

# North Dakota Critical Access Hospital Conditions of Participation (CoP) Checklist

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Center for Rural Health  
University of North Dakota  
School of Medicine & Health Sciences

# Important:

The contents of this CoP checklist reflect the opinion of the North Dakota CAH Quality Network only. This publication is for informational purposes. It is meant to be a tool to assist CAH Network Members with the Centers for Medicare and Medicaid (CMS) State Operations Manual- Appendix W and North Dakota State Regulations Chapter 33-07-01.1 (Hospitals).

The North Dakota CoP Checklist is **not** inclusive, and the specific tag and licensing references should be reviewed to ensure each CAH understands and complies with all parts of the regulation/rules. Please use the checklist in conjunction with other resources. Other regulations may also apply that are not included in this document (i.e., Pharmacy, Life Safety Codes). The North Dakota CAH Quality Network is not able to ensure the following document remains current as changes and updates are initiated.

*The CoP Checklist document is created from lectures, ideas and information captured by Gayle Nash, RN, MPH, President, Nash Healthcare Consulting, Laura Dixon, BS, JD, RN, CPHRM and Sue Dill-Calloway, RN, MSN, JD.*

## Survey Preparation Suggestions

1. **Create a Survey Team within your hospital.** The team should be responsible for gathering necessary and preferred documentation (and keeping it current), working with department managers and other staff to ensure everyone understands their role in the survey process, and checking for compliance on a regular basis.
2. **Survey documents.** Have a folder ready with the following documents. Be sure to keep these documents updated.
  - Map/floor plan
  - Organizational chart
  - List of staff and hours of operation
  - List of services including those that are contracted
  - Quality Assurance/Quality Improvement Plans
  - Infection Control Plan
  - Network agreement
  - Copy of CLIA or other certifications and the most recent survey documentation
3. **Policy documentation and processes.** The Conditions of Participation (see Checklist, below) frequently refer to processes and patient care policies (and revise, as necessary). Each department should be responsible for the review of their policies, it is important to have a written explanation of how the group described in TAG C272 is involved in this process. Both a description of the process and evidence of this group's involvement must be readily available for a surveyor's review.
4. **Environmental walk-through.** Part of the survey process includes a walk-through of the facility. The survey team makes observations and interviews staff during the walk-through. These observations often lead to further policy review. One of the functions of your survey team should be to periodically conduct a walk-through, observing as a surveyor.

# General Survey Protocol

- CAH will not receive advanced notice of survey.
- The surveyor will assess compliance with all areas under CCN.
- CAH must grant immediate access upon a reasonable request or can terminate Medicare.
- CAH cannot refuse to permit copying of records or information.
- A CAH is required to comply with CoPs to receive Medicare/Medicaid payment.
- The surveyor will look at telemedicine contract.
- The surveyor will not withhold areas of concern until the conclusion.
- The surveyor cannot touch or examine patients and if concerned about bedsores, bruised, or incontinence will ask staff to remove or will be present while physical exam is done.
- The surveyor may need to make copies of some of the EHRs but will try and not print entire record.
- The surveyor may ask what happens if the computer system goes down?
  - How do you register a patient, transfer, or admit?
  - How do you order or get lab results?
- All team members must review their finding and concerns and be prepared to discuss during the daily meeting.
- The surveyor will determine if corrective actions make it unlikely for the deficient practice to reoccur.
- The surveyor will not delay a survey to wait for additional staff to arrive.
- CAH to make sure surveyors have access to copiers.
- If CAH uses an EHR or electronic policy and procedures, surveyors will need access to printers.
- The surveyors can make an extra copy of every document that surveyors copy.
- The surveyor will not provide the hospital with a list of the records reviewed or patients, staff or visitors they meet.
- CAH staff can accompany surveyors, as long as they do not provide the answers or interject.

# Critical Access Hospital – Survey Information Request Sheet

North Dakota Department of Health & Human Services – Health Facilities Unit

To expedite the survey process, the following information will be needed (**please label information with the corresponding number from the list**):

## Within 1 Hour:

1. Electronic medical record access for 2 surveyors.
2. List of department heads with contact information and in house extension directory. A copy for each surveyor.
3. Facility floor plan. A copy for each surveyor.
4. List of all current hospital patients (including inpatients, swing bed, observation patients) – providing each patient’s name, room number, diagnosis(es), admission date, age, attending physician, and patient’s status. A copy for each surveyor.
5. List of current hospital patients who are/have been: in seclusion, physically restrained (type of restraint), or chemically restrained.
6. One copy of medical staff bylaws that have been signed and approved.
7. Two copies of the medical staff rules and regulations that have been signed and approved.
8. Computerized register/listing for **inpatient admissions from the past six months to current date**. Please include the patient’s name, medical records number, age and/or birthdate, date of admit, date of discharge and/or death, attending physician, and diagnosis(es).
9. Computerized register/listing/log for **emergency room patients from the past three months to current date**. Please include the patient’s name, medical record number, age and/or birthdate, date and time of service, provider name, disposition, and chief complaint.
10. Computerized register/listing/log for **surgical patients from the past six months to current date**. Please include the patient’s name, medical record number, age and/or birthdate, date of operation, type of operation, type of anesthesia, name of the surgeon.
11. Computerized register/listing/log for all **swing bed patients from the past six months to current date**. Please include the patient’s name, medical record number, age and/or birthdate, date of admit, date of discharge and/or death, attending physician, and diagnosis(es).
12. List of **patient deaths in the last six months**. Please include name, medical records number, birthdate, date of death, provider, diagnosis(es), and if the patient was in restraints/seclusion at the time of death or within one week of death.
13. The names and addresses of all off-site locations and clinics operating under the same provider number. Identify if any of the off-site locations bill any services (e.g., lab, radiology, therapy, EKGs) under the hospital’s provider number.
14. Incident and accident (variance) reports from the past six months.
15. Grievance Policy and procedure and any written/verbal grievances received in the last twelve months from patients/family members/legal representatives and the facility’s response.
16. Two copies of a listing of all current medical staff (identify medical staff officers and category: active, courtesy, consulting, locum tenens, telemedicine, etc.).
17. One copy of Governing Body bylaws that have been signed and approved.

18. Medical staff meeting minutes for the past twelve months.
19. Governing Body minutes for the past twelve months.

### **Within 4 hours:**

20. Committee meeting minutes for the past twelve months (i.e., Quality Assurance/Improvement, Pharmacy & Therapeutics, Safety, etc.)
21. One copy (not original) of the approved quality assurance/improvement plan and reporting schedule from the current year and the past year. QA reports from the past year.
22. Copy of last program evaluation or evidence of periodic review and evaluation of the CAH's services.
23. Copy of Provider Peer Review Policy and evidence of provider peer review completion from past two years.
24. Infection Prevention & Control Program policy and procedures and Antibiotic Stewardship Program policy and procedure. (Logs, reports, meeting minutes, etc.).
25. A copy of the water borne pathogens policy and procedure (including *Legionella*) risk assessment.
26. A copy of the network agreement(s) and copy of credentialing agreement(s).
27. A copy of agreement(s) for telemedicine and teleradiology and lists provided by the distant site hospital/entity of the telemedicine providers.
28. A copy of the listing of services the facility provides directly.
29. A copy of the listing of contracted services (provided by arrangements/agreements) and the scope of services provided. Include evidence of evaluation of contracted services.
30. Dietary menus for one month including all diets offered.
31. Advance Directive information: written information provided to patient/resident and

- evidence of advance directive education for staff and the community.
32. Admission material provided to acute patients and swing bed patients (including a copy of patient rights).
33. Organ procurement policies/procedures, copy of agreement with organ procurement agency, and documentation of staff training.
34. Policies/procedures for physical restraint, chemical restraint, and seclusion.
35. Copy of schedule for ER medical providers for the past six months.
36. Call schedules for laboratory, radiology, etc., for the past three months.
37. Organizational chart.
38. A list of all current governing body members and officers. One copy (not original).
39. List of all CAH employees (including contracted staff and volunteers) – provide name, title/position, and department. Identify any staff hired within the last 60 days. A copy for each surveyor.
40. Evidence of biomedical equipment inspections for the last quarter.
41. Copy of contract with an ambulance service (if not hospital owned).

### **Available Upon Request of Surveyor:**

42. Policies and procedures for each department of the hospital.
43. Personnel files of specified employees (licenses/certifications, orientation for new employees/new programs, and annual educational training).
44. Pharmacist registration number and annual Board of Pharmacy hospital inspection report and plan of correction if applicable.
45. Contracts with outside resources and any applicable reports.

**Notes**

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TAG	REQUIREMENT
<b>COP C-810</b>	<b>§485.608 Condition of Participation: Compliance With Federal, State, and Local Laws and Regulations</b>
<b>ADVANCED DIRECTIVES &amp; PATIENT RIGHTS</b>  <b>C-0812</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Does facility have policy and procedure regarding advance directives?</li> <li><input type="checkbox"/> Does the hospital provide written information to patients at the time of admission concerning their rights under state law to make decisions concerning medical care?</li> <li><input type="checkbox"/> <b>The notice must include a clear and precise statement of limitation if the CAH cannot implement an advance directive on the basis of conscience.</b></li> <li><input type="checkbox"/> Provision of care is not conditioned, or other discrimination against a patient, on whether (or not) the individual has an advance directive.</li> <li><input type="checkbox"/> CAH &amp; staff compliance with federal, state, and local laws and regulations.</li> <li><input type="checkbox"/> Staff must comply with their advance directives and are educated to policy and procedures.</li> <li><input type="checkbox"/> Provide advance directive information to the competent patient when admitted, including how to file a complaint <b>to the state survey and certification agency.</b></li> <li><input type="checkbox"/> Inpatients and Outpatients have the right to make advance directives, including psychiatric advance directives.</li> <li><input type="checkbox"/> Advance directive applies to ED, observation, and same day surgery patient.</li> <li><input type="checkbox"/> Information on advance directives is provided to all inpatients.</li> <li><input type="checkbox"/> <b>Mechanism to formulate or update their current advance directive.</b></li> <li><input type="checkbox"/> Have advance directives to designate a support person for person of exercising the visitation rights.</li> <li><input type="checkbox"/> If patient is incapacitated, a durable power of attorney (DPOA) must be used to inform decisions and consent for the patient.</li> <li><input type="checkbox"/> CAH must also seek the consent of the patient’s representative when informed consent is required for a care decision.</li> <li><input type="checkbox"/> Prominent documentation in MR of completing <b>advance directive and copy in record.</b></li> <li><input type="checkbox"/> Provide community education regarding issues concerning advance directives and the hospital must document its efforts (video and audible tapes acceptable)</li> <li><input type="checkbox"/> Patient has the right to refuse treatment.</li> <li><input type="checkbox"/> Must disclose if hospital is a physician-owned hospital.</li> <li><input type="checkbox"/> Physician’s must also discloses to patients who they refer.</li> <li><input type="checkbox"/> Disclose in writing if physician is not on premise 24 hours a day for emergencies. Sign acknowledgement if patient admitted.</li> <li><input type="checkbox"/> A sign is posted conspicuously stating the hospital does not have a physician present in the hospital 24-hours per day, 7 days a week and indicates how the hospital will meet the medical needs of any patient with an emergency medical condition.</li> <li><input type="checkbox"/> Patient signed acknowledgement that they understand a physician may not be present during all hours services are furnished to the patient.</li> </ul>

TAG	REQUIREMENT
<b>C-0814</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Patient care services furnished in accordance with state and local laws, regulations.</li> <li><input type="checkbox"/> Ensure delegating as allowed by law.</li> <li><input type="checkbox"/> Ensure practicing according to scope of practice, such as NP, CNS, PA.</li> </ul>
<b>C-0818</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff are licensed, certified, or registered per federal, state &amp; local laws.</li> <li><input type="checkbox"/> Review personnel files to be sure credentials and licensure is up to date <b>including contract personnel.</b></li> </ul>
<b>Condition C-0860 §485.616 Condition of Participation: Agreements</b>	
<b>AGREEMENTS</b>  <b>C-0862</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agreement (at least one) with a rural health network hospital &amp; one acute care hospital related to patient referral and transfer, communication, emergency, and non-emergency patient transportation.</li> <li><input type="checkbox"/> What policy and procedure related to communication system?</li> <li><input type="checkbox"/> How CAH communicates with other hospitals – do you keep a communication log?</li> <li><input type="checkbox"/> CAH has a way for to communicate and share patient data with other network members when the system is not in operation.</li> <li><input type="checkbox"/> Written agreement with local EMS.</li> <li><input type="checkbox"/> Need to provide for transport between the two facilities.</li> <li><input type="checkbox"/> For additional information regarding status and location of the CAH C- 0822, C-0824, C-0826, C-0830, C-0832, C-0834 (co-locations), C-0836, C- 0840.</li> </ul>
<b>C-0864</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Patient referrals and transfers. Provide for transport.</li> </ul>
<b>C-0866</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy and procedure related to communication system (recommended).</li> <li><input type="checkbox"/> How network shares patient data, electronic data, telemetry, medical records with them.</li> <li><input type="checkbox"/> If no communications system in place; how does the CAH communicate and share patient data with the tertiary facility?</li> <li><input type="checkbox"/> Staff training provided to operate the communication system.</li> </ul>
<b>C-0868</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Does the CAH have a written agreement with the local EMS service to provide transportation between the CAH and the tertiary facility?</li> <li><input type="checkbox"/> How emergency and non-emergency transport is provided between them.</li> </ul>



TAG	REQUIREMENT
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Does the CAH verify that the telemedicine entity fulfills the terms of the agreement with respect to its credentialing and privileging process and otherwise assures that services are provided in a manner that enables the CAH to meet all applicable CAH requirements.</li> <li><input type="checkbox"/> Provide verification that the DSTE fulfills terms to C &amp; P process to enable CAH to meet applicable CAH requirements.</li> <li><input type="checkbox"/> CAH has documentation indicating that it granted privileges to each telemedicine physician and practitioner (through medical staff granting of privileges and approval by governing board).</li> <li><input type="checkbox"/> There is documentation that indicates the CAHs governing body or responsible individual made the privileging decision based on the privileging decisions of the distant site telemedicine entity?</li> </ul>
<b>COP C-0880</b>	<b>§485.618 Condition of Participation: Emergency Services</b>
<p data-bbox="126 682 300 745"><b>EMERGENCY DEPARTMENT</b></p> <p data-bbox="243 819 332 850"><b>C-0880</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provision of emergency services as a direct service of the CAH- includes provision of services to both inpatients and outpatients. <b>ND 33-07-01.1-25(1a)</b></li> <li><input type="checkbox"/> The ED cannot be a provider-based offsite location.</li> <li><input type="checkbox"/> Must comply with acceptable standards of practice.</li> <li><input type="checkbox"/> Need qualified medical director.</li> <li><input type="checkbox"/> Need to have policy and procedure regarding the care provided in the ED.</li> <li><input type="checkbox"/> Policies and procedures are developed and approved by the medical staff including mid-level practitioners.</li> <li><input type="checkbox"/> Policies current and revised based on QA activities.</li> <li><input type="checkbox"/> If no ED need policy/procedure governing the handling of emergencies. <b>ND 33-07-01.1-25(a2)</b></li> <li><input type="checkbox"/> Need policy /procedure for operation of ED in time of disaster. <b>ND 33-07-01.1-25(g-13)</b></li> <li><input type="checkbox"/> Under the direction of a qualified member of the medical staff; MS bylaws define what “qualified” means.</li> <li><input type="checkbox"/> Need triage procedures.</li> <li><input type="checkbox"/> Must have adequate equipment.</li> <li><input type="checkbox"/> Must determine the categories and numbers of staff needed in the ED (MD/DO, RN, ward clerks, PA, NP, EMTs).</li> <li><input type="checkbox"/> The scope of diagnostic and /or therapeutic respiratory services offered by the CAH should be defined in writing, and approved by the MS such as (intubation, breathing treatments, CT scans, venous Doppler’s, ultrasound etc.).</li> <li><input type="checkbox"/> Qualifications, education, and training of personnel authorized to perform respiratory care services and if supervision is needed.</li> </ul>

