



Accreditation Program: Long Term Care

Accreditation Participation Requirements

**APR.01.01.01**

The organization submits information to The Joint Commission as required.

**Elements of Performance for APR.01.01.01**

1. The organization meets all requirements for timely submissions of data and information to The Joint Commission.
  - Note 1: The Joint Commission will impose the following consequences for failure to comply with this APR:
    - If the organization does not comply with the requirement after 31 days, the organization will be placed in Provisional Accreditation.
    - If the organization does not comply with the requirement after 61 days, the organization’s accreditation decision will be changed from Provisional Accreditation to Conditional Accreditation.
    - If the organization does not comply with the requirement after 91 days, the organization’s accreditation decision will be changed from Conditional Accreditation to Denial of Accreditation. In accordance with the Accreditation Committee policy, such organizations will not be afforded any appeal.
  - Note 2: The proposed consequences address only compliance with the requirement itself. They do not address the content of the organization’s submissions to The Joint Commission. For example, if information in an organization’s electronic application for accreditation (e-App) leads to inaccuracies in the appropriate length of the survey and a longer survey is required, the organization will incur the additional costs of the longer survey. In addition, if there is evidence that the organization has intentionally falsified the information submitted to The Joint Commission, the requirement at APR.01.02.01, EP 1 and its consequences will apply. (See also APR.01.02.01, EP 1)



**KEY:** **A** indicates scoring category A; **C** indicates scoring category C; indicates situational decision rules apply; indicates direct impact requirements apply; indicates Measure of Success if needed; indicates that documentation is required


**APR.01.02.01**

The organization provides accurate information throughout the accreditation process.

**Rationale for APR.01.02.01**

The Joint Commission requires each organization seeking accreditation to engage in the accreditation process in good faith. Sound business practices require transparency in all reporting procedures to ensure the safety of the public and the people who work in the organization. Any organization that fails to participate in good faith by falsifying information or by failing to exercise due care and diligence to ensure the accuracy of such information may have its accreditation denied or removed by The Joint Commission.


**Elements of Performance for APR.01.02.01**

1. The organization provides accurate information throughout the accreditation process. (See also APR.01.01.01, EP 1)   
 Note 1: Information may be received in any of the following ways:
  - Provided verbally
  - Obtained through direct observation by, or in an interview or any other type of communication with, a Joint Commission employee
  - Derived from documents supplied by the organization to The Joint Commission
  - Submitted electronically by the organization through a performance measurement system to The Joint Commission
 Note 2: For the purpose of this requirement, falsification is defined as the fabrication, in whole or in part, of any information provided by an applicant or accredited organization to The Joint Commission. This includes redrafting, reformatting, or deleting document content. However, the organization may submit supporting material that explains the original information submitted to The Joint Commission. These additional materials must be properly identified, dated, and accompanied by the original documents.

**APR.01.03.01**

The organization reports any changes in the information provided in the application for accreditation and any changes made between surveys.

**Elements of Performance for APR.01.03.01**

1.  The organization notifies The Joint Commission in writing within 30 days of a change in ownership, control, location, capacity, or services offered. **A**  
 Note: When the organization changes ownership, control, location, capacity, or services offered, it may be necessary for The Joint Commission to survey the organization again. If the organization does not provide written notification to The Joint Commission within 30 days of these changes, the organization could lose its accreditation.

**APR.02.01.01**

The organization permits the performance of a survey at The Joint Commission's discretion.

**Elements of Performance for APR.02.01.01**

1. The organization permits the performance of a survey at The Joint Commission's discretion.

 **A**





**APR.03.01.01**

The organization fulfills requirements for Periodic Performance Review.

**Rationale for APR.03.01.01**

The Periodic Performance Review (PPR) helps organizations incorporate The Joint Commission standards into routine daily operations. When organizations use the PPR tool to self-assess, monitor, and improve services, their residents are more likely to receive safe, high-quality care on a constant basis.

**Elements of Performance for APR.03.01.01**

1.  The organization annually updates and transmits to The Joint Commission the full Periodic Performance Review (PPR) and its Plan of Action on any recommendations cited. (Refer also to the PPR Options section in "The Accreditation Process" (ACC) chapter.)  
Note: For organizations that select Options 1, 2, or 3, the requirement to transmit the PPR and its Plan of Action to The Joint Commission may not apply in part or in whole.
3.  The organization exercising Option 1, 2, or 3 for the Periodic Performance Review (PPR) annually attests that, after careful consideration with its legal counsel, the organization has decided not to participate in the full PPR.
4.  The organization exercising Option 1 for the Periodic Performance Review (PPR) completes a PPR and Plan of Action.  
Note: The organization does not submit this information to The Joint Commission.
6.  The organization exercising Option 2 for the Periodic Performance Review agrees to undergo a limited survey and then submit a Plan of Action for recommendations cited as a result of the survey.
7. The organization exercising Option 3 for the Periodic Performance Review agrees to undergo a limited survey.  
Note: The organization does not receive a written report after the survey.





 **A**

**A**

**A**

**A**

**A**

**KEY:** **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required



**APR.05.01.01**

The organization allows The Joint Commission to review the results of external evaluations from publicly recognized bodies.

