



Final Accreditation Report

**Hampstead Hospital
218 East Road
Hampstead, NH 03841**

**Organization Identification Number: 3169
Unannounced Full Event: 8/24/2021 - 8/26/2021**

**Program Surveyed
Hospital**

The Joint Commission Table of Contents

<u>Executive Summary</u>	<u>3</u>
<u>What's Next - Follow-up Activity</u>	<u>4</u>
<u>Hospital</u>	<u>7</u>
• SAFER™ Matrix	7
• The Centers for Medicaid and Medicare Services (CMS) Summary	10
• Requirements for Improvement (RFI)	12
<u>Appendix</u>	<u>30</u>
• The Centers for Medicaid and Medicare Services (CMS) Conditions of Participation (CoP)	30
• Standards/Elements of Performance (EP) Language	33
• Report Section Descriptions	40

The Joint Commission Executive Summary

Program	Survey Dates	Event Outcome	Follow-up Activity	Follow-up Time Frame or Submission Due Date
Hospital	08/24/2021 - 08/26/2021	Requirements for Improvement	Unannounced Medicare Deficiency Survey	Survey within 45 Calendar Days from the last day of survey
			Evidence of Standards Compliance (ESC)	Submit within 60 Calendar Days from the final posted report date

The Joint Commission What's Next - Follow-up Activity

Program: Hospital

Standard	EP	SAFER™ Placement	CoP	Tag	Included in the Medicare Deficiency Survey (within 45 Calendar Days)	Included in the Evidence of Standard Compliance (within 60 calendar days)
EC.02.02.01	11	Low / Limited	§482.41 (a)	A-0701	✓	✓
	5	Moderate / Pattern	§482.41 (a)	A-0701	✓	✓
EC.02.03.01	9	Low / Limited	§482.41 (b)(5)	A-0714	✓	✓
EC.02.03.05	27	Low / Pattern	§482.41 (d)(2)	A-0724	✓	✓
	28	Low / Pattern	§482.41 (b)(1)(i)	A-0710	✓	✓
	5	Low / Limited	§482.41 (d)(2)	A-0724	✓	✓
	8	Low / Limited	§482.15 (b)(1)(ii) (C)	E-0015		✓
EC.02.05.01	14	Moderate / Limited	§482.42	A-0747	✓	✓
	9	Low / Pattern	§482.41 (a)	A-0701	✓	✓
EC.02.05.03	11	Low / Limited				✓
EC.02.05.05	8	Low / Limited	§482.41 (d)(2)	A-0724	✓	✓
EC.02.05.07	4	Low / Limited	§482.15 (e)(2)	E-0041		✓
EC.02.06.01	1	Low / Limited	§482.41 (a)	A-0701	✓	✓
	26	Low / Limited	§482.41 (a)	A-0701	✓	✓

The Joint Commission

Standard	EP	SAFER™ Placement	CoP	Tag	Included in the Medicare Deficiency Survey (within 45 Calendar Days)	Included in the Evidence of Standard Compliance (within 60 calendar days)
LD.04.01.05	4	Low / Limited	§482.21 (e)(4)	A-0315		✓
LS.01.01.01	3	Low / Limited				✓
LS.02.01.10	11	Low / Limited	§482.41 (b)(1)(i)	A-0710	✓	✓
	14	Low / Pattern	§482.41 (b)(1)(i)	A-0710	✓	✓
	9	Low / Limited	§482.41 (b)(1)(i)	A-0710	✓	✓
LS.02.01.20	12	Low / Limited	§482.41 (b)(1)(i)	A-0710	✓	✓
	40	Low / Limited	§482.41 (b)(1)(i)	A-0710	✓	✓
	42	Low / Limited	§482.41 (b)(1)(i)	A-0710	✓	✓
LS.02.01.30	19	Low / Pattern	§482.41 (b)(1)(i)	A-0710	✓	✓
LS.02.01.34	9	Low / Pattern				✓
LS.02.01.35	14	Low / Limited	§482.41 (b)(1)(i)	A-0710	✓	✓
	4	Low / Limited	§482.41 (b)(1)(i)	A-0710	✓	✓
	5	Low / Pattern	§482.41 (b)(1)(i)	A-0710	✓	✓
	6	Low / Limited	§482.41 (b)(1)(i)	A-0710	✓	✓
MS.06.01.03	6	Moderate / Limited	§482.11 (c)	A-0023		✓
NPSG.15.01.01	1	High / Widespread	§482.13 (c)(2)	A-0144	✓	✓

The Joint Commission

Standard	EP	SAFER™ Placement	CoP	Tag	Included in the Medicare Deficiency Survey (within 45 Calendar Days)	Included in the Evidence of Standard Compliance (within 60 calendar days)
	3	Moderate / Widespread	§482.13 (c)(2)	A-0144	✓	✓
	5	High / Limited	§482.13 (c)(2)	A-0144	✓	✓
PC.02.02.03	11	Low / Limited				✓
PI.01.01.01	40	Low / Widespread				✓
RC.01.03.01	1	Low / Pattern	§482.24 (c)(4)(viii)	A-0469		✓
RC.02.04.01	3	Low / Pattern	§482.61 (e)	A-1672		✓

**The Joint Commission
SAFER™ Matrix
Program: Hospital**

Likelihood to harm a Patient / Visitor / Staff

The Joint Commission

ITL	ITL		
High	NPSG.15.01.01 EP 5		NPSG.15.01.01 EP 1
Moderate	EC.02.05.01 EP 14 MS.06.01.03 EP 6	EC.02.02.01 EP 5	NPSG.15.01.01 EP 3
Low	EC.02.02.01 EP 11 EC.02.03.01 EP 9 EC.02.03.05 EP 5 EC.02.03.05 EP 8 EC.02.05.03 EP 11 EC.02.05.05 EP 8 EC.02.05.07 EP 4 EC.02.06.01 EP 1 EC.02.06.01 EP 26 LD.04.01.05 EP 4 LS.01.01.01 EP 3 LS.02.01.10 EP 9 LS.02.01.10 EP 11 LS.02.01.20 EP 12 LS.02.01.20 EP 40 LS.02.01.20 EP 42 LS.02.01.35 EP 4 LS.02.01.35 EP 6 LS.02.01.35 EP 14 PC.02.02.03 EP 11	EC.02.03.05 EP 27 EC.02.03.05 EP 28 EC.02.05.01 EP 9 LS.02.01.10 EP 14 LS.02.01.30 EP 19 LS.02.01.34 EP 9 LS.02.01.35 EP 5 RC.01.03.01 EP 1 RC.02.04.01 EP 3	PI.01.01.01 EP 40
	Limited	Pattern	Widespread
	Scope		