TAG	REQUIREMENT
<p style="text-align: center;"><b>C-0870</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agreement between CAH, one of its network hospitals if applicable, a QIO or equivalent entity, or one other state approved entity for credentialing and quality assurance activities.</li> <li><input type="checkbox"/> Agreement must include MR reviews for the determination of quality and medical necessity of care.</li> <li><input type="checkbox"/> Have policy and procedure to determine how information is obtained, used and how confidentiality is maintained.</li> </ul>
<p><b>AGREEMENTS - CREDENTIALING &amp; PRIVILEGING (Telemedicine)</b></p> <p style="text-align: center;"><b>C-0872</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Board must ensure written agreement with the distant site hospital (DSH) or distant site telemedicine entity (DSTE) is present.</li> <li><input type="checkbox"/> Written agreement for telemedicine includes: Distant site hospital participates in Medicare; hospital provides current list of practitioners, including their privileges, each practitioner holds a license in the State where the CAH is located, and CAH reviews the services provided by telemedicine and provides feedback to the distant site hospital.</li> <li><input type="checkbox"/> Telemedicine agreement: List of providers must be approved by governing board and medical staff.</li> <li><input type="checkbox"/> The agreement should include credentialing and privileging of the telemedicine physicians and practitioners by the distant site hospital.</li> <li><input type="checkbox"/> Ensure documentation indicating the granted privileges to each telemedicine physician and practitioner.</li> <li><input type="checkbox"/> Documentation indicates the governing body or responsible individual made the privileging decision based on the privileging decisions of the distant site hospital.</li> <li><input type="checkbox"/> Governing Board determines what category of practitioners are eligible for appointment to the medical staff (MS).</li> <li><input type="checkbox"/> Board appoints with recommendation of the MS.</li> <li><input type="checkbox"/> Board approves the MS bylaws and other MS rules and regulations.</li> <li><input type="checkbox"/> Make sure MS is accountable to the board for quality of care provided to the patients.</li> <li><input type="checkbox"/> Criteria is established and followed for selection of MS that is based on individual character, competence, training, experience, and judgment.</li> <li><input type="checkbox"/> Privileges are never based solely on certification, fellowship, or membership in a special body or society.</li> <li><input type="checkbox"/> Written agreement is present stating the distant-site hospital participates in Medicare and has an independent obligation to comply with all Conditions of Participation.</li> </ul>

<b>C-0874</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Provide written agreement stating DSTE will provide services to ensure compliance with CoPs.</li><li><input type="checkbox"/> List physicians/practitioners covered by agreement, includes privileges and licensure information.</li><li><input type="checkbox"/> Is there evidence that the CAH reviews the services provided by the telemedicine physicians and practitioners, including any adverse events and complaints, and provides written feedback to the distant-site telemedicine entity.</li></ul>
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TAG	REQUIREMENT
	<ul style="list-style-type: none"> <li>□ Must have written policies to address the following services: <ul style="list-style-type: none"> <li>• Equipment assembly and operation.</li> <li>• Safety practices, including infection control measures.</li> <li>• Handling storage and dispensing of therapeutic gases.</li> <li>• Cardiopulmonary resuscitation.</li> </ul> </li> <li>□ Procedures to follow in the advent of adverse reactions to treatments or interventions: <ul style="list-style-type: none"> <li>• Pulmonary function testing,</li> <li>• Therapeutic percussion and vibration,</li> <li>• Bronchopulmonary drainage,</li> <li>• Mechanical ventilator and oxygenation support,</li> <li>• Aerosol humidification, and therapeutic gas administration,</li> <li>• Administration of medications, and</li> <li>• Procedures for obtaining and analyzing blood samples (arterial blood gases).</li> </ul> </li> <li>□ Verify EMS are organized under the direction of a qualified member of the MS.</li> <li>□ ED staff education to include: <ul style="list-style-type: none"> <li>• Parenteral administration of electrolytes, fluids, blood, and blood components,</li> <li>• Care and management of injuries to extremities and central nervous system,</li> <li>• Prevention of contamination and cross infection, and</li> <li>• Provision of emergency respiratory services.</li> </ul> </li> </ul>
<p><b>ED AVAILABILITY OF 24-HOURS EMERGENCY SERVICES</b></p> <p><b>C-0882</b></p>	<ul style="list-style-type: none"> <li>□ Emergency services available on a 24-hr/d basis. Name all providers who work in ER and name the type of certification/training does each has. Call schedule, back up.</li> <li>□ Can PA's or NP's admit patients? Do they provide notification of admits?</li> <li>□ Emergency services available 24/7 and how CAH will ensure/verify they are. <b>ND 33-07-01.1-25 (i)</b></li> <li>□ Qualified provider available to see patient within 30 min (rural) or 60 min (frontier) and how CAH ensures patients are seen within the required time.</li> <li>□ <b>Process and timeframe and documentation for notifying provider and their arrival time.</b></li> <li>□ CAH must maintain the types, quality and numbers of supplies, drugs and biologicals, blood and blood products, and equipment.</li> </ul>

TAG	REQUIREMENT
<b>EQUIPMENT, SUPPLIES AND MEDICATION C-0884</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure that the required equipment, supplies, and medications are always readily available.</li> </ul>
<b>C-0886</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> How does the CAH ensure that staff knows where drugs and biological are kept, inventory maintained, drugs and biological replaced?</li> <li><input type="checkbox"/> Who is responsible for monitoring drugs and biologicals? Medications locked if opened dated. Refrigerator with meds, temperature, log for temps, crash cart meds checked, and verify narcotic count.</li> </ul>
<b>ED EQUIPMENT C-0888</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Surveyor will interview ED staff to make sure knowledgeable including: <ol style="list-style-type: none"> <li>1. Parental administration of electrolytes, fluids, blood, and blood components.</li> <li>2. Care and management of injuries to extremities and central nervous system.</li> <li>3. Prevention of contamination and cross infection.</li> <li>4. Provision of emergency respiratory services.</li> </ol> </li> <li><input type="checkbox"/> How CAH provides needed equipment and supplies.</li> <li><input type="checkbox"/> Equipment and supplies commonly used in life-saving procedures, includes: Airways, endotracheal tubes, Ambu bag/valve/mask, oxygen, tourniquets, immobilization devices, nasogastric tubes, splints, IV therapy supplies, suction machine, defibrillator, cardiac monitor, chest tubes, and indwelling urinary catheters.</li> <li><input type="checkbox"/> Make sure staff knows where the equipment is located.</li> <li><input type="checkbox"/> Know how supplies are replaced, who is responsible for doing this, and watch for expired suture.</li> <li><input type="checkbox"/> <b>Do you supply patient with medication at discharge? Process?</b></li> <li><input type="checkbox"/> Patient care equipment maintenance: how performed, schedule (defibrillator).</li> <li><input type="checkbox"/> What to do when equipment fails.</li> <li><input type="checkbox"/> <b>Is there emergency lighting and power?</b></li> <li><input type="checkbox"/> Who will examine sterilized equipment for expiration dates?</li> <li><input type="checkbox"/> Who will examine oxygen supply system to determine functional capabilities?</li> <li><input type="checkbox"/> Check the force of the vacuum (suction) equipment to see that it is in operating condition.</li> </ul>
<p><b>See also C-0274</b></p> <p><b>See also C-1008</b></p> <p><b>See also C-1012</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Current policies/procedures for every service/procedure given (MS approved). <b>ND 33-07-01.1-25(g)</b></li> <li><input type="checkbox"/> <b>ED Policies and procedures revised at least biennially.</b></li> <li><input type="checkbox"/> Integration with the CAH-wide QA program.</li> </ul>

TAG	REQUIREMENT
<p><b><i>(Provision of Services – Emergency Medical Services)</i></b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Medical staff delineation of criteria for ED privileges.</li> <li><input type="checkbox"/> How the ED will be staffed appropriately: types &amp; numbers of professionals.</li> <li><input type="checkbox"/> Who will conduct ongoing assessment of ED needs?</li> <li><input type="checkbox"/> Policy/procedure for emotionally ill or under influence of drugs, alcohol, DOA. <b>ND 33-07-01.1-25(g-4)</b></li> <li><input type="checkbox"/> Procedure for early transfer severely ill or injured. <b>ND 33-07-01.1-25(g-5)</b></li> <li><input type="checkbox"/> Procedure communication with police, health authorities and emergency vehicle operators. <b>ND 33-07-01.1-25 (g-9)</b></li> <li><input type="checkbox"/> How will provide emergency RT services &amp; scope of services (MS approved).</li> <li><input type="checkbox"/> Qualifications of RT service providers, including job title, licensure requirements, education, training, experience they may perform without supervision.</li> <li><input type="checkbox"/> The scope of diagnostic and/or therapeutic respiratory services offered by the CAH should be defined in writing, and approved by the MS (CT scans, venous Doppler’s, ultrasound et. al.).</li> <li><input type="checkbox"/> Acceptable standards of practice for RT in ED.</li> <li><input type="checkbox"/> Hand hygiene – Prevention of contamination and cross infection.</li> <li><input type="checkbox"/> Laboratory testing (includes blood gases) conducted under current, valid CLIA certificate.</li> </ul>

TAG	REQUIREMENT
<p><b>BLOOD &amp; BLOOD PRODUCTS</b></p> <p><b>C-0890</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy/procedure or contract/agreement/arrangement for services for the procurement, safekeeping, and transfusion of blood, including the availability of blood products needed for emergency patients 24 hours a day (No requirement to store blood on site).</li> <li><input type="checkbox"/> Call schedule will be reviewed.</li> <li><input type="checkbox"/> Documentation of blood refrigerator temperatures and corrective action as needed.</li> <li><input type="checkbox"/> Can provide in emergency directly or through arrangement, in some cases more practical to transport patient to where the blood is – availability of lab services – 24hr/d, 7d/week.</li> <li><input type="checkbox"/> Compatibility testing, if performed (CLIA Certified).</li> <li><input type="checkbox"/> If collecting blood must register with FDA.</li> <li><input type="checkbox"/> Need agreement in writing re: provision of blood between CAH and testing lab.</li> <li><input type="checkbox"/> Ensure blood is properly stored to prevent deterioration.</li> <li><input type="checkbox"/> Refrigerator temps should be documented.</li> <li><input type="checkbox"/> If types and cross matches must have necessary equipment such as Sero- Fuge and heat block.</li> <li><input type="checkbox"/> Can keep 4 units of O Negative blood on hand at all times.</li> <li><input type="checkbox"/> Release to give, signed by doctor, is needed since not cross matched.</li> </ul>
<p><b>BLOOD STORAGE</b></p> <p><b>C-0892</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Need to be under the control and supervision of a pathologist or other qualified doctor.</li> <li><input type="checkbox"/> If blood banking done under arrangement, the arrangement has to be approved by MS and administration- will look for agreement.</li> </ul>
<p><b>PERSONNEL</b></p> <p><b>C-0894</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Must have practitioner (physician, PA, NP, <i>and</i> CNS) with training in emergency care on call and immediately available by telephone or radio contact and available within 30 minutes 24 hours a day.</li> <li><input type="checkbox"/> <b>Specific training required for practitioners? (ACLS/ ATLS)</b></li> <li><input type="checkbox"/> Have policy/procedure in place to ensure MD/DO is available by phone. <b>ND 33-07-01.1-09 (Governing Body)</b></li> <li><input type="checkbox"/> RN can satisfy C-0207 temporarily if the CAH has &lt;= 10 beds &amp; frontier &amp; approval given in writing from State ** List of qualified nurses is available.</li> <li><input type="checkbox"/> Will review call schedules and ask staff if they know who is on call.</li> <li><input type="checkbox"/> Will review documentation that PA, NP, CNS, or MD was on site within the allowable time frame.</li> </ul>

TAG	REQUIREMENT
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Have a procedure where available by phone or radio on 24-hour basis to receive calls.</li> <li><input type="checkbox"/> RN with training and experience in emergency care can conduct specific medical screening exam. RN must be on site and immediately available when a patient requests care and the nature of the request must be within scope of practice for a RN and consistent with state law, medical staff bylaws. If you have facilities that are considered "frontier/remote location" will need to add more as to RNs.</li> </ul>
<b>C-0898</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Coordination with emergency response systems/ambulance.</li> <li><input type="checkbox"/> Ensure that procedures are in place for coordination with ERS to make available by telephone or radio contact, on a 24-hours a day basis, a MD or DO to receive emergency calls and provide medical direction in emergency situations.</li> <li><input type="checkbox"/> Ensure there is a plan in place to demonstrate that procedures are followed and evaluated for effectiveness.</li> </ul>
<b>COP C-0900</b>	<b>§485.620 Condition of Participation: Number of Beds and Length of Stay</b>
<b>OBSERVATION</b>  <b>C-0902</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> CAH maintains no more than 25 acute care beds at any one time (not including observation beds).</li> <li><input type="checkbox"/> Any of the 25 beds can be used to provide acute or swing bed, dependent on patient need.</li> <li><input type="checkbox"/> Does not count if CAH has up to 10 bed rehab unit or behavioral health unit.</li> <li><input type="checkbox"/> Do not count in 25 bed count exam or procedure tables, stretchers, Operating Room tables, ED carts, 10 bed distinct rehab or behavioral health unit, newborn bassinets and isolette for well-baby boarders and PACU bed and inpatient beds in Medicare-certified distinct part rehabilitation or psychiatric units.</li> <li><input type="checkbox"/> Do not count OB beds if active labor, but do count birthing rooms where patient stays after giving birth.</li> <li><input type="checkbox"/> Hospice beds can be dedicated are also counted as part of the 25 beds.</li> <li><input type="checkbox"/> Observation is not appropriate for: Substitute for inpatient admission, for continuous monitoring, or medically stable patients who need diagnostic testing or outpatient procedure (blood, chemo, dialysis), patients awaiting nursing home placement, for convenience to the patient or family, for routine prep or recovery prior to or after diagnostic or surgical services, as a routine stop between the ED and inpatient admission, no prescheduled observations services or observation services begin and end with the order of the physician.</li> <li><input type="checkbox"/> There is an order for observation services prior to start of the service; order is not backdated.</li> <li><input type="checkbox"/> Standing orders for observation services are not permitted or utilized.</li> </ul>



TAG	REQUIREMENT
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Must provide documentation to show that observation bed is not an inpatient bed.</li> <li><input type="checkbox"/> Need specific clinical criteria for observation services and it must be different than inpatient criteria.</li> </ul>
<b>LENGTH OF STAY</b>  <b>C-0904</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Length Of Stay- CAH provides acute inpatient care for a period that does not exceed, on an annual average basis, 96 hours per patient (96-hour average LOS rule does not apply to hospice patients).</li> <li><input type="checkbox"/> Calculate the CAH's LOS based on patient census data.</li> <li><input type="checkbox"/> Policy on observation beds to meet-they do not count observation beds in 25 bed count now or in calculating average LOS.</li> <li><input type="checkbox"/> Two Midnight Rule- Need an order and need to document medical necessity.</li> </ul>
<b>COP C-0910</b>	<b>§485.623 Condition of Participation: Physical Plant and Environment</b>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Building &amp; equipment maintenance part of the QA program, this applies to all campuses, satellites, inpatient and outpatient locations.</li> </ul>
<b>CONSTRUCTION</b>  <b>C-0912</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> CAH is constructed, arranged, and maintained to ensure access to and safety of patients and provides adequate space for the provision of direct services.</li> <li><input type="checkbox"/> There is adequate space for the scope of services required to be provided on-site.</li> <li><input type="checkbox"/> Buildings are maintained to ensure safety and well-being of patients.</li> <li><input type="checkbox"/> Design of the facility assures staff can reach patients readily.</li> </ul>
<b>ENVIRONMENTAL SERVICES &amp; MAINTENANCE</b>  <b>C-0914</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Must have housekeeping and preventative maintenance programs: routine, preventive, handling spills.</li> <li><input type="checkbox"/> There is a list of all facility and medical equipment including specific equipment information, such as ID number, manufacturer, serial number, etc.</li> <li><input type="checkbox"/> Policies, procedures, and programs are in place for all equipment, including frequency of maintenance, following manufacturer-recommended maintenance activities and schedule.</li> <li><input type="checkbox"/> Equipment used for the first time is inspected and tested.</li> <li><input type="checkbox"/> Individual responsible for overseeing the equipment maintenance program and activities is qualified.</li> <li><input type="checkbox"/> All essential mechanical, electrical and patient-care equipment is maintained in safe operating condition (supplies and equipment must be maintained).</li> <li><input type="checkbox"/> Building maintenance program: routine, preventive, and inspections.</li> </ul>

