eligibility requirements: | 7 | |
| §482.58(a)(1) T | AG: A-1501 | | |
| beds in intensive care type inpatient | ospital beds, excluding beds for newborns and units (for eligibility of hospitals with distinct pa method, see §413.24(d)(5) of this chapter). | | |
| §482.58(a)(2) T | AG: A-1501 | | |
| | area. This includes all areas not delineated as reau, based on the most recent census. | | |
| §482.58(a)(3) | AG: A-1501 | | |
| (3) The hospital does not have in ef §488.54(c) of this chapter. | ect a 24-hour nursing waiver granted under | | |
| §482.58(a)(4) | AG: A-1501 | | - |
| (4) The hospital has not had a swing previous to application. | bed approval terminated within the two years | | |
| §482.58(b) T/ | AG: A-1562 | For section 482.58(b) of this crosswalk, se | ee 485.645 in the Critical Access Hospital Crosswalk. |
| | The facility is substantially in compliance with the facility is substantially in compliance with the free facility is subpart B of part 483 of | е | |
| §482.58(b)(1) T | NG: A-1562 | | |
| (1) Resident rights (§483.10(b)(7), (and (iii), (h), (g)(8) and (17), and (g) | c)(1), (c)(2)(iii), (c)(6), (d), (e)(2) and (4), (f)(4)(18) introductory text of this chapter. | i) | |
| §482.58(b)(2) T | AG: A-1564 | | |
| (2) Admission, transfer, and dischardischarge, §483.15(c)(1), (c)(2)(i), (d) | ge rights (§483.5 definition of transfer and c)(2)(ii), (c)(3), (c)(4), (c)(5), and (c)(7)). | 7 | |

| CFR Numb §482.58(b)(| _ | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|---|--|--|
| §482.58(b)(3) | TAG: A- | 1566 | | |
| 3) Freedom from abuse, r a)(3)(ii), (a)(4), (b)(1), (b)(| | oitation (§483.12(a)(1), (a)(2), (a)(3)(i), | | |
| §482.58(b)(4) | TAG: A- | 1567 | | |
| 4) Social services (§483.4 | 10(d) of this chap | ter). | | |
| §482.58(b)(5) | TAG: A- | 1569 | | |
| | 483.20(I) setting summary was rev | forth the requirements for a nursing ised and re-designated as §483.21(c)(2) | | |
| §482.58(b)(6) | TAG: A- | 1574 | | |
| (6) Specialized rehabilitative | ve services (§48 | 3.65). | | |
| §482.58(b)(7) | TAG: A- | 1573 | | |
| (7) Dental services (§483.5 | 55(a)(2), (3), (4), | and (5) and (b) of this chapter). | | |
| §483.5 | TAG: A- | 1564 | The glossary includes this Medicare define | nition. |
| certified facility whether the | at bed is in the s | t of a resident to a bed outside of the ame physical plant or not. Transfer of a resident to a bed within the same | | |
| §483.10 | | | | |
| §483.10 Resident rights. | | | | |
| §483.10(b)(7) | TAG: A- | 1562 | For section 483.10 of this crosswalk, see | e 483.10 in the Critical Access Hospital Crosswalk. |
| a court of competent jurisc exercised by the resident r the resident's behalf. The | liction, the rights representative ap court-appointed ent judged neces | npetent under the laws of a State by of the resident devolve to and are pointed under State law to act on esident representative exercises the sary by a court of competent jurisdiction, | | |
| §483.10(b)(7)(i) | TAG: A- | 1562 | | |
| | intment, the resi | whose decision-making authority is limited dent retains the right to make those rity. | | |
| §483.10(b)(7)(ii) | TAG: A- | 1562 | | - |
| (ii) The resident's wishes a rights by the representative | | must be considered in the exercise of | | |