The Joint Commission

The Joint Commission

The Centers for Medicaid and Medicare Services (CMS) Summary

Program: Hospital

CoP(s)	Tag	CoP Score	Corresponds to:
§482.11	A-0020	Standard	HAP
§482.11(c)	A-0023	Standard	HAP/MS.06.01.03/EP6
§482.13	A-0115	Condition	HAP
§482.13(c)(2)	A-0144	Standard	HAP/NPSG.15.01.01/EP1 HAP/NPSG.15.01.01/EP3 HAP/NPSG.15.01.01/EP5
§482.15	E-0001	Standard	HAP
§482.15(b)(1)(ii)(C)	E-0015	Standard	HAP/EC.02.03.05/EP8
§482.15(e)(2)	E-0041	Standard	HAP/EC.02.05.07/EP4
§482.21	A-0263	Standard	HAP
§482.21(e)(4)	A-0315	Standard	HAP/LD.04.01.05/EP4
§482.24	A-0431	Standard	HAP
§482.24(c)(4)(viii)	A-0469	Standard	HAP/RC.01.03.01/EP1
§482.41	A-0700	Condition	HAP
§482.41(a)	A-0701	Standard	HAP/EC.02.02.01/EP5 HAP/EC.02.02.01/EP11 HAP/EC.02.05.01/EP9 HAP/EC.02.06.01/EP1 HAP/EC.02.06.01/EP26

The Joint Commission

CoP(s)	Tag	CoP Score	Corresponds to:
§482.41(b)(1)(i)	A-0710	Standard	HAP/EC.02.03.05/EP28 HAP/LS.02.01.10/EP9 HAP/LS.02.01.10/EP11 HAP/LS.02.01.10/EP14 HAP/LS.02.01.20/EP12 HAP/LS.02.01.20/EP40 HAP/LS.02.01.20/EP42 HAP/LS.02.01.30/EP19 HAP/LS.02.01.35/EP4 HAP/LS.02.01.35/EP5 HAP/LS.02.01.35/EP6 HAP/LS.02.01.35/EP14
§482.41(b)(5)	A-0714	Standard	HAP/EC.02.03.01/EP9
§482.41(d)(2)	A-0724	Standard	HAP/EC.02.03.05/EP5 HAP/EC.02.03.05/EP27 HAP/EC.02.05.05/EP8
§482.42	A-0747	Condition	HAP/EC.02.05.01/EP14
§482.61	A-1620	Standard	HAP
§482.61(e)	A-1672	Standard	HAP/RC.02.04.01/EP3