TAG	REQUIREMENT
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Patient care equipment maintenance program: routine, preventive, storage.</li> <li><input type="checkbox"/> How do you ensure your equipment is maintained properly (boilers, elevators, air compressors, ventilators, X-ray equipment, IV pumps, kitchen freezer/refrigerator, laundry equipment)?</li> <li><input type="checkbox"/> <b>Medical Gases stored securely.</b></li> <li><input type="checkbox"/> Have a policy and procedures which address the effectiveness of the CAHs alternative equipment maintenance (AEM) program.</li> <li><input type="checkbox"/> AEM Program- demonstrate that CAH is performing risk-based assessments, preventative maintenance, or establishing the AEM program.</li> <li><input type="checkbox"/> Maintain a written inventory of all medical equipment or written inventory of selected equipment categorized by risk assessment.</li> <li><input type="checkbox"/> <b>Is critical equipment readily identified?</b></li> <li><input type="checkbox"/> Identify in writing how to maintain, inspect, and test the medical equipment on the inventory. Could a malfunction have been prevented? What steps needed to prevent future malfunctions? How a determination is made whether or not the malfunction resulted from the use of an AEM strategy.</li> <li><input type="checkbox"/> <b>How do staff report maintenance issues?</b></li> <li><input type="checkbox"/> What is the process for removal from service of equipment determined to be unsafe or no longer suitable for its intended application?</li> <li><input type="checkbox"/> The use of performance data to determine if modification is in the AEM program procedures are required.</li> </ul>
<p><b>DISPOSAL OF TRASH</b></p> <p><b>C-0920</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Need policies for proper routine storage and prompt disposal of trash (includes biohazardous waste).</li> <li><input type="checkbox"/> Must be disposed of in accordance with standards (EPA, OSHA, CDC, environmental and safety), includes radioactive materials,</li> </ul>
<p><b>STORAGE OF DRUGS</b></p> <p><b>C-0922</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Drugs &amp; biologicals: Ensure storage and locking (see also <b>C-0886</b>).</li> <li><input type="checkbox"/> Must be properly locked in the storage area; make sure drugs are not left out in open, in tube system or on dumb waiter ledge.</li> <li><input type="checkbox"/> What process do you have in place to make sure drugs are stored <b>according to manufacturer's instructions for temp and light etc.?</b></li> </ul>
<p><b>PHYSICAL ENVIRONMENT</b></p> <p><b>C-0924</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Premises clean and orderly and uncluttered with equipment not stored in corridors, spills not left unattended, no peeling paint et al.</li> <li><input type="checkbox"/> Will look at walls, ceilings, and floors (<b>no storage directly on floor</b>), maintenance log.</li> <li><input type="checkbox"/> <b>Chemicals Stored appropriately.</b></li> <li><input type="checkbox"/> <b>No storage of combustibles with heating and electrical equipment.</b></li> </ul>
<p><b>VENTILATION</b></p> <p><b>C-0926</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> There must be proper ventilation, lighting, and temperature control in all pharmaceutical, patient care, and food preparation areas.</li> <li><input type="checkbox"/> OR Temps and Humidity maintained per AIA/AORN.</li> </ul>

COP C-950	§485.625 Condition of Participation: Emergency Preparedness
TAG	REQUIREMENT
EMERGENCY PROCEDURES	<ul style="list-style-type: none"> <li><input type="checkbox"/> CMS Moved Emergency Preparedness final rules to Appendix Z.</li> <li><input type="checkbox"/> CMS Emergency preparedness checklist <a href="http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/HealthCareProviderGuidance.html">http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/HealthCareProviderGuidance.html</a>.</li> <li><input type="checkbox"/> Emergency preparedness plan developed, maintained, reviewed, and updated every 2 years and includes: <ul style="list-style-type: none"> <li>• Documented, facility-based and community-based risk assessment utilizing an all-hazards approach.</li> <li>• Includes strategies to address emergency events per the risk assessment.</li> <li>• Addresses patient populations.</li> <li>• Includes process for cooperation and collaboration with local, tribal, regional, state, and federal emergency officials.</li> </ul> </li> <li><input type="checkbox"/> Policies and procedures are in place and reviewed/updated every 2 years and include: <ul style="list-style-type: none"> <li>• Provisions for subsistence needs for all.</li> <li>• Tracking of staff and patients.</li> <li>• Safe evacuation from facility.</li> <li>• Means to shelter in place.</li> <li>• System for medical documentation to maintain confidentiality.</li> <li>• Use of volunteer or other emergency staff.</li> <li>• Arrangement with other CAH/providers to receive patients.</li> </ul> </li> <li><input type="checkbox"/> A communication plan is developed and in place and reviewed every 2 years. <ul style="list-style-type: none"> <li>• Training and testing of the plan are completed every 2 years and maintain documentation of the training.</li> <li>• Annual exercises are conducted annually – full-scale and one additional exercise.</li> </ul> </li> <li><input type="checkbox"/> Emergency and standby power systems are in place. <ul style="list-style-type: none"> <li>• If part of an integrated health system – each facility is complying.</li> </ul> </li> <li><input type="checkbox"/> Assure safety of patient in non-medical emergencies.</li> <li><input type="checkbox"/> Staff trained in handling emergencies such as reporting and extinguishing of fires, evacuations, et al. Validate training with in- service records.</li> <li><input type="checkbox"/> Report all fires to state officials.</li> <li><input type="checkbox"/> Surveyor will interview staff to make sure they know what to do in case of a fire, tornado, blizzard.</li> <li><input type="checkbox"/> <b>Consider policy and procedures related to workplace violence.</b></li> </ul>

TAG	REQUIREMENT
	<ul style="list-style-type: none"> <li>❑ Ensure all personnel are trained to manage emergency procedures for non- medical emergencies. Review staff training documents and in-service records to confirm training.</li> </ul>
	<ul style="list-style-type: none"> <li>❑ Emergency power and lighting – National Fire Protection Amendments (NFPA) 101, 2000 Edition and applicable Facilities, for emergency lighting and emergency power in ED and for battery lamps or flashlights in other areas.</li> <li>❑ Must comply with the applicable provisions of the Life Safety Code.</li> </ul>
	<ul style="list-style-type: none"> <li>❑ Emergency fuel and water supplies, have a plan to provide care to inpatients and to other persons who may come to the CAH in need of care (source of water is FEMA).</li> <li>❑ Includes making arrangements with local utility companies and others for the provision of emergency source of water and gas.</li> <li>❑ Have a plan for prioritizing their use until adequate supplies are available.</li> <li>❑ Policy &amp; procedure addressing specific conditions (snowbound facility, spring flooding, etc.) in comprehensive emergency preparedness plan.</li> </ul>
	<ul style="list-style-type: none"> <li>❑ Must develop a comprehensive plan to ensure that the safety and wellbeing of patients are assured during emergency situations.</li> <li>❑ Coordinate with federal, state, and local emergency preparedness and health authorities to identify likely risks for the area.</li> <li>❑ Considerations when developing the comprehensive emergency plan. <ol style="list-style-type: none"> <li>1. Differences needed for each location where the certified CAH operates.</li> <li>2. Special needs of patient populations treated at the CAH (e.g., patients with psychiatric diagnosis, patients on special diets, newborns, etc.).</li> <li>3. Security of patients and walk in patients.</li> <li>4. Security of supplies from misappropriation.</li> <li>5. Pharmaceuticals, food, other supplies, and equipment that may be needed during emergency/disaster situations.</li> <li>6. Communication to external entities if telephones and computers are not operating or become overloaded.</li> <li>7. Communication among staff within the CAH itself.</li> <li>8. Qualifications and training needed by personnel, including healthcare staff, security staff, and maintenance staff, to implement and carry out emergency procedures.</li> <li>9. Identification, availability, and notification of personnel that are needed to implement and carry out the CAHs emergency plan.</li> </ol> </li> </ul>

TAG	REQUIREMENT
	<ol style="list-style-type: none"> <li>10. Identification of community resources, including lines of communication and names and contact information for community emergency preparedness coordinators and responders.</li> <li>11. Provisions for gas, water, electricity supply is access is shut off to the community.</li> <li>12. Transfer of discharge of patients to home or other healthcare settings.</li> <li>13. Methods to evaluate repairs needed and to secure various likely materials and supplies to effectuate repairs.</li> </ol>
<p><b>LIFE SAFETY CODE</b></p> <p><i>C-0930</i></p> <p><i>C-0932</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Life safety plan. Meet Life Safety Code of the National Fire Protection Association (2-hour fire wall).</li> <li><input type="checkbox"/> Corridor doors and doors to rooms containing flammable/combustible materials have only positive latching hardware, no roller latches.</li> <li><input type="checkbox"/> CMS waiver provided – when application resulted in unreasonable hardship and does not adversely affect health and safety of patients.</li> </ul>
<p><b>FIRE INSPECTION</b></p> <p><i>C-0934</i></p> <p><b>ALCOHOL-BASED HAND RUB DISPENSERS</b></p> <p><i>C-0936</i></p> <p><b>SPRINKLER SYSTEM</b></p> <p><i>C-0938</i></p> <p><b>OUTSIDE WINDOW/DOOR</b></p> <p><i>C-0940</i></p> <p><b>LIFE SAFETY CODE</b></p> <p><i>C-0942</i></p> <p><i>C-0944</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Maintain written evidence of regular inspection and approval by state and or local fire control agencies.</li> <li><input type="checkbox"/> Surveyor will examine copies of inspection and approval reports from State and local fire control agencies.</li> <li><input type="checkbox"/> Alcohol-based hand rub dispensers are installed to protect against inappropriate access.</li> <li><input type="checkbox"/> When sprinkler systems are down for more than 10 hours the building/portion affected are evacuated or fire watch is instituted.</li> <li><input type="checkbox"/> Every sleeping room has an outside window/door <b>(Built after 2016)</b>.</li> <li><input type="checkbox"/> Sill height do not exceed 36 inches above the floor; do not apply to nursery and rooms occupied less than 24 hours. Special nursing care nursing does not exceed 60 inches.</li> <li><input type="checkbox"/> Waiver present – specific provisions of Life Safety Code resulted in unreasonable hardship and no adverse effect to health/safety of patients.</li> <li><input type="checkbox"/> Applicable provisions and steps to meet requirements of Health Care Facilities Code are met unless waiver provided.</li> </ul>

TAG	REQUIREMENT
<b>COP C-960</b>	<b>§485.627 Condition of Participation: Organizational Structure</b>
<b>GOVERNING BOARD</b>  <b>C-0962</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Must have only one governing body (or responsible individual) and this governing body (or responsible individual) is responsible for the conduct of the CAH as an institution.</li> <li><input type="checkbox"/> Governing board responsibilities/bylaws- board approves MS bylaws.</li> <li><input type="checkbox"/> Policy/procedure that has governing body or individual that assumes legal responsibility for implementing and monitoring. <b>ND 33-07-01.1-09</b></li> <li><input type="checkbox"/> Board must determine what categories of practitioners are eligible for appointment and reappoint to MS (NP, PA, Dentist, CRNA) and there is written criteria for staff appointments.</li> <li><input type="checkbox"/> Board is responsible for conduct of CAH and for quality of care to patients.</li> <li><input type="checkbox"/> Criteria for MS is based on individual character, competence, training, experience, and judgment.</li> <li><input type="checkbox"/> Surveyor will look to see board or written documentation of person responsible for CAH.</li> <li><input type="checkbox"/> Does Board have categories of practitioners for appointment to MS?</li> <li><input type="checkbox"/> Confirm that Board appoints all members to the MS.</li> <li><input type="checkbox"/> CEO, delegation of authority for daily operations, as applicable.</li> <li><input type="checkbox"/> <b>What evidence (e.g., minutes of board meetings) demonstrates that the governing body or the individual who assumes responsibility for CAH operation is involved in the day-to-day operation of the CAH and is fully responsible for its operations?</b></li> <li><input type="checkbox"/> Medical staff operates under current bylaws, rules and policies approved by governing body (responsible individual).</li> </ul>
<b>DISCLOSURE</b> <b>C-0964</b>  <b>C-0966</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Reporting changes in operating officials to the state.</li> <li><input type="checkbox"/> <b>Reporting changes in ownership to the state.</b></li> <li><input type="checkbox"/> Reporting changes in medical director to state.</li> </ul>
<b>Condition C-0970</b>	<b>§485.631 Condition of Participation: Staffing and Staff Responsibilities</b>
<b>STAFFING</b> <b>C-0971</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> CAH has professional staff that includes one or more physicians, and may include PA, NP, or CNS.</li> <li><input type="checkbox"/> Need to have organizational chart which shows names of all MD/DO and PA, NP, or CNS.</li> <li><input type="checkbox"/> Surveyor will review work schedules.</li> </ul>
<b>C-0972</b>	<input type="checkbox"/> Professional staff supervises all ancillary personnel.
<b>C-0974</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staffing policies (have sufficient staff to take care of patients and provide essential services to CAH operation).</li> <li><input type="checkbox"/> Have staffing schedules and daily census records available for reviewing.</li> </ul>
<b>C-0976</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> MD, DO, NP, PA, or CNS must be available at all times to furnish care.</li> <li><input type="checkbox"/> Must show practitioner is available and shows up when patient presents to the hospital.</li> </ul>

TAG	REQUIREMENT
<b>NURSE ON DUTY</b> <b>C-0978</b>	<input type="checkbox"/> RN, CNS, or LPN on duty whenever one or more inpatients.
<b>PHYSICIAN RESPONSIBILITIES</b> <b>C-0981</b> <b>C-0982</b>	<input type="checkbox"/> MD/DO must provide medical directions and supervision of staff. <input type="checkbox"/> Surveyor will want evidence that the doctor provides oversight and is available for consultation. <input type="checkbox"/> PA/NP need to participate in developing and reviewing written policy and procedure. <b>(C-0982)</b> <input type="checkbox"/> Have a policy that specifies a time frame for the maximum interval between inpatient reviews. <input type="checkbox"/> How do you ensure that the doctor participates in the development of policies and procedures? <input type="checkbox"/> Provide evidence that there is periodic review of patient records by the doctor.
<b>C-0982</b>	<input type="checkbox"/> MD/DO participates in developing, executing & periodically reviewing policies.
<b>C-0984</b> <b>C-0986</b>	<input type="checkbox"/> MD/DO w/ advanced practitioners periodically review patient records, provides orders, and provides med services to CAH patients (define “periodically”).
<b>PHYSICIAN SUPERVISION</b> <b>C-0986</b>	<input type="checkbox"/> Must have a doctor on staff and must perform medical oversight and must be present for sufficient period (no longer says must be present at least once every two weeks). <input type="checkbox"/> Surveyor will want evidence that the physician provided oversight and is available for consultation or patient referral. <input type="checkbox"/> Periodically reviews and signs all records of patients cared for by NP, CNS, or PA and MD/DO signs records after review is completed. <input type="checkbox"/> Select a sample of inpatient and outpatient records, including both open and closed records. <input type="checkbox"/> For inpatient records of patients whose care is/was managed by a non-physician practitioner, verify that: <ol style="list-style-type: none"> <li>1. An MD/DO has reviewed and signed all records that were open at the time of the review, and all inpatient records that were closed since the MD/DO’s last review; and</li> <li>2. That reviews take place within the timeframe specified by the CAH’s policy. (Consider if CAH has EHRs that can be reviewed and signed off remotely)</li> </ol>

