

History Tracking Report: 2009 to 2010 Requirements

Accreditation Program: Long Term Care

2009 Chapter: Provision of Care, Treatment, and Services

Standard PC.1.10

2009 Standard Text:

The {jc}organization{/2} accepts for care, treatment, and services only those {jc}patients{/6} whose identified care, treatment, and service needs it can meet.

2009 Standard: PC.1.10

2009 EP: 1

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} has a defined written process that includes the following: The information to be gathered to determine eligibility for entrance into the {jc}organization{/2} The populations of {jc}patients{/6} accepted or not accepted by the {jc}organization{/2} (for example, programs designed to treat adults that do not treat young children) The criteria to determine eligibility for entry into the system The procedures for accepting referrals

2009 Standard: PC.1.10

2009 EP: 2

2009 EP Text:

Revision Type: Delete: Redun

{jc}Patients{/6} are screened for appropriateness at the point of first contact (including contact by phone) with the {jc}organization{/2}.

2009 Standard: PC.1.10

2009 EP: 3

2009 EP Text:

Revision Type: Retain

The interdisciplinary team is consulted when necessary to determine whether a prospective resident meets admission criteria.

2009 Standard: PC.1.10

2009 EP: 4

2009 EP Text:

Revision Type: Retain

If a resident is not accepted after referral and preadmission screening, the reasons for denying admission are stated.

Standard PC.01.01.01

2010 Standard Text:

The organization accepts the resident for care, treatment, and services based on its ability to meet the resident's needs.

2010 Standard: PC.01.01.01

2010 EP: 1

2010 EP Text:

The organization has a written process for accepting a resident based on its ability to provide the care, treatment, and services required by the resident. (See also LD.01.03.01, EP 3)

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: PC.01.01.01

2010 EP: 20

2010 EP Text:

The interdisciplinary team is consulted when necessary to determine whether a prospective resident is eligible for admission.

2010 Standard: PC.01.01.01

2010 EP: 21

2010 EP Text:

If a prospective resident is not accepted after referral and preadmission screening, the reasons for denying admission are documented.

<p>2009 Standard: PC.1.10 2009 EP Text: The staff refers the resident to another appropriate organization, making reasonable referral efforts.</p>	<p>2009 EP: 5 Revision Type: Consolidate</p>	<p>2010 Standard: PC.01.01.01 2010 EP: 23 2010 EP Text: When the organization cannot meet the resident's needs, it explains its reasons to the resident and the referring organization and, when possible, suggests another organization(s) that may be able to meet the resident's needs.</p>
<p>2009 Standard: PC.1.10 2009 EP Text: The staff explains to the referring organization its reasons for not accepting the resident and when possible, suggests a more appropriate organization.</p>	<p>2009 EP: 6 Revision Type: Consolidate</p>	<p>2010 Standard: PC.01.01.01 2010 EP: 23 2010 EP Text: When the organization cannot meet the resident's needs, it explains its reasons to the resident and the referring organization and, when possible, suggests another organization(s) that may be able to meet the resident's needs.</p>
<p>2009 Standard: PC.1.10 2009 EP Text: When warranted by need, separate specialized screening, assessment and reassessment processes are identified for the various populations served.</p>	<p>2009 EP: 7 Revision Type: Delete:Redun</p>	<p>2010 Standard: N/A 2010 EP Text: No EP</p>
<p>2009 Standard: PC.1.10 2009 EP Text: The {jc}organization{/2} accepts {jc}patients{/6} for care, treatment, and services according to established processes.</p>	<p>2009 EP: 9 Revision Type: Retain</p>	<p>2010 Standard: PC.01.01.01 2010 EP: 7 2010 EP Text: The organization follows its written process for accepting a resident for care, treatment, and services.</p>

Standard PC.2.20

2009 Standard Text:

The {jc}organization{/2} defines in writing the data and information gathered during assessment and reassessment.

2009 Standard: PC.2.20

2009 EP: 1

2009 EP Text:

Revision Type: Split

The {jc}organization{/2}'s written definition of the data and information gathered during assessment and reassessment includes the following: The scope of assessment and reassessment activities by each discipline The content of the assessment and reassessmentThe criteria for when an additional or more in-depth assessment is done** For example, nutritional or functional risk assessments may be defined for at-risk patients. In such cases, nutritional risk criteria should be developed by dietitians or other qualified individuals, and functional risk criteria should be developed by rehabilitation specialists or other qualified individuals.

2009 Standard: PC.2.20

2009 EP: 1

2009 EP Text:

Revision Type: Split

The {jc}organization{/2}'s written definition of the data and information gathered during assessment and reassessment includes the following: The scope of assessment and reassessment activities by each discipline The content of the assessment and reassessmentThe criteria for when an additional or more in-depth assessment is done** For example, nutritional or functional risk assessments may be defined for at-risk patients. In such cases, nutritional risk criteria should be developed by dietitians or other qualified individuals, and functional risk criteria should be developed by rehabilitation specialists or other qualified individuals.

2009 Standard: PC.2.20

2009 EP: 2

2009 EP Text:

Revision Type: Delete:Redun

The screening, assessment, and reassessment activities described are within the scope of practice, state licensure laws, applicable regulations, or certification of the discipline doing the assessment.

Standard PC.01.02.01

2010 Standard Text:

The organization assesses and reassesses its residents.

2010 Standard: PC.01.02.01

2010 EP: 1

2010 EP Text:

The organization defines, in writing, the scope and content of screening, assessment, and reassessment information it collects. (See also RC.02.01.01, EP 2)

2010 Standard: PC.01.02.01

2010 EP: 2

2010 EP Text:

The organization defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed. (See also PC.01.02.07, EP 1)

2010 Standard: N/A

2010 EP Text:

No EP

<p>2009 Standard: PC.2.20 2009 EP Text: If applicable, separate specialized assessment and reassessment information is identified for the various populations served.</p>	<p>2009 EP: 3 Revision Type: Split</p>	<p>2010 Standard: PC.01.02.01 2010 EP: 1 2010 EP Text: The organization defines, in writing, the scope and content of screening, assessment, and reassessment information it collects. (See also RC.02.01.01, EP 2)</p>
<p>2009 Standard: PC.2.20 2009 EP Text: If applicable, separate specialized assessment and reassessment information is identified for the various populations served.</p>	<p>2009 EP: 3 Revision Type: Split</p>	<p>2010 Standard: PC.01.02.01 2010 EP: 2 2010 EP Text: The organization defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed. (See also PC.01.02.07, EP 1)</p>
<p>2009 Standard: PC.2.20 2009 EP Text: The information defined by the organization to be gathered during the initial assessment(s) includes the following, as relevant to the care, treatment, and services: Current diagnosis(es) Pertinent history Medication history including drug allergies and sensitivities Current medications including prescribed and over-the-counter medications Current treatments</p>	<p>2009 EP: 12 Revision Type: Consolidate</p>	<p>2010 Standard: PC.01.02.01 2010 EP: 13 2010 EP Text: The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following:</p> <ul style="list-style-type: none"> - The resident's current diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments - The resident's physical and neuropsychiatric status - The resident's communication status - The resident's functional status - The resident's rehabilitation status, potential, and needs - The resident's nutritional and hydration status - The resident's oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures - The resident's pain status, including recent pain history, origin, location, severity, alleviating, and exacerbating factors; current treatment for pain; and response to treatment - The resident's psychosocial and spiritual needs - The resident's cultural and ethnic factors that can influence care, treatment, and services - The resident's personal preferences regarding schedules, activities, and grooming - For the dying resident, the social, spiritual, and cultural variables that influence both the resident's and family's perceptions and experience of the process of dying

2009 Standard: PC.2.20**2009 EP:** 13**2010 Standard:** PC.01.02.01**2010 EP:** 13**2009 EP Text:**

The information defined by the organization to be gathered during the initial assessment(s) also includes the resident's physical and neuropsychiatric status, including the following: Musculoskeletal status Cardiorespiratory status Gastrointestinal status Integumentary status Foot care needs Mental, affective, and cognitive status and needs

Revision Type: Consolidate**2010 EP Text:**

The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following:

- The resident's current diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments
- The resident's physical and neuropsychiatric status
- The resident's communication status
- The resident's functional status
- The resident's rehabilitation status, potential, and needs
- The resident's nutritional and hydration status
- The resident's oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures
- The resident's pain status, including recent pain history, origin, location, severity, alleviating, and exacerbating factors; current treatment for pain; and response to treatment
- The resident's psychosocial and spiritual needs
- The resident's cultural and ethnic factors that can influence care, treatment, and services
- The resident's personal preferences regarding schedules, activities, and grooming
- For the dying resident, the social, spiritual, and cultural variables that influence both the resident's and family's perceptions and experience of the process of dying

2009 Standard: PC.2.20

2009 EP: 14

2010 Standard: PC.01.02.01

2010 EP: 13

2009 EP Text:

The information defined by the organization to be gathered during the initial assessment(s) also includes the resident's communication status, including the following: Ability to hear Ability to speak Predominant language(s) Modes of expression

Revision Type: Consolidate

2010 EP Text:

The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following:

- The resident's current diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments
- The resident's physical and neuropsychiatric status
- The resident's communication status
- The resident's functional status
- The resident's rehabilitation status, potential, and needs
- The resident's nutritional and hydration status
- The resident's oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures
- The resident's pain status, including recent pain history, origin, location, severity, alleviating, and exacerbating factors; current treatment for pain; and response to treatment
- The resident's psychosocial and spiritual needs
- The resident's cultural and ethnic factors that can influence care, treatment, and services
- The resident's personal preferences regarding schedules, activities, and grooming
- For the dying resident, the social, spiritual, and cultural variables that influence both the resident's and family's perceptions and experience of the process of dying

2009 Standard: PC.2.20**2009 EP:** 15**2010 Standard:** PC.01.02.01**2010 EP:** 13**2009 EP Text:**

The information defined by the organization to be gathered during the initial assessment(s) also includes the resident's functional status, including the following: Ability to perform activities of daily living Mobility, balance, and strength Ability to swallow Physical limitations and precautions Rehabilitation status, needs, and potential Orientation

Revision Type: Consolidate**2010 EP Text:**

The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following:

- The resident's current diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments
- The resident's physical and neuropsychiatric status
- The resident's communication status
- The resident's functional status
- The resident's rehabilitation status, potential, and needs
- The resident's nutritional and hydration status
- The resident's oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures
- The resident's pain status, including recent pain history, origin, location, severity, alleviating, and exacerbating factors; current treatment for pain; and response to treatment
- The resident's psychosocial and spiritual needs
- The resident's cultural and ethnic factors that can influence care, treatment, and services
- The resident's personal preferences regarding schedules, activities, and grooming
- For the dying resident, the social, spiritual, and cultural variables that influence both the resident's and family's perceptions and experience of the process of dying

2009 Standard: PC.2.20**2009 EP:** 16**2010 Standard:** PC.01.02.01**2010 EP:** 13**2009 EP Text:**

The information defined by the organization to be gathered during the initial assessment(s) also includes the resident's activity status, needs, and potential, including the following: Personal preferences regarding schedules and grooming The resident's activity and recreational skills, based on his or her cognitive abilities and the limitations of his or her illness or treatment Hobbies, recreational interests, associated needs, and potential Ability to participate in structured and group activities

Revision Type: Consolidate**2010 EP Text:**

The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following:

- The resident's current diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments
- The resident's physical and neuropsychiatric status
- The resident's communication status
- The resident's functional status
- The resident's rehabilitation status, potential, and needs
- The resident's nutritional and hydration status
- The resident's oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures
- The resident's pain status, including recent pain history, origin, location, severity, alleviating, and exacerbating factors; current treatment for pain; and response to treatment
- The resident's psychosocial and spiritual needs
- The resident's cultural and ethnic factors that can influence care, treatment, and services
- The resident's personal preferences regarding schedules, activities, and grooming
- For the dying resident, the social, spiritual, and cultural variables that influence both the resident's and family's perceptions and experience of the process of dying

2009 Standard: PC.2.20

2009 EP: 17

2010 Standard: PC.01.02.01

2010 EP: 13

2009 EP Text:

The information defined by the organization to be gathered during the initial assessment(s) also includes the resident's nutritional* and hydration status and needs, including the following: Potential nutritional risk, deficiencies, and needs Cultural, religious, or ethnic food preferences Nutrient-intake patterns and special dietary requirements Dietary/food allergies Food and fluid consumption Bowel and urinary output Skin integrity Swallowing problems Appropriate laboratory tests Weight (at least monthly) Criteria used to evaluate weight gain and loss to determine the need for further assessment *The content of the nutritional screening criteria that the organization develops (which may include the Minimum Data Set [MDS]), is at the discretion of the organization, but should be contained in an approved policy. The standards also reflect that, based on the results of the nutrition screen, further nutrition assessment is completed when indicated and the resident is reassessed at determined intervals.

Revision Type: Consolidate

2010 EP Text:

The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following:

- The resident's current diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments
- The resident's physical and neuropsychiatric status
- The resident's communication status
- The resident's functional status
- The resident's rehabilitation status, potential, and needs
- The resident's nutritional and hydration status
- The resident's oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures
- The resident's pain status, including recent pain history, origin, location, severity, alleviating, and exacerbating factors; current treatment for pain; and response to treatment
- The resident's psychosocial and spiritual needs
- The resident's cultural and ethnic factors that can influence care, treatment, and services
- The resident's personal preferences regarding schedules, activities, and grooming
- For the dying resident, the social, spiritual, and cultural variables that influence both the resident's and family's perceptions and experience of the process of dying

2009 Standard: PC.2.20**2009 EP:** 18**2010 Standard:** PC.01.02.01**2010 EP:** 13**2009 EP Text:**

The information defined by the organization to be gathered during the initial assessment(s) also includes the resident's dental status and oral health, including the following: Dental status and oral health, including the condition of the oral cavity, teeth, and tooth-supporting structures The presence or absence of natural teeth or dentures and the ability to function with or without natural teeth or dentures

Revision Type: Consolidate**2010 EP Text:**

The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following:

- The resident's current diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments
- The resident's physical and neuropsychiatric status
- The resident's communication status
- The resident's functional status
- The resident's rehabilitation status, potential, and needs
- The resident's nutritional and hydration status
- The resident's oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures
- The resident's pain status, including recent pain history, origin, location, severity, alleviating, and exacerbating factors; current treatment for pain; and response to treatment
- The resident's psychosocial and spiritual needs
- The resident's cultural and ethnic factors that can influence care, treatment, and services
- The resident's personal preferences regarding schedules, activities, and grooming
- For the dying resident, the social, spiritual, and cultural variables that influence both the resident's and family's perceptions and experience of the process of dying

2009 Standard: PC.2.20**2009 EP:** 19**2010 Standard:** PC.01.02.01**2010 EP:** 13**2009 EP Text:**

The information defined by the organization to be gathered during the initial assessment(s) also includes the resident's pain, including the following: Pain status, including its origin, location, severity, and alleviating and exacerbating factors Current treatment for pain and response to treatment

Revision Type: Consolidate**2010 EP Text:**

The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following:

- The resident's current diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments
- The resident's physical and neuropsychiatric status
- The resident's communication status
- The resident's functional status
- The resident's rehabilitation status, potential, and needs
- The resident's nutritional and hydration status
- The resident's oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures
- The resident's pain status, including recent pain history, origin, location, severity, alleviating, and exacerbating factors; current treatment for pain; and response to treatment
- The resident's psychosocial and spiritual needs
- The resident's cultural and ethnic factors that can influence care, treatment, and services
- The resident's personal preferences regarding schedules, activities, and grooming
- For the dying resident, the social, spiritual, and cultural variables that influence both the resident's and family's perceptions and experience of the process of dying

2009 Standard: PC.2.20

2009 EP: 20

2010 Standard: PC.01.02.01

2010 EP: 13

2009 EP Text:

The information defined by the organization to be gathered during the initial assessment(s) also includes the resident's psychosocial and spiritual status, including the following: Cultural and ethnic factors which influence care, treatment, and services Current emotional status Social skills Current living situation Family relationships and circumstances Relevant past history of roles Response to stress caused by the illness and required treatment Spiritual orientation, status, and needs The dying resident's concerns related to hope, despair, guilt, or forgiveness

Revision Type: Consolidate

2010 EP Text:

The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following:

- The resident's current diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments
- The resident's physical and neuropsychiatric status
- The resident's communication status
- The resident's functional status
- The resident's rehabilitation status, potential, and needs
- The resident's nutritional and hydration status
- The resident's oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures
- The resident's pain status, including recent pain history, origin, location, severity, alleviating, and exacerbating factors; current treatment for pain; and response to treatment
- The resident's psychosocial and spiritual needs
- The resident's cultural and ethnic factors that can influence care, treatment, and services
- The resident's personal preferences regarding schedules, activities, and grooming
- For the dying resident, the social, spiritual, and cultural variables that influence both the resident's and family's perceptions and experience of the process of dying

2009 Standard: PC.2.20**2009 EP:** 21**2010 Standard:** PC.01.02.01**2010 EP:** 13**2009 EP Text:**

In addition, when the bereavement process is a significant factor, the psychosocial assessment includes the social, spiritual, and cultural variables that influence the perceptions and expressions of grief by the resident or family.