The Joint Commission Requirements for Improvement

Program: Hospital

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.02.01	5	Moderate Pattern	The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour in the laundry room, they use liquid bleach, but did not have an eye wash present. They have bottled eye washes, but they show expired in 3/21. The support services director was present.	§482.41(a)	Standard
				2) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour in the kitchen, the eye wash is connected to hot water and when turned on, it had really hot steaming water. The support service director was present.	§482.41(a)	Standard
				3) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour in the pharmacy, there was an eye wash that is not checked weekly, but also us connected to hot water and gets very hot (steam). This eye wash also has little pressure and does not operate properly. The one side cap does not come off and the pull on knob does not stay engaged. The facility support service director was present along with the pharmacy director.	§482.41(a)	Standard
EC.02.02.01	11	Low Limited	For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and safety data sheets required by law and regulation.	1) Observed in Document Review at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the document review, there were 3 signed manifests where the signers did not have the required DOT training. The support services director was present.	§482.41(a)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.03.01	9	Low Limited	The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, and how to evacuate to areas of refuge. Staff and licensed independent practitioners are periodically instructed on and kept informed of their duties under the plan, including cooperation with firefighting authorities. A copy of the plan is readily available with the telephone operator or security. Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2.	1) Observed in Document Review at Hampstead Hospital (218 East Road, Hampstead, NH) site . During document review, it was noted that the fire response plan did not speak to how to use a fire extinguisher. Talking to staff on the units, they were not able to describe how to use the extinguisher. The facility services director was present. This was corrected.	§482.41(b)(5)	Standard
EC.02.03.05	5	Low Limited	Every 12 months, the hospital tests fire alarm equipment on the inventory for notifying off-site fire responders. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.	1) Observed in Document Review at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the document review, the annual testing for transmission/notification could not be located. The facility support service director was present.	§482.41(d)(2)	Standard
EC.02.03.05	8	Low Limited	For automatic sprinkler systems: Every month during cold weather, the hospital tests water-storage tank temperature alarms. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 25-2011: 9.2.4; Table 9.1.1.2.	1) Observed in Document Review at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the document review, it was noted that the fuel test for the Cat generator had not been performed (no documentation) and the White generator had been tested 8/21, but no documentation could be produced. This annual test had not been performed prior. The facility services support director verified this finding.	§482.15(b)(1)(ii)(C)	Standard
EC.02.03.05	27	Low Pattern	Elevators with firefighters' emergency operations are tested monthly. The test completion dates and results are documented. (For full text, refer to NFPA 101-2012: 9.4.3; 9.4.6)	1) Observed in Document Review at Hampstead Hospital (218 East Road, Hampstead, NH) site . During document review, monthly testing documentation for elevator firefighter recall could not be located. The facility support service director was present.	§482.41(d)(2)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.03.05	28	Low Pattern	<p>Documentation of maintenance, testing, and inspection activities for Standard EC.02.03.05, EPs 1–20, 25 (including fire alarm and fire protection systems) includes the following:</p> <ul style="list-style-type: none"> - Name of the activity - Date of the activity - Inventory of devices, equipment, or other items - Required frequency of the activity - Name and contact information, including affiliation, of the person who performed the activity - NFPA standard(s) referenced for the activity - Results of the activity <p>Note: For additional guidance on documenting activities, see NFPA 25-2011: 4.3; 4.4; NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4.</p>	1) Observed in Document Review at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the document review, it was noted that the following documents were missing the proper NFPA references: supervisory/control valves, tampers, ducts/heats/smokes, fire pump testing, standpipes, kitchen testing, HVAC, fire doors, FDC's, main drains, and fire extinguishers. The facility services support director was present.	§482.41(b)(1)(i)	Standard
EC.02.05.01	9	Low Pattern	<p>The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.</p> <p>Note 1: Examples of utility system controls that should be labeled are utility source valves, utility system main switches and valves, and individual circuits in an electrical distribution panel.</p> <p>Note 2: For example, the fire alarm system's circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is marked in red; and access is restricted to authorized personnel. Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit. For additional guidance, see NFPA 101-2012: 18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.</p>	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour in the laundry room, electrical panel LP1 had breakers 5-11 that were not labeled. The legend was difficult to tell other breaker labeling. The support service director was present. This was corrected.	§482.41(a)	Standard
				2) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour in the fire panel room by the front desk, the electrical panel had a legend that stated breakers 26/28/30 were to an APP2 Audio panel, but on the breakers, it stated kitchen dining RTU unit. The facility services support director could not advise what the breakers were to. These were corrected.	§482.41(a)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.05.01	14	Moderate Limited	The hospital minimizes pathogenic biological agents in cooling towers, domestic hot- and cold-water systems, and other aerosolizing water systems.	1) Observed in Document Review at Hampstead Hospital (218 East Road, Hampstead, NH) site . During document review, in the water plan, it stated that on a quarterly basis, the organization would check temperatures for water systems (faucets/showers) quarterly using a good quality immersion thermometer. There was not documentation that showed that this is being performed per policy. The facility support services director was present and stated it will be added to the process/documentation. The temperatures are to be 120 degrees plus/minus 5 degrees. Facilities checks monthly for temperatures of 110 degrees, but this differs from the actual water plan.	§482.42	Condition
EC.02.05.03	11	Low Limited	The hospital provides emergency power within 10 seconds for the following: Emergency lighting at emergency generator locations. The hospital's emergency power system (EPS) has a remote manual stop station (with identifying label) to prevent inadvertent or unintentional operation. A remote annunciator (powered by storage battery) is located outside the EPS location. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), refer to NFPA 99-2012: 6.4.1.1.6; 6.4.1.1.17; 6.4.2.2; NFPA 110-2010: 5.6.5.6; 7.3.1.	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour, the exterior generator, Cat generator, did not have a remote emergency shut off. The facility support service director was present.		
EC.02.05.05	8	Low Limited	The hospital meets NFPA 99-2012: Health Care Facilities Code requirements related to electrical systems and heating, ventilation, and air conditioning (HVAC). (For full text, refer to NFPA 99-2012: Chapters 6 and 9) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendments (TIAs) 12-2 and 12-3.	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour in the kitchen, the ice maker was not plugged into a GFCI outlet. In the lobby, the water machine was not plugged into a GFCI. The support service director was present.	§482.41(d)(2)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
EC.02.05.07	4	Low Limited	Every week, the hospital inspects the emergency power supply system (EPSS), including all associated components and batteries. The results and completion dates of the inspections are documented. (For full text, refer to NFPA 110-2010: 8.3.1; 8.3.3; 8.3.4; 8.4.1)	1) Observed in Document Review at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the document review, the organization uses maintenance free batteries and does not conduct conductance or specific gravity testing. The facility services director was present. Nothing is documented weekly for the maintenance free lead batteries. The form was updated to include weekly checks.	§482.15(e)(2)	Standard
EC.02.06.01	1	Low Limited	Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour in the gym, the ceiling had several sections of stained areas from leaks above. The support services director was present.	§482.41(a)	Standard
				2) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour, the Lincoln medical room had the ceiling peeling and pieces falling on the floor. The facility support services director was present.	§482.41(a)	Standard
EC.02.06.01	26	Low Limited	The hospital keeps furnishings and equipment safe and in good repair.	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour, on the Madison Unit, there was a couch in the lounge area, that had a large tear with padding showing through making it difficult to disinfect. The nurse manager was present.	§482.41(a)	Standard
LD.04.01.05	4	Low Limited	Staff are held accountable for their responsibilities.	1) Observed in Document Review at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the document review, there were several scores for items under EC 02.03.05: elevator recall testing, NFPA references, transmission/notification testing, and fuel test documentation missing (leadership accountability). Staff not adequately held accountable for their assigned duties by organizational leadership as evidenced by 4 elements of performance scored for non-compliant fire safety systems maintenance at standard EC.02.03.05.	§482.21(e)(4)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
LS.01.01.01	3	Low Limited	<p>The hospital maintains current and accurate drawings denoting features of fire safety and related square footage. Fire safety features include the following:</p> <ul style="list-style-type: none"> - Areas of the building that are fully sprinklered (if the building is partially sprinklered) - Locations of all hazardous storage areas - Locations of all fire-rated barriers - Locations of all smoke-rated barriers - Sleeping and non-sleeping suite boundaries, including the size of the identified suites - Locations of designated smoke compartments - Locations of chutes and shafts - Any approved equivalencies or waivers 	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour on the 2nd floor, in the main storage room for PPE, the room had many combustibles (boxes, etc) that was not listed as hazardous on drawings. The facility support service director was present. This finding was observed during survey activity, but corrected onsite prior to the surveyor's departure. The corrective action taken needs to be included in the organization's Evidence of Standards Compliance submission		
LS.02.01.10	9	Low Limited	<p>The fire protection ratings for opening protectives in fire barriers, fire-rated smoke barriers, and fire-rated smoke partitions are as follows:</p> <ul style="list-style-type: none"> - Three hours in three-hour barriers and partitions - Ninety minutes in two-hour barriers and partitions - Forty-five minutes in one-hour barriers and partitions - Twenty minutes in thirty-minute barriers and partitions <p>(For full text, refer to NFPA 101-2012: 8.3.4; 8.3.3.2; Table 8.3.4.2)</p> <p>Note 1: Labels on fire door assemblies must be maintained in legible condition.</p> <p>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-1.</p>	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour in the generator room 2 hour fire barrier, there was a door in the barrier missing the fire door frame label. This was verified by the facility support service director. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)	§482.41(b)(1)(i)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
LS.02.01.10	11	Low Limited	Fire-rated doors within walls and floors have functioning hardware, including positive latching devices and self-closing or automatic-closing devices (either kept closed or activated by release device complying with NFPA 101- 2012:7.2.1.8.2). Gaps between meeting edges of door pairs are no more than 1/8 of an inch wide, and undercuts are no larger than 3/4 of an inch. Fire-rated doors within walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. Blocking or wedging open fire-rated doors is prohibited. (For full text, refer to NFPA 101-2012: 8.3.3.1; 7.2.1.8.2; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5)	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour in the 1 hour fire barrier by room 64 on the 3rd floor, there was a fire door frame with 3 large holes in the frame. The facility support services director was present.The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)	§482.41(b)(1)(i)	Standard
				2) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour in the 1 hour fire barrier per life safety prints, by room 64 third floor, the fire door had a protective plate that was 3 feet off the floor and 10 inches wide. This plate cannot be greater than 16 inches from the bottom of the door without UL listings as being part of the fire door assembly. The facility services support director was present.The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)	§482.41(b)(1)(i)	Standard
LS.02.01.10	14	Low Pattern	The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material. Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour in the generator room 2 hour barrier per life safety prints, there was an unsealed conduit into the wall. The support service director was present and verified the finding.The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)	§482.41(b)(1)(i)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
				2) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour, outside of the Lincoln Unit, in the 1 hour stairwell fire barrier per life safety prints, there were 2 large holes unsealed in the barrier. The facility support service director was present. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)	§482.41(b)(1)(i)	Standard
				3) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour on the 2nd floor by administration, there was a 2 hour fire barrier that had 3 unsealed penetrations (per life safety prints). The facility support service director verified this finding. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)	§482.41(b)(1)(i)	Standard
LS.02.01.20	12	Low Limited	Exits discharge to the outside at grade level or through an approved exit passageway that is continuous and provides a level walking surface. The exit discharge is a hard-packed, all-weather travel surface that is free from obstructions and terminates at a public way or at an exterior exit discharge. (For full text, refer to NFPA 101-2012: 18/19.2.7; 7.1.7; 7.1.10.1; 7.2.6; 7.7.2)	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour, down passed the main lobby and Pierce Unit, there is an emergency exit that is alarmed and has an exit sign, that exits out onto a small concrete pad, but to get away from the building, you have to travel through grass and around landscaping to get to a hard-surfaced area. The facility support service director was present. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)	§482.41(b)(1)(i)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
LS.02.01.20	40	Low Limited	Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are four or more inches high (or six inches high if externally lit). Exit and directional signs displayed with continuous illumination are also served by the emergency lighting system unless the building is one story with less than 30 occupants, and the line of exit travel is obvious. (For full text, refer to NFPA 101-2012: 18/19.2.10; 7.10.1.4; 7.10.1.5.1; 7.10.5; 7.10.6; 7.10.7)	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour, in the back of the kitchen, there was an exit sign flush to the exit door, but it was only visible when you looked straight-on to it. There was a wall just before it and due to it not having a side view visible, you could not see this exit path. The facility support service director was present. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)	§482.41(b)(1)(i)	Standard
LS.02.01.20	42	Low Limited	The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2012: 18/19.2.	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour outside of the Pierce Unit, there was an exit sign that had an arrow pointing to the left that was not an exit (was a wall). The arrow needed to be covered. To the right where an exit stairwell was, there was not an exit sign to point towards the egress path. The facility support service director was present. This was corrected. This finding was observed during survey activity, but corrected onsite prior to the surveyor's departure. The corrective action taken needs to be included in the organization's Evidence of Standards Compliance submission	§482.41(b)(1)(i)	Standard
				2) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour on the Pierce Unit, there was an exit sign at the back of the unit that had an arrow that pointed to a wall, that was not in the exit path. The facility support service director was present. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)	§482.41(b)(1)(i)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
LS.02.01.30	19	Low Pattern	Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.2.3; 8.5.2; 8.5.6; 8.7) Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose.	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour, down in the smoke barrier passed the kitchen, there were 2 unsealed penetrations around conduits in the barrier. In the smoke barrier off the main lobby, down from this area, there were 3 penetrations in that smoke barrier. These were corrected. The facility support service director was present. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)	§482.41(b)(1)(i)	Standard
LS.02.01.34	9	Low Pattern	The ceiling membrane is installed and maintained in a manner that permits activation of the smoke detection system. (For full text, refer to NFPA 101-2012: 18/19.3.4.1)	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour in the IT room off the main lobby, there were 8 holes and unsealed areas around wires/conduits going into the ceiling. This room had sprinklers and smoke detection. The facility support service director was present. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)		
LS.02.01.35	4	Low Limited	Piping for approved automatic sprinkler systems is not used to support any other item. (For full text, refer to NFPA 25-2011: 5.2.2.2)	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour, above room 64, 3rd floor, there were several large sections of insulation resting on sprinkler pipes. The facility services support director was present and wasn't sure where all the sections came from on the pipes. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)	§482.41(b)(1)(i)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
				2) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour in the Pierce Unit, as you enter the unit, there were large sections of ductwork laying across the sprinkler pipes. The facility support service director was present. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)	§482.41(b)(1)(i)	Standard
LS.02.01.35	5	Low Pattern	Sprinklers are not damaged. They are also free from corrosion, foreign materials, and paint and have necessary escutcheon plates installed. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.5; NFPA 25-2011: 5.2.1.1.1; 5.2.1.1.2; NFPA 13-2010: 6.2.6.2.2; 6.2.7.1)	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour, in the gym there were 6 escutcheons missing. The support service director was present. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)	§482.41(b)(1)(i)	Standard
				2) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour in the kitchen, there were 2 sprinklers by the grill that had heavy grease/corrosion build up. The support service director was present. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)	§482.41(b)(1)(i)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
LS.02.01.35	6	Low Limited	There are 18 inches or more of open space maintained below the sprinkler to the top of storage. Note: Perimeter wall and stack shelving may extend up to the ceiling when not located directly below a sprinkler. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.1.1; NFPA 13-2010: 8.5.5.2; 8.5.5.2.1; 8.5.5.3)	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour in the kitchen above the grill, there was a sprinkler directly over the grill hood, within 8 inches. The facility support service director was present. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)	§482.41(b)(1)(i)	Standard
LS.02.01.35	14	Low Limited	The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012: 18/19.3.5.	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour in the laundry room, there was a 1 inch hole in the ceiling that was not sealed. There were sprinklers in the room. The support service director was present. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Conduct education promoting awareness of deficiencies(EP-13)	§482.41(b)(1)(i)	Standard
MS.06.01.03	6	Moderate Limited	The credentialing process requires that the hospital verifies in writing and from the primary source whenever feasible, or from a credentials verification organization (CVO), the following information: <ul style="list-style-type: none"> - The applicant's current licensure at the time of initial granting, renewal, and revision of privileges, and at the time of license expiration - The applicant's relevant training - The applicant's current competence 	1) Observed in Credentialing and Privileging at Hampstead Hospital (218 East Road, Hampstead, NH) site . At the time of this observation and review, TC (PA) and JM (PA) were missing PSV's. TC also missing FPPE. The director of HIM's was present during the review and aware. After completion of this observation, the director of HIM's provided a copy of the PSV for both providers.	§482.11(c)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
NPSG.15.01.01	1	High Widespread	<p>For psychiatric hospitals and psychiatric units in general hospitals: The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the hospital takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).</p> <p>For nonpsychiatric units in general hospitals: The organization implements procedures to mitigate the risk of suicide for patients at high risk for suicide, such as one-to-one monitoring, removing objects that pose a risk for self-harm if they can be removed without adversely affecting the patient's medical care, assessing objects brought into a room by visitors, and using safe transportation procedures when moving patients to other parts of the hospital. Note: Nonpsychiatric units in general hospitals do not need to be ligature resistant. Nevertheless, these facilities should routinely assess clinical areas to identify objects that could be used for self-harm and remove those objects, when possible, from the area around a patient who has been identified as high risk for suicide. This information can be used for training staff who monitor high-risk patients (for example, developing checklists to help staff remember which equipment should be removed when possible).</p>	<p>1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour, on the Madison unit (adult unit) There was a tub room with regular door hinges that had a faucet on the tub, that posed ligature risks. This door was not self closing and not on the environmental risk assessment. This room is kept locked, but opened for patients to use. 15 minute rounding is performed and 1:1 for high risk. The nurse manager was present.</p>	§482.13(c)(2)	Standard
				<p>2) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour on the Madison Unit (the adult unit), there was a group room with ligature risks inside with numerous chairs that posed risks. This door was not self-closing. The room was not on the risk assessment, but is only used with staff present. 15 minute rounding is performed and 1:1 for high risk. The nurse manager and facility support service director were present. A closer was added to this door to correct the issue.</p>	§482.13(c)(2)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
				3) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour on the Madison Unit (adult unit) there was a seclusion room that did not have a self-closer on the door, one door that was open, and a ligature risk inside (a chair). This chair was removed and it was corrected. The nurse manager and facility support director were present.	§482.13(c)(2)	Standard
				4) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour in the Lincoln Unit (behavioral health-locked unit) there was a nurse's station with ligature risks (cords, chairs, equipment, etc) that had a half door that was not on a self-closer. It self-locked. This door was not on a risk assessment. The nurse manager and facility support service director were present. There is 15 minute rounding in place and 1:1 for high risk.	§482.13(c)(2)	Standard
				5) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour on the Lincoln Unit (locked behavioral health unit) in all 9 rooms, there are two lights in each room (in the ceiling) that were not sealed around them, that posed ligature risks. These lights required caulking around them (rooms 85, 87, and 88 were viewed). These were not on a risk assessment. The nurse manager and facility support service director was present. There is 15 minute rounding in place and 1:1 high risk.	§482.13(c)(2)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
				<p>6) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . observed ligature risk on Madison unit each bedroom had a dresser drawer and beds none that were bolted to floor, hinged doors in patient bedrooms. Community bathrooms also had ligatures on doors and bath tubs in two bathroom. • Admission Assessment completed within 8 hours of admission, including Safety Risk Assessment • Unit halls are adequately and continually monitored when patient rooms are occupied • Milieu Monitor in place to monitor nourishment and nursing station areas • 15-minute patient safety checks completed by a designated nursing staff member • Environmental Risk Assessments • Hazards and Vulnerabilities Analysis risk assessment completed annually to evaluate the risk associated with several patient-related events, including the risk of suicide • Hazard Surveillance Inspections completed monthly to monitor for compliance with a ligature-resistant environment • Patients are assessed for suicide at admission and on a continual basis (patients at risk will be placed on appropriate suicide precautions as outlined below) o Safety 1:1- One staff assigned to one patient to stay next to and observe constantly. LIP to specify distance parameters. o Suicide Observation- Constant observation including bathroom and shower. No baths. No time without staff monitoring. o Suicide Awareness- 15-minute checks. Frequent verbal contact. o Line of Sight- Per patient requirement. o Therapeutic 1:1- Per patient requirement. o Escape Precautions- Per patient requirement. o Assault Precautions- Per patient requirement.</p>	<p>§482.13(c)(2)</p>	<p>Standard</p>