TAG	REQUIREMENT
<b>C-0988</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Establish protocol for contacting a physician (MD or DO is always available) for consultation, assistance and/or patient referral through radio or telephone or electronic communication (telemedicine).</li> <li><input type="checkbox"/> MD or DO must be present in the CAH for sufficient periods of time.</li> <li><input type="checkbox"/> Develop policy and procedure on this and documentation compliance.</li> <li><input type="checkbox"/> Must have list of on call physicians.</li> </ul>
<b>PA, NP, CNS</b> <b>C-0991</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> PA, NP, CNS, participate with an MD/DO in the review of their patients' health records.</li> <li><input type="checkbox"/> PA, NP, CNS, participate in the development, execution and periodic (at least once a year- see <b>C-1024</b>) review of policies. <b>ND 33-07-01.1-15</b></li> </ul>
<b>C-0993</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Participate w/ MD/DO in periodic review of patient health records.</li> </ul>
<b>C-0995</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provides services in accordance with CAH policies, when a physician is not available.</li> </ul>
<b>TRANSFER OF PATIENT</b> <b>C-0997</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Arranges for, or refers patients to, needed services &amp; assures records are maintained and transferred as required.</li> <li><input type="checkbox"/> Must send the patient's medical records.</li> <li><input type="checkbox"/> Need transfer policy and should be consistent with EMTALA.</li> </ul>
<b>PATIENT ADMISSION</b> <b>C-0998</b> <b>C-0999</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Admitting privileges must be consistent with what state law allows.</li> <li><input type="checkbox"/> MD/DO notified when PA, NP, CNS admits a patient.</li> <li><input type="checkbox"/> If PA, NP, CNS admits, MD/DO is responsible for med or psych problems outside the scope of practice of the admitting practitioner.</li> <li><input type="checkbox"/> MD/DO is responsible for and monitoring the care of each Medicare/Medicaid patient for all medical problems during hospitalization.</li> <li><input type="checkbox"/> There is periodic review of clinical privileges and performance by NP, CNS, PA.</li> <li><input type="checkbox"/> Review completed by MD/DO, can be via contract, by network member hospital, QIO, entity in State rural health plan.</li> <li><input type="checkbox"/> Telemedicine – can be reviewed by distant site hospital or entity.</li> </ul>
<b>COP C-1004</b>	<b>§485.635 Condition of Participation: Provision of Services</b>
<b>PATIENT CARE POLICIES</b> <b>C-1006</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Services provided as stated in written policy &amp; consistent with state law (QA). <b>ND 33-07-01.1-17</b></li> </ul>
<b>C-1008</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Maintain documentation of the policy and procedures committee activity. Must reflect any changes made.</li> <li><input type="checkbox"/> P&amp;P committee must review existing and new P&amp;Ps at least biennially.</li> <li><input type="checkbox"/> Final decision on P&amp;Ps is made by the board.</li> <li><input type="checkbox"/> If the P&amp;P recommendations by the advisory group are rejected, then the board must include in the record and the rationale for the change.</li> </ul>



TAG	REQUIREMENT
<p><b>C-1010</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy/procedure on scope of services provided by CAH directly or through agreement/contract.</li> <li><input type="checkbox"/> Include statements like “taking complete medical histories, providing complete physical examinations, laboratory tests including” (with a list of tests provided).</li> <li><input type="checkbox"/> Include arrangements made with Hospital X for providing the following services with list of specialized diagnostic and lab testing.</li> </ul>
<p><b>C-1012</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policies for emergency care services; show how CAH would meet all its emergency services requirements.</li> <li><input type="checkbox"/> How the CAH provides 24-hour emergency care to its patients?</li> <li><input type="checkbox"/> What equipment, supplies, medications, blood, and blood products are maintained onsite, and which are readily available for treating emergency cases by agreement at other facilities?</li> <li><input type="checkbox"/> What types of personnel are available to provide emergency services and what are their required onsite response times?</li> <li><input type="checkbox"/> How the CAH coordinates with local emergency response systems?</li> </ul>
<p><b>GUIDELINE FOR MEDICAL MANAGEMENT</b></p> <p><b>C-1014</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Conditions, signs, or developments requiring consultation and/or patient referral (to MD, others).</li> <li><input type="checkbox"/> Guideline on maintaining medical record -health care record policies.</li> <li><input type="checkbox"/> Periodic review and evaluation of services.</li> <li><input type="checkbox"/> Need to policy to include the scope of medical acts which may be done by PA, NP, CNS.</li> <li><input type="checkbox"/> Indicate what medical procedures the PA or NP can do.</li> <li><input type="checkbox"/> Guidelines need to describe the medical conditions, signs or development that require consultation.</li> </ul>
<p><b>DRUGS AND BIOLOGICALS</b></p> <p><b>C-1016</b></p>	<p><b>Responsibility for pharmacy services ND 33-07-01.1-21</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Must identify the qualifications for and designate an individual who has overall responsibility for the CAH’s pharmacy services, including development of the rules governing pharmacy services.</li> <li><input type="checkbox"/> Policy and procedure must identify qualification of pharmacy director; including who can perform pharmacy services, supervision of pharmacy, staff and identify standards used in developing policy and procedures (can cite as a reference).</li> </ul>

TAG	REQUIREMENT
	<p><b>Storage of drugs and biologicals, including the location of storage areas, medication carts, and dispensing machines</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Must have rules for drug storage, handling, dispensation and administration of drugs and biologicals area in accordance with accepted professional practices. (C-0886, C-0922)</li> <li><input type="checkbox"/> Drugs stored according to manufacturer’s directions and state and federal law.</li> <li><input type="checkbox"/> Drugs stored in locked room or container.</li> </ul> <p><b>Proper environmental conditions</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CAH rules and policy and procedures must be consistent with standards or guidelines for pharmaceutical services and medication administration, such as USP, ASHP, ISMP, Infusion Nurses Society, IHI and National Coordinating Council and consistent with state and federal law.</li> <li><input type="checkbox"/> Proper environmental conditions; follow manufacturer’s recommendation. such as keep refrigerated, room temperature, out of light etc.</li> </ul> <p><b>Security</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consistent with state and federal law to address who is authorized access to the pharmacy or drug storage area.</li> <li><input type="checkbox"/> Must have policies and procedures consistent with state and federal law of who has access and keys to drug and storage areas. (Housekeeping, security, or maintenance usually not given unsupervised access). Area restricted to personnel only are generally considered secure.</li> <li><input type="checkbox"/> Given flexibility in non-controlled drugs such as do not have to be locked up when setting up for a procedure (OR would lock up when area not staffed).</li> <li><input type="checkbox"/> Medication carts, anesthesia carts, epidural carts and non-automated medication carts with medications must be secure when not in use.</li> <li><input type="checkbox"/> Policies and procedures are expected to address the security and monitoring of carts, locked, or unlocked, containing drugs and biologicals in all patient care areas.</li> </ul> <p><b>Handling drugs and biologicals</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Handling medications that include mixing or reconstituting according to manufacture recommendation. Includes compounding or admixing of sterile IVs or other drugs.</li> </ul> <p><b>Compounding</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Only pharmacy can reconstitute, mix, or compound a drug.</li> </ul>

TAG	REQUIREMENT
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Compounding used or dispensed must be consistent with acceptable principles such as those described in USP/NF chapter.</li> <li><input type="checkbox"/> Must be administered in accordance with accepted professional principles.</li> <li><input type="checkbox"/> Must be able to demonstrate how all sterile and non-sterile compounded preparations dispensed and/or administered.</li> <li><input type="checkbox"/> Must be able to provide evidence that standard operating procedures for compounding, if performed in-house, and for quality oversight of compounding, regardless of source, are consistent with accepted professional principles.</li> <li><input type="checkbox"/> Included is compliance with USP 797 and USP 795 (preparation, storing, and transporting).</li> <li><input type="checkbox"/> All compounded forms must be sterile including wound irrigation, eye drops and ointments, injections, infusions, nasal inhalation, etc.</li> </ul> <p><b>Use of outside compounders (outsourcing facilities)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Outsourcing facilities who compound drugs register and must comply with section 503B of the FDCA and other requirements such as the FDA’s current good manufacturing practice (CGMP).</li> <li><input type="checkbox"/> Must meet certain other conditions including reporting adverse drug events to the FDA.</li> <li><input type="checkbox"/> If CAH obtains compounded medications from compounding pharmacy rather than a manufacturer or a registered outsourcing facility, then must demonstrate that medicine received have been prepared in accordance with acceptable principles.</li> <li><input type="checkbox"/> Contract with the vendor would want to ensure CAH access to their quality data verifying their compliance with USP standards.</li> <li><input type="checkbox"/> Should document you obtain and review this data.</li> </ul> <p><b>Dispensing drugs and biologicals</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dispensing medications, dispensed timely, follow all state laws.</li> <li><input type="checkbox"/> Enough staff to provide accurate and timely medication delivery.</li> <li><input type="checkbox"/> System so medications orders get to pharmacy promptly and are available when needed by the patient; (automated dispensing units outside the pharmacy, night cabinets, contracted services after hours via tele pharmacy contracting, on-call pharmacists, etc.).</li> <li><input type="checkbox"/> Can use unit dose or floor stock system; Automated dispensing cabinets are secure option.</li> <li><input type="checkbox"/> Need policy and procedures for who can access medications after hours (night cabinet standard).</li> </ul>

TAG	REQUIREMENT
	<ul style="list-style-type: none"> <li data-bbox="402 159 1458 258">☐ Suggest policy and procedure on do not use abbreviations, high alert drug list, safety recommendation for high alert medications, quantities of medications dispensed to minimize diversion, limit overrides, return all meds in secure one-way return bin, etc.</li> </ul> <p data-bbox="380 279 993 310"><b>Administration of drugs and biologicals to patients</b></p> <ul style="list-style-type: none"> <li data-bbox="402 331 1471 430">☐ Must comply with applicable state law that governs the qualifications, certification, or licensure of staff who administer drugs and biologicals and must adhere to accepted standards of practice for medication administration.</li> </ul> <p data-bbox="380 451 1221 483"><b>Record keeping for the receipt and disposition of all scheduled drugs.</b></p> <ul style="list-style-type: none"> <li data-bbox="402 504 1398 602">☐ Current, accurate records of receipt and disposition of scheduled drugs; a policy covers control of distribution, use and disposition from entry to disposition; can readily identify loss/diversion; records available.</li> <li data-bbox="402 623 1206 655">☐ Pharmacy records detail flow of drugs from entry to disposition.</li> <li data-bbox="402 676 1349 707">☐ Pharmacy maintains control over drugs in all locations, including floor stock.</li> <li data-bbox="402 728 1243 760">☐ Maintaining records related to requisitioning and dispensing drugs.</li> <li data-bbox="402 781 1421 854">☐ Want locked storage of scheduled drugs when not in use; keep accurate counts to show use; reconcile any discrepancies in the counts.</li> </ul> <p data-bbox="380 875 1463 938"><b>Ensuring that outdated, mislabeled, or otherwise unusable drugs are not used for patient care.</b></p> <ul style="list-style-type: none"> <li data-bbox="402 959 1117 991">☐ Ensure drugs are dispensed only by licensed pharmacist.</li> <li data-bbox="402 1012 1284 1043">☐ Must have pharmacy labeling, inspection, and inventory management.</li> <li data-bbox="402 1064 1474 1163">☐ Need to make sure no outdated drugs or mislabeled drugs. Each individual drug must be labeled with name, strength of drug, lot and control number and expiration date, including “beyond use date” as applicable.</li> <li data-bbox="402 1184 1360 1257">☐ If multidose vial is opened, must have expiration date of 28 days on the label unless otherwise specified by the manufacturer.</li> <li data-bbox="402 1278 1377 1352">☐ Only pharmacists or pharmacy-supervised staff compound, label and dispense drugs.</li> <li data-bbox="402 1373 927 1404">☐ Surveyor to make sure drugs are secure.</li> <li data-bbox="402 1425 1203 1457">☐ How do you make sure no outdated drugs or mislabeled drugs?</li> </ul> <p data-bbox="380 1478 1214 1509"><b>Assessing adverse drug reactions &amp; medication administration errors</b></p> <ul style="list-style-type: none"> <li data-bbox="402 1530 1287 1562">☐ Surveyor is to ask nursing if medications dispensed in a timely manner.</li> <li data-bbox="402 1583 1344 1614">☐ Surveyor is to ask what professional pharmacy principles pharmacy is using.</li> <li data-bbox="402 1635 1230 1709">☐ Must have a system for staff to report adverse drug reactions and medication administration errors.</li> </ul>

TAG	REQUIREMENT
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pharmacy services is expected to assess all such reports to determine if problems or errors in pharmacy services caused or contributed to the adverse reaction or medication administration error.</li> <li><input type="checkbox"/> If a contracted service, how on-premises supervision is accomplished.</li> <li><input type="checkbox"/> If a contracted service, MS approves the contract.</li> <li><input type="checkbox"/> Pharmacist job description includes development, supervision, and coordination of all pharmacy services activities.</li> <li><input type="checkbox"/> Pharmacists and pharmacy technicians perform only those duties within the scope of their license/education.</li> <li><input type="checkbox"/> Pharmaceutical services can be provided as direct services or through an agreement.</li> <li><input type="checkbox"/> Does not require continuous on-premises supervision at the CAH's Pharmacy.</li> <li><input type="checkbox"/> May be accomplished through regularly scheduled visits, and/or telemedicine in accordance with law and regulation and accepted professional principles.</li> <li><input type="checkbox"/> A single pharmacist must be responsible for the overall administration of the pharmacy.</li> <li><input type="checkbox"/> The pharmacist must be responsible for developing, supervising, coordinating all the activities of the CAH wide pharmacy services and be knowledgeable about CAH pharmacy practice and management.</li> <li><input type="checkbox"/> Pharmacy must have sufficient staff in types, numbers, and training to provide quality services, including 24-hour, 7-day emergency coverage.</li> <li><input type="checkbox"/> Need to have enough staff to provide accurate and timely medication delivery, ensure accurate and safe medication administration.</li> <li><input type="checkbox"/> Emergency kit with adequate contents – not outdated.</li> </ul>
<p><b>REPORTING ADVERSE DRUG REACTION AND ERROR</b></p> <p><b>C-1018</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Procedures for reporting adverse drug reactions and errors (ADEs) in the administration of drugs is voluntary, non-punitive; include definitions.</li> <li><input type="checkbox"/> ADR and medication errors that reach the patient must be reported to the practitioner.</li> <li><input type="checkbox"/> Staff must report ADR and errors; the report must be made immediately if it causes harm to the patient such as a phone call; if harm is not known then must report immediately, if no harm then can inform practitioner in the morning.</li> <li><input type="checkbox"/> Documentation of the error and notification of the practitioner must be made in the MR.</li> <li><input type="checkbox"/> Must educate staff on medication errors and ADEs to facilitate reporting.</li> <li><input type="checkbox"/> Must include reporting of near misses.</li> </ul>