Revision Type: Consolidate**2010 EP Text:**

The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following:

- The resident's current diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments
- The resident's physical and neuropsychiatric status
- The resident's communication status
- The resident's functional status
- The resident's rehabilitation status, potential, and needs
- The resident's nutritional and hydration status
- The resident's oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures
- The resident's pain status, including recent pain history, origin, location, severity, alleviating, and exacerbating factors; current treatment for pain; and response to treatment
- The resident's psychosocial and spiritual needs
- The resident's cultural and ethnic factors that can influence care, treatment, and services
- The resident's personal preferences regarding schedules, activities, and grooming
- For the dying resident, the social, spiritual, and cultural variables that influence both the resident's and family's perceptions and experience of the process of dying

Standard PC.2.120

2009 Standard Text:

The {jc}organization{/2} defines in writing the time frame(s) for conducting the initial assessment(s).

2009 Standard: PC.2.120

2009 EP: 1

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} defines the time frame(s) for conducting the initial assessment(s).

2009 Standard: PC.2.120

2009 EP: 8

2009 EP Text:

Revision Type: Consolidate

At a minimum, the organization specifies the following time frames for assessments: Each resident's initial Minimum Data Set/interdisciplinary assessment is to be completed within 14 days of admission or as required by law and regulation. Note: Consideration should be given to residents with complex needs or short lengths of stay when establishing time frames for completion.

Standard PC.01.02.03

2010 Standard Text:

The organization assesses and reassesses the resident and his or her condition according to defined time frames.

2010 Standard: PC.01.02.03

2010 EP: 1

2010 EP Text:

The organization defines, in writing, for each discipline the time frame(s) within which it conducts the resident's initial assessment, in accordance with law and regulation. (See also RC.01.03.01, EP 1)

2010 Standard: PC.01.02.03

2010 EP: 17

2010 EP Text:

The organization specifies, in writing, the following time frames for completion of initial assessments:

- Each resident's comprehensive interdisciplinary assessment is to be completed within 14 days of admission.
- Each oral health assessment is completed within 90 days before admission or within 14 days after admission.
- Each assessment for residents with complex needs or short stays is completed within the time frame defined by the organization or law and regulation.

2009 Standard: PC.2.120

2009 EP: 10

2010 Standard: PC.01.02.03

2010 EP: 4

2009 EP Text:

At a minimum, the organization specifies the following time frames for assessments: The attending physician or licensed independent practitioner performs a medical assessment. These time frames apply for all admissions and re-admissions. Any previous medical history does not have to be completely redone. It can be updated with information about the most recent illness and hospitalization since the date the last history was taken within a time frame appropriate to the resident's condition. This time frame must not exceed 24 hours before admission or within 72 hours after admission. Durable, legible originals or reproductions of a medical history and physical examination, obtained from the attending physician or licensed independent practitioner and completed within 30 days before admission or readmission, are acceptable, provided that there is a summary of the resident's condition and course of care during the interim period, and the summary also includes the resident's current physical/psychosocial status.

Revision Type: Retain

2010 EP Text:

The attending physician or licensed independent practitioner performs the resident's medical history and physical examination within 24 hours prior to or 72 hours after the resident's admission or readmission to the organization. Note: When permitted by law and regulation, a medical history and physical examination performed by the attending physician or licensed independent practitioner within 30 days prior to the resident's admission or readmission can be used, provided it is updated with a summary of the resident's condition and course of care during the 30-day time period.

2009 Standard: PC.2.120

2009 EP: 11

2010 Standard: PC.01.02.03

2010 EP: 5

2009 EP Text:

If the attending physician or licensed independent practitioner other than the attending physician performed the medical assessment that is being transferred, and that assessment was performed within 30 days before admission, then within 24 hours before admission or within 72 hours after admission, the attending physician or attending licensed independent practitioner must do the following: Review the physical examination Conduct a second medical assessment to confirm the information and findings Update any information and findings as necessary, including a summary of the resident's condition and course of care during the interim period and the current physical/psychosocial status Sign and date the additional information to attest to its currency

Revision Type: Retain

2010 EP Text:

When the medical history and physical examination is performed by someone other than the attending physician or licensed independent practitioner within 30 days of admission, the attending physician or licensed independent practitioner does the following within 24 hours prior to or 72 hours after the resident's admission or readmission to the organization:

- Reviews the resident's medical history
- Reexamines the resident
- Updates any findings or other information as needed and provides a summary of the resident's physical condition and psychosocial status subsequent to the initial medical history and physical examination
- Signs and dates the updated information and findings

2009 Standard: PC.2.120

2009 EP: 12

2010 Standard: RC.02.01.01

2010 EP: 2

2009 EP Text:

At a minimum, the organization specifies the following time frames for assessments: The assessment findings are recorded in the medical record on admission within time frames noted in element of performance 11.

Revision Type: Retain

2010 EP Text:

The clinical record contains the following clinical information:

- The reason(s) for admission for care, treatment, and services
- Any observations relevant to care, treatment, and services
- Any progress notes made by authorized individuals
- Any orders, including medications ordered or prescribed, and diagnostic and therapeutic orders
- Any allergies to medications
- Any medications administered, including the strength, dose, and rate
- Any medication administration devices used, including access site or route
- Any adverse drug reactions
- Any medications dispensed or prescribed on discharge
- Any assessment findings (See also PC.01.02.01, EP 1)
- Any consultation reports
- Any food allergies

2009 Standard: PC.2.120

2009 EP: 13

2010 Standard: PC.01.02.03

2010 EP: 17

2009 EP Text:

At a minimum, the organization specifies the following time frames for assessments: Each resident's oral health assessment is to be performed and documented within 90 days before admission or within 14 days after admission.

Revision Type: Consolidate

2010 EP Text:

The organization specifies, in writing, the following time frames for completion of initial assessments:

- Each resident's comprehensive interdisciplinary assessment is to be completed within 14 days of admission.
- Each oral health assessment is completed within 90 days before admission or within 14 days after admission.
- Each assessment for residents with complex needs or short stays is completed within the time frame defined by the organization or law and regulation.

2009 Standard: PC.2.120**2009 EP:** 17**2009 EP Text:**

For residents with complex needs or who require short lengths of stay the organization completes assessments within five calendar days after admission for all disciplines pertinent to the reason for admission or as required by law and regulation.

Revision Type: Consolidate**2010 Standard:** PC.01.02.03**2010 EP:** 17**2010 EP Text:**

The organization specifies, in writing, the following time frames for completion of initial assessments:

- Each resident's comprehensive interdisciplinary assessment is to be completed within 14 days of admission.
- Each oral health assessment is completed within 90 days before admission or within 14 days after admission.
- Each assessment for residents with complex needs or short stays is completed within the time frame defined by the organization or law and regulation.

Standard PC.2.130

2009 Standard Text:

Initial assessments are performed as defined by the {jc}organization{/2}.

2009 Standard: PC.2.130

2009 EP: 1

2009 EP Text:

Each {jc}patient{/1} is assessed per {jc}organization{/2} policy.

Revision Type: Retain

2009 Standard: PC.2.130

2009 EP: 2

2009 EP Text:

Each {jc}patient's{/9} initial assessment is conducted within the time frame specified by the needs of the {jc}patient{/1}, {jc}organization{/2} policy, and law and regulation.

Revision Type: Retain

2009 Standard: PC.2.130

2009 EP: 3

2009 EP Text:

A registered nurse assesses the {jc}patient's{/9} need for nursing care in all settings, as required by law, regulation, or {jc}organization{/2} policy.

Revision Type: Retain

2009 Standard: PC.2.130

2009 EP: 4

2009 EP Text:

Residents who exhibit symptoms of dementia are evaluated, and a differential diagnosis is established.

Revision Type: Consolidate

Standard PC.01.02.01

2010 Standard Text:

The organization assesses and reassesses its residents.

2010 Standard: PC.01.02.01

2010 EP: 23

2010 EP Text:

During assessments and reassessments of the resident, the organization gathers the defined data and information.

2010 Standard: PC.01.02.03

2010 EP: 2

2010 EP Text:

The organization performs the initial assessments of the resident within its defined time frame(s). (See also RC.01.03.01, EP 3)

2010 Standard: PC.01.02.05

2010 EP: 1

2010 EP Text:

Based on the initial assessment, a registered nurse determines the resident's need for nursing care, as required by organization policy and in accordance with law and regulation.

2010 Standard: PC.01.02.05

2010 EP: 7

2010 EP Text:

Residents who exhibit symptoms of dementia are evaluated in order to establish a differential diagnosis. This evaluation is conducted by a neurologist, psychiatrist, or geriatrician, if available, or another physician qualified to establish this diagnosis.
Footnote: A useful reference on dementia evaluations can be found on the Alzheimer's Association Web site at <http://www.alz.org/national/documents/CCN-AD03.pdf>.

2009 Standard: PC.2.130**2009 EP:** 5**2010 Standard:** PC.01.02.05**2010 EP:** 7**2009 EP Text:**

The evaluation* of residents who exhibit symptoms of dementia is performed by a neurologist, a psychiatrist, or a geriatrician, if available, or another qualified physician. *Guidelines for conducting such an evaluation are available from the "Guidelines for Dignity" from the Alzheimer's Association. The guidelines include a history and physical examination; a mental status evaluation; a neurologic examination; blood workup; a psychiatric evaluation; a neuropsychiatric assessment; a psychological assessment; CT/MRI, as indicated; and any reversible causes for the presenting symptoms.

Revision Type: Consolidate**2010 EP Text:**

Residents who exhibit symptoms of dementia are evaluated in order to establish a differential diagnosis. This evaluation is conducted by a neurologist, psychiatrist, or geriatrician, if available, or another physician qualified to establish this diagnosis.

Footnote: A useful reference on dementia evaluations can be found on the Alzheimer's Association Web site at <http://www.alz.org/national/documents/CCN-AD03.pdf>.

Standard PC.2.150

2009 Standard Text:

{c}Patients{/6} are reassessed as needed.

2009 Standard: PC.2.150

2009 EP: 1

2009 EP Text:

Each {c}patient{/1} is reassessed as needed.

Revision Type: Retain

2009 Standard: PC.2.150

2009 EP: 2

2009 EP Text:

Reassessment occurs in conjunction with the interdisciplinary care plan schedule or in response to change(s) in the resident's condition or as required by law and regulation.

Revision Type: Retain

Standard PC.01.02.03

2010 Standard Text:

The organization assesses and reassesses the resident and his or her condition according to defined time frames.

2010 Standard: PC.01.02.03

2010 EP: 3

2010 EP Text:

Each resident is reassessed based on his or her plan of care or changes in his or her condition.

Note: Reassessments may also be based on the resident's diagnosis; desire for care, treatment, and services; response to previous care, treatment, and services; and/or his or her setting requirements.

2010 Standard: PC.01.02.03

2010 EP: 23

2010 EP Text:

The organization reassesses each resident based on the following:

- The resident's plan of care
- Changes in the resident's condition
- The scheduled evaluation of the resident's interdisciplinary plan of care (See also PC.01.03.01, EP 28)

Standard PC.3.10

2009 Standard Text:

{c}Patients{/6} who may be victims of abuse, neglect, or exploitation are assessed. (See standard RI.2.150.)

2009 Standard: PC.3.10

2009 EP: 1

2009 EP Text:

Revision Type: Retain

The {c}organization{/2} develops or adopts criteria* for identifying victims in each of the following situations: Physical assault Rape Sexual molestation Domestic abuse Elder neglect or abuse Child neglect or abuse Exploitation *The Family Violence Prevention Fund is one resource that can be contacted for further information at www.fvpf.org.

2009 Standard: PC.3.10

2009 EP: 2

2009 EP Text:

Revision Type: Retain

Appropriate staff* is educated about abuse, neglect, or exploitation and how to refer as appropriate. *Staff should be able to screen for abuse and neglect as indicated by the {c}patient's{/9} needs or conditions. The {c}organization{/2} may define who conducts the full assessment for alleged or suspected abuse or neglect or refer to another organization.

2009 Standard: PC.3.10

2009 EP: 3

2009 EP Text:

Revision Type: Retain

A list of private and public community agencies that provide or arrange for assessment and care of abuse victims is maintained to facilitate appropriate referrals.

2009 Standard: PC.3.10

2009 EP: 4

2009 EP Text:

Revision Type: Retain

Victims of abuse, neglect, or exploitation are identified using the criteria developed or adopted by the {c}organization{/2} at entry into the system and on an ongoing basis.

Standard PC.01.02.09

2010 Standard Text:

The organization assesses the resident who may be a victim of possible abuse, neglect, or exploitation.

2010 Standard: PC.01.02.09

2010 EP: 1

2010 EP Text:

The organization has written criteria to identify those residents who may be victims of physical assault, sexual assault, sexual molestation, domestic abuse, elder or child abuse, neglect, or exploitation. (See also RI.01.06.03, EP 2)

Note: Criteria can be based on age, sex, and circumstance.

2010 Standard: PC.01.02.09

2010 EP: 3

2010 EP Text:

The organization educates staff about how to recognize signs of possible abuse, neglect, and exploitation, and about their roles in follow-up, including reporting. (See also HR.01.05.03, EP 5)

2010 Standard: PC.01.02.09

2010 EP: 2

2010 EP Text:

To assist with referrals of possible victims of abuse, neglect, or exploitation, the organization maintains a list of private and public community agencies that can provide or arrange for assessment and care.

2010 Standard: PC.01.02.09

2010 EP: 4

2010 EP Text:

The organization uses its criteria to identify possible victims of abuse, neglect, and exploitation, upon admission into the organization and on an ongoing basis.

2009 Standard: PC.3.10
2009 EP Text:
 The {jc}organization{/2}'s staff refers appropriately or conducts the assessment of victims of abuse, neglect, or exploitation.

2009 EP: 5
Revision Type: Retain

2010 Standard: PC.01.02.09
2010 EP Text:
 The organization either assesses the resident who meets criteria for possible abuse, neglect, and exploitation, or refers the resident to a public or private community agency for assessment.

2010 EP: 5

2009 Standard: PC.3.10
2009 EP Text:
 All cases of possible abuse, neglect, or exploitation are reported to appropriate agencies according to organization policy and law and regulation.

2009 EP: 6
Revision Type: Retain

2010 Standard: PC.01.02.09
2010 EP Text:
 The organization reports cases of possible abuse, neglect, and exploitation to external agencies, in accordance with law and regulation. (See also RI.01.06.03, EP 3)

2010 EP: 7

2009 Standard: PC.3.10
2009 EP Text:
 All cases of possible abuse, neglect, or exploitation are immediately reported in the organization.

2009 EP: 7
Revision Type: Retain

2010 Standard: PC.01.02.09
2010 EP Text:
 The organization internally reports cases of possible abuse, neglect, and exploitation. (See also RI.01.06.03, EP 3)

2010 EP: 6

Standard PC.3.230

2009 Standard Text:

Diagnostic testing necessary for determining the {jc}patient's{/9} health care needs is performed.