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
				7) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour on the Pierce unit for children (locked down unit behavioral health), there were 2 closets in the corridor that had ligature risks of racks and jacket hangers that did not have a self closer on the doors. These rooms were not on the risk assessment. 15 minute rounding is performed and 1:1 for high risk. The facility support services director was present.	§482.13(c)(2)	Standard
				8) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour on the Pierce Unit, nurse's station, there is a half door to the station that does not have a closer and ligature risks on the station (regular faucets, cords, etc). The facility support service director was present and stated the door is being replaced. There is 15 minute rounding and 1:1. There is not always someone on the nurse's station/kitchen area at the back of that unit, but staff are always on the unit.	§482.13(c)(2)	Standard
				9) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour on the Pierce Unit (children behavioral locked unit) there was an exterior half corridor door that was not self closing, and inside that small corridor area was a regular door handle that posed a ligature risk. There is 15 minute rounding in place and 1:1. This risk was not on a risk assessment.	§482.13(c)(2)	Standard
NPSG.15.01.01	3	Moderate Widespread	Use an evidence-based process to conduct a suicide assessment of patients who have screened positive for suicidal ideation. The assessment directly asks about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors. Note: EPs 2 and 3 can be satisfied through the use of a single process or instrument that simultaneously screens patients for suicidal ideation and assesses the severity of suicidal ideation.	1) Observed in Individual Tracer at Hampstead Hospital (218 East Road Hampstead, NH) site . The suicide risk re-assessment is being conducted every shift per nursing, However it is not an evidence process that is being used.	§482.13(c)(2)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
NPSG.15.01.01	5	High Limited	Follow written policies and procedures addressing the care of patients identified as at risk for suicide. At a minimum, these should include the following: - Training and competence assessment of staff who care for patients at risk for suicide - Guidelines for reassessment - Monitoring patients who are at high risk for suicide	1) Observed in Individual Tracer at Hampstead Hospital (218 East Road, Hampstead, NH) site . Pt. identified on "Risk Assessment Form" as being at "Severe Risk" for SI. Based on Org's policy, pt. should be placed on a 1:1. After reviewing the chart with RN, COO and HIM's director, it was confirmed pt. was not placed on 1:1 and there is not a physician's order to state pt. doesn't need the higher level of care.	§482.13(c)(2)	Standard
PC.02.02.03	11	Low Limited	The hospital stores food and nutrition products, including those brought in by patients or their families, using proper sanitation, temperature, light, moisture, ventilation, and security.	1) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . During the building tour in the kitchen cooler, there was a container of beef base that was not dated, per the organization's policy. The kitchen staff was present and corrected. She verified this was the process and that it should have been labeled/dated. 2) Observed in Building Tour at Hampstead Hospital (218 East Road, Hampstead, NH) site . the patients nourishment refrigerator was missing 10 days of documented temperatures for the month of August. .		
PI.01.01.01	40	Low Widespread	The hospital collects data on pain assessment and pain management including types of interventions and effectiveness.	1) Observed in Data Tracer at Hampstead Hospital (218 East Road, Hampstead, NH) site . No evidence the HCO had a process in place for pain interventions and effectiveness. No evidence the HCO had collected data when alternative, non-pharmaceutical interventions were implemented to manage pain.		
RC.01.03.01	1	Low Pattern	The hospital defines the time frame for completion of the medical record, which does not exceed 30 days after the patient's discharge.	1) Observed in Document Review at Hampstead Hospital (218 East Road, Hampstead, NH) site . Review of closed records discharged greater than 30 days	§482.24(c)(4)(viii)	Standard