TAG	REQUIREMENT
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Must educate how and whom they are to be reported.</li> <li><input type="checkbox"/> Consider taking other steps to identify errors and ADRs; can't just rely on incident reports; trigger drug analysis, observe medication passes, concurrent and retrospective reviews, medication usage evaluations for <b>high alert drugs</b> etc.</li> <li><input type="checkbox"/> Nursing staff should know what to do if there is a medication error (ME) or ADE.</li> <li><input type="checkbox"/> Process for reporting administration errors, adverse reactions, and drug incompatibilities immediately to the attending physician.</li> <li><input type="checkbox"/> Process for review and amendment of policy/procedures following reports of adverse events.</li> <li><input type="checkbox"/> Process for reporting serious adverse drug reactions to the federal Med- Watch program.</li> <li><input type="checkbox"/> QA/PI activities for errors/reactions include identifying potential corrective actions and are implemented, if appropriate.</li> <li><input type="checkbox"/> Consider non-punitive reporting system or people will not report errors (may balance with Just Culture).</li> <li><input type="checkbox"/> Pharmacist should be readily available by telephone or other means to discuss drug therapy, interactions, side effects, dosage etc.</li> <li><input type="checkbox"/> Know how drug information will be available at the nursing stations.</li> <li><input type="checkbox"/> Pharmacy policy and procedure, formulary; have a pharmacy and therapeutic committee, record minutes of the committee meetings. Policies should include: <ul style="list-style-type: none"> <li>1. High alert medications with dosing limits, administration guidelines, packaging, labeling and storage.</li> <li>2. Limiting the variety of medication related devices and equipment.</li> <li>3. Availability of up-to-date medication information.</li> </ul> </li> <li><input type="checkbox"/> Availability of pharmacy expertise such as having a pharmacist available on call when pharmacy does not operate 24 hours a day.</li> <li><input type="checkbox"/> Standardization of prescribing and communication practices.</li> <li><input type="checkbox"/> Beers Criteria Medication list of inappropriate medications; drugs that should be avoided in patients who are over 65, includes drugs not to be used for certain diseases; American Geriatric Society- Beers List_ <a href="http://www.americangeriatrics.org/">http://www.americangeriatrics.org/</a> (informational purposes only).</li> <li><input type="checkbox"/> Who has access to the pharmacy? ONLY pharmacy supervisor, pharmacist, pharmacy techs should have access to the pharmacy.</li> <li><input type="checkbox"/> Who has access to the pharmacy after hours? (Should only be one designated supervisory RN per shift).</li> </ul>

TAG	REQUIREMENT
	<ul style="list-style-type: none"> <li data-bbox="402 159 1458 296">❑ What is the process for removal of medications from the pharmacy in the absence of the pharmacist? (Should only take the amount needed immediately, must have documentation of patient name, room number, name of drug, strength, amount, date, time, signature)</li> <li data-bbox="402 321 1268 384">❑ Written policy/procedure to require ADE be reported immediately to practitioner who ordered the drug.</li> <li data-bbox="402 409 1289 436">❑ Method to measure effectiveness of the reporting system/benchmark.</li> <li data-bbox="402 462 1459 636">❑ Proactively identify potential and actual ADEs: includes direct medication pass observe, MR review, ADR surveillance team, medication use evaluation for high-alert drugs; or noted automatically generate a drug regimen review. Review for specified drugs/patient (sole reliance on incident reports does not meet the intent of this element).</li> <li data-bbox="402 661 1216 688">❑ Availability of up-to-date medication use information, resources.</li> <li data-bbox="402 714 919 741">❑ Availability of pharmacy expertise 24/7.</li> <li data-bbox="402 766 1268 793">❑ Investigation of cause for return of unused medications to pharmacy.</li> <li data-bbox="402 819 911 846">❑ High-alert meds with dosing limits, etc.</li> <li data-bbox="402 871 1276 898">❑ Policy limiting the variety of medication-related devices &amp; equipment.</li> <li data-bbox="402 924 1078 951">❑ Alert system for “look alike” and “sound alike” drugs.</li> <li data-bbox="402 976 1382 1003">❑ Policy standardization of prescribing and medication communication practices.</li> <li data-bbox="402 1029 821 1056">❑ <b>DO NOT USE</b> abbreviations list.</li> <li data-bbox="402 1081 891 1108">❑ Requirements for “complete” orders.</li> <li data-bbox="402 1134 987 1161">❑ Use of pre-printed orders whenever possible.</li> <li data-bbox="402 1186 1433 1213">❑ How CAH incorporates external alerts/recommendations re: medication use safety.</li> <li data-bbox="402 1239 1341 1308">❑ Preparation, distribution, administration, and proper disposal of hazardous medications.</li> <li data-bbox="402 1333 816 1360">❑ Handling of medication recalls.</li> </ul>

TAG	REQUIREMENT
<p><b>DIETARY</b></p> <p><b>C-1020</b></p> <p><b>C-1022</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> USDA dietary guidelines <a href="http://www.health.gov/dietaryguidelines/">http://www.health.gov/dietaryguidelines/</a>.</li> <li><input type="checkbox"/> <b>Therapeutic Diet Manual available to all staff and approved by Medical Staff.</b></li> <li><input type="checkbox"/> If the CAH furnishes inpatient services, procedures must be in place that ensure that the nutritional needs of inpatients are met in accordance with recognized dietary practice.</li> <li><input type="checkbox"/> All diets are ordered by a practitioner responsible for patient OR qualified dietician or nutrition professional authorized by medical staff and per state law.</li> <li><input type="checkbox"/> <b>Dietary P&amp;Ps are reviewed biennially by group of professional personnel and updated as necessary by the CAH.</b></li> </ul>
<p><b>PATIENT SERVICES</b></p> <p><b>C-1024</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Annual review of direct care diagnostic, therapeutic services, and supplies policies.</li> <li><input type="checkbox"/> Must provide diagnostic and therapeutic services as those provided in doctor's office or at entry of healthcare organization like an outpatient department or ED- provide directly or under contract.</li> <li><input type="checkbox"/> Must have supplies as that typically found in an ambulatory healthcare setting and a physician/s office.</li> <li><input type="checkbox"/> Must provide adequate services, equipment, staff, and facilities adequate to provide the outpatient services. CAHs have flexibility to arrange for contracted services CMS removed the language requiring directly provided services in the areas of general diagnostic, therapeutic services, radiology services, laboratory services, and emergency procedures.</li> <li><input type="checkbox"/> CMS expects CAHs to provide timely diagnosis and treatment of patients and expects general diagnostic and therapeutic, laboratory, radiology, and emergency services to be offered on-site.</li> </ul>



TAG	REQUIREMENT
<p><b>C-1026</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> CAH furnishes acute care inpatient services.</li> <li><input type="checkbox"/> Average LOS is 96 hours.</li> <li><input type="checkbox"/> Must certify that Medicare patients may be expected to be discharged or admitted to a hospital within 96 hours.</li> <li><input type="checkbox"/> CAH is not required to maintain a minimum average daily census of patients receiving inpatient acute care services or maintain a minimum number of beds that are to be used for inpatient services.</li> <li><input type="checkbox"/> Wii review if admits are &lt;8% of ED visits.</li> </ul>
<p><b>LAB SERVICES</b> <b>C-1028</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lab Policies: basic services provided directly or through a contractual agreement with a certified laboratory; all procedures for tests performed whether available as routine and stat basis; cultures taken.</li> <li><input type="checkbox"/> Must provide emergency laboratory services 24 hours/ 7 days a week.</li> <li><input type="checkbox"/> Basic lab services to include, urine dipstick, hemoglobin or hematocrit, blood glucose, stool for occult blood, pregnancy tests, primary culturing for transmittal. <b>ND 33-07-01.1-22</b></li> <li><input type="checkbox"/> Scope &amp; complexity; lab services must be provided directly at the CAH campus by CAH staff to facilitate immediate diagnosis and treatment of patient. The CAH must have a current/valid CLIA certificate or Certificate of Waiver for all tests performed and appropriate to the level of services performed: 24/7.</li> <li><input type="checkbox"/> Written description of tests available for emergency testing; list approved by MS.</li> <li><input type="checkbox"/> Reference labs.</li> <li><input type="checkbox"/> Policy and procedure for collection, preservation, transport, receipt &amp; reporting of tissue specimens.</li> <li><input type="checkbox"/> Quality control.</li> <li><input type="checkbox"/> Policy to make sure all lab tests are recorded in the MR.</li> <li><input type="checkbox"/> Staff supervision, qualifications, orientation, training competencies.</li> <li><input type="checkbox"/> Infection control standards.</li> <li><input type="checkbox"/> How ED care available/provided to patients experiencing adverse reactions.</li> </ul>

TAG	REQUIREMENT
<p><b>RADIOLOGY SERVICES</b></p> <p><b>C-1030</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Supervision of the department by a credentialed member of the MS.</li> <li><input type="checkbox"/> Designation of staff qualified to operate equipment pieces of radiological equipment and/or administering patient procedures and approved by medical staff.</li> <li><input type="checkbox"/> Review their personnel folders to determine if they meet the qualifications for tasks they perform, as established in the CAH's policies and consistent with state law.</li> <li><input type="checkbox"/> Written policy, consistent with state law on personnel to operate radiology equipment and do procedures. <b>ND 33-07-01.1-23</b></li> <li><input type="checkbox"/> Radiology Administration Policies: provided as a direct service; available 24/7; scope &amp; complexity of services- approved by Medical Staff and governing body. If interpretation of imaging internally or contracted; acceptable standards of practice; meeting patient &amp; staff safety standards.</li> <li><input type="checkbox"/> Can offer minimal set or more complex according to needs of the patients; interpretation however can be contracted out.</li> <li><input type="checkbox"/> Diagnostic, therapeutic, and nuclear medicine must be provided in accordance with acceptable standards of practice and must meet professionally approved standards for safety.</li> <li><input type="checkbox"/> Scope or what you do has to be in writing and approved by MS and board and by standards recommended by nationally recognized professions such as the AMA and ACR.</li> <li><input type="checkbox"/> Periodic inspection of equipment and process for timely corrective action when needed.</li> <li><input type="checkbox"/> Identification of which tests a radiologist must interpret, approved by MS.</li> <li><input type="checkbox"/> Only privileged providers order tests.</li> <li><input type="checkbox"/> Radiologist or physician must sign (or electronically sign) all reports. <b>ND 33-07-01.1-23</b></li> <li><input type="checkbox"/> Emergency radiation hazards, incidents, response &amp; reporting, and procedures</li> <li><input type="checkbox"/> X-ray machine and /or portable x-ray machine has a technique chart posted and radiation protection shielding.</li> <li><input type="checkbox"/> Policy and procedures on adequate radiation shielding for patients, personnel and facilities which includes shielding built into physical plant, types of personal protective shielding to use and under what circumstances, types of containers to be used for radioactive materials and clear signage identifying hazardous radiation area.</li> <li><input type="checkbox"/> Policy: labeling all radioactive materials, including waste; transportation between locations within CAH, control access to radioactive materials and provide testing of equipment for hazards.</li> <li><input type="checkbox"/> Periodic checking of staff regularly exposed to radiation for the level of radiation exposure, via exposure meters or badge tests.</li> <li><input type="checkbox"/> Need copies of all reports and printouts, written policy and ensure integrity of authentication.</li> <li><input type="checkbox"/> File storage, security, retrieval, HIPAA.</li> <li><input type="checkbox"/> Staff are trained on all policies and procedures, including radiation safety.</li> </ul>

TAG	REQUIREMENT
<b>EMERGENCY PROCEDURES</b>  <b>C-1032</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency Procedures: see <b>C-1026</b>.</li> <li><input type="checkbox"/> Must provide medical emergency services as a first response to common life-threatening injuries and acute illness.</li> <li><input type="checkbox"/> Emergency Services can be done directly or by contracted services.</li> </ul>
<b>AGREEMENTS</b>  <b>C-1034</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agreements with one or more Medicare participating providers/suppliers for care; (exception, distant-site providers/entities). (see <b>C-0872 &amp; C-0874</b>)</li> <li><input type="checkbox"/> Governing body assesses the quality of care provided under these agreements, etc.</li> <li><input type="checkbox"/> Need to describe routine procedures such as for obtaining outside labtests.</li> <li><input type="checkbox"/> CAH's QA plan must access those services provided under arrangement, identify quality and performance problems, implement appropriate corrective or improvement activities, and ensure the monitoring and sustainability of those corrective or improvement activities.</li> </ul>
<b>CONTRACTED SERVICES</b>  <b>C-1036</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Must have agreement or arrangement with one or more providers or suppliers participating under Medicare to provide service to patients.</li> <li><input type="checkbox"/> Must have at least one MD or DO on its staff who is responsible.</li> <li><input type="checkbox"/> If agreement(s) not in writing, CAH can provide evidence referred patients are accepted and treated.</li> <li><input type="checkbox"/> Need policy and procedures for referring patients it discharges who need additional care.</li> </ul>
<b>LAB &amp; DIAGNOSTIC SERVICES</b>  <b>C-1038</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lab or diagnostic services that are not available at the CAH- have an agreement with 1 or more providers, be sure referred patients are accepted and treated.</li> <li><input type="checkbox"/> Need to make sure basic lab services are available to ensure an immediate diagnosis and treatment.</li> <li><input type="checkbox"/> Contracted lab must have CLIA certification.</li> <li><input type="checkbox"/> Need policies and procedures for additional/specialized lab services covering collection preservation, transportation, receipt, and reporting of tissue specimen results.</li> </ul>
<b>FOOD AND DIETARY SERVICES</b>  <b>C-1040</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agreement for food, nutritional services not provided directly by the CAH is available.</li> </ul>
<b>Contracted Services</b>  <b>C-1042</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Keep a list of all contracted/agreement services is maintained, current, describes scope.</li> </ul>

TAG	REQUIREMENT
<b>C-1044</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Must include services offered, individual or entity that is providing it, and whether on or off-site.</li> <li><input type="checkbox"/> Must include if any limit on the volume or frequency of the services provided.</li> <li><input type="checkbox"/> Update list each time services added or removed.</li> <li><input type="checkbox"/> Individual principally responsible for the CAH's operations is responsible for agreements and oversight of those services.</li> <li><input type="checkbox"/> All agreements require the contractor to provide services in compliance with CoPs.</li> </ul>
<b>NURSING</b>  <b>C-1046</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Services under the direction of an RN. <b>ND 33-07-01.1-16</b></li> <li><input type="checkbox"/> Must designate an individual who is responsible for nursing services, including development of policies and procedures for nursing services and ongoing review analysis of quality of nursing care.</li> <li><input type="checkbox"/> Nursing services must meet the needs of all patients.</li> <li><input type="checkbox"/> How unit(s) adequately staffed and supervised.</li> <li><input type="checkbox"/> All agency nurses must be oriented and supervised.</li> <li><input type="checkbox"/> Will review nursing care plans, medical records, accident and investigate reports, staff schedules and policies/procedures.</li> <li><input type="checkbox"/> Orientation includes unit, emergency preparation, nursing policy/procedure, safety policy/procedure, including agency nurses.</li> <li><input type="checkbox"/> Must have RN, LPN, or CNS on duty whenever the CAH has one or more patients.</li> <li><input type="checkbox"/> Must ensure appropriate staffing for outpatient nursing services.</li> <li><input type="checkbox"/> Must have enough supervisory and non-supervisory personnel to meet patient needs.</li> <li><input type="checkbox"/> RN must provide nursing care to each patient or make assignments.</li> <li><input type="checkbox"/> How RN provides or assigns qualified care giver for each patient, including swing bed and SNF patients.</li> <li><input type="checkbox"/> Ensure all nursing personnel assigned to provide nursing care have the appropriate education, experience, licensure, competence, and specialized qualifications.</li> </ul>
<b>C-1048</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> How RN must supervise, and evaluations evaluate the nursing care for each patient.</li> <li><input type="checkbox"/> How does the CAH ensure that staffing schedules correlate to the number of acuity of patients, including swing-bed patients.</li> </ul>