2009 Standard: PC.3.230

2009 EP: 1

2009 EP Text:

Diagnostic testing* and procedures are performed as ordered.*Diagnostic testing includes laboratory, radiologic, electrodiagnostic, and other functional tests and imaging technologies.

Revision Type: Retain

2009 Standard: PC.3.230

2009 EP: 2

2009 EP Text:

Diagnostic testing and procedures are performed in a timely manner as defined by the {jc}organization{/2}.

Revision Type: Retain

2009 Standard: PC.3.230

2009 EP: 3

2009 EP Text:

When a test report requires clinical interpretation, relevant information is provided with the request.

Revision Type: Retain

2009 Standard: PC.3.230

2009 EP: 5

2009 EP Text:

Radiologic and other diagnostic services, including pathology and clinical laboratory services, are available 24 hours a day, seven days a week

Revision Type: Retain

Standard PC.01.02.15

2010 Standard Text:

The organization provides for diagnostic testing.

2010 Standard: PC.01.02.15

2010 EP: 1

2010 EP Text:

Diagnostic testing and procedures are performed as ordered. (See also PC.02.01.03, EP 7)

2010 Standard: PC.01.02.15

2010 EP: 2

2010 EP Text:

Diagnostic testing and procedures are performed within time frames defined by the organization.

2010 Standard: PC.01.02.15

2010 EP: 3

2010 EP Text:

When a test report requires clinical interpretation, information necessary to interpret the results is provided with the request for the test.

2010 Standard: PC.01.02.15

2010 EP: 4

2010 EP Text:

The organization makes available radiologic and other diagnostic services, including pathology and clinical laboratory services, 24 hours a day, 7 days a week.

Standard PC.4.10

2009 Standard Text:

Development of a plan for care, treatment, and services is individualized and appropriate to the {jc}patient's{/9} needs, strengths, limitations, and goals.

2009 Standard: PC.4.10

2009 EP: 1

2009 EP Text:

Care, treatment, and services are planned to ensure that they are individualized to the {jc}patient's{/9} needs.

Revision Type: Retain

2009 Standard: PC.4.10

2009 EP: 3

2009 EP Text:

The interdisciplinary team identifies and prioritizes each resident's care needs based on the analysis of assessment data.

Revision Type: Delete:Redun

2009 Standard: PC.4.10

2009 EP: 4

2009 EP Text:

An individualized, interdisciplinary plan for care, treatment, and services is developed by an interdisciplinary team representing all appropriate health care professionals as soon as possible after admission, but no later than 7 calendar days after comprehensive assessments are completed.

Revision Type: Split

2009 Standard: PC.4.10

2009 EP: 4

2009 EP Text:

An individualized, interdisciplinary plan for care, treatment, and services is developed by an interdisciplinary team representing all appropriate health care professionals as soon as possible after admission, but no later than 7 calendar days after comprehensive assessments are completed.

Revision Type: Split

Standard PC.01.03.01

2010 Standard Text:

The organization plans the resident's care.

2010 Standard: PC.01.03.01

2010 EP: 1

2010 EP Text:

The organization plans the resident's individualized care, treatment, and services based on needs identified by the resident's assessment (including strengths and goals), reassessment, and results of diagnostic testing.

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: PC.01.03.01

2010 EP: 2

2010 EP Text:

The resident's written plan for care, treatment, and services is developed by an interdisciplinary team comprised of health care professionals, including the attending physician.

2010 Standard: PC.01.03.01

2010 EP: 4

2010 EP Text:

The organization develops the resident's plan for care, treatment, and services as soon as possible after admission in accordance with law and regulation, but no later than seven calendar days after the resident's comprehensive assessments are completed.

<p>2009 Standard: PC.4.10 2009 EP Text: The plan identifies the following: The care, treatment, and settings The frequency at which care, treatments, and services and interventions will occur The team members responsible for providing care, treatment, and services The financial implications of care, treatment, and services Interventions to facilitate the resident’s return to the community or discharge to an appropriate level of care</p>	<p>2009 EP: 7 Revision Type: Retain</p>	<p>2010 Standard: PC.01.03.01 2010 EP Text: The plan for care, treatment, and services identifies the following: - The care, treatment, and services, including interventions to facilitate the resident’s return to the community, or discharge or transfer to an appropriate level of care - The frequency at which care, treatment, and services will occur - The team members responsible for providing care, treatment, and services</p>	<p>2010 EP: 8</p>
<p>2009 Standard: PC.4.10 2009 EP Text: An interim plan for care, treatment, and services is developed for each resident immediately after the resident is admitted.</p>	<p>2009 EP: 8 Revision Type: Retain</p>	<p>2010 Standard: PC.01.03.01 2010 EP Text: An interim plan for care, treatment, and services is developed and documented for each resident immediately after the resident is admitted.</p>	<p>2010 EP: 3</p>
<p>2009 Standard: PC.4.10 2009 EP Text: A process is in place for gathering input, collaborating on care plan development, and reporting the final plan to team members not available to participate in care planning.</p>	<p>2009 EP: 9 Revision Type: Retain</p>	<p>2010 Standard: PC.01.03.01 2010 EP Text: The interdisciplinary team collaborates on the review and revision of the plan for care, treatment, and services.</p>	<p>2010 EP: 7</p>
<p>2009 Standard: PC.4.10 2009 EP Text: Policies and procedures define how care plans can be modified between team meetings.</p>	<p>2009 EP: 10 Revision Type: Delete:NE</p>	<p>2010 Standard: N/A 2010 EP Text: No EP</p>	
<p>2009 Standard: PC.4.10 2009 EP Text: The organization implements a process for evaluating the plan for care, treatment, and services and its effectiveness, which includes the following:90-day evaluation intervals or more frequent intervals in response to a significant change in the resident’s physical, communicative, psychosocial, functional, or emotional status Care plan revisions that reflect the resident’s current needs, problems, goals, care, treatment, and services Review and revision by the interdisciplinary team of all components of care, treatment, and services needed by the resident</p>	<p>2009 EP: 11 Revision Type: Consolidate</p>	<p>2010 Standard: PC.01.03.01 2010 EP Text: At 90-day intervals, or more frequently based on response to the resident’s condition, the interdisciplinary care team does the following: - Evaluates the resident’s progress toward meeting the goals of care, treatment, and services - Revises the plan for care, treatment, and services - Collaborates with the family in revising the plan for care, treatment, and services (See also PC.01.02.03, EP 23)</p>	<p>2010 EP: 28</p>

2009 Standard: PC.4.10

2009 EP: 12

2010 Standard: PC.01.03.01

2010 EP: 28

2009 EP Text:

Revision Type: Consolidate

2010 EP Text:

Evaluation of the {jc}patient{/1} is based on the {jc}patient{/1} care goals and the {jc}patient's{/9} plan for care, treatment, and services.

At 90-day intervals, or more frequently based on response to the resident's condition, the interdisciplinary care team does the following:

- Evaluates the resident's progress toward meeting the goals of care, treatment, and services
- Revises the plan for care, treatment, and services
- Collaborates with the family in revising the plan for care, treatment, and services

(See also PC.01.02.03, EP 23)

2009 Standard: PC.4.10

2009 EP: 13

2010 Standard: PC.01.03.01

2010 EP: 28

2009 EP Text:

Revision Type: Consolidate

2010 EP Text:

The goals of care, treatment, and services are revised when necessary.

At 90-day intervals, or more frequently based on response to the resident's condition, the interdisciplinary care team does the following:

- Evaluates the resident's progress toward meeting the goals of care, treatment, and services
- Revises the plan for care, treatment, and services
- Collaborates with the family in revising the plan for care, treatment, and services

(See also PC.01.02.03, EP 23)

2009 Standard: PC.4.10

2009 EP: 14

2010 Standard: PC.01.03.01

2010 EP: 28

2009 EP Text:

Revision Type: Consolidate

2010 EP Text:

Plans for care, treatment, and services are revised when necessary.

At 90-day intervals, or more frequently based on response to the resident's condition, the interdisciplinary care team does the following:

- Evaluates the resident's progress toward meeting the goals of care, treatment, and services
- Revises the plan for care, treatment, and services
- Collaborates with the family in revising the plan for care, treatment, and services

(See also PC.01.02.03, EP 23)

2009 Standard: PC.4.10

2009 EP: 15

2010 Standard: PC.01.03.01

2010 EP: 28

2009 EP Text:

The interdisciplinary team revises care plans in collaboration with patients, family, and the individual responsible for financial resource monitoring.

Revision Type: Consolidate

2010 EP Text:

At 90-day intervals, or more frequently based on response to the resident's condition, the interdisciplinary care team does the following:

- Evaluates the resident's progress toward meeting the goals of care, treatment, and services
- Revises the plan for care, treatment, and services
- Collaborates with the family in revising the plan for care, treatment, and services

(See also PC.01.02.03, EP 23)

2009 Standard: PC.4.10

2009 EP: 16

2010 Standard: N/A

2009 EP Text:

The care plan review occurs quarterly, or more frequently when indicated by change in the resident's condition, or as required by law and regulation.

Revision Type: Delete:Redun

2010 EP Text:

No EP

Standard PC.5.10

2009 Standard Text:

The {jc}organization{/2} provides care, treatment, and services for each {jc}patient{/1} according to the plan for care, treatment, and services.

2009 Standard: PC.5.10

2009 EP: 1

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} provides care, treatment, and services for each {jc}patient{/1} according to the plan for care, treatment, and services.

Standard PC.02.01.01

2010 Standard Text:

The organization provides care, treatment, and services for each resident.

2010 Standard: PC.02.01.01

2010 EP: 1

2010 EP Text:

The organization provides the resident with care, treatment, and services according to his or her individualized plan of care.

Standard PC.5.30

2009 Standard Text:

The attending physician prescribes the medical requirements of care for the residents he or she admits.

2009 Standard: PC.5.30

2009 EP: 1

2009 EP Text:

Revision Type: Retain

Orders* are obtained from the physician or other authorized individuals according to law and regulation and professional practice acts before providing care, treatment, and services. *These orders may be verbal or written and include prescriptions.

2009 Standard: PC.5.30

2009 EP: 2

2009 EP Text:

Revision Type: Retain

The order is tailored to each resident's needs and includes all elements required by law and regulation.

2009 Standard: PC.5.30

2009 EP: 3

2009 EP Text:

Revision Type: Retain

All orders are renewed or updated to reflect the following: Changes in the care, treatment, and service being provided Changes in the resident's physical or psychosocial condition The resident's response to care, treatment, and services The resident's outcome related to care, treatment, and services Changes in diagnosis, treatment (including procedures and medications), and equipment The minimum review time frame defined by the organization Applicable law and regulation

2009 Standard: PC.5.30

2009 EP: 4

2009 EP Text:

Revision Type: Retain

The organization provides care, treatment, and services according to the most recent order.

Standard PC.02.01.03

2010 Standard Text:

The organization provides care, treatment, and services in accordance with orders or prescriptions, as required by law and regulation.

2010 Standard: PC.02.01.03

2010 EP: 1

2010 EP Text:

Orders are obtained from a physician or other authorized individual, in accordance with law and regulation and professional practice acts, before care, treatment, and services are provided.

Note: For information on the credentialing process for physicians, refer to HR.02.01.03.

2010 Standard: PC.02.01.03

2010 EP: 17

2010 EP Text:

Each order is tailored to the resident's needs and includes all elements required by law and regulation.

2010 Standard: PC.02.01.03

2010 EP: 18

2010 EP Text:

All orders are renewed or updated based on the following:

- Changes in the care, treatment, and services being provided
- Changes in the resident's physical or psychosocial condition
- The resident's response to care, treatment, and services
- The resident's outcome(s) related to care, treatment, and services
- Changes in diagnosis
- Changes in equipment used in the resident's care, treatment, and services
- The minimum review time frame as defined by the organization
- Applicable law and regulation

2010 Standard: PC.02.01.03

2010 EP: 7

2010 EP Text:

The organization provides care, treatment, and services according to current orders. (See also PC.01.02.15, EP 1)

2009 Standard: PC.5.30

2009 EP: 5

2009 EP Text:

Each attending physician designates an alternate physician whom the organization can contact to obtain regular or emergency care when the attending physician is not available.

Revision Type: Retain

2010 Standard: PC.02.01.03

2010 EP: 19

2010 EP Text:

Each attending physician designates a covering or on-call physician whom the organization can contact to obtain orders for routine or emergency care when the attending physician is not available. (See also HR.02.01.07, EP 3)

Standard PC.5.40

2009 Standard Text:

The attending physician visits the resident in accordance with the resident's needs and at least once during the 30 days after admission.

2009 Standard: PC.5.40

2009 EP: 1

2009 EP Text:

Revision Type: Retain

The attending physician visits the resident in accordance with the resident's needs.

2009 Standard: PC.5.40

2009 EP: 2

2009 EP Text:

Revision Type: Retain

The attending physician visits the resident at least once during the 30 days after admission.

2009 Standard: PC.5.40

2009 EP: 3

2009 EP Text:

Revision Type: Retain

For planned stays of less than 30 days, the resident's attending physician visits the resident at least once before discharge.

2009 Standard: PC.5.40

2009 EP: 4

2009 EP Text:

Revision Type: Retain

The resident is seen within 72 hours of admission when the long-term care physician is different from the resident's primary physician.

2009 Standard: PC.5.40

2009 EP: 5

2009 EP Text:

Revision Type: Split

Physicians' visiting schedules comply with law, regulation, and organization policy regarding the following: Frequency and timing of visits/Visits by physician assistants or advanced practice registered nurses instead of attending physicians

Standard PC.02.01.13

2010 Standard Text:

The attending physician visits the resident in accordance with the resident's needs and at least once during the 30 days after admission.

2010 Standard: PC.02.01.13

2010 EP: 1

2010 EP Text:

The attending physician visits the resident in accordance with the resident's needs.

2010 Standard: PC.02.01.13

2010 EP: 2

2010 EP Text:

The attending physician visits the resident at least once during the 30 days following admission.

2010 Standard: PC.02.01.13

2010 EP: 3

2010 EP Text:

For planned stays of less than 30 days, the resident's attending physician visits the resident at least once before discharge.

2010 Standard: PC.02.01.13

2010 EP: 4

2010 EP Text:

The resident is seen within 72 hours of admission when the attending physician is different from the resident's primary physician.

2010 Standard: PC.02.01.13

2010 EP: 5

2010 EP Text:

Physicians' visiting schedules comply with law, regulation, and organization policy.

2009 Standard: PC.5.40

2009 EP: 5

2010 Standard: PC.02.01.13

2010 EP: 6

2009 EP Text:

Revision Type: Split

2010 EP Text:

Physicians' visiting schedules comply with law, regulation, and organization policy regarding the following: Frequency and timing of visits Visits by physician assistants or advanced practice registered nurses instead of attending physicians

Physician assistants' and advanced practice registered nurses' visiting schedules comply with law, regulation, and organization policy.

Standard PC.5.50

2009 Standard Text:

Care, treatment, and services are provided in an interdisciplinary, collaborative manner.

2009 Standard: PC.5.50

2009 EP: 1

2009 EP Text:

Revision Type: Retain

Care, treatment, and services are provided in an interdisciplinary, collaborative manner* as appropriate to the needs of the resident and the organization's scope of services. *The process is designed to ensure coordinated participation of all appropriate health care professionals from the appropriate settings and includes identifying interdisciplinary team members' responsibilities, holding interdisciplinary team meetings, providing for resolution of differences among interdisciplinary team members, documenting interdisciplinary team members' participation in the medical record, and discussing and modifying the resident's interdisciplinary care plan.

2009 Standard: PC.5.50

2009 EP: 3

2009 EP Text:

Revision Type: Retain

Changes in the resident's condition are communicated to the physician or other authorized health care professionals, the resident, and his or her family.

2009 Standard: PC.5.50

2009 EP: 4

2009 EP Text:

Revision Type: Retain

Information from consultation and evaluation reports is communicated to the physician.