The Joint Commission

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
RC.02.04.01	3	Low Pattern	<p>In order to provide information to other caregivers and facilitate the patient's continuity of care, the medical record contains a concise discharge summary that includes the following:</p> <ul style="list-style-type: none"> - The reason for hospitalization - The procedures performed - The care, treatment, and services provided - The patient's condition and disposition at discharge - Information provided to the patient and family - Provisions for follow-up care <p>Note 1: A discharge summary is not required when a patient is seen for minor problems or interventions, as defined by the medical staff. In this instance, a final progress note may be substituted for the discharge summary provided the note contains the outcome of hospitalization, disposition of the case, and provisions for follow-up care.</p> <p>Note 2: When a patient is transferred to a different level of care within the hospital, and caregivers change, a transfer summary may be substituted for the discharge summary. If the caregivers do not change, a progress note may be used.</p> <p>Note 3: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The record of each patient discharged needs to include a discharge summary with the above information. The exceptions in Notes 1 and 2 are not applicable. All patients discharged need to have a discharge summary.</p>	<p>1) Observed in Individual Tracer at Hampstead Hospital (218 East Road, Hampstead, NH) site . four charts were past the 30 day time frame for discharge records and three charts were missing a concise summary/recapitulation of the patients condition on discharge.</p>	§482.61(e)	Standard