| CFR Number §483.10(b)(7)(iii) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|---------------------------------------|--|
| §483.10(b)(7)(iii) TAG: | A-1562 | | |
| (iii) To the extent practicable, the resider participate in the care planning process. | nt must be provided with opportunities to | | |
| §483.10(c) | | | |
| (c) Planning and implementing care. The resident has the right to be informed including: | d of, and participate in, his or her treatment, | | |
| §483.10(c)(1) TAG: | A-1562 | | |
| (1) The right to be fully informed in languler total health status, including but not | lage that he or she can understand of his or limited to, his or her medical condition. | | |
| §483.10(c)(2) | | | |
| (2) The right to participate in the develop person-centered plan of care, including l | | | |
| §483.10(c)(2)(iii) TAG: | A-1562 | | |
| (iii) The right to be informed, in advance | , of changes to the plan of care. | | |
| §483.10(c)(6) TAG: | A-1562 | | |
| (6) The right to request, refuse, and/ or or refuse to participate in experimental ridirective. | discontinue treatment, to participate in esearch, and to formulate an advance | | |
| §483.10(d) TAG: | A-1562 | | |
| (d) Choice of attending physician. The reattending physician. | esident has the right to choose his or her | | |
| §483.10(d)(1) TAG: | A-1562 | | |
| (1) The physician must be licensed to pr | actice, and | | |
| §483.10(d)(2) TAG: | A-1562 | | |
| (2) If the physician chosen by the reside specified in this part, the facility may see as specified in paragraphs (d)(4) and (5) appropriate and adequate care and treat | of this section to assure provision of | | |
| §483.10(d)(3) TAG: | A-1562 | | |
| (3) The facility must ensure that each re specialty, and way of contacting the phy responsible for his or her care. | sident remains informed of the name, sician and other primary care professionals | | |

| CFR Number §483.10(d)(4) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|--|---------------------------------------|--|
| §483.10(d)(4) TAG: A | A-1562 | | |
| chosen by the resident is unable or unwil | hysician participation to assure provision eatment. The facility must discuss the | | |
| §483.10(d)(5) TAG: A | A-1562 | | |
| (5) If the resident subsequently selects a requirements specified in this part, the fa | nother attending physician who meets the cility must honor that choice. | | |
| §483.10(e) | | | |
| (e) Respect and dignity. The resident has dignity, including: | s a right to be treated with respect and | | |
| §483.10(e)(2) TAG: A | A-1562 | | - |
| (2) The right to retain and use personal p clothing, as space permits, unless to do sand safety of other residents. | ossession, including furnishings, and so would infringe upon the rights or health | | |
| §483.10(e)(4) TAG: A | A-1562 | | |
| (4) The right to share a room with his or he the same facility and both spouses conse | ner spouse when married residents live in ent to the arrangement. | | |
| §483.10(f)(4)(ii) TAG: A | A-1562 | | - |
| (ii) The facility must provide immediate and other relatives of the resident, subject consent at any time; | ccess to a resident by immediate family ct to the resident's right to deny or withdraw | | |
| §483.10(f)(4)(iii) TAG: <i>A</i> | A-1562 | | |
| (iii) The facility must provide immediate a visiting with the consent of the resident, s restrictions and the resident's right to der | subject to reasonable clinical and safety | | |
| §483.10(g)(8) TAG: A | A-1562 | | |
| (8) The resident has the right to send and packages and other materials delivered t means other than a postal service, include | o the facility for the resident through a | | |
| §483.10(g)(8)(i) TAG: A | A-1562 | | |
| (i) Privacy of such communications consi | stent with this section; and | | |
| §483.10(g)(8)(ii) TAG: A | A-1562 | | |
| (ii) Access to stationery, postage, and wr expense. | iting implements at the resident's own | | |

| CFR Numb §483.10(g)(| | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---|---------------------------------------|--|
| §483.10(g)(17) | TAG: A | -1562 | | |
| (17) The facility must— | | | | |
| §483.10(g)(17)(i) | TAG: A | -1562 | | |
| | | in writing, at the time of admission to the comes eligible for Medicaid of— | | |
| §483.10(g)(17)(i)(A) | TAG: A | -1562 | | |
| (A) The items and services State plan and for which the | | ded in nursing facility services under the not be charged; | | |
| §483.10(g)(17)(i)(B) | TAG: A | -1562 | | |
| | | ne facility offers and for which the resident ges for those services; and | | |
| §483.10(g)(17)(ii) | TAG: A | -1562 | | |
| (ii) Inform each Medicaid-e services specified in § 483 | | when changes are made to the items and and (B) of this section. | | |
| §483.10(g)(18) | TAG: A | -1562 | | |
| periodically during the resi | dent's stay, of a including any | t before, or at the time of admission, and services available in the facility and of charges for services not covered under diem rate. | | |
| §483.10(h) | TAG: A | -1562 | | |
| (h) Privacy and confidentia confidentiality of his or her | | nt has a right to personal privacy and nedical records. | | |
| §483.10(h)(1) | | | | |
| (1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. | | e, visits, and meetings of family and | | |
| §483.10(h)(2) | | | | |
| the right to privacy in his o communications, including and other letters, package | r her oral (that the right to se and other ma | right to personal privacy, including is, spoken), written, and electronic and promptly receive unopened mail terials delivered to the facility for the h a means other than a postal service. | | |
| §483.10(h)(3) | | | | |
| (3) The resident has a righ | t to secure and | confidential personal and medical records. | | |