2009 Standard: PC.5.50

2009 EP: 5

2009 EP Text:

Revision Type: Retain

The organization provides this information on a timely basis as defined by the organization and required by law and regulation.

Standard PC.02.01.05

2010 Standard Text:

The organization provides interdisciplinary, collaborative care, treatment, and services.

2010 Standard: PC.02.01.05

2010 EP: 1

2010 EP Text:

Care, treatment, and services are provided to the resident in an interdisciplinary, collaborative manner.

2010 Standard: PC.02.01.05

2010 EP: 13

2010 EP Text:

Changes in the resident's condition are communicated to the attending physician or other authorized health care professional(s), the resident, and the resident's family.

2010 Standard: PC.02.01.05

2010 EP: 14

2010 EP Text:

Information from consultation and evaluation reports is communicated to the attending physician.

2010 Standard: PC.02.01.05

2010 EP: 9

2010 EP Text:

Information about the resident is shared among all members of the interdisciplinary team, including the physician, within the organization's defined time frames.
 Note: Examples of this information include changes in the resident's condition, consultation and evaluation reports, and diagnostic testing results.

Standard PC.5.60

2009 Standard Text:

The {jc}organization{/2} coordinates the care, treatment, and services provided to a {jc}patient{/1} as part of the plan for care, treatment, and services and consistent with the {jc}organization{/2}'s scope of care, treatment, and services.

2009 Standard: PC.5.60

2009 EP: 1

2009 EP Text:

Revision Type: Consolidate

The {jc}organization{/2} coordinates the care, treatment, and services provided through internal resources to a {jc}patient{/1}.

2009 Standard: PC.5.60

2009 EP: 2

2009 EP Text:

Revision Type: Retain

When external resources are needed, the {jc}organization{/2} participates in coordinating care, treatment, and services with these resources.

2009 Standard: PC.5.60

2009 EP: 3

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} has a process to receive or share relevant {jc}patient{/1} information to facilitate appropriate coordination and continuity when {jc}patient{/1}s are referred to other care, treatment, and service providers.

2009 Standard: PC.5.60

2009 EP: 4

2009 EP Text:

Revision Type: Consolidate

There is a process to resolve duplication or conflict with either internal or external resources.

2009 Standard: PC.5.60

2009 EP: 5

2009 EP Text:

Revision Type: Retain

The activities detailed in the plan of care, treatment, and services is designed to occur in a time frame that meets the {jc}patient's{/9} health needs.

Standard PC.02.02.01

2010 Standard Text:

The organization coordinates the resident's care, treatment, and services based on the resident's needs.

2010 Standard: PC.02.02.01

2010 EP: 3

2010 EP Text:

The organization coordinates the resident's care, treatment, and services. Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services.

2010 Standard: PC.02.02.01

2010 EP: 10

2010 EP Text:

When the organization uses external resources to meet the resident's needs, it coordinates the resident's care, treatment, and services.

2010 Standard: PC.02.02.01

2010 EP: 1

2010 EP Text:

The organization has a process to receive or share resident information when the resident is referred to other internal or external providers of care, treatment, and services. (See also PC.04.02.01, EP 1)

2010 Standard: PC.02.02.01

2010 EP: 3

2010 EP Text:

The organization coordinates the resident's care, treatment, and services. Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services.

2010 Standard: PC.02.02.01

2010 EP: 17

2010 EP Text:

The organization coordinates care, treatment, and services within a time frame that meets the resident's needs and preferences.

2009 Standard: PC.5.60

2009 EP: 7

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:Redun

2010 EP Text:

No EP

Services are made available directly or through arrangement to meet the following resident needs: 24-hour emergency dental services Spiritual services Behavioral health services,* including counseling on a continuing basis in individual, family, and group services, as appropriate Activity services for ambulatory and non-ambulatory residents at various functional levels as well as those who are unable to attend group activities Assistance with guardianship and conservatorship, when indicated Services to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge * These services may be provided by various disciplines (for instance, social workers, psychologists, clinical nurse specialists, or other appropriately educated consultants).

Standard PC.6.10

2009 Standard Text:

The {jc}patient{/1} receives education and training specific to the {jc}patient's{/9} needs and as appropriate to the care, treatment, and services provided.

2009 Standard: PC.6.10

2009 EP Text:

Education provided is appropriate to the {jc}patient's{/9} needs.

2009 Standard: PC.6.10

2009 EP Text:

The assessment of learning needs addresses cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication as appropriate.

2009 Standard: PC.6.10

2009 EP Text:

As appropriate to the resident's condition and assessed needs and the organization's scope of services, the resident is educated about the following: The plan for care, treatment, and services His or her condition or illness and preventive interventionsBasic health practices and safetyThe safe and effective use of medications Nutrition interventions, modified diets, or oral healthSafe and effective use of medical equipment or supplies when provided by the {jc}organization{/2}Understanding pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management Habilitation or rehabilitation techniques to help them reach the maximum independence possibleEnvironmental and physical plant safety issues, such as fire safety, evacuation, storage of chemical agents, and so onUse of non-medical equipment, including, but not limited to, operating call lights, beds, and personal appliancesHow to carry out self care Transfer techniquesPersonal safety and mobilityBathroom safetyAvailable resources to meet identified needs and how to access such resources When to seek and how to obtain follow up or continuing care, treatment, and services

2009 EP: 1

Revision Type: Delete:Redun

2009 EP: 2

Revision Type: Retain

2009 EP: 3

Revision Type: Retain

Standard PC.02.03.01

2010 Standard Text:

The organization provides resident education and training based on each resident's needs and abilities.

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: PC.02.03.01

2010 EP: 1

2010 EP Text:

The organization performs a learning needs assessment for each resident. This assessment includes the resident's cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication.

2010 Standard: PC.02.03.01

2010 EP: 10

2010 EP Text:

Based on the resident's assessed needs, the education and training provided to the resident by the organization include, but are not limited to, the following:

- Education regarding his or her illness
- An explanation of the plan for care, treatment, and services
- Basic health practices and safety
- Information on the safe and effective use of medications (See also MM.06.01.01, EP 9; MM.06.01.03, EPs 3-6)
- Nutrition interventions (for example, supplements) and modified diets
- Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management (See also RI.01.01.01, EP 8)
- Information on oral health
- Information on the safe and effective use of medical and nonmedical equipment or supplies provided by the organization
- Habilitation or rehabilitation techniques to help the resident reach maximum independence
- Physical risks within the environment of care

Standard PC.6.30

2009 Standard Text:

The {jc}patient{/1} receives education and training specific to the {jc}patient's{/9} abilities as appropriate to the care, treatment, and services provided by the {jc}organization{/2}.

2009 Standard: PC.6.30

2009 EP: 1

2009 EP Text:

Education provided is appropriate to the {jc}patient's{/9} abilities.

Revision Type: Retain

Standard PC.02.03.01

2010 Standard Text:

The organization provides resident education and training based on each resident's needs and abilities.

2010 Standard: PC.02.03.01

2010 EP: 4

2010 EP Text:

The organization provides education and training to the resident based on his or her assessed needs.

2009 Standard: PC.6.30

2009 EP: 2

2009 EP Text:

Education is coordinated among the disciplines providing care, treatment, and services.

Revision Type: Retain

2010 Standard: PC.02.03.01

2010 EP: 5

2010 EP Text:

The organization coordinates the resident's education and training provided by all disciplines involved in the resident's care, treatment, and services.

2009 Standard: PC.6.30

2009 EP: 3

2009 EP Text:

The content is presented in an understandable manner.

Revision Type: Delete:Redun

2010 Standard: N/A

2010 EP Text:

No EP

2009 Standard: PC.6.30

2009 EP: 4

2009 EP Text:

Teaching methods accommodate various learning styles.

Revision Type: Delete:Redun

2010 Standard: N/A

2010 EP Text:

No EP

2009 Standard: PC.6.30

2009 EP: 5

2009 EP Text:

Comprehension is evaluated.

Revision Type: Retain

2010 Standard: PC.02.03.01

2010 EP: 25

2010 EP Text:

The organization evaluates the resident's understanding of the education and training it provided.

Standard PC.6.50

2009 Standard Text:

The {jc}organization{/2} provides academic education to children and youth as needed.

2009 Standard: PC.6.50

2009 EP: 1

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} defines the length of stay and absence from school that would require providing educational services in accordance with applicable law and regulation.

2009 Standard: PC.6.50

2009 EP: 3

2009 EP Text:

Revision Type: Retain

Educational resources are selected based on the resident's identified needs.

Standard PC.02.02.07

2010 Standard Text:

The organization arranges for academic education to children and youth, as needed.

2010 Standard: PC.02.02.07

2010 EP: 1

2010 EP Text:

The organization arranges for a child or youth to receive academic education based on his or her condition, in accordance with law and regulation.

2010 Standard: PC.02.02.07

2010 EP: 2

2010 EP Text:

Educational resources are selected based on the child's or youth's identified needs.

Standard PC.7.10

2009 Standard Text:

The {jc}organization{/2} has a process for preparing and/or distributing food and nutrition products.

2009 Standard: PC.7.10

2009 EP: 1

2009 EP Text:

Food and nutrition products are provided for the {jc}patient{/1}.

Revision Type: Retain

2009 Standard: PC.7.10

2009 EP: 2

2009 EP Text:

Food and nutrition products are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.

Revision Type: Retain

2009 Standard: PC.7.10

2009 EP: 3

2009 EP Text:

{jc}Patient{/1}'s cultural, religious, and ethnic food preferences are honored when possible unless contraindicated.

Revision Type: Retain

2009 Standard: PC.7.10

2009 EP: 4

2009 EP Text:

Substitutes of equal nutritional value are offered when {jc}patients{/6} refuse the food served.

Revision Type: Retain

2009 Standard: PC.7.10

2009 EP: 5

2009 EP Text:

Staff helps {jc}patients{/6} when necessary.

Revision Type: Retain

2009 Standard: PC.7.10

2009 EP: 8

2009 EP Text:

{jc}Patient{/1} communal dining areas are adequately supervised.

Revision Type: Retain

Standard PC.02.02.03

2010 Standard Text:

The organization makes food and nutrition products available to its residents.

2010 Standard: PC.02.02.03

2010 EP: 7

2010 EP Text:

Food and nutrition products are consistent with each resident's care, treatment, and services.

2010 Standard: PC.02.02.03

2010 EP: 11

2010 EP Text:

The organization stores food and nutrition products, including those brought in by residents or their families, under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.

2010 Standard: PC.02.02.03

2010 EP: 9

2010 EP Text:

When possible, the organization accommodates the resident's cultural, religious, or ethnic food and nutrition preferences, unless contraindicated.

2010 Standard: PC.02.02.03

2010 EP: 10

2010 EP Text:

When a resident refuses menu items, the organization offers substitutes of equal nutritional value.

2010 Standard: PC.02.02.03

2010 EP: 13

2010 EP Text:

Staff assist those residents who require help eating.

2010 Standard: PC.02.02.03

2010 EP: 14

2010 EP Text:

Resident dining areas are supervised consistent with residents' needs.

<p>2009 Standard: PC.7.10 2009 EP Text: A food service supervisor oversees general kitchen management.</p>	<p>2009 EP: 9 Revision Type: Retain</p>	<p>2010 Standard: PC.02.02.03 2010 EP Text: A food service supervisor oversees general kitchen management.</p>	<p>2010 EP: 21</p>
<p>2009 Standard: PC.7.10 2009 EP Text: Menus are planned in advance, dated, easy to read, and posted in conspicuous areas accessible to {jc}patients{/6}.</p>	<p>2009 EP: 10 Revision Type: Split</p>	<p>2010 Standard: PC.02.02.03 2010 EP Text: The organization plans menus in advance of providing residents with their meals, according to time frames established by the organization.</p>	<p>2010 EP: 3</p>
<p>2009 Standard: PC.7.10 2009 EP Text: Menus are planned in advance, dated, easy to read, and posted in conspicuous areas accessible to {jc}patients{/6}.</p>	<p>2009 EP: 10 Revision Type: Split</p>	<p>2010 Standard: PC.02.02.03 2010 EP Text: Menus are easy to read, dated, and posted in areas that residents can access.</p>	<p>2010 EP: 4</p>
<p>2009 Standard: PC.7.10 2009 EP Text: Special diets and altered diet schedules are accommodated.</p>	<p>2009 EP: 11 Revision Type: Retain</p>	<p>2010 Standard: PC.02.02.03 2010 EP Text: The organization accommodates a resident's diet schedule, unless contraindicated.</p>	<p>2010 EP: 8</p>
<p>2009 Standard: PC.7.10 2009 EP Text: Cycled menus are rotated over a period of at least three weeks.</p>	<p>2009 EP: 12 Revision Type: Retain</p>	<p>2010 Standard: PC.02.02.03 2010 EP Text: Cycled menus are rotated over a period of at least three weeks.</p>	<p>2010 EP: 5</p>
<p>2009 Standard: PC.7.10 2009 EP Text: Food and nutrition products are prepared under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.</p>	<p>2009 EP: 17 Revision Type: Retain</p>	<p>2010 Standard: PC.02.02.03 2010 EP Text: The organization prepares food and nutrition products under proper conditions of sanitation, temperature, light, moisture, and ventilation.</p>	<p>2010 EP: 6</p>

Standard PC.8.10

2009 Standard Text:

Pain is assessed in all {jc}patients{/6}.

2009 Standard: PC.8.10

2009 EP: 1

2009 EP Text:

Revision Type: Retain

A comprehensive pain assessment is conducted as appropriate to the {jc}patient's{/9} condition and the scope of care, treatment, and services provided.

2009 Standard: PC.8.10

2009 EP: 3

2009 EP Text:

Revision Type: Retain

Regular reassessment and follow-up occur according to criteria developed by the {jc}organization{/2}.

2009 Standard: PC.8.10

2009 EP: 6

2009 EP Text:

Revision Type: Retain

The assessment methods are appropriate to the {jc}patient's{/9} age and/or abilities.

2009 Standard: PC.8.10

2009 EP: 7

2009 EP Text:

Revision Type: Retain

When pain is identified, the {jc}patient{/1} is treated by the {jc}organization{/2} or referred for treatment.

Standard PC.01.02.07

2010 Standard Text:

The organization assesses and manages the resident's pain.

2010 Standard: PC.01.02.07

2010 EP: 1

2010 EP Text:

The organization conducts a comprehensive pain assessment of the resident that is consistent with the resident's condition. (See also PC.01.02.01, EP 2; RI.01.01.01, EP 8)

2010 Standard: PC.01.02.07

2010 EP: 3

2010 EP Text:

The organization reassesses the resident's pain, based on its reassessment criteria.

2010 Standard: PC.01.02.07

2010 EP: 2

2010 EP Text:

The organization uses methods to assess pain that are consistent with the resident's age, condition, and cognitive ability.

2010 Standard: PC.01.02.07

2010 EP: 4

2010 EP Text:

The organization either treats the resident's pain or refers the resident for treatment.

Standard PC.8.20

2009 Standard Text:

When necessary, residents receive appropriate restorative services, including assistance with activities of daily living, such as eating, dressing, grooming, bathing, oral hygiene, ambulation, and toilet activities.

2009 Standard: PC.8.20

2009 EP: 1

2009 EP Text:

Appropriate supplies and equipment are available to support self-care.

Revision Type: Consolidate

2009 Standard: PC.8.20

2009 EP: 2

2009 EP Text:

Adaptive self-help devices are provided when needed.

Revision Type: Consolidate

2009 Standard: PC.8.20

2009 EP: 3

2009 EP Text:

Residents are helped with self-care activities when needed.

Revision Type: Delete:Redun

2009 Standard: PC.8.20

2009 EP: 4

2009 EP Text:

Residents are clean and well groomed.

Revision Type: Retain

2009 Standard: PC.8.20

2009 EP: 5

2009 EP Text:

Oral prostheses are clean.

Revision Type: Consolidate

Standard PC.02.01.17

2010 Standard Text:

Residents receive restorative services, including assistance with activities of daily living.

2010 Standard: PC.02.01.17

2010 EP: 1

2010 EP Text:

The organization provides supplies, equipment, and adaptive self-help devices to residents to support restorative services.