The Joint Commission

Appendix

Conditions of Participation Text

Program: Hospital

CoP	Tag	CoP Standard text
§482.11 Condition of Participation: Compliance with Federal, State and Local Laws	A-0020	§482.11 Condition of Participation: Compliance with Federal, State and Local Laws
§482.11(c) Condition of Participation: Compliance with Federal, State and Local Laws	A-0023	(c) The hospital must assure that personnel are licensed or meet other applicable standards that are required by State or local laws.
§482.13 Condition of Participation: Patient's Rights	A-0115	§482.13 Condition of Participation: Patient's Rights A hospital must protect and promote each patient's rights.
§482.13(c)(2) Standard: Privacy and Safety	A-0144	(2) The patient has the right to receive care in a safe setting.
§482.41 Condition of Participation: Physical Environment	A-0700	§482.41 Condition of Participation: Physical Environment The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.
§482.41(a) Standard: Buildings	A-0701	§482.41(a) Standard: Buildings The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.
§482.41(b)(1)(i) Standard: Life Safety from Fire	A-0710	(i) The hospital must meet the applicable provisions and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4.) Outpatient surgical departments must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served.
§482.41(b)(5) Standard: Life Safety from Fire	A-0714	(5) The hospital must have written fire control plans that contain provisions for prompt reporting of fires; extinguishing fires; protection of patients, personnel and guests; evacuation; and cooperation with fire fighting authorities.
§482.41(d)(2) Standard: Facilities	A-0724	(2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
§482.61 Special Medical Record Requirements for Psychiatric Hospitals	A-1620	§482.61 Condition of Participation: Special medical record requirements for psychiatric hospitals. The medical records maintained by a psychiatric hospital must permit determination of the degree and intensity of the treatment provided to individuals who are furnished services in the institution.

The Joint Commission

CoP	Tag	CoP Standard text
§482.61(e) Discharge planning and discharge summary	A-1672	§482.61(e) a brief summary of the patient's condition on discharge.
§482.21 Condition of Participation: Quality Assessment and Performance Improvement Program	A-0263	<p>§482.21 Condition of Participation: Quality Assessment and Performance Improvement Program</p> <p>The hospital must develop, implement, and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. The hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS.</p>
§482.21(e)(4) Standard: Providing Adequate Resources	A-0315	(4) That adequate resources are allocated for measuring, assessing, improving, and sustaining the hospital's performance and reducing risk to patients.
§482.15 Establishment of the Emergency Program (EP)	E-0001	<p>§482.15 Condition of Participation: Emergency Preparedness</p> <p>The hospital must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements:</p>
§482.15(b)(1)(ii)(C) Subsistence needs for staff and patients	E-0015	(C) Fire detection, extinguishing, and alarm systems.
§482.15(e)(2) Hospital CAH and LTC Emergency Power	E-0041	(2) Emergency generator inspection and testing. The hospital must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.
§482.24 Condition of Participation: Medical Record Services	A-0431	<p>§482.24 Condition of Participation: Medical Record Services</p> <p>The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.</p> <p>This CoP is not applicable to psychiatric hospitals.</p>
§482.24(c)(4)(viii) Standard: Content of Record	A-0469	<p>[All records must document the following, as appropriate:]</p> <p>(viii) Final diagnosis with completion of medical records within 30 days following discharge.</p>

The Joint Commission

CoP	Tag	CoP Standard text
§482.42 Condition of Participation: Infection Control	A-0747	<p>§482.42 Condition of participation: Infection prevention and control and antibiotic stewardship programs.</p> <p>The hospital must have active hospital-wide programs for the surveillance, prevention, and control of HAIs and other infectious diseases, and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic-resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration with the hospital-wide quality assessment and performance improvement (QAPI) program.</p>

The Joint Commission

Appendix

Standard and EP Text

Program: Hospital

Standard	EP	Standard Text	EP Text
EC.02.02.01	5	The hospital manages risks related to hazardous materials and waste.	The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.
EC.02.02.01	11	The hospital manages risks related to hazardous materials and waste.	For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and safety data sheets required by law and regulation.
EC.02.03.01	9	The hospital manages fire risks.	The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, and how to evacuate to areas of refuge. Staff and licensed independent practitioners are periodically instructed on and kept informed of their duties under the plan, including cooperation with firefighting authorities. A copy of the plan is readily available with the telephone operator or security. Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2.
EC.02.03.05	5	The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.	Every 12 months, the hospital tests fire alarm equipment on the inventory for notifying off-site fire responders. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.
EC.02.03.05	8	The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.	For automatic sprinkler systems: Every month during cold weather, the hospital tests water-storage tank temperature alarms. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 25-2011: 9.2.4; Table 9.1.1.2.
EC.02.03.05	27	The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.	Elevators with firefighters' emergency operations are tested monthly. The test completion dates and results are documented. (For full text, refer to NFPA 101-2012: 9.4.3; 9.4.6)