| CFR Number §483.10(h)(3)(i) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|---|--|
| §483.10(h)(3)(i) | | | |
| (i) The resident has the right to refuse the except as provided at § 483.70(i)(2) or ot | e release of personal and medical records her applicable federal or state laws. | | |
| §483.10(h)(3)(ii) | | | |
| | s of the Office of the State Long-Term Care dical, social, and administrative records in | | |
| §483.12(a) | | | |
| (a) The facility must— | | | |
| §483.12(a)(1) TAG: A | N-1566 | For section 483.12 of this crosswalk, see | 483.12 in the Critical Access Hospital Crosswalk. |
| (1) Not use verbal, mental, sexual, or phy involuntary seclusion; | rsical abuse, corporal punishment, or | | |
| §483.12(a)(2) TAG: A | A-1566 | | |
| (2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints. | | | |
| §483.12(a)(3) | | | |
| (3) Not employ or otherwise engage indiv | riduals who— | | |
| §483.12(a)(3)(i) TAG: A | N-1566 | | |
| (i) Have been found guilty of abuse, negliproperty, or mistreatment by a court of la | | | |
| §483.12(a)(3)(ii) TAG: A | N-1566 | | |
| | ate nurse aide registry concerning abuse, dents or misappropriation of their property; | | |
| §483.12(a)(4) TAG: A | A-1566 | | |
| (4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff. | | | |
| §483.12(b) | | | |
| (b) The facility must develop and implement | ent written policies and procedures that: | | |
| §483.12(b)(1) TAG: A | N-1566 | | |
| (1) Prohibit and prevent abuse, neglect, a misappropriation of resident property, | and exploitation of residents and | | |

| CFR Number §483.12(b)(2) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|--|---|--|
| §483.12(b)(2) TAG: A- | -1566 | | |
| (2) Establish policies and procedures to investigate any such allegations, and | | | |
| §483.12(c) TAG: A- | -1566 | | |
| (c) In response to allegations of abuse, ne facility must: | glect, exploitation, or mistreatment, the | | |
| §483.12(c)(1) TAG: A- | -1566 | | |
| property, are reported immediately, but no made, if the events that cause the allegation | In source and misappropriation of resident of later than 2 hours after the allegation is on involve abuse or result in serious bodily nts that cause the allegation do not involve njury, to the administrator of the facility a Survey Agency and adult protective diction in long-term care facilities) in | | |
| §483.12(c)(2) TAG: A- | - -1566 | <u> </u> | |
| (2) Have evidence that all alleged violation | ns are thoroughly investigated. | | |
| §483.12(c)(3) TAG: A- | -1566 | | |
| (3) Prevent further potential abuse, neglectinvestigation is in progress. | ct, exploitation, or mistreatment while the | | |
| §483.12(c)(4) TAG: A- | -1566 | | |
| (4) Report the results of all investigations to designated representative and to other off including to the State Survey Agency, with the alleged violation is verified appropriate | icials in accordance with State law, nin 5 working days of the incident, and if | | |
| §483.15(c) | | | |
| (c) Transfer and discharge— | | | |
| §483.15(c)(1) TAG: A- | -1564 | For section 483.15 of this crosswalk, see 4 | 83.15 in the Critical Access Hospital Crosswalk. |
| (1) Facility requirements— | | | |
| §483.15(c)(1)(i) TAG: A- | -1564 | | |
| (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless— | | | |
| §483.15(c)(1)(i)(A) TAG: A- | -1564 | | |
| (A) The transfer or discharge is necessary resident's needs cannot be met in the facilities. | for the resident's welfare and the lity; | | |