TAG	REQUIREMENT
<p><b>ALL DRUGS, BIOLOGICALS, AND IV MEDICATIONS</b></p> <p><b>C-1049</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> All drugs, biological and IV meds, must be administered by or under supervision of a RN, MD, DO, or PA- in accordance with written and signed orders, accepted standards of practice, federal and state laws.</li> <li><input type="checkbox"/> Orders for drugs and biologicals, including verbal orders, are legible, timed, dated, and authenticated by practitioner (need signed order).</li> <li><input type="checkbox"/> Policy and procedure must specify who can administer meds.</li> <li><input type="checkbox"/> Policy that describes limitations or prohibitions on use of VO. Provide a mechanism to ensure validity/authenticity of the prescribers. List elements to be included in verbal orders. List and define the individuals who may send and receive VO and provide guidelines for clear and effective communication of VO.</li> <li><input type="checkbox"/> Policies and procedures for verbal and standing orders. <ul style="list-style-type: none"> <li><input type="checkbox"/> Practitioner must authenticate orders as soon as possible.</li> <li><input type="checkbox"/> Standing orders must include how it is developed, approved, monitored, and updated.</li> <li><input type="checkbox"/> Must include when staff can initiate a standing order.</li> <li><input type="checkbox"/> Must include that the standing order is signed off.</li> <li><input type="checkbox"/> List of things that must be in the verbal order.</li> <li><input type="checkbox"/> Establish protocols for clear and effective communication and verification of VO. CMS expects nationally accepted read-back verification practice to be implemented for every VO.</li> </ul> </li> <li><input type="checkbox"/> Telephone and verbal orders must be used infrequently and limited to urgent situations.</li> <li><input type="checkbox"/> <b>Policy on identification of patient prior to administration of drugs.</b></li> <li><input type="checkbox"/> Medication passes-policy/procedure approved by MS as to who can pass medications.</li> <li><input type="checkbox"/> Need QA plan to see if administration of drugs is regularly monitored.</li> <li><input type="checkbox"/> CAH must assure compliance with the following requirements concerning:</li> <li><input type="checkbox"/> Minimum content of medication orders: <ul style="list-style-type: none"> <li><input type="checkbox"/> Name of patient</li> <li><input type="checkbox"/> Age and weight of patient- policy and procedure must address weight-based dosing</li> <li><input type="checkbox"/> Date and time of the order</li> <li><input type="checkbox"/> Drug name</li> <li><input type="checkbox"/> Exact strength or concentration</li> <li><input type="checkbox"/> Dose, frequency, and route</li> <li><input type="checkbox"/> Dose calculation requirements, when applicable</li> <li><input type="checkbox"/> Quantity and/or duration when applicable</li> <li><input type="checkbox"/> Specific instructions for use</li> <li><input type="checkbox"/> Name of prescriber</li> </ul> </li> </ul>

TAG	REQUIREMENT
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy self-administration of medications, if the CAH permits this, need an order.</li> <li><input type="checkbox"/> Training; safe handling and preparation of drugs.</li> <li><input type="checkbox"/> Basic safe practices; five rights.</li> <li><input type="checkbox"/> Policy timing of medication administration; specify timeframes.</li> <li><input type="checkbox"/> Policies include what staff is to do when there are missed or late medications.</li> <li><input type="checkbox"/> Assessment/monitoring of patients receiving medications. Policy and procedure on how frequent to monitor patient. Factors that put patients at greater risk for adverse events and respiratory depression. Communicate in report and hand offs. High alert medications assess sedation level.</li> <li><input type="checkbox"/> Policies and procedures are in place regarding self-administered medications.</li> <li><input type="checkbox"/> Intravenous (IV) medications; Need correct choice of vascular access device to deliver blood and medications. Policy and procedure to address which ones can be given IV and via what type of access.</li> <li><input type="checkbox"/> <b>Policy on monitoring patients receiving Opioids (respiratory and sedation levels).</b></li> <li><input type="checkbox"/> Documentation IV Blood Administration Procedures: <ul style="list-style-type: none"> <li>• Policy and procedure to include how frequent you monitor the patient and do vital signs.</li> <li>• How to identify and treat and report an adverse transfusion reaction.</li> <li>• Two qualified persons, one who is administering the transfusion; document, verify correct blood product, confirm correct patient.</li> </ul> </li> </ul>
<p><b>FIRST DOSE RULE</b></p> <p>North Dakota 61-07-01-14 Pharmacist First Dose Review</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A hospital pharmacy must have a pharmacist review all medication order prior to the first dose being administered to the patient. Policies and procedures must be put into place to ensure this compliance. <b>ND 61-07-01-14</b></li> <li><input type="checkbox"/> Either a pharmacist onsite or the use of hospital tele pharmacy services will be sufficient to comply with the requirement. <b>ND 61-07-01-14</b></li> <li><input type="checkbox"/> All prescribers' medication orders (except in emergency situations) should be reviewed for appropriateness by a pharmacist before first dose is dispensed.</li> <li><input type="checkbox"/> Therapeutic appropriateness of a patient's medication regimen.</li> <li><input type="checkbox"/> Therapeutic duplication.</li> <li><input type="checkbox"/> Appropriateness of the route and method of administration.</li> <li><input type="checkbox"/> Medication-medication, medication-food, medication-laboratory test, and medication-disease interactions.</li> </ul>

TAG	REQUIREMENT
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Clinical and laboratory data to evaluate the efficacy of medication therapy to anticipate or evaluate toxicity and adverse effects.</li> <li><input type="checkbox"/> Physical signs and clinical symptoms relevant to the patient’s medication therapy.</li> <li><input type="checkbox"/> Preparation of sterile products in appropriate environment, labeled by appropriately trained and qualified personnel.</li> <li><input type="checkbox"/> Pharmacy should participate in CAH decisions about emergency medication kits i.e., stroke ER toolkit.</li> <li><input type="checkbox"/> Supply and provision of emergency medication stored in the kits must be consistent with standards of practice and appropriate for a specified age group or disease treatment.</li> <li><input type="checkbox"/> Pharmacy participation in evaluating, use and monitoring drug delivery systems, administration devices, drug-dispensing machines.</li> <li><input type="checkbox"/> Medication preparation procedures.</li> <li><input type="checkbox"/> Using a laminar airflow hood or other appropriate environment while preparing any intravenous (IV) admixture in the pharmacy, any sterile product made from non-sterile ingredients, or any sterile product that will not be used within 24 hours; and visually inspecting the integrity of the medications.</li> </ul>
<p data-bbox="180 968 321 995"><b>VISITATION</b></p> <p data-bbox="310 1077 396 1104"><b>C-1054</b></p> <p data-bbox="164 1150 342 1213"><b>REASONABLE RESTRICTIONS</b></p> <p data-bbox="159 1629 302 1656"><b>VISITATION</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Includes inpatients and outpatients. <ul style="list-style-type: none"> <li>1. Role of support person for both inpatient and outpatient.</li> <li>2. Patient may want support person present during pre-op preparation or post- op recovery.</li> </ul> </li> </ul> <p data-bbox="418 1157 711 1184"><b>Reasonable Restrictions</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Infection control issues.</li> <li><input type="checkbox"/> Can interfere with the care of other patients.</li> <li><input type="checkbox"/> Court order restricting contact.</li> <li><input type="checkbox"/> Disruptive or threatening behavior.</li> <li><input type="checkbox"/> Roommate needs rest or privacy.</li> <li><input type="checkbox"/> Substance abuse treatment plan.</li> <li><input type="checkbox"/> Patient undergoing care interventions.</li> <li><input type="checkbox"/> Restriction for children under certain age.</li> </ul> <p data-bbox="418 1640 537 1667"><b>Visitation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Need to train staff on the policy and procedure.</li> <li><input type="checkbox"/> Need to determine role staff will play in controlling visitor access and can describe the policy for a surveyor.</li> </ul>

TAG	REQUIREMENT
<p data-bbox="310 321 399 352"><b>C-1056</b></p> <p data-bbox="310 520 399 552"><b>C-1058</b></p>	<ul style="list-style-type: none"> <li data-bbox="443 159 1117 191">❑ Surveyor will verify you have a policy and procedure.</li> <li data-bbox="443 212 1393 243">❑ Written policy includes clear explanation of visitation restriction/limitations.</li> <li data-bbox="443 264 873 296">❑ Document that staff are trained.</li> <li data-bbox="443 317 1336 390">❑ Inform each patient or their support person, when appropriate, of their visitation rights.</li> <li data-bbox="443 411 1235 443">❑ Include notifying patient <b>or support person</b>, of any restrictions.</li> <li data-bbox="443 464 1013 495">❑ Patient gets to decide who their visitors are.</li> <li data-bbox="443 516 1398 590">❑ Cannot discriminate against same sex domestic partners, friend, family member etc. <b>Treat all individuals seeking to visit equally without preference.</b></li> <li data-bbox="443 611 1320 684">❑ <b>Cannot discriminate against race, national origin, religion, sex, gender identity, sexual orientation, or disability.</b></li> <li data-bbox="443 705 1409 779">❑ Support person does not have to be the same person as the durable power of attorney (DPOA).</li> <li data-bbox="443 800 1317 873">❑ Support person can be friend, family member or other individual who supports the patient during their stay (patient advocate).</li> <li data-bbox="443 894 1333 968">❑ Support person can exercise patient’s visitation rights on their behalf if patient unable to do so.</li> <li data-bbox="443 989 1463 1062">❑ Hospitals must accept patient’s designation of an individual or a support. Person: 1. whether orally or in writing, 2. suggested to get in writing from patient.</li> <li data-bbox="443 1083 1365 1157">❑ When patient is incapacitated and no advance directives on file then must accept individual who tells you they are the support person.</li> <li data-bbox="443 1178 1325 1314">❑ Hospital expected to accept this unless two individuals claim to be the support person then can ask for documentation. <ul style="list-style-type: none"> <li data-bbox="488 1241 1263 1272">1. This includes same sex partners, friends, or family members.</li> <li data-bbox="488 1293 1052 1325">2. Need a policy on how to resolve this issue.</li> </ul> </li> <li data-bbox="443 1356 1385 1430">❑ Any refusal to be treated as the support person must be documented in the medical record along with specific reason for the refusal.</li> <li data-bbox="443 1451 1125 1482">❑ Patient can withdraw consent and change their mind.</li> <li data-bbox="443 1503 1252 1535">❑ Must document in the medical record that the notice was given.</li> <li data-bbox="443 1556 1214 1587">❑ Educate staff on what a support person is and what it means.</li> </ul>
<p data-bbox="131 1619 321 1692"><b>NURSING CARE PLAN</b></p> <p data-bbox="310 1755 399 1787"><b>C-1050</b></p>	<ul style="list-style-type: none"> <li data-bbox="443 1619 1349 1650">❑ Nursing care plan started on admission and included discharge planning.</li> <li data-bbox="443 1671 1406 1745">❑ The care plane must be kept current on all patients based on assessment and updated upon reassessment or changes in patient condition.</li> <li data-bbox="443 1766 1235 1839">❑ Plan must describe goals, discharge planning, physiological and psychosocial factors.</li> <li data-bbox="443 1860 1287 1934">❑ Goals must be identified, measurable, and known to all appropriate personnel. <b>ND 33-07-01.1-17</b></li> <li data-bbox="443 1955 959 1986">❑ Must be kept as part of medical record.</li> </ul>



TAG	REQUIREMENT
<p><b>REHABILITATION SERVICES</b></p> <p><b>C-1052</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Rehab services are provided by qualified staff, included PT, OT, and speech language pathology.</li> <li><input type="checkbox"/> Rehab is an optional service can be provided directly or through contracted services.</li> <li><input type="checkbox"/> Must have an order, policy, and procedure, and be consistent with the (American PT Association, American OT Association etc.).</li> <li><input type="checkbox"/> Must do a Plan of Care (POC) before treatment is started. Can be done by MD/DO, PA, NP, and CNS. Can be done by PT, speech language pathologist or OT who is furnishing the service. Any change in plan must be in accordance with provider’s policy and procedure.</li> <li><input type="checkbox"/> Organized integrated quality improvement, coordinated policies and procedures, professional licenses. <b>ND 33-07-01.1-27</b></li> </ul>
<b>COP C-1100</b>	<b>§485.638 Condition of Participation: Clinical Records</b>
<p><b>MEDICAL RECORDS</b></p> <p><b>C-1102</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Must maintain clinical medical records system in accordance with policy/procedures. <b>ND 33-07-01.1-20</b></li> <li><input type="checkbox"/> MR policies review and revision periodically.</li> <li><input type="checkbox"/> MR system ensures integrity of authentication and protects security of record entries.</li> <li><input type="checkbox"/> MR department staff qualified and can comply with state federal law. <b>ND 33-07-01.1-20</b></li> <li><input type="checkbox"/> Promptly completed in accordance with state, federal law. Have current list of authenticates signatures, computer codes and signature stamps. Protected and authorized by governing body, cross reference inpatient and outpatients.</li> <li><input type="checkbox"/> Limit access to only those authorized persons.</li> <li><input type="checkbox"/> What specific actions will constitute a security incident?</li> <li><input type="checkbox"/> How incidents will be documented, including what information should be contained in the documentation.</li> <li><input type="checkbox"/> What incidents must be reported? How often and to whom? What information reports should include?</li> <li><input type="checkbox"/> Must cross reference inpatients and outpatients.</li> <li><input type="checkbox"/> If transfer to swing bed can use one MR but need divider.</li> <li><input type="checkbox"/> Both inpatient and swing bed must have MR- admission, discharge orders, progress notes, nursing notes, graphics, laboratory support documents, any other pertinent documents, and discharge summaries.</li> <li><input type="checkbox"/> Have a system that you can pull any old MR when past 6 years, 24/7 for inpatient and outpatient.</li> <li><input type="checkbox"/> Protect MR confidentiality and from damage, flood, fire, etc.</li> </ul>

TAG	REQUIREMENT
C-1104	<ul style="list-style-type: none"> <li><input type="checkbox"/> MR is legible, complete, accurate, readily accessible, systematically organized.</li> <li><input type="checkbox"/> Ensure accurate and complete documentation of all orders, test results, and evaluation.</li> </ul>
C-1106	<ul style="list-style-type: none"> <li><input type="checkbox"/> Designated member of professional staff responsible for maintaining/ensuring records.</li> </ul>
<p><b>INFORMED CONSENT</b></p> <p>C-1110</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> MR-required elements – Identification and social data, informed consent forms for any procedures or surgical procedures.</li> <li><input type="checkbox"/> What precautions are taken to ensure confidentiality and prevent unauthorized persons from gaining access.</li> <li><input type="checkbox"/> MR retention period is 6 years and longer – Need system that can pull any old MR within this time frame.</li> <li><input type="checkbox"/> Informed Consent: Form should contain at least the following: name of patient, and when appropriate, patient’s legal guardian; name of CAH; Name of procedure(s); name of practitioner(s) performing the procedures(s); signature of patient or legal guardian.</li> <li><input type="checkbox"/> Consent form must include: Date and time consent is obtained; statement that procedure was explained to patient or guardian; signature of professional person witnessing the consent; name/signature of person who explained the procedure to the patient or guardian.</li> <li><input type="checkbox"/> Discharge Summary- outcome CAH stay, disposition of patient, provisions for follow up care, required for all hospital stays and prior to and after swing bed admit.</li> <li><input type="checkbox"/> Discharge Summary- MD/DO may delegate to PA/NP if state allows it. Verification that MS has specified which procedures or treatments need informed consent.</li> <li><input type="checkbox"/> Surveyor will do review of closed and open MR at least 10% of avg daily census.</li> </ul>
C-1114	<ul style="list-style-type: none"> <li><input type="checkbox"/> All or part of H&amp;P may be delegated to other practitioners (see tag 320) MD/DO assumes responsibility and sign.</li> <li><input type="checkbox"/> Bylaws <b>require physical exam and</b> reflect when H&amp;P must be completed.</li> </ul>
<p><b>RESPONSE TO TREATMENT</b></p> <p>C-1116</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Important to describe the patient’s response to treatment; all orders, reports of treatment and medications, nursing notes, documentation of complications, other information used to monitor the patients such as progress notes, lab tests, graphics.</li> <li><input type="checkbox"/> Important to be sure MR are filed promptly.</li> </ul>