The Joint Commission

Standard	EP	Standard Text	EP Text
EC.02.03.05	28	The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.	Documentation of maintenance, testing, and inspection activities for Standard EC.02.03.05, EPs 1–20, 25 (including fire alarm and fire protection systems) includes the following: - Name of the activity - Date of the activity - Inventory of devices, equipment, or other items - Required frequency of the activity - Name and contact information, including affiliation, of the person who performed the activity - NFPA standard(s) referenced for the activity - Results of the activity Note: For additional guidance on documenting activities, see NFPA 25-2011: 4.3; 4.4; NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4.
EC.02.05.01	9	The hospital manages risks associated with its utility systems.	The hospital labels utility system controls to facilitate partial or complete emergency shutdowns. Note 1: Examples of utility system controls that should be labeled are utility source valves, utility system main switches and valves, and individual circuits in an electrical distribution panel. Note 2: For example, the fire alarm system's circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is marked in red; and access is restricted to authorized personnel. Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit. For additional guidance, see NFPA 101-2012: 18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.
EC.02.05.01	14	The hospital manages risks associated with its utility systems.	The hospital minimizes pathogenic biological agents in cooling towers, domestic hot- and cold-water systems, and other aerosolizing water systems.
EC.02.05.03	11	The hospital has a reliable emergency electrical power source.	The hospital provides emergency power within 10 seconds for the following: Emergency lighting at emergency generator locations. The hospital's emergency power system (EPS) has a remote manual stop station (with identifying label) to prevent inadvertent or unintentional operation. A remote annunciator (powered by storage battery) is located outside the EPS location. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), refer to NFPA 99-2012: 6.4.1.1.6; 6.4.1.1.17; 6.4.2.2; NFPA 110-2010: 5.6.5.6; 7.3.1.
EC.02.05.05	8	The hospital inspects, tests, and maintains utility systems. Note: At times, maintenance is performed by an external service. In these cases, hospitals are not required to possess maintenance documentation but must have access to such documentation during survey and as needed.	The hospital meets NFPA 99-2012: Health Care Facilities Code requirements related to electrical systems and heating, ventilation, and air conditioning (HVAC). (For full text, refer to NFPA 99-2012: Chapters 6 and 9) Note: For hospitals that use Joint Commission accreditation for deemed

The Joint Commission

Standard	EP	Standard Text	EP Text
			status purposes: The hospital meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendments (TIAs) 12-2 and 12-3.
EC.02.05.07	4	The hospital inspects, tests, and maintains emergency power systems. Note: This standard does not require hospitals to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.	Every week, the hospital inspects the emergency power supply system (EPSS), including all associated components and batteries. The results and completion dates of the inspections are documented. (For full text, refer to NFPA 110-2010: 8.3.1; 8.3.3; 8.3.4; 8.4.1)
EC.02.06.01	1	The hospital establishes and maintains a safe, functional environment. Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.	Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.
EC.02.06.01	26	The hospital establishes and maintains a safe, functional environment. Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.	The hospital keeps furnishings and equipment safe and in good repair.
LD.04.01.05	4	The hospital effectively manages its programs, services, sites, or departments.	Staff are held accountable for their responsibilities.
LS.01.01.01	3	The hospital designs and manages the physical environment to comply with the Life Safety Code.	The hospital maintains current and accurate drawings denoting features of fire safety and related square footage. Fire safety features include the following: <ul style="list-style-type: none"> - Areas of the building that are fully sprinklered (if the building is partially sprinklered) - Locations of all hazardous storage areas - Locations of all fire-rated barriers - Locations of all smoke-rated barriers - Sleeping and non-sleeping suite boundaries, including the size of the identified suites - Locations of designated smoke compartments - Locations of chutes and shafts - Any approved equivalencies or waivers
LS.02.01.10	9	Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.	The fire protection ratings for opening protectives in fire barriers, fire-rated smoke barriers, and fire-rated smoke partitions are as follows: <ul style="list-style-type: none"> - Three hours in three-hour barriers and partitions - Ninety minutes in two-hour barriers and partitions - Forty-five minutes in one-hour barriers and partitions - Twenty minutes in thirty-minute barriers and partitions (For full text, refer to NFPA 101-2012: 8.3.4; 8.3.3.2; Table 8.3.4.2) Note 1: Labels on fire door assemblies must be maintained in legible condition.

The Joint Commission

Standard	EP	Standard Text	EP Text
			Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-1.
LS.02.01.10	11	Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.	Fire-rated doors within walls and floors have functioning hardware, including positive latching devices and self-closing or automatic-closing devices (either kept closed or activated by release device complying with NFPA 101- 2012:7.2.1.8.2). Gaps between meeting edges of door pairs are no more than 1/8 of an inch wide, and undercuts are no larger than 3/4 of an inch. Fire-rated doors within walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. Blocking or wedging open fire-rated doors is prohibited. (For full text, refer to NFPA 101-2012: 8.3.3.1; 7.2.1.8.2; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5)
LS.02.01.10	14	Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.	The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material. Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)
LS.02.01.20	12	The hospital maintains the integrity of the means of egress.	Exits discharge to the outside at grade level or through an approved exit passageway that is continuous and provides a level walking surface. The exit discharge is a hard-packed, all-weather travel surface that is free from obstructions and terminates at a public way or at an exterior exit discharge. (For full text, refer to NFPA 101-2012: 18/19.2.7; 7.1.7; 7.1.10.1; 7.2.6; 7.7.2)
LS.02.01.20	40	The hospital maintains the integrity of the means of egress.	Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are four or more inches high (or six inches high if externally lit). Exit and directional signs displayed with continuous illumination are also served by the emergency lighting system unless the building is one story with less than 30 occupants, and the line of exit travel is obvious. (For full text, refer to NFPA 101-2012: 18/19.2.10; 7.10.1.4; 7.10.1.5.1; 7.10.5; 7.10.6; 7.10.7)
LS.02.01.20	42	The hospital maintains the integrity of the means of egress.	The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2012: 18/19.2.
LS.02.01.30	19	The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.	Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.2.3; 8.5.2; 8.5.6; 8.7) Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose.

The Joint Commission

Standard	EP	Standard Text	EP Text
LS.02.01.34	9	The hospital provides and maintains fire alarm systems.	The ceiling membrane is installed and maintained in a manner that permits activation of the smoke detection system. (For full text, refer to NFPA 101-2012: 18/19.3.4.1)
LS.02.01.35	4	The hospital provides and maintains systems for extinguishing fires.	Piping for approved automatic sprinkler systems is not used to support any other item. (For full text, refer to NFPA 25-2011: 5.2.2.2)
LS.02.01.35	5	The hospital provides and maintains systems for extinguishing fires.	Sprinklers are not damaged. They are also free from corrosion, foreign materials, and paint and have necessary escutcheon plates installed. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.5; NFPA 25-2011: 5.2.1.1.1; 5.2.1.1.2; NFPA 13-2010: 6.2.6.2.2; 6.2.7.1)
LS.02.01.35	6	The hospital provides and maintains systems for extinguishing fires.	There are 18 inches or more of open space maintained below the sprinkler to the top of storage. Note: Perimeter wall and stack shelving may extend up to the ceiling when not located directly below a sprinkler. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.1.1; NFPA 13-2010: 8.5.5.2; 8.5.5.2.1; 8.5.5.3)
LS.02.01.35	14	The hospital provides and maintains systems for extinguishing fires.	The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012: 18/19.3.5.
MS.06.01.03	6	The hospital collects information regarding each practitioner's current license status, training, experience, competence, and ability to perform the requested privilege.	The credentialing process requires that the hospital verifies in writing and from the primary source whenever feasible, or from a credentials verification organization (CVO), the following information: - The applicant's current licensure at the time of initial granting, renewal, and revision of privileges, and at the time of license expiration - The applicant's relevant training - The applicant's current competence
NPSG.15.01.01	1	Reduce the risk for suicide. Note: EPs 2–7 apply to patients in psychiatric hospitals or patients being evaluated or treated for behavioral health conditions as their primary reason for care. In addition, EPs 3–7 apply to all patients who express suicidal ideation during the course of care.	For psychiatric hospitals and psychiatric units in general hospitals: The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the hospital takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging). For nonpsychiatric units in general hospitals: The organization implements procedures to mitigate the risk of suicide for patients at high risk for suicide, such as one-to-one monitoring, removing objects that pose a risk for self-harm if they can be removed without adversely affecting the patient's medical care, assessing objects brought into a room by visitors, and using safe transportation procedures when moving patients to other parts of the hospital. Note: Nonpsychiatric units in general hospitals do not need to be ligature resistant. Nevertheless, these facilities should routinely assess clinical