**Rationale for APR.05.01.01**

In order to conduct a meaningful accreditation survey, The Joint Commission collects information on many aspects of the organization’s performance. External bodies other than The Joint Commission evaluate areas related to safety and quality. These evaluations complement accreditation reviews but may have a different focus or emphasis. These evaluations may contain information The Joint Commission needs to make accreditation decisions.


**Elements of Performance for APR.05.01.01**

- |    |  |   |
|----|--|---|
| 1. |  When requested, the organization provides The Joint Commission with all official records and reports of licensing, examining, reviewing, or planning bodies.   | A   |
| 3. | The organization notifies The Joint Commission when it is designated by the Centers for Medicare & Medicaid Services (CMS) as a Special Focus Facility prior to public announcement of its designation by CMS.<br>Note: If the organization fails to notify The Joint Commission, a recommendation will be made to the Accreditation Committee to place the organization in Conditional Accreditation. |  A |

**APR.06.01.01**

Applicants and accredited organizations do not use Joint Commission employees to provide accreditation-related consulting services.

**Elements of Performance for APR.06.01.01**





- |    |   |   |
|----|---|---|
| 1. | The organization does not use Joint Commission employees to provide any accreditation-related consulting services.<br>Note: Consulting services include, but are not limited to, the following:<br>- Helping the organization to meet Joint Commission standards<br>- Helping the organization to complete its Periodic Performance Review (PPR)<br>- Assisting the organization in remedying areas identified in its PPR as needing improvement<br>- Conducting mock surveys<br>- Providing the organization with consultation to address Priority Focus Process information |  A |
|----|---|---|

**APR.07.01.01**

The organization accepts the presence of Joint Commission surveyor management staff or a Board of Commissioners member in the role of observer of an on-site survey.

**Elements of Performance for APR.07.01.01**

- |    |  |   |
|----|--|---|
| 1. | The organization allows Joint Commission surveyor management staff or a member of the Board of Commissioners to observe the on-site survey.<br>Note: The observer will not participate in the on-site survey process, including the scoring of standards compliance. The organization will not incur any additional survey fees because an observer(s) is present. | A |
|----|--|---|

**KEY:** A indicates scoring category A; C indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

**APR.08.01.01**

The organization accurately represents its accreditation status and the programs and services to which Joint Commission accreditation applies.

**Elements of Performance for APR.08.01.01**

- |    |  |          |
|----|--|----------|
| 1. | The organization’s advertising accurately reflects the scope of programs and services that are accredited by The Joint Commission. | <b>A</b> |
| 2. | The organization does not engage in any false or misleading advertising about its accreditation award.                             | <b>A</b> |

**APR.09.01.01**

The organization notifies the public it serves about how to contact its organization management and The Joint Commission to report concerns about resident safety and quality of care.

Note: Methods of notice may include, but are not limited to, distribution of information about The Joint Commission, including contact information in published materials such as brochures and/or posting this information on the organization's Web site.

**Elements of Performance for APR.09.01.01**

- |    |   |          |
|----|---|----------|
| 1. | The organization informs the public it serves about how to contact its management to report concerns about resident safety and quality of care.       | <b>A</b> |
| 2. | The organization informs the public it serves about how to contact The Joint Commission to report concerns about resident safety and quality of care. | <b>A</b> |

**APR.09.02.01**

Any individual who provides care, treatment, and services can report concerns about safety or the quality of care to The Joint Commission without retaliatory action from the organization.

**Rationale for APR.09.02.01**

Any individual who provides care, treatment, and services should be free to raise concerns to The Joint Commission when the organization has not adequately prevented or corrected problems that can have or have had a serious adverse impact on residents. To support this culture of safety, the organization must communicate to staff that such reporting is permitted. Further, the organization must make it clear to staff that no formal disciplinary actions (for example, demotions, reassignments, or change in working conditions or hours) or informal punitive actions (for example, harassment, isolation, or abuse) will be threatened or carried out in retaliation for reporting concerns to The Joint Commission.

**Elements of Performance for APR.09.02.01**

- |    |   |          |
|----|---|----------|
| 1. | The organization educates its staff and other individuals who provide care, treatment, and services that concerns about the safety or quality of care provided in the organization may be reported to The Joint Commission. | <b>A</b> |
|----|---|----------|

**KEY:** **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

- |    |  |          |
|----|--|----------|
| 2. | The organization informs its staff that it will take no disciplinary or punitive action because an employee or other individual who provides care, treatment, and services reports safety or quality-of-care concerns to The Joint Commission. | <b>A</b> |
| 3. | The organization takes no disciplinary or punitive action against employees or other individuals who provide care, treatment, and services when they report safety or quality-of-care concerns to The Joint Commission.                        | <b>A</b> |

**APR.09.03.01**

The organization is truthful and accurate when describing information in its Quality Report to the public.

**Elements of Performance for APR.09.03.01**

- |    |   |          |
|----|---|----------|
| 1. | The organization adheres to The Joint Commission’s published guidelines for how it describes information in its Quality Report. | <b>A</b> |
|----|---|----------|

**KEY:** **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required