| CFR Numbe §483.15(c)(1)(i | | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|---|---------------------------------------|--|
| §483.15(c)(1)(i)(B) | TAG: A | 1564 | | * |
| | | e because the resident's health has nger needs the services provided by the | | |
| §483.15(c)(1)(i)(C) | TAG: A | 1564 | | |
| (C) The safety of individuals behavioral status of the resi | | s endangered due to the clinical or | | |
| §483.15(c)(1)(i)(D) | TAG: A | 1564 | | |
| (D) The health of individuals | in the facility | would otherwise be endangered; | | |
| §483.15(c)(1)(i)(E) | TAG: A | | | - |
| to have paid under Medicar if the resident does not sub- or after the third party, inclu- resident refuses to pay for h | e or Medicaid) nit the necess ding Medicare is or her stay. to a facility, the | ele and appropriate notice, to pay for (or a stay at the facility. Nonpayment applies ary paperwork for third party payment or Medicaid, denies the claim and the For a resident who becomes eligible ne facility may charge a resident only | | |
| §483.15(c)(1)(i)(F) | TAG: A | 1564 | | |
| (F) The facility ceases to op | erate. | | | |
| §483.15(c)(1)(ii) | TAG: A | 1564 | | |
| pending, pursuant to § 431. or her right to appeal a trans § 431.220(a)(3) of this chap endanger the health or safe | 230 of this cha fer or dischar er, unless the y of the reside | ge the resident while the appeal is pter, when a resident exercises his ge notice from the facility pursuant to failure to discharge or transfer would ent or other individuals in the facility. The ure to transfer or discharge would pose. | | |
| §483.15(c)(2) | · | | | |
| of the circumstances specifi the facility must ensure that | ed in paragrap the transfer o | fers or discharges a resident under any this (c)(1)(i)(A) through (F) of this section, discharge is documented in the resident's in is communicated to the receiving health | | |
| §483.15(c)(2)(i) | TAG: A | 1564 | | |
| (i) Documentation in the res | dent's medica | I record must include: | | |
| §483.15(c)(2)(i)(A) | TAG: A | 1564 | | |
| 3 | | 1004 | | |

| CFR Number §483.15(c)(2)(i)(B) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|---|---|---------------------------------------|--|
| §483.15(c)(2)(i)(B) TAG: A | -1564 | | |
| (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s). | | | |
| §483.15(c)(2)(ii) TAG: A | -1564 | | |
| (ii) The documentation required by paragraphy— | aph (c)(2)(i) of this section must be made | | |
| §483.15(c)(2)(ii)(A) TAG: A | -1564 | | |
| (A) The resident's physician when transfe paragraph (c)(1)(A) or (B) of this section; | | | |
| §483.15(c)(2)(ii)(B) TAG: A | -1564 | | |
| (B) A physician when transfer or discharg or (D) of this section. | e is necessary under paragraph (c)(1)(i)(C) | | |
| §483.15(c)(3) TAG: A | -1564 | | |
| (3) Notice before transfer. Before a facility facility must— | transfers or discharges a resident, the | | |
| §483.15(c)(3)(i) TAG: A | -1564 | | |
| (i) Notify the resident and the resident's re and the reasons for the move in writing an understand. The facility must send a copy Office of the State Long-Term Care Ombo | of the notice to a representative of the | | |
| §483.15(c)(3)(ii) TAG: A | -1564 | | |
| (ii) Record the reasons for the transfer or in accordance with paragraph (c)(2) of thi | discharge in the resident's medical record s section; and | | |
| §483.15(c)(3)(iii) TAG: A | -1564 | | |
| (iii) Include in the notice the items describ | ed in paragraph (c)(5) of this section. | | |
| §483.15(c)(4) TAG: A | -1564 | | |
| (4) Timing of the notice. | | | |
| §483.15(c)(4)(i) TAG: A | -1564 | | |
| (i) Except as specified in paragraphs (c)(4 | section must be made by the facility at least | | |
| §483.15(c)(4)(ii) TAG: A | -1564 | | |
| | icable before transfer or discharge when— | | |