The Joint Commission

Standard	EP	Standard Text	EP Text
			areas to identify objects that could be used for self-harm and remove those objects, when possible, from the area around a patient who has been identified as high risk for suicide. This information can be used for training staff who monitor high-risk patients (for example, developing checklists to help staff remember which equipment should be removed when possible).
NPSG.15.01.01	3	Reduce the risk for suicide. Note: EPs 2–7 apply to patients in psychiatric hospitals or patients being evaluated or treated for behavioral health conditions as their primary reason for care. In addition, EPs 3–7 apply to all patients who express suicidal ideation during the course of care.	Use an evidence-based process to conduct a suicide assessment of patients who have screened positive for suicidal ideation. The assessment directly asks about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors. Note: EPs 2 and 3 can be satisfied through the use of a single process or instrument that simultaneously screens patients for suicidal ideation and assesses the severity of suicidal ideation.
NPSG.15.01.01	5	Reduce the risk for suicide. Note: EPs 2–7 apply to patients in psychiatric hospitals or patients being evaluated or treated for behavioral health conditions as their primary reason for care. In addition, EPs 3–7 apply to all patients who express suicidal ideation during the course of care.	Follow written policies and procedures addressing the care of patients identified as at risk for suicide. At a minimum, these should include the following: - Training and competence assessment of staff who care for patients at risk for suicide - Guidelines for reassessment - Monitoring patients who are at high risk for suicide
PC.02.02.03	11	The hospital makes food and nutrition products available to its patients.	The hospital stores food and nutrition products, including those brought in by patients or their families, using proper sanitation, temperature, light, moisture, ventilation, and security.
PI.01.01.01	40	The hospital collects data to monitor its performance.	The hospital collects data on pain assessment and pain management including types of interventions and effectiveness.
RC.01.03.01	1	Documentation in the medical record is entered in a timely manner.	The hospital defines the time frame for completion of the medical record, which does not exceed 30 days after the patient's discharge.
RC.02.04.01	3	The patient's medical record contains discharge information.	In order to provide information to other caregivers and facilitate the patient's continuity of care, the medical record contains a concise discharge summary that includes the following: - The reason for hospitalization - The procedures performed - The care, treatment, and services provided - The patient's condition and disposition at discharge - Information provided to the patient and family - Provisions for follow-up care Note 1: A discharge summary is not required when a patient is seen for minor problems or interventions, as defined by the medical staff. In this instance, a final progress note may be substituted for the discharge summary provided the note contains the outcome of hospitalization,

The Joint Commission

Standard	EP	Standard Text	EP Text
			<p>disposition of the case, and provisions for follow-up care.</p> <p>Note 2: When a patient is transferred to a different level of care within the hospital, and caregivers change, a transfer summary may be substituted for the discharge summary. If the caregivers do not change, a progress note may be used.</p> <p>Note 3: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The record of each patient discharged needs to include a discharge summary with the above information. The exceptions in Notes 1 and 2 are not applicable. All patients discharged need to have a discharge summary.</p>

The Joint Commission Appendix Report Section Information

SAFER™ Matrix Description

All Requirements for Improvement (RFIs) are plotted on the SAFER matrix according to the likelihood the issue could cause harm to patient(s), staff, and/or visitor(s), and the scope at which the RFI is observed. Combined, these characteristics identify a risk level for each RFI, which in turn will determine the level of required post-survey follow up. As the risk level of an RFI increases, the placement of the standard and Element of Performance moves from the bottom left corner to the upper right. The definitions for the Likelihood to Harm a Patient/Staff/Visitor and Scope are as follows:

Likelihood to Harm a Patient/Staff/Visitor:

- Low: harm could happen, but would be rare
- Moderate: harm could happen occasionally
- High: harm could happen any time

Scope:

- Limited: unique occurrence that is not representative of routine/regular practice
- Pattern: multiple occurrences with potential to impact few/some patients, staff, visitors and/or settings
- Widespread: multiple occurrences with potential to impact most/all patients, staff, visitors and/or settings

The Evidence of Standards Compliance (ESC) or Plan of Correction (POC) forms with findings of a higher risk will require two additional fields within the ESC or POC. The organization will provide a more detailed description of Leadership Involvement and Preventive Analysis to assist in sustainment of the compliance plan. Additionally, these higher risk findings will be provided to surveyors for possible review or onsite validation during any subsequent onsite surveys, up until the next full triennial survey occurs. The below legend illustrates the follow-up activity associated with each level of risk.

SAFER™ Matrix Placement	Required Follow-Up Activity
HIGH/LIMITED HIGH/PATTERN HIGH/WIDESPREAD	<ul style="list-style-type: none"> Two additional areas surrounding Leadership Involvement and Preventive Analysis will be included in the ESC or POC Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full survey or review
MODERATE/PATTERN MODERATE/WIDESPREAD	
MODERATE/LIMITED LOW/PATTERN LOW/WIDESPREAD	<ul style="list-style-type: none"> ESC or POC will not include Leadership Involvement and Preventive Analysis
LOW/LIMITED	

The Joint Commission

Appendix

Report Section Information

CMS Summary Description

For organizations that utilize The Joint Commission for deeming purposes, observations noted within the Requirements for Improvement (RFI) section that are crosswalked to a CMS Condition of Participation (CoP)/Condition for Coverage (CfC) are highlighted in this section. The table included within this section incorporates, from a Centers for Medicare and Medicaid Services (CMS) perspective, the CoPs/CfCs that were noted as noncompliant during the survey, the Joint Commission standard and element of performance the CoP/CfC is associated with, the CMS score (either Standard or Condition Level), and if the standard and EP will be included in an upcoming Medicare Deficiency Survey (MEDDEF) if applicable.

Requirements for Improvement Description

Observations noted within the Requirements for Improvement (RFI) section require follow-up through the Evidence of Standards Compliance (ESC) process. The identified timeframes for submission for each observation are found in the Executive Summary section of the Final Report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame to perform the unannounced follow-up visit is dependent on the scope and severity of the issue identified within Requirements for Improvement.