2010 Standard: PC.02.01.17

2010 EP: 1

2010 EP Text:

The organization provides supplies, equipment, and adaptive self-help devices to residents to support restorative services.

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: PC.02.01.17

2010 EP: 2

2010 EP Text:

The organization keeps residents clean and well-groomed.

2010 Standard: PC.02.01.17

2010 EP: 3

2010 EP Text:

Residents are helped with activities of daily living, based on their needs, including the following:

- Bathing
- Dressing
- Eating
- Oral hygiene (including cleaning of any prostheses)
- Ambulation
- Toileting activities

<p>2009 Standard: PC.8.20 2009 EP Text: Residents are free from discernible body odor.</p>	<p>2009 EP: 6 Revision Type: Retain</p>	<p>2010 Standard: PC.02.01.17 2010 EP Text: Residents are free from body odor that is attributable to lack of cleanliness.</p>	<p>2010 EP: 4</p>
<p>2009 Standard: PC.8.20 2009 EP Text: Skin is clean and dry.</p>	<p>2009 EP: 7 Revision Type: Delete:Redun</p>	<p>2010 Standard: N/A 2010 EP Text: No EP</p>	
<p>2009 Standard: PC.8.20 2009 EP Text: Residents are appropriately helped with toileting activities.</p>	<p>2009 EP: 8 Revision Type: Consolidate</p>	<p>2010 Standard: PC.02.01.17 2010 EP Text: Residents are helped with activities of daily living, based on their needs, including the following: - Bathing - Dressing - Eating - Oral hygiene (including cleaning of any prostheses) - Ambulation - Toileting activities</p>	<p>2010 EP: 3</p>
<p>2009 Standard: PC.8.20 2009 EP Text: Residents are appropriately helped with activities of daily living including the following: Bathing DressingEatingOral hygiene Ambulation</p>	<p>2009 EP: 9 Revision Type: Consolidate</p>	<p>2010 Standard: PC.02.01.17 2010 EP Text: Residents are helped with activities of daily living, based on their needs, including the following: - Bathing - Dressing - Eating - Oral hygiene (including cleaning of any prostheses) - Ambulation - Toileting activities</p>	<p>2010 EP: 3</p>
<p>2009 Standard: PC.8.20 2009 EP Text: All reasonable steps are taken to keep residents safe from accident and injury.</p>	<p>2009 EP: 10 Revision Type: Retain</p>	<p>2010 Standard: PC.02.01.17 2010 EP Text: The organization takes steps to keep residents safe from accident and injury as they receive restorative services.</p>	<p>2010 EP: 5</p>

Standard PC.8.30

2009 Standard Text:

Residents at risk for health-related complications receive appropriate preventive care.

2009 Standard: PC.8.30

2009 EP: 1

2009 EP Text:

Revision Type: Split

Preventive interventions are performed according to the plan for care, treatment, and services to do the following: Encourage and help residents to be out of bed, except when prohibited by a physician’s order Encourage and help chair-fast residents to leave their rooms for a change of environment Maintain proper body position and alignment Implement a skin integrity program Implement a bowel management program Implement a bladder management program Help with ambulation including maintenance of gait training Provide active and passive range-of-motion exercises Provide assistance to help prevent aspiration, dehydration, and malnutrition Help with coping with the effects of illness, disability, treatment, or stay in the facility

2009 Standard: PC.8.30

2009 EP: 1

2009 EP Text:

Revision Type: Split

Preventive interventions are performed according to the plan for care, treatment, and services to do the following: Encourage and help residents to be out of bed, except when prohibited by a physician’s order Encourage and help chair-fast residents to leave their rooms for a change of environment Maintain proper body position and alignment Implement a skin integrity program Implement a bowel management program Implement a bladder management program Help with ambulation including maintenance of gait training Provide active and passive range-of-motion exercises Provide assistance to help prevent aspiration, dehydration, and malnutrition Help with coping with the effects of illness, disability, treatment, or stay in the facility

Standard PC.02.01.15

2010 Standard Text:

Residents at risk for health-related complications receive preventive care.

2010 Standard: PC.02.01.15

2010 EP: 1

2010 EP Text:

The organization provides preventive care to avoid complications resulting from the resident’s inactivity, including the following:

- Encouraging and helping residents to spend time out of bed, except when prohibited by a physician’s order
- Maintaining proper body position and alignment
- Helping with ambulation, including maintenance of gait training
- Providing active and passive range-of-motion exercises

2010 Standard: PC.02.01.15

2010 EP: 2

2010 EP Text:

The organization provides the resident with preventive care to avoid complications resulting from incontinence, including implementing the following:

- A skin integrity program
- A bowel management program
- A bladder management program

2009 Standard: PC.8.30

2009 EP: 1

2010 Standard: PC.02.01.15

2010 EP: 3

2009 EP Text:

Revision Type: Split

2010 EP Text:

Preventive interventions are performed according to the plan for care, treatment, and services to do the following: Encourage and help residents to be out of bed, except when prohibited by a physician’s order Encourage and help chair-fast residents to leave their rooms for a change of environment Maintain proper body position and alignment Implement a skin integrity program Implement a bowel management program Implement a bladder management program Help with ambulation including maintenance of gait training Provide active and passive range-of-motion exercises Provide assistance to help prevent aspiration, dehydration, and malnutrition Help with coping with the effects of illness, disability, treatment, or stay in the facility

The organization provides preventive care to avoid aspiration, dehydration, and malnutrition.

2009 Standard: PC.8.30

2009 EP: 1

2010 Standard: PC.02.01.15

2010 EP: 4

2009 EP Text:

Revision Type: Split

2010 EP Text:

Preventive interventions are performed according to the plan for care, treatment, and services to do the following: Encourage and help residents to be out of bed, except when prohibited by a physician’s order Encourage and help chair-fast residents to leave their rooms for a change of environment Maintain proper body position and alignment Implement a skin integrity program Implement a bowel management program Implement a bladder management program Help with ambulation including maintenance of gait training Provide active and passive range-of-motion exercises Provide assistance to help prevent aspiration, dehydration, and malnutrition Help with coping with the effects of illness, disability, treatment, or stay in the facility

The organization provides preventive care to avoid complications arising from social isolation, including the following:

- Encouraging and helping chair-fast residents to leave their rooms for a change in environment
- Helping residents cope with the effects of illness, disability, treatment, or stay in the organization

Standard PC.8.40

2009 Standard Text:

Residents are helped so they can participate in social and diversional activities according to their functional levels.

2009 Standard: PC.8.40

2009 EP: 1

2009 EP Text:

Residents are helped to participate in social and leisure activities according to their interests and needs.

Revision Type: Retain

2009 Standard: PC.8.40

2009 EP: 2

2009 EP Text:

An activity schedule is made available to all residents, staff, and visitors.

Revision Type: Retain

2009 Standard: PC.8.40

2009 EP: 3

2009 EP Text:

The schedule of activities is communicated to residents who have difficulty reading.

Revision Type: Delete:Redun

2009 Standard: PC.8.40

2009 EP: 4

2009 EP Text:

{c}Patients{/6} have access to a variety of activities based on their needs.

Revision Type: Retain

Standard PC.02.02.09

2010 Standard Text:

Residents are provided with opportunities to participate in social and recreational activities.

2010 Standard: PC.02.02.09

2010 EP: 3

2010 EP Text:

The organization helps residents to participate in social and recreational activities according to their abilities and interests.

2010 Standard: PC.02.02.09

2010 EP: 2

2010 EP Text:

The organization makes an activity schedule available to all residents, staff, and visitors. (See also RI.01.01.03, EP 3)

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: PC.02.02.09

2010 EP: 1

2010 EP Text:

The organization offers residents a variety of social and recreational activities according to their abilities and interests.

Standard PC.8.70

2009 Standard Text:

Comfort and dignity are optimized during end-of-life care.

2009 Standard: PC.8.70

2009 EP: 1

2009 EP Text:

Revision Type: Retain

To the extent possible, as appropriate to the {jc}patient's{/9} and family's needs and the {jc}organization{/2}'s services, interventions address {jc}patient{/1} and family comfort, dignity, and psychosocial, emotional, and spiritual needs, as appropriate, about death and grief.

2009 Standard: PC.8.70

2009 EP: 2

2009 EP Text:

Revision Type: Retain

Staff is educated about the unique needs of dying {jc}patients{/6} and their families and caregivers.

Standard PC.02.02.13

2010 Standard Text:

The resident's comfort and dignity receive priority during end-of-life care.

2010 Standard: PC.02.02.13

2010 EP: 1

2010 EP Text:

To the extent possible, the organization provides care and services that accommodate the resident's and his or her family's comfort; dignity; and psychosocial, emotional, and spiritual end-of-life needs.

2010 Standard: PC.02.02.13

2010 EP: 2

2010 EP Text:

The organization provides staff with education about the unique needs of dying residents and their families.

Standard PC.9.10

2009 Standard Text:

Blood and blood components are administered safely, as appropriate to the setting.

2009 Standard: PC.9.10

2009 EP: 10

2009 EP Text:

If the organization provides for the maintenance and transfusion of blood or blood components, it meets all applicable law and regulation.

Revision Type: Retain

Standard PC.02.01.07

2010 Standard Text:

The organization safely administers blood and blood component(s).

2010 Standard: PC.02.01.07

2010 EP: 11

2010 EP Text:

If the organization administers blood or blood components, it does so in accordance with law and regulation.

Standard PC.9.20

2009 Standard Text:

The {jc}organization{/2} responds to {jc}life-threatening{/10} emergencies according to {jc}organization{/2} policy and procedure.

2009 Standard: PC.9.20

2009 EP: 1

2009 EP Text:

Revision Type: Retain

The organization develops policy and procedures for responding to {jc}life-threatening{/10} emergencies such as respiratory arrest and cardiac arrest.

2009 Standard: PC.9.20

2009 EP: 2

2009 EP Text:

Revision Type: Retain

Policies and procedures that address {jc}life-threatening{/10} emergencies include the following: Availability of first aid and Basic Life Support (CPR) services
Emergency transfer to another organization
Placement of a phone call to 911

2009 Standard: PC.9.20

2009 EP: 3

2009 EP Text:

Revision Type: Retain

The organization responds to {jc}life-threatening{/10} emergencies according to organization policy and procedure.

Standard PC.02.01.09

2010 Standard Text:

The organization plans for and responds to life-threatening emergencies.

2010 Standard: PC.02.01.09

2010 EP: 1

2010 EP Text:

The organization has written policies and procedures for responding to life-threatening emergencies. (See also RI.01.01.01, EP 18)

2010 Standard: PC.02.01.09

2010 EP: 2

2010 EP Text:

Policies and procedures that address life-threatening emergencies include the following:

- Availability of first aid and Basic Life Support (CPR) services
- Emergency transfer to another organization
- Placement of a phone call to outside emergency assistance

2010 Standard: PC.02.01.09

2010 EP: 3

2010 EP Text:

The organization responds to life-threatening emergencies according to its policies and procedures.

Standard PC.11.80

2009 Standard Text:

The organization designs a system to achieve a restraint-free environment.

2009 Standard: PC.11.80

2009 EP: 1

2009 EP Text:

Achieving a restraint-free environment is a stated goal of the organization.

Revision Type: Retain

2009 Standard: PC.11.80

2009 EP: 2

2009 EP Text:

Processes are implemented to actively pursue this goal.

Revision Type: Retain

2009 Standard: PC.11.80

2009 EP: 3

2009 EP Text:

The use of physical or chemical restraints is prohibited for discipline or staff convenience or to prevent wandering.

Revision Type: Retain

2009 Standard: PC.11.80

2009 EP: 4

2009 EP Text:

The use of restraints is prohibited except to facilitate or support treatment of a resident's medical symptoms.

Revision Type: Retain

2009 Standard: PC.11.80

2009 EP: 5

2009 EP Text:

Residents are allowed to refuse restraints.

Revision Type: Retain

2009 Standard: PC.11.80

2009 EP: 6

2009 EP Text:

The decision to use restraints is based on an assessment of the resident's needs and is never based solely on a request from a resident's representative.

Revision Type: Retain

Standard PC.03.02.09

2010 Standard Text:

The organization designs a system to achieve a restraint-free environment.

2010 Standard: PC.03.02.09

2010 EP: 1

2010 EP Text:

The organization develops processes to minimize the use of restraint.

2010 Standard: PC.03.02.09

2010 EP: 2

2010 EP Text:

The organization implements processes to minimize the use of restraint.

2010 Standard: PC.03.02.09

2010 EP: 4

2010 EP Text:

Restraint is not used to discipline residents, as a staff convenience, or to prevent residents from wandering.

2010 Standard: PC.03.02.09

2010 EP: 5

2010 EP Text:

Restraint is only used to facilitate or support the resident's medical treatment. (See also RC.02.01.05, EP 2)

2010 Standard: PC.03.02.09

2010 EP: 6

2010 EP Text:

Residents or their surrogate decision-makers are permitted to refuse restraint.

2010 Standard: PC.03.02.09

2010 EP: 7

2010 EP Text:

The use of restraint is based on the resident's assessed needs; it is not based solely on a request from the resident's surrogate decision-maker.

2009 Standard: PC.11.80

2009 EP: 7

2010 Standard: PC.03.02.09

2010 EP: 3

2009 EP Text:

Revision Type: Retain

2010 EP Text:

The processes emphasize alternatives to restraint, including the following: Restorative programs Management of the resident's personal environment Well-trained staff to support each resident Support of resident rights Recognition and respect for the resident's past interests Supportive devices and special equipment Involvement of other people in each resident's care, such as nursing assistants, housekeeping staff, secretaries, and other administrative staff, who have been trained in resident-orientation techniques

The processes used to minimize the use of restraint emphasize alternatives to restraint, including the following:

- Use of restorative programs
- Management of the resident's personal environment
- Use of well-trained staff who support each resident
- Support of the resident's rights
- Recognition of and respect for the resident's interests
- Use of supportive devices and special equipment
- Involvement of nursing assistants, housekeeping staff, secretaries, and other administrative staff who have been trained in resident-orientation techniques

Standard PC.11.90

2009 Standard Text:

When alternatives to restraint are ineffective, restraint is safely and appropriately used.

2009 Standard: PC.11.90

2009 EP: 1

2009 EP Text:

When alternatives to restraint are ineffective and restraint is used, the organization uses a process that addresses the following elements in accordance with law and regulation: The use of restraint is based on the resident's assessed needs, including precipitating factors, and is documented.

Revision Type: Consolidate

2009 Standard: PC.11.90

2009 EP: 2

2009 EP Text:

When alternatives to restraint are ineffective and restraint is used, the organization uses a process that addresses the following elements in accordance with law and regulation: The trial of alternatives before the use of restraint is documented.

Revision Type: Split

2009 Standard: PC.11.90

2009 EP: 2

2009 EP Text:

When alternatives to restraint are ineffective and restraint is used, the organization uses a process that addresses the following elements in accordance with law and regulation: The trial of alternatives before the use of restraint is documented.

Revision Type: Split

2009 Standard: PC.11.90

2009 EP: 3

2009 EP Text:

When alternatives to restraint are ineffective and restraint is used, the organization uses a process that addresses the following elements in accordance with law and regulation: There is a licensed independent practitioner's written order for the use of restraint.

Revision Type: Consolidate

Standard RC.02.01.05

2010 Standard Text:

The clinical record contains documentation of the use of restraint.

2010 Standard: RC.02.01.05

2010 EP: 2

2010 EP Text:

The use of restraint, including the trial of alternatives to restraint, is documented in the clinical record. (See also PC.03.02.09, EP 5; PC.03.02.13, EP 1)

2010 Standard: PC.03.02.13

2010 EP: 1

2010 EP Text:

The organization tries alternatives before using restraint. (See also RC.02.01.05, EP 2)

2010 Standard: RC.02.01.05

2010 EP: 2

2010 EP Text:

The use of restraint, including the trial of alternatives to restraint, is documented in the clinical record. (See also PC.03.02.09, EP 5; PC.03.02.13, EP 1)

2010 Standard: PC.03.02.13

2010 EP: 5

2010 EP Text:

A licensed independent practitioner provides a written order that does not exceed 30 days for the use of restraint.