TAG	REQUIREMENT
	<ul style="list-style-type: none"> <li><input type="checkbox"/> All MR must contain all lab reports, radiology reports, all vital signs and reports of treatment include complications and hospital acquired infections, and all unfavorable reaction to drugs.</li> </ul>
<p><b>RECORD SYSTEMS</b></p> <p style="text-align: right;"><b>C-1118</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Must maintain a record of each patient that includes dated signatures of the MD/DO or other health care professional.</li> <li><input type="checkbox"/> Provider signatures are dated; time of entries documented.</li> <li><input type="checkbox"/> Entries in MR- only done by those specified in the MS Policy/procedure can write in the MR- need date, time and authenticated.</li> <li><input type="checkbox"/> If rubber stamp used- person must sign they will be the only one who uses it; must have sanctions for improper use of stamp, computer key or code signature.</li> <li><input type="checkbox"/> Computer or other code signatures are authorized by governing body.</li> <li><input type="checkbox"/> List of codes is maintained using adequate safeguards.</li> <li><input type="checkbox"/> Policies and procedures are in place and provide for appropriate sanctions for unauthorized/improper use of computer codes.</li> <li><input type="checkbox"/> Have date and time when a verbal order is signed off.</li> </ul>
<p style="text-align: right;"><b>C-1120</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Confidentiality, safeguards against loss, destruction, or unauthorized use.</li> <li><input type="checkbox"/> Access to information limited to those who need to know.</li> <li><input type="checkbox"/> Safeguard MR, videos, audio.</li> <li><input type="checkbox"/> Only authorized people can access MR contained in MR department.</li> <li><input type="checkbox"/> Precautions are taken to prevent physical/electronic altering, damage/deletion/destruction of records or information in the record.</li> </ul>
<p style="text-align: right;"><b>C-1122</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Written policy/procedure govern the use and removal of MR.</li> <li><input type="checkbox"/> Remember the federal HIPAA law on MR confidentiality and privacy and ARRA, HITECH, and breach notification law.</li> <li><input type="checkbox"/> Written policy/procedure govern release of information in MR.</li> </ul>
<p style="text-align: right;"><b>C-1124</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Patient's written consent required for release of MR information not required by law.</li> </ul>
<p><b>RETENTION OF RECORDS</b></p> <p style="text-align: right;"><b>C-1126</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure that records will be retained (i.e., through a written procedure) for at least 10 years from date of last entry. <b>ND 33-07-01.1-20</b></li> <li><input type="checkbox"/> Medical records can be promptly retrieved.</li> </ul>
<p><b>COP C-1140</b></p>	<p style="text-align: center;"><b>§485.639 Condition of Participation: Surgical Services.</b></p>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Performed in safe manner by qualified practitioners with current privileges granted by governing body. <b>ND 33-07-01.1-29</b></li> <li><input type="checkbox"/> Must follow standards of practice and recommendations by national recognized organizations (AMA, ACOS, APIC, AORN).</li> <li><input type="checkbox"/> Appropriate equipment and types and numbers of personnel are present.</li> <li><input type="checkbox"/> Quality of outpatient surgical services must be consistent with inpatient.</li> </ul>

TAG	REQUIREMENT
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Scope of surgical services must be in writing and approved by MS.</li> <li><input type="checkbox"/> OR supervised by experienced staff member, address qualifications of supervisor of OR rooms in policy and procedures and authorized by state law. <b>ND 33-07-01.1-29</b></li> <li><input type="checkbox"/> If LPN or scrub nurses used, must be under RN supervision who is immediately available to physically step in as needed.</li> <li><input type="checkbox"/> Written policies and procedures are in place, implemented and enforced and address: <ul style="list-style-type: none"> <li><input type="checkbox"/> Aseptic surveillance &amp; technique; scrub techniques.</li> <li><input type="checkbox"/> Identification of infected and non-infected cases.</li> <li><input type="checkbox"/> Housekeeping in OR –requirements/procedures <b>between patients and terminal procedures.</b></li> </ul> </li> <li><input type="checkbox"/> Pre-operative work-up requirements: pre-operative H &amp; P.</li> <li><input type="checkbox"/> Consents informed and releases.</li> <li><input type="checkbox"/> Clinical procedures.</li> <li><input type="checkbox"/> Safety practices.</li> <li><input type="checkbox"/> Patient identification procedures.</li> <li><input type="checkbox"/> Scrub and circulating nurse duties.</li> <li><input type="checkbox"/> Personnel policies unique to OR.</li> <li><input type="checkbox"/> Surgical counts in accordance with accepted standards of practice.</li> <li><input type="checkbox"/> Scheduling of patients for surgery.</li> <li><input type="checkbox"/> Resuscitation techniques.</li> <li><input type="checkbox"/> DNR status.</li> <li><input type="checkbox"/> Care of surgical specimens.</li> <li><input type="checkbox"/> Malignant hypothermia.</li> <li><input type="checkbox"/> Surgical procedure protocols (equipment, materials, supplies needed).</li> <li><input type="checkbox"/> Sterilization and disinfection procedures.</li> <li><input type="checkbox"/> CAHs biomedical equipment program to include equipment monitoring, inspected, tested, and maintained.</li> <li><input type="checkbox"/> Acceptable OR attire.</li> <li><input type="checkbox"/> Handling infections and biomed waste.</li> <li><input type="checkbox"/> Post-op care in accordance with acceptable standards of practice.</li> <li><input type="checkbox"/> Must have adequate provisions for immediate post op care, in accordance with acceptable standards of care (ASPAN).</li> </ul>

TAG	REQUIREMENT
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete H&amp;P must be done in accordance with acceptable standards of practice.</li> <li><input type="checkbox"/> All or part of H&amp;P may be delegated to other practitioners (PA, NP) if allowed by state law and CAH. <b>ND 33-07-01.1-29</b></li> <li><input type="checkbox"/> Surgeon must sign and assume full responsibility.</li> <li><input type="checkbox"/> H&amp;P on chart prior to surgery.</li> <li><input type="checkbox"/> Properly executed informed consent form is in the record and includes: <ul style="list-style-type: none"> <li><input type="checkbox"/> Name of patient/legal guardian.</li> <li><input type="checkbox"/> Name of CAH.</li> <li><input type="checkbox"/> Name of procedure.</li> <li><input type="checkbox"/> Name of practitioner performing procedure/important aspects.</li> <li><input type="checkbox"/> Signature of patient/legal guardian.</li> <li><input type="checkbox"/> Date and time consent obtained.</li> <li><input type="checkbox"/> Statement procedure explained to patient/guardian.</li> <li><input type="checkbox"/> Signature of professional person witnessing consent.</li> <li><input type="checkbox"/> Name/signature of person who explain procedure.</li> </ul> </li> <li><input type="checkbox"/> Recovery room separate from CAH, access limited.</li> <li><input type="checkbox"/> Transfer requirements to and from recovery room.</li> <li><input type="checkbox"/> Operating room register includes required information.</li> <li><input type="checkbox"/> Operative report.</li> <li><input type="checkbox"/> OR organizational chart shows lines of authority and delegation within the department.</li> <li><input type="checkbox"/> On-call system.</li> <li><input type="checkbox"/> Cardiac monitor, defibrillator, aspirator, suction equipment, tracheotomy set.</li> <li><input type="checkbox"/> Equipment available for rapid and routine sterilization of OR materials, equipment monitored, inspected, tested, and maintained by the CAHs biomedical equipment program.</li> <li><input type="checkbox"/> Sterilized materials are packaged, handled, labeled, and stored in a manner that ensures sterility i.e., in a moisture and dust-controlled environment, Policy and procedure on expiration dates.</li> </ul>

TAG	REQUIREMENT
<p><b>DESIGNATION OF QUALIFIED PRACTITIONERS</b></p> <p><b>SURGICAL PRIVILEGES</b></p> <p><b>C-1142</b></p>	<ul style="list-style-type: none"> <li>❑ Designation of qualified practitioners: surgery performed only by MD, DO, dentists, oral surgeons, or Podiatrist when privileged to do so by governing body.</li> <li>❑ Surgical privileges are specified in writing must designate who are allowed to perform surgery, need policy/procedures. Update privileges every 2 years.</li> <li>❑ MS appraisal procedure must evaluate each practitioner’s training, education, experience and demonstrated competence.</li> <li>❑ When Supervision required – MD/DO surgeon is in the same room working on same patient.</li> <li>❑ As established by the QI program, credentialing, adherence to hospital policy/procedures, and laws.</li> <li>❑ There is a current list of surgeons with specific surgical privileges and list of surgeons suspended/limited privileges.</li> </ul>
<p><b>ANESTHESIA</b></p> <p><b>C-1144</b></p>	<ul style="list-style-type: none"> <li>❑ Surgical risk assessment immediately before surgery by qualified practitioner.</li> <li>❑ Pre-anesthesia risk assessment immediately before surgery by qualified practitioner.</li> <li>❑ Anesthesia recovery evaluation before discharge by qualified practitioner.</li> <li>❑ Post anesthesia follow-up report must be written on all inpatients and outpatients prior to discharge.</li> <li>❑ Written by the individual who is qualified to administer the anesthesia.</li> <li>❑ Must include at a minimum: cardiopulmonary status, LOC, follow-up care and/or observations and any complications occurring during PACU.</li> </ul>
<p><b>C-1145</b></p>	<ul style="list-style-type: none"> <li>❑ Anesthesia service shall establish policies, procedures, rules, and regulations for the control, storage, and safe use of combustible anesthetics, oxygen, and other medicinal gases in accordance with national fire protection association standards; types of anesthesia to be administered and procedures for each; personnel permitted to administer anesthesia; infection control; safety regulations to be followed; and responsibility for regular inspection, maintenance, and repair of anesthesia equipment and supplies. <b>ND 33-07-01.1-32</b></li> <li>❑ MS bylaws include criteria for determining anesthesia and other surgical care practitioners’ privileges.</li> <li>❑ CRNA may administer under supervision of operating practitioner or anesthesiologist; supervising practitioner must be immediately available to provide hands-on intervention when needed.</li> </ul>

TAG	REQUIREMENT
<b>DISCHARGE</b>  <b>C-1149</b>	<input type="checkbox"/> Policy in place to govern discharge procedures and instructions. <input type="checkbox"/> Patients discharged in company of a responsible adult unless exempted by doctor.
<b>C-1150</b>	<input type="checkbox"/> MD/DO supervision of CRNA can be exempted by the state.
<b>COP</b> <b>C-1200</b>	<b>§485.640 Condition of Participation: Infection Prevention and Control and Antibiotic Stewardship Programs</b>
<b>INFECTION PREVENTION PROGRAM</b>  <b>C-1200</b>          <b>C-1204</b>          <b>C-1206</b>          <b>C-1208</b>          <b>C-1210</b>	<input type="checkbox"/> Establish a written infection control plan – Aseptic techniques, universal precautions. Inspect and clean air-intake sources, screens, and filters following manufacturer’s recommendations and hospital policy. <b>ND 33-07-01.1-14</b> <input type="checkbox"/> CAH has an active facility-wide program for surveillance, prevention and control of HAIs and other infectious diseases. <input type="checkbox"/> Program addresses optimization of antibiotic use. <input type="checkbox"/> Must follow nationally recognized infection control practices or guidelines (CDC, APIC, SHEA, AORN and OSHA). <input type="checkbox"/> Infection prevention and control and antibiotic use issues are addressed in QAPI program. <input type="checkbox"/> <b>Infection Preventionist</b> who is qualified by education and experience to be responsible for (include in job description), for CAH Infection Control Program. <input type="checkbox"/> Infection Preventionist is appointed by the Board upon recommendations of medical staff and nursing leadership. <input type="checkbox"/> Program has policies and procedures documenting methods used for preventing and controlling transmission of infections within and between healthcare settings. <input type="checkbox"/> <b>Sanitary Environment.</b> <input type="checkbox"/> Program includes surveillance, prevention, and control of HAI. <input type="checkbox"/> Program includes maintaining a clean and sanitary environment to avoid transmission of infection. <input type="checkbox"/> Program includes infection control issues identified by public health authorities. <input type="checkbox"/> Infection prevention and control program reflects scope and complexity of service provided.

<p><b>ANTIBIOTIC STEWARDSHIP</b></p> <p><b>C-1212</b></p> <p><b>C-1218</b></p> <p><b>C-1219</b></p> <p><b>C-1220</b></p> <p><b>C-1221</b></p> <p><b>C-1223</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> An individual (or individuals), who is qualified through education, training, or experience in infectious diseases and/or antibiotic stewardship, is appointed by the governing body, or responsible individual, as the leader(s) of the antibiotic stewardship program and that the appointment is based on the recommendations of medical staff leadership and pharmacy leadership.</li> <li><input type="checkbox"/> The facility-wide antibiotic stewardship program coordinates among all components of the organization.</li> <li><input type="checkbox"/> Documents the evidence-based use of antibiotics in all departments and services of the CAH.</li> <li><input type="checkbox"/> Documents any improvements, including sustained improvements, in proper antibiotic use.</li> <li><input type="checkbox"/> The antibiotic stewardship program adheres to nationally recognized guidelines.</li> <li><input type="checkbox"/> The antibiotic stewardship program reflects the scope and complexity of the CAH services provided.</li> </ul>
<p><b>Leadership IC/Antibiotic Stewardship</b></p> <p><b>C-1225, 1229,</b></p> <p><b>C-1231, C-1235, C-1237, C-1240, C-1242,</b></p> <p><b>C-1244, C-1246, C-1248</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The governing body, or responsible individual, must ensure all the following: Systems are in place and operational for the tracking of all infection surveillance, prevention and control, and antibiotic use activities, in order to demonstrate the implementation, success, and sustainability of such activities.</li> <li><input type="checkbox"/> All HAIs and other infectious diseases identified by the infection prevention and control program as well as antibiotic use issues identified by the antibiotic stewardship program are addressed in collaboration with the CAH’s QAPI leadership.</li> </ul> <p><b>The infection prevention and control professional(s) is responsible for:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The development and implementation of facility-wide infection surveillance, prevention, and control policies and procedures that adhere to nationally recognized guidelines.</li> <li><input type="checkbox"/> All documentation, written or electronic, of the infection prevention and control program and its surveillance, prevention, and control activities(iii).</li> <li><input type="checkbox"/> Communication and collaboration with the CAH’s QAPI program on infection prevention and control issues.</li> <li><input type="checkbox"/> Competency-based training and education of CAH personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the CAH, on the practical applications of infection prevention and control guidelines, policies, and procedures.</li> <li><input type="checkbox"/> The prevention and control of HAIs, including auditing of adherence to infection prevention and control policies and procedures by CAH personnel.</li> <li><input type="checkbox"/> Communication and collaboration with the antibiotic stewardship program.</li> </ul> <p><b>The leader(s) of the antibiotic stewardship program is responsible for:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The development and implementation of a facility-wide antibiotic stewardship program, based on nationally recognized guidelines, to monitor and improve the use of antibiotics.</li> <li><input type="checkbox"/> All documentation, written or electronic, of antibiotic stewardship program activities.</li> </ul>



	<ul style="list-style-type: none"> <li>□ Communication and collaboration with medical staff, nursing, and pharmacy leadership, as well as the CAH’s infection prevention and control and QAPI programs, on antibiotic use issues.</li> <li>□ Competency-based training and education of CAH personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the CAHs, on the practical applications of antibiotic stewardship guidelines, policies, and procedures.</li> </ul>
<b>COP C-1300</b>	<b>§485.641 Condition of Participation: Quality Assessment and Performance Improvement Program</b>
<b>QUALITY ASSESSMENT &amp; PERFORMANCE IMPROVEMENT C-1300</b>	<ul style="list-style-type: none"> <li>□ A CHA-wide data-driven quality assessment and performance improvement program has been developed, implemented, and maintained.</li> <li>□ There is evidence of the effectiveness of the QAPI program.</li> </ul>
<b>C-1302</b>	<ul style="list-style-type: none"> <li>□ The complexity of the QAPI is appropriate to the CAH’s size and services provided.</li> </ul>
<b>C-1306</b>	<ul style="list-style-type: none"> <li>□ The QAPI program is ongoing.</li> <li>□ Involve all departments of the CAH and services (including those services furnished under contract or arrangement).</li> </ul>
<b>C-1309</b>	<ul style="list-style-type: none"> <li>□ Use objective measures to evaluate its organizational processes, functions and services.</li> </ul>
<b>C-1311</b>	<ul style="list-style-type: none"> <li>□ Address outcome indicators related to improved health outcomes and the prevention and reduction of medical errors, adverse events, CAH acquired conditions, and transitions of care, including readmissions.</li> </ul>
<b>C-1313</b>	<p>The CAH’s governing body or responsible individual is:</p> <ul style="list-style-type: none"> <li>□ Ultimately responsible for the CAH’s QAPI program and is responsible and accountable for ensuring that the QAPI program meets the requirements.</li> </ul>
<b>C-1315 C-1319 C-1321</b>	<p>The CAH must:</p> <ul style="list-style-type: none"> <li>□ Focus on measures related to improved health outcomes that are shown to be predictive of desired patient outcomes.</li> <li>□ Use the measures to analyze and track its performance.</li> <li>□ Set priorities for performance improvement, considering either high volume, high-risk services, or problem prone areas.</li> </ul>

**C-1325**

- The program must incorporate quality indicator data including patient care data, and other relevant data to achieve the goals of the QAPI program.