| CFR Number §483.15(c)(4)(ii)(A) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| o as atom many | G: A-1564 | | |
| (A) The safety of individuals in the fac (1)(i)(C) of this section; | ility would be endangered under paragraph (c) | | |
| §483.15(c)(4)(ii)(B) TAC | G: A-1564 | | |
| (B) The health of individuals in the factor(c)(1)(i)(D) of this section; | ility would be endangered, under paragraph | | |
| §483.15(c)(4)(ii)(C) TAC | G: A-1564 | | |
| (C) The resident's health improves sudischarge, under paragraph (c)(1)(i)(B | fficiently to allow a more immediate transfer or s) of this section; | | |
| §483.15(c)(4)(ii)(D) TAG | 9: A-1564 | | |
| (D) An immediate transfer or discharg needs, under paragraph (c)(1)(i)(A) of | e is required by the resident's urgent medical this section; or | | |
| §483.15(c)(4)(ii)(E) TAG | G: A-1564 | | |
| (E) A resident has not resided in the fa | acility for 30 days. | | |
| §483.15(c)(5) TAC | 9: A-1564 | | |
| (5) Contents of the notice. The written section must include the following: | notice specified in paragraph (c)(3) of this | | |
| §483.15(c)(5)(i) TAC | 9: A-1564 | | |
| (i) The reason for transfer or discharge | е; | | |
| §483.15(c)(5)(ii) TAC | G: A-1564 | | |
| (ii) The effective date of transfer or dis | scharge; | | |
| §483.15(c)(5)(iii) TAC | G: A-1564 | | |
| (iii) The location to which the resident | is transferred or discharged; | | |
| §483.15(c)(5)(iv) TAC | G: A-1564 | | |
| and email), and telephone number of | eal rights, including the name, address (mailing the entity which receives such requests; and al form and assistance in completing the form juest; | | |
| 0 (-/(-/() | 9: A-1564 | | |
| (v) The name, address (mailing and e the State Long-Term Care Ombudsma | mail) and telephone number of the Office of an; | | |

| CFR Numbe §483.15(c)(5)(| | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|--------|--|---------------------------------------|--|
| §483.15(c)(5)(vi) | TAG: A | -1564 | | |
| (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106–402, codified at 42 U.S.C. 15001 et seq.); and | | ail address and telephone number on and advocacy of individuals with der Part C of the Developmental | | |
| §483.15(c)(5)(vii) | TAG: A | -1564 | | |
| (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally III Individuals Act. | | number of the agency responsible for the the amental disorder established under the | | |
| §483.15(c)(7) | TAG: A | -1564 | | |
| (7) Orientation for transfer or discharge. A facility must provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. This orientation must be provided in a form and manner that the resident can understand. | | | | |
| §483.21(c) | , | | | |
| (c) Discharge planning— | | | | |
| §483.21(c)(2) | TAG: A | -1569 | | |
| (2) Discharge summary. When the facility anticipates discharge a resident must have a discharge summary that includes, but is not limited to, the following: | | | | |
| §483.21(c)(2)(i) | TAG: A | -1569 | | |
| (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. | | | | |
| §483.21(c)(2)(ii) TAG: A-1569 | | -1569 | | |
| (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. | | at is available for release to authorized | | |
| §483.21(c)(2)(iii) | TAG: A | -1569 | | |
| (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). | | | | |