<p>2009 Standard: PC.11.90 2009 EP Text: When alternatives to restraint are ineffective and restraint is used, the organization uses a process that addresses the following elements in accordance with law and regulation: Time limitations for use of restraint are determined.</p>	<p>2009 EP: 4 Revision Type: Retain</p>	<p>2010 Standard: PC.03.02.13 2010 EP Text: The organization determines time limitations for the use of restraint.</p>	<p>2010 EP: 6</p>
<p>2009 Standard: PC.11.90 2009 EP Text: When alternatives to restraint are ineffective and restraint is used, the organization uses a process that addresses the following elements in accordance with law and regulation: The frequency of observing and assessing the resident is determined.</p>	<p>2009 EP: 5 Revision Type: Retain</p>	<p>2010 Standard: PC.03.02.13 2010 EP Text: The organization determines the frequency of observing and assessing the resident who is restrained.</p>	<p>2010 EP: 9</p>
<p>2009 Standard: PC.11.90 2009 EP Text: When alternatives to restraint are ineffective and restraint is used, the organization uses a process that addresses the following elements in accordance with law and regulation: Restraint devices are correctly applied.</p>	<p>2009 EP: 6 Revision Type: Retain</p>	<p>2010 Standard: PC.03.02.13 2010 EP Text: When restraint devices are used, they are correctly and safely applied.</p>	<p>2010 EP: 8</p>
<p>2009 Standard: PC.11.90 2009 EP Text: When alternatives to restraint are ineffective and restraint is used, the organization uses a process that addresses the following elements in accordance with law and regulation: Restraints are periodically removed or released in accordance with law and regulation and the resident's needs.</p>	<p>2009 EP: 7 Revision Type: Retain</p>	<p>2010 Standard: PC.03.02.13 2010 EP Text: Restraint is removed or released in accordance with law and regulation and the resident's needs.</p>	<p>2010 EP: 13</p>
<p>2009 Standard: PC.11.90 2009 EP Text: When alternatives to restraint are ineffective and restraint is used, the organization uses a process that addresses the following elements in accordance with law and regulation: The competence of staff involved in applying such interventions is determined.</p>	<p>2009 EP: 8 Revision Type: Retain</p>	<p>2010 Standard: PC.03.02.13 2010 EP Text: The organization assesses the competence of staff who apply restraint.</p>	<p>2010 EP: 7</p>

<p>2009 Standard: PC.11.90 2009 EP Text: When alternatives to restraint are ineffective and restraint is used, the organization uses a process that addresses the following elements in accordance with law and regulation: Attention is paid to the resident's needs while in restraint.</p>	<p>2009 EP: 9 Revision Type: Consolidate</p>	<p>2010 Standard: PC.03.02.13 2010 EP: 10 2010 EP Text: Staff interact with the resident and attend to the resident's needs while he or she is restrained.</p>
<p>2009 Standard: PC.11.90 2009 EP Text: When alternatives to restraint are ineffective and restraint is used, the organization uses a process that addresses the following elements in accordance with law and regulation: Informed consent is obtained as appropriate.</p>	<p>2009 EP: 10 Revision Type: Delete:Redun</p>	<p>2010 Standard: N/A 2010 EP Text: No EP</p>
<p>2009 Standard: PC.11.90 2009 EP Text: When alternatives to restraint are ineffective and restraint is used, the organization uses a process that addresses the following elements in accordance with law and regulation: The use of the restraint is reviewed if frequent or prolonged.</p>	<p>2009 EP: 11 Revision Type: Delete:Redun</p>	<p>2010 Standard: N/A 2010 EP Text: No EP</p>
<p>2009 Standard: PC.11.90 2009 EP Text: When alternatives to restraint are ineffective and restraint is used, the organization uses a process that addresses the following elements in accordance with law and regulation: The orders for restraint are reviewed within time frames defined by the organization, not to exceed 30 days.</p>	<p>2009 EP: 12 Revision Type: Consolidate</p>	<p>2010 Standard: PC.03.02.13 2010 EP: 5 2010 EP Text: A licensed independent practitioner provides a written order that does not exceed 30 days for the use of restraint.</p>
<p>2009 Standard: PC.11.90 2009 EP Text: When alternatives to restraint are ineffective and restraint is used, the organization uses a process that addresses the following elements in accordance with law and regulation: The interdisciplinary team monitors the resident on an ongoing basis while in restraint and can request a new physician order at any time within the 30 days due to changes in the resident's condition that require removing or modifying restraint.</p>	<p>2009 EP: 13 Revision Type: Split</p>	<p>2010 Standard: PC.03.02.13 2010 EP: 11 2010 EP Text: While the resident is in restraint, the interdisciplinary team monitors the continued need for restraint.</p>

<p>2009 Standard: PC.11.90 2009 EP Text: When alternatives to restraint are ineffective and restraint is used, the organization uses a process that addresses the following elements in accordance with law and regulation: The interdisciplinary team monitors the resident on an ongoing basis while in restraint and can request a new physician order at any time within the 30 days due to changes in the resident's condition that require removing or modifying restraint.</p>	<p>2009 EP: 13 Revision Type: Split</p>	<p>2010 Standard: PC.03.02.13 2010 EP Text: The interdisciplinary team requests a new physician order if there are changes in the resident's condition that require removing or modifying restraint.</p>	<p>2010 EP: 12</p>
<p>2009 Standard: PC.11.90 2009 EP Text: When alternatives to restraint are ineffective and restraint is used, the organization uses a process that addresses the following elements in accordance with law and regulation: The resident and family are educated about restraints and their alternatives.</p>	<p>2009 EP: 14 Revision Type: Retain</p>	<p>2010 Standard: PC.03.02.13 2010 EP Text: The organization educates the resident and family about restraint and its alternatives.</p>	<p>2010 EP: 4</p>
<p>2009 Standard: PC.11.90 2009 EP Text: When alternatives to restraint are ineffective and restraint is used, the organization uses a process that addresses the following elements in accordance with law and regulation: The use of restraint is measured, assessed, and reduced as part of the organization's quality improvement program, with the goal of becoming restraint free.</p>	<p>2009 EP: 15 Revision Type: Retain</p>	<p>2010 Standard: PC.03.02.13 2010 EP Text: The organization-wide use of restraint is measured and assessed, and staff implements actions to minimize its use.</p>	<p>2010 EP: 14</p>
<p>2009 Standard: PC.11.90 2009 EP Text: Restraint is used only as follows:When alternatives to restraint are not effective, as determined by the interdisciplinary team, with resident and family involvement as appropriateWhen absolutely necessary to ensure the safety of the resident, other residents, and staff</p>	<p>2009 EP: 16 Revision Type: Retain</p>	<p>2010 Standard: PC.03.02.13 2010 EP Text: Restraint is used only as follows: - When alternatives to restraint do not meet the resident's needs as determined by the interdisciplinary team, with resident and family involvement - When necessary to protect the safety of the resident, other residents, and staff</p>	<p>2010 EP: 2</p>
<p>2009 Standard: PC.11.90 2009 EP Text: When restraint is used, the following occurs:Staff interaction with the resident is positive and supportive in both verbal and nonverbal waysStaff interacts regularly and appropriately with the resident so that the resident is not neglected.</p>	<p>2009 EP: 17 Revision Type: Consolidate</p>	<p>2010 Standard: PC.03.02.13 2010 EP Text: Staff interact with the resident and attend to the resident's needs while he or she is restrained.</p>	<p>2010 EP: 10</p>

2009 Standard: PC.11.90

2009 EP: 18

2010 Standard: PC.03.02.13

2010 EP: 3

2009 EP Text:

Medication to control behavior is used as part of a therapeutic plan only after appropriate assessment by professionals.

Revision Type: Retain

2010 EP Text:

Medication to control the resident's behavior is part of a therapeutic plan and is only used after a physician or qualified licensed independent practitioner assesses the resident.

Standard PC.13.10

2009 Standard Text:

Licensed independent practitioners define the scope of assessment for operative or other procedures and/or the administration of moderate or deep sedation or anesthesia.

2010 Standard Text:

No Standard

2009 Standard: PC.13.10

2009 EP: 1

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

The assessment includes the following: The patient's history The patient's physical status Diagnostic data The risks and benefits of procedures The possible need to administer blood or blood components

Standard PC.13.20

2009 Standard Text:

Operative or other procedures and/or the administration of moderate or deep sedation or anesthesia are planned.

2010 Standard Text:

No Standard

2009 Standard: PC.13.20

2009 EP: 1

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

Sufficient numbers of qualified staff (in addition to the individual performing the procedure) are present to evaluate the {jc}patient{/1}, help with the procedure, provide the sedation and/or anesthesia, monitor, and recover the {jc}patient{/1}.

2009 Standard: PC.13.20

2009 EP: 2

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

Individuals administering moderate or deep sedation and anesthesia are qualified and have the appropriate credentials to manage {jc}patients{/6} at whatever level of sedation or anesthesia is achieved, either intentionally or unintentionally.

2009 Standard: PC.13.20

2009 EP: 4

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

Appropriate equipment to monitor the {jc}patient's{/9} physiologic status is available.

2009 Standard: PC.13.20

2009 EP: 5

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

Appropriate equipment to administer intravenous fluids and drugs, including blood and blood components, is available as needed.

2009 Standard: PC.13.20

2009 EP: 6

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

Resuscitation capabilities are available.

2009 Standard: PC.13.20
2009 EP Text:
 The following must occur before the operative and other procedures or the administration of moderate or deep sedation or anesthesia: The anticipated needs of the {jc}patient{/1} are assessed to plan for the appropriate level of postprocedure care.

2009 EP: 7
Revision Type: Delete:NE

2010 Standard: N/A
2010 EP Text:
 No EP

2009 Standard: PC.13.20
2009 EP Text:
 The following must occur before the operative and other procedures or the administration of moderate or deep sedation or anesthesia: Preprocedural education, treatments, and services are provided according to the plan for care, treatment, and services.

2009 EP: 8
Revision Type: Delete:NE

2010 Standard: N/A
2010 EP Text:
 No EP

2009 Standard: PC.13.20
2009 EP Text:
 The following must occur before the operative and other procedures or the administration of moderate or deep sedation or anesthesia: A presedation or preanesthesia assessment is conducted.

2009 EP: 10
Revision Type: Delete:NE

2010 Standard: N/A
2010 EP Text:
 No EP

2009 Standard: PC.13.20
2009 EP Text:
 Before sedating or anesthetizing a {jc}patient{/1}, a licensed independent practitioner with appropriate {jc}clinical privileges{/11} plans or concurs with the planned anesthesia.

2009 EP: 11
Revision Type: Delete:NE

2010 Standard: N/A
2010 EP Text:
 No EP

2009 Standard: PC.13.20
2009 EP Text:
 The {jc}patient{/1} is reevaluated immediately before moderate or deep sedation and before anesthesia induction.

2009 EP: 12
Revision Type: Delete:NE

2010 Standard: N/A
2010 EP Text:
 No EP

Standard PC.13.30

2009 Standard Text:

{c}Patients{/6} are monitored during the procedure and/or administration of moderate or deep sedation or anesthesia.

2010 Standard Text:

No Standard

2009 Standard: PC.13.30

2009 EP: 1

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

Appropriate methods are used to continuously monitor oxygenation, ventilation, and circulation during procedures that may affect the {c}patient's{/9} physiological status.

2009 Standard: PC.13.30

2009 EP: 2

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

The procedure and/or the administration of moderate or deep sedation or anesthesia for each {c}patient{/1} is documented in the {c}medical record{/8}.

Standard PC.13.40

2009 Standard Text:

{c}Patients{/6} are monitored immediately after the procedure and/or administration of moderate or deep sedation or anesthesia.

2010 Standard Text:

No Standard

2009 Standard: PC.13.40

2009 EP: 1

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

The {c}patient's{/9} status is assessed immediately after the procedure and/or administration of moderate or deep sedation or anesthesia.

2009 Standard: PC.13.40

2009 EP: 2

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

Each {c}patient's{/9} physiological status, mental status, and pain level are monitored.

2009 Standard: PC.13.40

2009 EP: 3

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

Monitoring is at a level consistent with the potential effect of the procedure and/or sedation or anesthesia.

2009 Standard: PC.13.40

2009 EP: 4

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

{c}Patients{/6} are discharged from the recovery area and the {c}organization{/2} by a qualified licensed independent practitioner or according to rigorously applied criteria approved by the clinical leaders.

2009 Standard: PC.13.40

2009 EP: 5

2010 Standard: N/A

2009 EP Text:

Revision Type: Delete:NE

2010 EP Text:

No EP

{c}Patients{/6} who have received sedation or anesthesia are discharged in the company of a responsible, designated adult.

Standard PC.15.10

2009 Standard Text:

A process addresses the needs for continuing care, treatment, and services after discharge or transfer.

2009 Standard: PC.15.10

2009 EP: 1

2009 EP Text:

Revision Type: Split

The process addresses the following: The reason(s) for transfer or discharge
 The conditions under which transfer or discharge can occur Interdisciplinary team planning
 The residents' and caregivers' knowledge of and demonstration of all necessary activities
 Assessment of the environment (home, hospital, other facility) to which the resident is being discharged
 Identification of and indication of the involvement of supportive services*
 Planning for providing necessary care, treatment, services, assistance, and instruction
 Shifting responsibility for a resident's care from one clinician, organization, organizational program, or service to another (which could include transferring complete responsibility for the resident and his or her care, treatment, and services to others or referring the resident to others, such as one or more agencies or professionals, to provide one or more specific services)
 Mechanisms for internal and external transfer
 The accountability and responsibility for the resident's safety during transfer of both the organization initiating the transfer and the organization receiving the resident
 *Supportive services include community referral information and telephone numbers, needs for medical and adaptive equipment, specific instructions on medication administration and adverse effects, and follow-up appointments.

Standard PC.04.01.01

2010 Standard Text:

The organization has a process that addresses transitions in the resident's care.

2010 Standard: PC.04.01.01

2010 EP: 1

2010 EP Text:

The organization documents the reason(s) for and conditions under which the resident is transferred or discharged.

2009 Standard: PC.15.10**2009 EP:** 1**2010 Standard:** PC.04.01.01**2010 EP:** 2**2009 EP Text:****Revision Type:** Split**2010 EP Text:**

The process addresses the following: The reason(s) for transfer or discharge
The conditions under which transfer or discharge can occur
Interdisciplinary team planning
The residents' and caregivers' knowledge of and demonstration of all necessary activities
Assessment of the environment (home, hospital, other facility) to which the resident is being discharged
Identification of and indication of the involvement of supportive services
*Planning for providing necessary care, treatment, services, assistance, and instruction
Shifting responsibility for a resident's care from one clinician, organization, organizational program, or service to another (which could include transferring complete responsibility for the resident and his or her care, treatment, and services to others or referring the resident to others, such as one or more agencies or professionals, to provide one or more specific services)
Mechanisms for internal and external transfer
The accountability and responsibility for the resident's safety during transfer of both the organization initiating the transfer and the organization receiving the resident
*Supportive services include community referral information and telephone numbers, needs for medical and adaptive equipment, specific instructions on medication administration and adverse effects, and follow-up appointments.

The organization documents the method for transitioning the responsibility for a resident's care from one clinician, organization, program, or service to another.

2009 Standard: PC.15.10

2009 EP: 1

2010 Standard: PC.04.01.01

2010 EP: 4

2009 EP Text:

Revision Type: Split

2010 EP Text:

The process addresses the following: The reason(s) for transfer or discharge
 The conditions under which transfer or discharge can occur
 Interdisciplinary team planning
 The residents' and caregivers' knowledge of and demonstration of all necessary activities
 Assessment of the environment (home, hospital, other facility) to which the resident is being discharged
 Identification of and indication of the involvement of supportive services
 *Planning for providing necessary care, treatment, services, assistance, and instruction
 Shifting responsibility for a resident's care from one clinician, organization, organizational program, or service to another (which could include transferring complete responsibility for the resident and his or her care, treatment, and services to others or referring the resident to others, such as one or more agencies or professionals, to provide one or more specific services)
 Mechanisms for internal and external transfer
 The accountability and responsibility for the resident's safety during transfer of both the organization initiating the transfer and the organization receiving the resident
 *Supportive services include community referral information and telephone numbers, needs for medical and adaptive equipment, specific instructions on medication administration and adverse effects, and follow-up appointments.