TAG	REQUIREMENT
	<b>Quality Indicators</b>
<b>HEALTHCARE ASSOCIATED INFECTIONS (HAI)</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> All patient care services and other services affecting patient health and safety.</li> <li><input type="checkbox"/> Evaluate the quality of care of allied staff (NP, PA, CNS) by doctor on MS or under contract.</li> <li><input type="checkbox"/> Does CAH evaluate nosocomial infections?</li> <li><input type="checkbox"/> Is there an infection control program established, meetings held, findings discussed, and problems addressed?</li> <li><input type="checkbox"/> Does the CAH evaluate medication therapy?</li> <li><input type="checkbox"/> Committee established, meetings held, findings discussed, problems addressed (e.g. med errors)?</li> </ul>
<b>PEER REVIEW</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> MD/DO evaluations quality &amp; appropriateness of PA, NP, or CNS. How is this documented for the evaluation?</li> <li><input type="checkbox"/> How does the physician inform the CAH of any problems with the care provided by the advanced practitioners?</li> <li><input type="checkbox"/> Are CRNA's evaluated by physician with anesthesia experience/training?</li> </ul>
<b>QUALITY ASSURANCE</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> MD/DO care evaluated by hospital who is a member of the network; QIO or equivalent entity; appropriate &amp; qualified entity identified in the state rural health care plan.</li> <li><input type="checkbox"/> CAH have an arrangement for outside entity to review the appropriateness of the diagnosis and treatment provided by each MD/DO providing services; This includes doctors providing telemedicine services.</li> <li><input type="checkbox"/> Some CAHs may also prefer to conduct their own internal review in addition to the outside review but not required.</li> </ul>
<b>QUALITY ASSESSMENT</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff consider the findings and evaluations and recommendations of the evaluations and take corrective action.</li> <li><input type="checkbox"/> Take steps to remedial action to address deficiencies found through quality assurance, performance improvement.</li> <li><input type="checkbox"/> Identify who is responsible for implementing actions.</li> </ul>
<b>DEFICIENCY</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> CAH takes appropriate remedial action to address deficiencies found thru QI Process.</li> <li><input type="checkbox"/> Who determines the appropriate remedial action and who is responsible to implement the remedial action?</li> </ul>

TAG	REQUIREMENT
	<input type="checkbox"/> CAH documents the outcome of all remedial action.
<b>COP C-1500</b>	<b>§485.643 Condition of Participation: Organ, Tissue, and Eye Procurement</b>
<b>ORGAN DONATION</b>  <b>C-1500</b>	<input type="checkbox"/> Must have written policies/procedures that address organ procurement responsibilities.
<b>C-1503</b>	<input type="checkbox"/> Written agreement with OPO and OPO’s responsibilities. <input type="checkbox"/> Survey and Certification 13-48-OPO CMS July 26, 2013, all hospitals have written agreements in place with their OPO to notify them of an imminent death or of a death which has occurred. OPO regulations at §486.322 (a) require that OPOs have a written agreement in place with 95 percent of all participating Medicare and Medicaid hospitals and Critical Access Hospitals that have both a ventilator and an operating room.  Written agreement includes criteria for referral, definition of imminent death, timely notification.
<b>C-1505</b>	<input type="checkbox"/> Includes agreement with at least one tissue bank and at least one eye bank.
<b>C-1507</b>	<input type="checkbox"/> Ensures the family of each potential donor is informed of the option of donating- designated requestor.
<b>C-1509</b>	<input type="checkbox"/> Encourages discretion, sensitivity to family.
<b>C-1511</b>	<input type="checkbox"/> Works with OPO in death records review to improve identification of potential donors. <input type="checkbox"/> This standard includes staff training on donation issues and their duties/roles- see the interpretation guidelines for all required elements of staff training.
<b>SNF CARE</b>	<b>§485.645 Special Requirements for CAH Providers of Long-Term Care Services (“Swing-Beds”)</b>
<b>SWING BED</b>  <b>C-1600</b>	<input type="checkbox"/> Requirements to be granted approval to provide post-CAH SNF level- of- care. <input type="checkbox"/> Must be certified by CMS. <input type="checkbox"/> 3-day rule only applies to Medicare patients. <input type="checkbox"/> No LOS restriction for CAH-SB patients. <input type="checkbox"/> No requirement to use MDS for patient access/care planning.
<b>ELIGIBILITY</b>  <b>C-1602</b>	<input type="checkbox"/> Must be certified as a CAH. <input type="checkbox"/> Have no more than 25 inpatient beds. <input type="checkbox"/> CAH has a Medicare provider agreement.

TAG	REQUIREMENT
<b>C-1606</b>	<input type="checkbox"/> Payment for inpatient rural primary care hospital and SNF-level of care services.
<b>SNF SERVICES RIGHTS</b>  <b>C-1608</b>	<input type="checkbox"/> Resident rights- exercise of, notice of their rights to request, refuse. <input type="checkbox"/> Right to be informed in advanced of changes to the plan of care. <input type="checkbox"/> Right to choose attending physician. <input type="checkbox"/> Right to retain and use personal possessions include furnishings and clothing as space permits. <input type="checkbox"/> Right to share room with spouse and both consent to arrangement. <input type="checkbox"/> Access to immediate family and friends and resident can change mind. <input type="checkbox"/> Right to receive and send mail including means other than the post office. <input type="checkbox"/> Must notify of any charges not covered by Medicare/Medicaid at time of admission and periodically and if resident becomes eligible for Medicaid. <input type="checkbox"/> Has right to personal privacy and confidentiality. <input type="checkbox"/> Right to receive written and telephone communication. <input type="checkbox"/> Right to secure medical records and to refuse release of records. <input type="checkbox"/> Refer to <b>Appendix PP (749 pages)</b> for the interpretive guidelines. <input type="checkbox"/> Also refer to Appendix PP for survey procedure on patient rights. <input type="checkbox"/> Appendix PP is the interpretive guidelines for long term care facilities.
<b>TRANSFER &amp; DC</b>  <b>C-1610</b>	<input type="checkbox"/> Admission, transfer, and discharge rights. <input type="checkbox"/> <b>Notice of transfer/Timing.</b> <input type="checkbox"/> <b>Documentation in Record.</b>
<b>RESTRAINT</b>  <b>C-1612</b>	<input type="checkbox"/> Resident behavior and facility practices: restraints. <input type="checkbox"/> Freedom from abuse, neglect, and exploitation. <input type="checkbox"/> CAH conducts proper investigation, completes reporting requirements, has written policies and procedures that prevent abuse, neglect, and exploitation of patients. <input type="checkbox"/> <b>Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</b>
<b>SOCIAL SERVICE</b>  <b>C-1616</b>	<input type="checkbox"/> Medically related social services are provided to attain/maintain highest practicable physical, mental, and psychosocial well-being of patient.

<b>RESIDENT ASSESSMENT,</b>	<input type="checkbox"/> Comprehensive assessment, care plan and discharge planning, but no MDS/RAI.
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TAG	REQUIREMENT
<p><b>CARE PLAN DISCHARGE SUMMARY</b></p> <p><i>C-1620</i></p>	<ul style="list-style-type: none"> <li>□ Must Assessment if significant change (excludes re-admissions if no significant change in condition).</li> <li>□ Assessment should include the following: <ul style="list-style-type: none"> <li>▪ Identification and demographic information</li> <li>▪ Customary routine</li> <li>▪ Cognitive patterns</li> <li>▪ Communication and vision</li> <li>▪ Mood and behavior patterns</li> <li>▪ Psychosocial well-being</li> <li>▪ Physical functioning and structural problems</li> <li>▪ Continence</li> <li>▪ Disease diagnoses and health conditions</li> <li>▪ Dental and nutritional status</li> <li>▪ Skin condition</li> <li>▪ Activity pursuit</li> <li>▪ Medications</li> <li>▪ Special treatments and procedures</li> <li>▪ Discharge planning</li> <li>▪ Documentation of summary information regarding the additional assessment performed by completion on the MDS or Minimum Data Sheet</li> <li>▪ Documentation of participation in assessment</li> <li>▪ Must do direct observation and communicate with resident and licensed members on all shifts.</li> </ul> </li> <li>□ Must do a comprehensive care plan that include measurable objectives to meet patient’s needs. <ul style="list-style-type: none"> <li>○ Care plan to include: <ul style="list-style-type: none"> <li>▪ If patient refuses treatment.</li> <li>▪ Include any specialized services as result of the PASARR recommendations (Preadmission Screening and Resident Review Process).</li> <li>▪ Goals for admission and desired outcomes.</li> <li>▪ Preferences and potential for discharge- must document whether wants to return to the community and document any referrals to local contact agencies and include discharge plans.</li> <li>▪ Care plan must be developed within 7 days after comprehensive assessment done.</li> </ul> </li> </ul> </li> <li>□ Interdisciplinary team should develop objectives to attain highest level of functioning.</li> <li>□ Review and revise as necessary, such as after each assessment.</li> </ul>

TAG	REQUIREMENT
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Services provided by staff who are culturally competent, qualified and who meet standards of quality.</li> <li><input type="checkbox"/> Discharge Summary to include: <ul style="list-style-type: none"> <li><input type="checkbox"/> Recapitulation of the resident's stay</li> <li><input type="checkbox"/> Includes diagnosis, course of illness and treatment, pertinent lab, x- rays, or consult results</li> <li><input type="checkbox"/> Final summary of the resident's status</li> <li><input type="checkbox"/> Medication reconciliation</li> </ul> </li> <li><input type="checkbox"/> Care plan and discharge planning, refer to Appendix PP of the SOM for interpretive guidelines and survey procedure</li> </ul>
<p><b>REHABILITATION</b></p> <p><b>C-1622</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Specialized rehab services- provided directly or contracted, 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.</li> <li><input type="checkbox"/> Facility must provide the required service. <ul style="list-style-type: none"> <li><input type="checkbox"/> May get from outside source.</li> <li><input type="checkbox"/> Need physician order.</li> </ul> </li> <li><input type="checkbox"/> Refer to Appendix PP of the SOM for interpretive guidelines and survey procedure.</li> </ul>
<p><b>DENTAL</b></p> <p><b>C-1624</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dental services- CAH assist residents in obtaining routine and 24-hour emergency dental care.</li> <li><input type="checkbox"/> May charge a Medicare resident for routine and emergency dental services.</li> <li><input type="checkbox"/> Must have a policy identifying when loss or damage to dentures is facility's responsibility so may not charge a resident.</li> <li><input type="checkbox"/> Must refer residents within 3 days for lost or damaged dentures and document what they eat or drink in the meantime.</li> <li><input type="checkbox"/> Refer to Appendix PP of the SOM for interpretive guidelines and survey procedure.</li> </ul>
<p><b>NUTRITION</b></p> <p><b>C-1626</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Assisted nutrition and hydration. Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids.</li> <li><input type="checkbox"/> Based on assessment must make sure maintains usual body weight and electrolyte balance.</li> <li><input type="checkbox"/> Is offered sufficient fluid intake.</li> <li><input type="checkbox"/> Refer to Appendix PP of the State Operations Manual (SOM) for interpretive guidelines and for survey procedure.</li> </ul>



# Survey Preparation Recommendations

## Abbreviations

Abbreviation	Meaning
ABGs	Arterial Blood Gases
ACOS	American College of Osteopathic Surgeons
ACR	American College of Radiology
ADE	Adverse Drug Event
ADR	Adverse Drug Reaction
AEM	Alternative Equipment Maintenance
AIA	American Institute of Architects
AMA	American Medical Association
ANA	American Nurses Association
AORN	Association of Operating Room Nurses
APA	American Pharmacy Association
APIC	Association for Professionals in Infection Control and Epidemiology
ARRA	American Recovery and Reinvestment Act
ASHP	American Society of Healthcare System Pharmacist Foundation
ASPAN	Accordance with Acceptable Standards of Care
CAH	Critical Access Hospital
CDC	Centers for Disease Control
CEO	Chief Executive Officer
CGMP	Current Good Manufacturing Practices
CLIA	Clinical Laboratories Improvement Act
CMS	Centers for Medicare and Medicaid Services
CNS	Clinical Nurse Specialist
CNS	Central Nervous System
CoP	Conditions of Participation
CPOE	Computerized Provider Order Entry
CPR	Cardiopulmonary Resuscitation
CRNA	Certified Registered Nurse Anesthetist
CT	Computed Tomography
DC	Discharge
DNR	Do Not Resuscitate
DO	Doctor of Osteopathic Medicine
DOA	Dead on Arrival
DON	Director of Nursing
DPOA	Durable Power of Attorney
DRI	Daily Reference Intake
DSH	Distant Site Hospital
DSTE	Distant Site Telemedicine Entity
ED	Emergency Department
EMS	Emergency Medical Services

Abbreviation	Meaning
EMTALA	Emergency Medical Treatment and Active Labor Act
EP	Emergency Procedures
EPA	Environmental Protection Agency
ER	Emergency Room
FDA	Federal Drug Administration
FDCA	Federal Food Drug and Cosmetic Act
FEMA	Federal Emergency Management Agency
H&P	History and Physical
HAI	Health Care Associated infection
HCW	Health Care Worker
HIPAA	Health Insurance Portability and Accountability Act
HITECH	Health Information Technology for Economic and Clinical Health
IC	Infection Control Now called HAI
ICU	Intensive Care Unit
IP	In-Patient
ISMP	Institute for Safe Medication Practices
IV	Intravenous
JAMA	Journal of the American Medical Association
KCL	Potassium Chloride
LOC	Level of Consciousness
LOS	Length of Stay
LPN	Licensed Practical Nurse
LS	Life Safety
LTC	Long Term Care
MD	Medical Doctor
MDRO	Multi-Drug Resistant Organisms
MDS	Minimum Data Set
ME	Medication Error
MR	Medical Record
MS	Medical Staff
NaCl	Sodium Chloride (Salt)
NIH	National Institute of Health
ND	North Dakota
NF	National Formulary
NFPA	National Fire Protection Agency
NHSN	National Healthcare Safety Net
NNIS	National Nosocomial Infection Surveillance System
NP	Nurse Practitioner
O <sup>2</sup>	Oxygen
OCR	Office of Civil Rights
OP	Out-Patient
OPO	Organ Procurement Organization
OR	Operating Room

<b>Abbreviation</b>	<b>Meaning</b>
OSHA	Occupational Safety and Health Administration
OT	Occupational Therapy
PA	Physician Assistant
PCA	Patient-Controlled Analgesia
PACU	Post Anesthesia Care Unit
PFT	Pulmonary Function Test
PI	Process Improvement
PPE	Personal Protective Equipment
PT	Physical Therapy
QA	Quality Assurance
QI	Quality Improvement
QIO	Quality Improvement Organization
RAI	Resident Assessment Instrument
RBCs	Red Blood Cells
RDA	Recommended Dietary Allowance
RN	Registered Nurse
RT	Respiratory Therapy
SARS	Severe Acute Respiratory Syndrome
SB	Swing Bed
SHEA	Society of Healthcare Epidemiology of America
SNF	Skilled Nursing Facility
SOM	State Operations Manual
TB	Tuberculosis
TO	Telephone Order
TPN	Total Parenteral Nutrition
USDA	United States Department of Agriculture
USP	United State Pharmacopeia
VO	Verbal Order