| CFR Number §483.21(c)(2)(iv) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §483.21(c)(2)(iv) TAG: A- | 1569 | | |
| (iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services. | | | |
| §483.40(d) TAG: A- | 1567 | | |
| (d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. | | | |
| §483.55 TAG: A- | 1573 | For section 483.55 of this crosswalk, see 4 | l83.55 in the Critical Access Hospital Crosswalk. |
| §483.55 Dental services. The facility must assist residents in obtaini care. | ing routine and 24-hour emergency dental | | |
| §483.55(a) TAG: A- | 1573 | | |
| (a) Skilled nursing facilities. A facility | · | | |
| §483.55(a)(2) TAG: A- | 1573 | | |
| (2) May charge a Medicare resident an ad dental services; | ditional amount for routine and emergency | | |
| §483.55(a)(3) TAG: A- | 1573 | | |
| (3) Must have a policy identifying those cir dentures is the facility's responsibility and damage of dentures determined in accordare responsibility; | may not charge a resident for the loss or | | |
| §483.55(a)(4) TAG: A- | 1573 | | |
| (4) Must if necessary or if requested, assis | st the resident— | | |
| §483.55(a)(4)(i) TAG: A- | 1573 | | |
| (i) In making appointments; and | | | |
| §483.55(a)(4)(ii) TAG: A- | 1573 | | |
| (ii) By arranging for transportation to and fi | rom the dental services location; and | | |
| §483.55(a)(5) TAG: A- | 1573 | | |
| (5) Must promptly, within 3 days, refer residental services. If a referral does not occudocumentation of what they did to ensure adequately while awaiting dental services led to the delay. | r within 3 days, the facility must provide the resident could still eat and drink | | |

| CFR Number §483.55(b) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|---------------------------------------|--|
| §483.55(b) TAG: A-1573 | | | |
| (b) Nursing facilities. The facility | | | |
| §483.55(b)(1) TAC | 6: A-1573 | | |
| | side resource, in accordance with § 483.70(g) es to meet the needs of each resident: | | |
| §483.55(b)(1)(i) TAC | 6: A-1573 | | |
| (i) Routine dental services (to the extermergency dental services; | ent covered under the State plan); and (ii) | | |
| §483.55(b)(2) TAC | 6: A-1573 | | |
| (2) Must, if necessary or if requested, | assist the resident— | | |
| §483.55(b)(2)(i) TAC | 6: A-1573 | | |
| (i) In making appointments; and | | | |
| §483.55(b)(2)(ii) TAC | 6: A-1573 | | |
| (ii) By arranging for transportation to and from the dental services locations; | | | |
| §483.55(b)(3) TAG | 6: A-1573 | | |
| (3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay; | | | |
| §483.55(b)(4) TAG | S: A-1573 | | |
| (4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and | | | |
| §483.55(b)(5) TAG | G: A-1573 | | |
| (5) Must assist residents who are eligi reimbursement of dental services as a plan. | ble and wish to participate to apply for incurred medical expense under the State | | |
| §483.65 | | | |
| §483.65 Specialized rehabilitative services. | | | |
| §483.65(a) TAG | 6: A-1574 | | |
| (a) Provision of services. If specialized rehabilitative services such as but not limited to physical therapy, speech-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for a mental disorder and intellectual disability or services of a lesser intensity as set forth at § 483.120(c), are required in the resident's comprehensive plan of care, the facility must— | | | |

| CFR Number §483.65(a)(1) | Medicare Requirements | Joint Commission Equivalent Number | Joint Commission Standards and Elements of Performance |
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| §483.65(a)(1) TAG: A | n-1574 | | • |
| (1) Provide the required services; or | | | |
| §483.65(a)(2) TAG: A | n-1574 | | |
| (2) In accordance with § 483.70(g), obtain the required services from an outside resource that is a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act. | | | |
| §483.65(b) TAG: A | ·-1574 | | |
| (b) Qualifications. Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel. | | | |
| §482.59 | | LD.13.03.01 The critical acce | ess hospital provides services that meet patient needs. |
| §482.59 Condition of participation: Obstetrical services. If the hospital offers obstetrical services, the services must be well organized and provided in accordance with nationally recognized acceptable standards of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services must be consistent in quality with inpatient care in accordance with the complexity of services offered. | | or other agreements that mee complexity of services offered but are not limited to the follow Outpatient Emergency Medical records Diagnostic and therapet Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services an of practice for the health care patients. If outpatient obstetric | utic radiology re provided, they are in accordance with nationally recognized acceptable standards (including physical and behavioral health) of pregnant, birthing, and postpartum cal services are offered, the services are consistent in quality with inpatient care exity of services offered. As applicable, the services must be integrated with other |