The organization agrees with the receiving organization about each of their roles to keep the resident safe during transfer.

2009 Standard: PC.15.10

2009 EP: 1

2010 Standard: PC.04.01.01

2010 EP: 5

2009 EP Text:

Revision Type: Split

2010 EP Text:

The process addresses the following: The reason(s) for transfer or discharge
 The conditions under which transfer or discharge can occur Interdisciplinary
 team planning The residents' and caregivers' knowledge of and demonstration
 of all necessary activities Assessment of the environment (home, hospital,
 other facility) to which the resident is being discharged Identification of and
 indication of the involvement of supportive services*Planning for providing
 necessary care, treatment, services, assistance, and instruction Shifting
 responsibility for a resident's care from one clinician, organization,
 organizational program, or service to another (which could include transferring
 complete responsibility for the resident and his or her care, treatment, and
 services to others or referring the resident to others, such as one or more
 agencies or professionals, to provide one or more specific services)
 Mechanisms for internal and external transfer The accountability and
 responsibility for the resident's safety during transfer of both the organization
 initiating the transfer and the organization receiving the resident *Supportive
 services include community referral information and telephone numbers,
 needs for medical and adaptive equipment, specific instructions on medication
 administration and adverse effects, and follow-up appointments.

The organization includes in its transfer and discharge processes:
 Interdisciplinary team planning.

2009 Standard: PC.15.10

2009 EP: 1

2010 Standard: PC.04.01.01

2010 EP: 6

2009 EP Text:

Revision Type: Split

2010 EP Text:

The process addresses the following: The reason(s) for transfer or discharge
 The conditions under which transfer or discharge can occur
 Interdisciplinary team planning
 The residents' and caregivers' knowledge of and demonstration of all necessary activities
 Assessment of the environment (home, hospital, other facility) to which the resident is being discharged
 Identification of and indication of the involvement of supportive services
 *Planning for providing necessary care, treatment, services, assistance, and instruction
 Shifting responsibility for a resident's care from one clinician, organization, organizational program, or service to another (which could include transferring complete responsibility for the resident and his or her care, treatment, and services to others or referring the resident to others, such as one or more agencies or professionals, to provide one or more specific services)
 Mechanisms for internal and external transfer
 The accountability and responsibility for the resident's safety during transfer of both the organization initiating the transfer and the organization receiving the resident
 *Supportive services include community referral information and telephone numbers, needs for medical and adaptive equipment, specific instructions on medication administration and adverse effects, and follow-up appointments.

The organization includes in its transfer and discharge processes: The resident's and caregiver's knowledge of and demonstration of all necessary activities.

2009 Standard: PC.15.10

2009 EP: 1

2010 Standard: PC.04.01.01

2010 EP: 7

2009 EP Text:

The process addresses the following: The reason(s) for transfer or discharge
 The conditions under which transfer or discharge can occur
 Interdisciplinary team planning
 The residents' and caregivers' knowledge of and demonstration of all necessary activities
 Assessment of the environment (home, hospital, other facility) to which the resident is being discharged
 Identification of and indication of the involvement of supportive services
 *Planning for providing necessary care, treatment, services, assistance, and instruction
 Shifting responsibility for a resident's care from one clinician, organization, organizational program, or service to another (which could include transferring complete responsibility for the resident and his or her care, treatment, and services to others or referring the resident to others, such as one or more agencies or professionals, to provide one or more specific services)
 Mechanisms for internal and external transfer
 The accountability and responsibility for the resident's safety during transfer of both the organization initiating the transfer and the organization receiving the resident
 *Supportive services include community referral information and telephone numbers, needs for medical and adaptive equipment, specific instructions on medication administration and adverse effects, and follow-up appointments.

Revision Type: Split

2010 EP Text:

The organization includes in its transfer and discharge processes: Evaluation of the environment (home, hospital, other facility) to which the resident is being discharged.
 Note: The evaluation may be conducted through interview, review of services offered, or other methods that provide the information needed to meet the resident's needs.

2009 Standard: PC.15.10

2009 EP: 1

2010 Standard: PC.04.01.01

2010 EP: 9

2009 EP Text:

Revision Type: Split

2010 EP Text:

The process addresses the following: The reason(s) for transfer or discharge
The conditions under which transfer or discharge can occur
Interdisciplinary team planning
The residents' and caregivers' knowledge of and demonstration of all necessary activities
Assessment of the environment (home, hospital, other facility) to which the resident is being discharged
Identification of and indication of the involvement of supportive services*
Planning for providing necessary care, treatment, services, assistance, and instruction
Shifting responsibility for a resident's care from one clinician, organization, organizational program, or service to another (which could include transferring complete responsibility for the resident and his or her care, treatment, and services to others or referring the resident to others, such as one or more agencies or professionals, to provide one or more specific services)
Mechanisms for internal and external transfer
The accountability and responsibility for the resident's safety during transfer of both the organization initiating the transfer and the organization receiving the resident
*Supportive services include community referral information and telephone numbers, needs for medical and adaptive equipment, specific instructions on medication administration and adverse effects, and follow-up appointments.

The organization includes in its transfer and discharge processes: Planning for providing necessary care, treatment, and services; assistance; and instruction.

2009 Standard: PC.15.10

2009 EP: 4

2010 Standard: PC.04.01.01

2010 EP: 14

2009 EP Text:

Revision Type: Retain

2010 EP Text:

Residents are transferred or discharged by order of their attending physician.

The organization transfers or discharges a resident upon order of his or her attending licensed independent practitioner.

2009 Standard: PC.15.10

2009 EP: 5

2010 Standard: PC.04.01.01

2010 EP: 20

2009 EP Text:

Revision Type: Retain

2010 EP Text:

The organization follows an established process for emergency discharge resulting from medical necessity.

The organization follows an established process for emergency transfer or discharge resulting from medical necessity.

Standard PC.15.20

2009 Standard Text:

The transfer or discharge of a {jc}patient{/1} to another level of care, treatment, and services, different professionals, or different settings is based on the {jc}patient's{/9} assessed needs and the {jc}organization{/2}'s capabilities.

2009 Standard: PC.15.20

2009 EP: 1

2009 EP Text:

The {jc}patient's{/9} needs for continuing care to meet physical and psychosocial needs are identified.

Revision Type: Retain

2009 Standard: PC.15.20

2009 EP: 2

2009 EP Text:

{jc}Patients{/6} are told in a timely manner of the need to plan for discharge or transfer to another organization or level of care.

Revision Type: Retain

2009 Standard: PC.15.20

2009 EP: 3

2009 EP Text:

Planning for transfer or discharge involves the {jc}patient{/1} and all appropriate licensed independent practitioners, staff, and family members involved in the {jc}patient's{/9} care, treatment, and services.

Revision Type: Retain

2009 Standard: PC.15.20

2009 EP: 4

2009 EP Text:

When the {jc}patient{/1} is transferred, information provided to the {jc}patient{/1} includes the following: The reason they are being transferred Information on the facility or program to which the resident is being transferred Alternatives to transfer, if any

Revision Type: Split

Standard PC.04.01.03

2010 Standard Text:

The organization transfers or discharges the resident based on his or her assessed needs and the organization's ability to meet those needs.

2010 Standard: PC.04.01.03

2010 EP: 2

2010 EP Text:

The organization identifies, prior to transfer or discharge, any needs the resident may have for continuing psychosocial and physical care, treatment, and services after transfer or discharge. (See also RI.01.01.01, EP 19)

2010 Standard: PC.04.01.05

2010 EP: 1

2010 EP Text:

When the decision is made to transfer or discharge the resident, the organization determines the resident's transfer or discharge needs and informs the resident about the kinds of care, treatment, and services the resident will require.

Note: Residents may rely on surrogate decision-makers to participate in situations in which the resident cannot or chooses not to make a decision. Instead of stating "resident and/or surrogate decision-maker" in each occurrence where the surrogate decision-maker may need to play a role, "resident" is used with the understanding that if the resident is unable or chooses not to make decisions or participate in education, the surrogate decision-maker may do so, in accordance with law and regulation.

2010 Standard: PC.04.01.03

2010 EP: 3

2010 EP Text:

The resident, the resident's family, licensed independent practitioners, and staff involved in the resident's care, treatment, and services participate in planning the resident's transfer or discharge. (See also RI.01.01.01, EP 19)

2010 Standard: PC.04.01.05

2010 EP: 3

2010 EP Text:

Before the resident is transferred or discharged, the organization provides the resident with information about why the he or she is being transferred or discharged.

<p>2009 Standard: PC.15.20 2009 EP Text: When the {jc}patient{/1} is transferred, information provided to the {jc}patient{/1} includes the following: The reason they are being transferred Information on the facility or program to which the resident is being transferred Alternatives to transfer, if any</p>	<p>2009 EP: 4 Revision Type: Split</p>	<p>2010 Standard: PC.04.01.05 2010 EP Text: Before the resident is transferred, the organization provides the resident with information about any alternatives to the transfer.</p>	<p>2010 EP: 5</p>
<p>2009 Standard: PC.15.20 2009 EP Text: When the {jc}patient{/1} is transferred, information provided to the {jc}patient{/1} includes the following: The reason they are being transferred Information on the facility or program to which the resident is being transferred Alternatives to transfer, if any</p>	<p>2009 EP: 4 Revision Type: Split</p>	<p>2010 Standard: PC.04.01.05 2010 EP Text: Before the resident is transferred, the organization provides the resident with information on the facility or program to which the resident is being transferred.</p>	<p>2010 EP: 6</p>
<p>2009 Standard: PC.15.20 2009 EP Text: When the {jc}patient{/1} is discharged, information provided to {jc}patients{/6} includes the following: The reason they are being discharged The anticipated need for continued care, treatment, and services* after discharge* Available services include, as appropriate, special education, adult day care, case management, home health services, hospice, long term care facilities, ambulatory care, support groups, rehabilitation services, and community mental health services.</p>	<p>2009 EP: 6 Revision Type: Delete:Redun</p>	<p>2010 Standard: N/A 2010 EP Text: No EP</p>	<p>2010 EP: N/A</p>
<p>2009 Standard: PC.15.20 2009 EP Text: When indicated, the {jc}patient{/1} is educated about how to obtain further care, treatment, and services to meet his or her identified needs.</p>	<p>2009 EP: 7 Revision Type: Retain</p>	<p>2010 Standard: PC.04.01.05 2010 EP Text: The organization educates the resident about how to obtain any continuing care, treatment, and services that he or she will need.</p>	<p>2010 EP: 7</p>
<p>2009 Standard: PC.15.20 2009 EP Text: When indicated and before discharge, the {jc}organization{/2} arranges for or helps the family arrange for services needed to meet the {jc}patient's{/9} needs after discharge.</p>	<p>2009 EP: 8 Revision Type: Retain</p>	<p>2010 Standard: PC.04.01.03 2010 EP Text: Prior to discharge, the organization arranges or assists in arranging the services required by the resident after discharge in order to meet his or her continuing needs for care, treatment, and services. (See also RI.01.01.01, EP 19)</p>	<p>2010 EP: 4</p>

2009 Standard: PC.15.20

2009 EP: 9

2009 EP Text:

Written discharge instructions in a form the {jc}patient{/1} can understand are given to the {jc}patient{/1} and/or those responsible for providing continuing care.

Revision Type: Retain

2010 Standard: PC.04.01.05

2010 EP: 8

2010 EP Text:

The organization provides written discharge instructions in a manner that the resident and/or the resident's family or caregiver can understand. (See also RI.01.01.03, EP 1)

2009 Standard: PC.15.20

2009 EP: 10

2009 EP Text:

The {jc}organization{/2} notifies the resident's family and encourages a family member to participate in the transfer, whenever possible.

Revision Type: Retain

2010 Standard: PC.04.01.05

2010 EP: 4

2010 EP Text:

The organization notifies the resident's family and encourages a family member to participate in the transfer, whenever possible.
 Note: If the resident has a surrogate decision-maker, he or she will be informed of and involved with the transfer process.

Standard PC.15.30

2009 Standard Text:

When {jc}patients{/6} are transferred or discharged, appropriate information related to the care, treatment, and services provided is exchanged with other service providers.

2009 Standard: PC.15.30

2009 EP Text:

The {jc}organization{/2} communicates appropriate information to any organization or provider to which the {jc}patient{/1} is transferred or discharged.

2009 Standard: PC.15.30

2009 EP Text:

The information shared includes the following, as appropriate to the care, treatment, and services provided: The reason for transfer or discharge A summary of care, treatment, and services provided and progress toward goals Community resources or referrals provided to the {jc}patient{/1}

2009 EP: 1

Revision Type: Consolidate

2009 EP: 2

Revision Type: Consolidate

Standard PC.04.02.01

2010 Standard Text:

When a resident is transferred or discharged, the organization gives information about the care, treatment, and services provided to the resident to other service providers who will provide the resident with care, treatment, and services.

2010 Standard: PC.04.02.01

2010 EP Text:

At the time of the resident's transfer or discharge, the organization informs other service providers who will provide care, treatment, and services to the resident about the following:

- The reason for the resident's transfer or discharge
- The resident's physical and psychosocial status
- A summary of care, treatment, and services it provided to the resident
- The resident's progress toward goals
- A list of community resources or referrals made or provided to the resident (See also PC.02.02.01, EP 1)

2010 EP: 1

2010 Standard: PC.04.02.01

2010 EP Text:

At the time of the resident's transfer or discharge, the organization informs other service providers who will provide care, treatment, and services to the resident about the following:

- The reason for the resident's transfer or discharge
- The resident's physical and psychosocial status
- A summary of care, treatment, and services it provided to the resident
- The resident's progress toward goals
- A list of community resources or referrals made or provided to the resident (See also PC.02.02.01, EP 1)

2010 EP: 1

Standard PC.15.50

2009 Standard Text:

The organization tells residents and their families of its bed-hold policy.

2009 Standard: PC.15.50

2009 EP: 1

2009 EP Text:

At admission or when a resident transfers to a hospital, the organization explains in writing the conditions of its bed-hold policy to the resident and a family member or legal guardian.

Revision Type: Retain

Standard PC.04.02.03

2010 Standard Text:

The organization tells residents and their families of its bed-hold policy.

2010 Standard: PC.04.02.03

2010 EP: 1

2010 EP Text:

At admission and when a resident transfers to a hospital, the organization explains, in writing, the conditions of its bed-hold policy to the resident and a family member or surrogate decision-maker.

Standard PC.16.10

2009 Standard Text:

The director named on the CLIA certificate establishes policies and procedures that define the context in which waived test results are used in {c}patient{/1} care, treatment, and services.

2009 Standard: PC.16.10

2009 EP: 1

2009 EP Text:

Revision Type: Retain

The director named on the CLIA certificate determines the context in which waived tests are used.

2009 Standard: PC.16.10

2009 EP: 2

2009 EP Text:

Revision Type: Retain

Clinical use of results is consistent with the {c}organization{/2}'s policies and the manufacturer's recommendations for waived tests.

2009 Standard: PC.16.10

2009 EP: 3

2009 EP Text:

Revision Type: Retain

Quantitative test result reports in the clinical record are accompanied by reference ranges specific to the test method used and population served. Note: Semi-quantitative results, such as urine macroscopic and urine dipsticks, are not required to comply with this EP.

Standard WT.01.01.01

2010 Standard Text:

Policies and procedures for waived tests are established, current, approved, and readily available.

2010 Standard: WT.01.01.01

2010 EP: 1

2010 EP Text:

The person from the organization whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate approves a consistent approach for when waived test results can be used for diagnosis and treatment and when follow-up testing is required. (See also LD.04.01.01, EP 1)

2010 Standard: WT.01.01.01

2010 EP: 8

2010 EP Text:

Clinical use of results is consistent with the organization's policies and the manufacturers' recommendations for waived tests.