| CFR Number §482.59(a) | Medicare Requirements | | oint Commission quivalent Number | Joint Commission Standards and Elements of Performance |
|--|--|---|--|---|
| §482.59(a) | | LD.13.03.0 | 1 The critical acce | ss hospital provides services that meet patient needs. |
| (a) Standard: Organization and staffing. Effective January 1, 2026, the organization of the obstetrical services must be appropriate to the scope of the services offered. As applicable, the services must be integrated with other departments of the hospital. | | EP 1 The critical access hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: Outpatient Emergency Medical records Diagnostic and therapeutic radiology Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are provided, they are in accordance with nationally recognized acceptable standards of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services are consistent in quality with inpatient care in accordance with the complexity of services offered. As applicable, the services must be integrated with other departments of the critical access hospital. | | |
| §482.59(a)(1) | | LD.13.01.0 | 7 The critical acce | ss hospital effectively manages its programs, services, sites, or departments. |
| (1) Labor and delivery rooms/suites (include rooms for operative delivery), and post-par or separate) must be supervised by an expunurse midwife, nurse practitioner, physician osteopathy. | tum/recovery rooms whether combined perienced registered nurse, certified | EP 4 | rooms; delivery rooms, includi or separate) are supervised by | rided, the critical access hospital labor and delivery rooms/suites (including labor ng rooms for operative delivery; and post-partum/recovery rooms whether combined y an experienced registered nurse, certified nurse midwife, nurse practitioner, or of medicine or a doctor of osteopathy (MD/DO). |
| §482.59(a)(2) | | MS.17.02.0 | | grant or deny a privilege(s) and/or to renew an existing privilege(s) is an |
| (2) Obstetrical privileges must be delineate care in accordance with the competencies §482.22(c). | | EP 10 | If obstetrical services are prov care in accordance with the co | rided, obstetrical privileges are delineated for all practitioners providing obstetrical ompetencies of each practitioner, and consistent with credentialing agreements 5.616(b). For 485.616(b), refer to https://www.ecfr.gov/current/title-42/part-485/). |
| §482.59(b) | | LD.13.03.0 | 1 The critical acce | ss hospital provides services that meet patient needs. |
| (b) Standard: Delivery of service. Effective January 1, 2026, Obstetrical serv resources of the facility. Policies governing assure the achievement and maintenance patient care and safety. | obstetrical care must be designed to | EP 23 If obstetrical services are provided, obstetrical services are consistent with the needs and resources of the critic access hospital. Policies governing obstetrical care are designed to assure the achievement and maintenance of high standards of medical practice and patient care and safety. | | |
| §482.59(b)(1) | | PC.12.01.0 | 5 Resuscitative se | ervices are available throughout the critical access hospital. |
| (1) The following equipment must be kept of treating obstetrical cases to meet the no scope, volume, and complexity of services and fetal doppler or monitor. | eeds of patients in accordance with the | EP 2 | available for treating obstetrica | rided, the following equipment is kept at the critical access hospital and is readily al cases to meet the needs of patients in accordance with the scope, volume, and call-in-system, cardiac monitor, and fetal doppler or monitor. |

| CFR Number §482.59(b)(2) | Medicare Requirements | Joint Commission Equivalent Number | | Joint Commission Standards and Elements of Performance |
|--|-----------------------|---------------------------------------|---|--|
| §482.59(b)(2) | | LD.13.03.0 | The critical acce | ess hospital provides services that meet patient needs. |
| (2) There must be adequate provisions and protocols, consistent with nationally recognized and evidence-based guidelines, for obstetrical emergencies, complications, immediate post-delivery care, and other patient health and safety events as identified as part of the QAPI program (§ 482.21). Provisions include equipment (in addition to the equipment required under paragraph (b)(1) of this section), supplies, and medication used in treating emergency cases. Such provisions must be kept in the hospital and be readily available for treating emergency cases. | | EP 24 | with nationally recognized and post-delivery care, and other performance improvement (Q equipment required under 42 Such provisions are kept in th Note 1: For 485.641, refer to 1 | vided, the critical access hospital has adequate provisions and protocols, consistent devidence-based guidelines, for obstetrical emergencies, complications, immediate patient health and safety events as identified as part of the quality assessment and API) program (42 CFR 485.641). Provisions include equipment (in addition to the CFR 485.649 (b)(1)), supplies, and medication used in treating emergency cases. e critical access hospital and are readily available for treating emergency cases. https://www.ecfr.gov/current/title-42/section-485.641. |