2010 Standard: WT.05.01.01

2010 EP: 3

2010 EP Text:

Quantitative test result reports in the resident's clinical record for waived testing are accompanied by reference intervals (normal values) specific to the test method used and the population served.
 Note 1: Semiquantitative results, such as urine macroscopic and urine dipsticks, are not required to comply with this element of performance.
 Note 2: If the reference intervals (normal values) are not documented on the same page as and adjacent to the waived test result, they must be located elsewhere within the resident's permanent clinical record. The result must have a notation directing the reader to the location of the reference intervals (normal values) in the resident's clinical record.

2009 Standard: PC.16.10**2009 EP:** 4**2010 Standard:** WT.01.01.01**2010 EP:** 2**2009 EP Text:**

For qualitative and quantitative tests, criteria for confirmatory testing is specified in the written procedures.

Revision Type: Consolidate**2010 EP Text:**

The person from the organization whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified designee, establishes written policies and procedures for waived testing that address the following:

- Clinical usage and limitations of the test methodology
- Need for confirmatory testing (for example, recommendations made by the manufacturer for rapid tests) and result follow-up recommendations (for example, a recommendation to repeat the test when results are higher or lower than the reportable range of the test)
- Specimen type, collection, and identification, and required labeling
- Specimen preservation, if applicable
- Instrument maintenance and function checks, such as calibration
- Storage conditions for test components
- Reagent use, including not using a reagent after its expiration date
- Quality control (including frequency and type) and corrective action when quality control is unacceptable
- Test performance
- Result reporting, including not reporting individual resident results unless quality control is acceptable
- Equipment performance evaluation

Note: The designee should be knowledgeable by virtue of training, experience, and competence about the waived testing performed.

2009 Standard: PC.16.10

2009 EP: 5

2010 Standard: WT.01.01.01

2010 EP: 2

2009 EP Text:

These written procedures are based on clinical usage and limitations of the test methodology.

Revision Type: Consolidate

2010 EP Text:

The person from the organization whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified designee, establishes written policies and procedures for waived testing that address the following:

- Clinical usage and limitations of the test methodology
- Need for confirmatory testing (for example, recommendations made by the manufacturer for rapid tests) and result follow-up recommendations (for example, a recommendation to repeat the test when results are higher or lower than the reportable range of the test)
- Specimen type, collection, and identification, and required labeling
- Specimen preservation, if applicable
- Instrument maintenance and function checks, such as calibration
- Storage conditions for test components
- Reagent use, including not using a reagent after its expiration date
- Quality control (including frequency and type) and corrective action when quality control is unacceptable
- Test performance
- Result reporting, including not reporting individual resident results unless quality control is acceptable
- Equipment performance evaluation

Note: The designee should be knowledgeable by virtue of training, experience, and competence about the waived testing performed.

2009 Standard: PC.16.10

2009 EP: 6

2010 Standard: WT.01.01.01

2010 EP: 7

2009 EP Text:

The criteria for confirmatory testing is followed as specified in the written procedures.

Revision Type: Retain

2010 EP Text:

The criteria for confirmatory testing are followed as specified in the waived testing written procedures.

Standard PC.16.20

2009 Standard Text:

The director named on the CLIA certificate identifies the staff responsible for performing and supervising waived testing.

Standard WT.02.01.01

2010 Standard Text:

The person from the organization whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate identifies the staff responsible for performing and supervising waived testing.

Note 1: Responsible staff may be employees of the organization, contracted staff, or employees of a contracted service.

Note 2: Responsible staff may be identified within job descriptions or by listing job titles or individual names.

2009 Standard: PC.16.20

2009 EP: 1

2009 EP Text:

The identity of staff members who perform testing is documented.

Revision Type: Retain

2010 Standard: WT.02.01.01

2010 EP: 1

2010 EP Text:

The person from the organization whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified designee, identifies, in writing, the staff responsible for performing waived testing.

2009 Standard: PC.16.20

2009 EP: 2

2009 EP Text:

The identity of staff members who direct or supervise testing is documented. Note: These individuals may be employees of the organization, contracted staff, or employees of a contracted service.

Revision Type: Retain

2010 Standard: WT.02.01.01

2010 EP: 2

2010 EP Text:

The person from the organization whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified designee, identifies, in writing, the staff responsible for supervising waived testing.

Standard PC.16.30

2009 Standard Text:

Staff receive, specific training and orientation for the tests they perform, and demonstrate satisfactory levels of competence.

2009 Standard: PC.16.30

2009 EP: 1

2009 EP Text:

Staff members who perform testing have been oriented according to the organization's specific services.

Revision Type: Retain

2009 Standard: PC.16.30

2009 EP: 2

2009 EP Text:

Staff members who performs testing have been trained for each test he or she is authorized to perform.

Revision Type: Retain

2009 Standard: PC.16.30

2009 EP: 3

2009 EP Text:

Staff members who perform testing that requires the use of an instrument have been trained on the use and maintenance of that instrument.

Revision Type: Retain

2009 Standard: PC.16.30

2009 EP: 4

2009 EP Text:

Competence is assessed according to organization policy at defined intervals, but at least at the time of orientation and annually thereafter.

Revision Type: Retain

Standard WT.03.01.01

2010 Standard Text:

Staff and licensed independent practitioners performing waived tests are competent.

2010 Standard: WT.03.01.01

2010 EP: 2

2010 EP Text:

Staff and licensed independent practitioners who perform waived testing have received orientation in accordance with the organization's specific services. The orientation for waived testing is documented.

2010 Standard: WT.03.01.01

2010 EP: 3

2010 EP Text:

Staff and licensed independent practitioners who perform waived testing have been trained for each test that they are authorized to perform. The training for each waived test is documented.

2010 Standard: WT.03.01.01

2010 EP: 4

2010 EP Text:

Staff and licensed independent practitioners who perform waived testing that requires the use of an instrument have been trained on its use and operator maintenance. The training on the use and operator maintenance of an instrument for waived testing is documented.

2010 Standard: WT.03.01.01

2010 EP: 6

2010 EP Text:

Competence for waived testing is assessed according to organization policy at defined intervals, but at least at the time of orientation and annually thereafter. This competency is documented.
Note: Provider-performed microscopy (PPM) procedures are not waived tests.

2009 Standard: PC.16.30

2009 EP: 5

2009 EP Text:

Current competency is assessed using at least two of the following methods per person per test: Performing a test on a blind specimen* Having the supervisor or qualified delegate periodically observe routine work Monitoring each user's quality control performance Having written testing that is specific to the method assessed * Blind specimen – a sample with known value tested by personnel who do not know the expected result.

Revision Type: Retain

2009 Standard: PC.16.30

2009 EP: 6

2009 EP Text:

The director named on the CLIA certificate or qualified designee evaluates and documents evidence of orientation, training, and competency. Note: Staff who perform instrument-based testing, including but not limited to physicians, licensed independent practitioners, contracted staff, and RNs, participate in training and competence demonstrations.

Revision Type: Retain

2010 Standard: WT.03.01.01

2010 EP: 5

2010 EP Text:

Competency for waived testing is assessed using at least two of the following methods per person per test:

- Performance of a test on a blind specimen
- Periodic observation of routine work by the supervisor or qualified designee
- Monitoring of each user's quality control performance
- Use of a written test specific to the test assessed

2010 Standard: WT.03.01.01

2010 EP: 1

2010 EP Text:

The person from the organization whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified designee, provides orientation and training to, and assesses the competency of, staff and licensed independent practitioners who perform waived testing.

Standard PC.16.40

2009 Standard Text:

Policies and procedures governing specific testing-related processes are current, approved, and readily available.

2009 Standard: PC.16.40

2009 EP: 1

2009 EP Text:

The director named on the CLIA certificate or a qualified designee approves policies and procedures at the following times: Before initial use of the test for patient testing Periodically thereafter, defined by the director but at least once every three years When there are changes in procedures**Changes in procedures – manufacturer updates to package inserts can include procedural changes or a different manufacturer is used.

Revision Type: Retain

Standard WT.01.01.01

2010 Standard Text:

Policies and procedures for waived tests are established, current, approved, and readily available.

2010 Standard: WT.01.01.01

2010 EP: 4

2010 EP Text:

The person from the organization whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified designee, approves in writing policies and procedures for waived testing at the following times:

- Before initial use of the test for resident testing
- Periodically thereafter, as defined by the person whose name appears on the CLIA certificate but at least once every three years
- When changes in procedures occur (for example, when manufacturers' updates to package inserts include procedural changes or when a different manufacturer is used)

2009 Standard: PC.16.40

2009 EP: 2

2010 Standard: WT.01.01.01

2010 EP: 2

2009 EP Text:

Written policies and procedures address the following items: Specimen type, collection, identification, and required labeling Specimen preservation, as appropriate Instrument maintenance and function checks, such as calibration Storage conditions for test components Note: No reagent is used after its expiration date Quality control (including frequency and type) and remedial action Result reporting Note: Individual patient results are not reported unless the quality control is acceptable Equipment performance evaluation Test performance

Revision Type: Consolidate

2010 EP Text:

The person from the organization whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified designee, establishes written policies and procedures for waived testing that address the following:

- Clinical usage and limitations of the test methodology
- Need for confirmatory testing (for example, recommendations made by the manufacturer for rapid tests) and result follow-up recommendations (for example, a recommendation to repeat the test when results are higher or lower than the reportable range of the test)
- Specimen type, collection, and identification, and required labeling
- Specimen preservation, if applicable
- Instrument maintenance and function checks, such as calibration
- Storage conditions for test components
- Reagent use, including not using a reagent after its expiration date
- Quality control (including frequency and type) and corrective action when quality control is unacceptable
- Test performance
- Result reporting, including not reporting individual resident results unless quality control is acceptable
- Equipment performance evaluation

Note: The designee should be knowledgeable by virtue of training, experience, and competence about the waived testing performed.

2009 Standard: PC.16.40

2009 EP: 3

2010 Standard: WT.01.01.01

2010 EP: 3

2009 EP Text:

If manufacturers' manuals or package inserts are used as the policies or procedures for each test, they must be enhanced to include specific operational policies (e.g. detailed quality control protocols and any other institution-specific procedures regarding the test or instrument).

Revision Type: Retain

2010 EP Text:

If manufacturers' manuals or package inserts are used as the policies or procedures for each waived test, they are enhanced to include specific operational policies (that is, detailed quality control protocols and any other institution-specific procedures regarding the test or instrument).

2009 Standard: PC.16.40

2009 EP: 4

2010 Standard: WT.01.01.01

2010 EP: 5

2009 EP Text:

Current and complete policies and procedures are readily available to the person performing the test.

Revision Type: Retain

2010 EP Text:

Current and complete policies and procedures are available for use during testing to the person performing the waived test.

2009 Standard: PC.16.40

2009 EP: 5

2009 EP Text:

Written policies, procedures, and manufacturer's instructions are followed.

Revision Type: Retain

2010 Standard: WT.01.01.01

2010 EP: 6

2010 EP Text:

Written policies, procedures, and manufacturers' instructions for waived testing are followed. (See also WT.04.01.01, EPs 3-5)

Note: Manufacturers' recommendations and suggestions are surveyed as requirements.

Standard PC.16.50

2009 Standard Text:

Quality control checks are conducted on each procedure.

Standard WT.04.01.01

2010 Standard Text:

The organization performs quality control checks for waived testing on each procedure.

Note: Internal quality controls may include electronic, liquid, or control zone. External quality controls may include electronic or liquid.

2009 Standard: PC.16.50

2009 EP: 1

2009 EP Text:

The director named on the CLIA certificate establishes a written quality control plan that specifies how procedures will be controlled for quality, establishes timetables, and explains the rationale for choice of procedures and timetables.

Revision Type: Retain

2010 Standard: WT.04.01.01

2010 EP: 1

2010 EP Text:

The person from the organization whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate establishes a written quality control plan for waived testing that specifies the method(s) for controlling procedures for quality, establishes timetables, and explains the rationale for choice of procedures and timetables. (See also LD.04.01.01, EP 1)

2009 Standard: PC.16.50

2009 EP: 2

2009 EP Text:

The documented quality control rationale is based on the following: How the test is used Reagent stability Manufacturers' recommendations The organization's experience with the test Currently accepted guidelines

Revision Type: Retain

2010 Standard: WT.04.01.01

2010 EP: 2

2010 EP Text:

The documented quality control rationale for waived testing is based on the following:

- How the test is used
- Reagent stability
- Manufacturers' recommendations
- The organization's experience with the test
- Currently accepted guidelines

2009 Standard: PC.16.50

2009 EP: 3

2009 EP Text:

Quality control procedures are performed at least as frequently as recommended by the manufacturer or defined by the {jc}organization{/2}'s policies. Note: If frequency of quality control is not defined by the manufacturer, the {jc}organization{/2} defines frequency of quality control.

Revision Type: Retain

2010 Standard: WT.04.01.01

2010 EP: 3

2010 EP Text:

For non-instrument-based waived testing, quality control checks are performed at the frequency and number of levels recommended by the manufacturer and as defined by the organization's policies. (See also WT.01.01.01, EP 6)

Note: If these elements are not defined by the manufacturer, the organization defines the frequency and number of levels for quality control.

2009 Standard: PC.16.50

2009 EP: 4

2009 EP Text:

For instrument-based waived testing, quality control requirements include two levels of control, if commercially available.

Revision Type: Retain

2010 Standard: WT.04.01.01

2010 EP: 5

2010 EP Text:

For instrument-based waived testing, quality control checks require two levels of control, if commercially available. (See also WT.01.01.01, EP 6)

2009 Standard: PC.16.50

2009 EP: 5

2009 EP Text:

For instrument-based waived testing, quality control procedures are performed at least once each day on each instrument used that day for {jc}patient{/1} testing.

Revision Type: Retain

2010 Standard: WT.04.01.01

2010 EP: 4

2010 EP Text:

For instrument-based waived testing, quality control checks are performed each day on each instrument used for resident testing or per manufacturers' instructions, if more stringent. (See also WT.01.01.01, EP 6)
 Note: Quality control checks are not required on an individual instrument on days when it is not used for resident testing.

Standard PC.16.60

2009 Standard Text:

Quality control and test result records are maintained.

2009 Standard: PC.16.60

2009 EP: 1

2009 EP Text:

Revision Type: Retain

Quality control results are documented, including internal and external (liquid and electronic).Note: Quality control results may be located in the {jc}medical record{/8}.

2009 Standard: PC.16.60

2009 EP: 2

2009 EP Text:

Revision Type: Retain

Test results are documented in the {jc}medical record{/8}.

2009 Standard: PC.16.60

2009 EP: 3

2009 EP Text:

Revision Type: Retain

Individual test results are associated with quality control and instrument records.Note: A formal log is not required, but a functional audit trail is maintained that allows retrieval of individual test results and their association with quality control and instrument records.

2009 Standard: PC.16.60

2009 EP: 4

2009 EP Text:

Revision Type: Retain

Quality control and test result records are retained for at least two years.

Standard WT.05.01.01

2010 Standard Text:

The organization maintains records for waived testing.

2010 Standard: WT.05.01.01

2010 EP: 1

2010 EP Text:

Quality control results, including internal and external controls for waived testing, are documented.

Note 1: Internal quality controls may include electronic, liquid, or control zone. External quality controls may include electronic or liquid.

Note 2: Quality control results may be located in the clinical record.

2010 Standard: WT.05.01.01

2010 EP: 2

2010 EP Text:

Test results for waived testing are documented in the resident's clinical record.

2010 Standard: WT.05.01.01

2010 EP: 4

2010 EP Text:

Individual test results for waived testing are associated with quality control results and instrument records.

Note: A formal log is not required, but a functional audit trail is maintained that allows retrieval of individual test results and their association with quality control and instrument records.

2010 Standard: WT.05.01.01

2010 EP: 5

2010 EP Text:

Quality control result records, test result records, and instrument records for waived testing are retained for at least two years.